



WFSAD 25th Anniversary Conference - Next September in Toronto

Lighting the Path – Hope in Action

It's hard to believe that next year WFSAD will be 25 years old. On that September day in 1982 that ushered in the birth of our global umbrella organization, representatives from the National Alliance for Mental Illness (Wisconsin, U.S.), the Australian Fellowships, the Canadian groups, Enosh, the Israeli group, Rethink, the UK group, and several other interested family members were present at the schizophrenia meeting in the University of Toronto's Medical Sciences building.



From five national family advocacy organizations we have grown to more than 25. To mark this event the board of WFSAD approached the presidents of its two closest affiliates – the Schizophrenia Society of Canada and the Schizophrenia Society of Ontario – to discuss holding our 7th International Conference in Toronto – the place of our founding. The Societies agreed and we are now well on our way to organizing a unique family-centred conference for September 2007. We call the conference unique because it is a partnership with global, national and regional organizations that will throw light on micro- and macro-issues in care and treatment, recovery, work, research and a lot more.

Toronto is where WFSAD and our partners are based, but it is not lightly that we chose it as our venue for this conference. The University of Toronto has some exceptional researchers and clinicians who are in the forefront of mental illness care and study. Across Canada there are highly successful research and treatment centres. Not least, the Schizophrenia Societies



are extremely committed family advocacy organizations. We are planning to draw upon these, as well as international resources, to bring you a superior program that is not only educational but will give you practical suggestions for improving your lives. In this issue we are pleased to bring you registration and programme details. ■

Perspectives on Stigma	2
World News	4
WFSAD News.....	5
Regional News	6

Personal Story	9
WFSAD Support	10
Members' Update	11



Perspectives on Stigma

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.

President

Dale L. Johnson

President-Elect

Martha Piatigorsky

Vice-President

Radha Shankar

Executive Director

Trish Ruebottom

Treasurer

Stephen McCourt

Secretary/Development

Officer

Diane Froggatt

Past President/Chairman of

Asian Region

Jim Crowe

Editor

Mary Hancock

World Fellowship for
Schizophrenia
and Allied disorders

124 Merton Street, Suite 507
Toronto, ON M4S 2Z2 Canada

Phone: 416 961-2855

Fax: 416 961-1948

Email:

info@world-schizophrenia.org

Website:

www.world-schizophrenia.org

The following offers perspectives on stigma and mental illness provided by a consumer, a carer and a professional from culturally diverse backgrounds. It is reprinted with permission from Synergy (Edition 1, 2006), a magazine produced by Multicultural Mental Health Australia.

The Consumer Perspective

Ingrid Ozols is a first-generation Australian who grew up in a Baltic refugee family and who has become a strong mental health advocate throughout the community.

What does stigma mean to you?

I think about being honest. It's where fear and ignorance are allowed to dominate. It's a label that is attached to you that comes in all forms and shapes. I think about how people like to just tuck someone away where they don't have to deal with them.

What has been your personal experience of stigma?

I have had many experiences of stigma during my life, from when I was a child to the present day. You get the day-to-day comments of "get over it", "life is good", "put a smile on your face" to just name a few. As a child I was bullied and called a wog; I was also suffering depression, and I was not socially included, which increased the isolation and stigma I was feeling.

I have experienced both the negative and positive sides to stigma, and both examples were in the workplace. I was a Human Resources consultant at the time and was looking after a woman in the workplace through mentoring. The woman was affected by mental illness, and six months into her role the boss called her into the office and asked how many sick days the woman will need for this depression thing. The woman just ran out of the office in tears. I could not believe that he had referred to it as a thing as though it was burden that was affecting him personally.

On the positive side, during a traumatic period of my life, this zapped all the energy out of me, so I resigned from my position. My boss, knowing what was going on, didn't accept my resignation and told me to come in and have a coffee and chat. He did this, and worked with me to show me that I belonged and gave me a sense of social inclusion. He read the situation and provided a supportive work environment, and removed the stigma.

How have you personally overcome the effects of stigma?

I'm still overcoming it every day; my heart is racing, talking about this to you [Synergy editor]. I have held it in for so long, it is almost a part of me, but by letting go and sharing my experience through the many activities I do to advocate mental illness, it has been possible to overcome the effects, and educate and campaign against stigma.

What initiatives are you involved in to help reduce stigma?

I have been involved with blueVoices, the consumer and care arm of beyondblue since the beginning. [Ed. Note: beyondblue at www.beyondblue.org.au is an organization working to address

"The end result is that many people are reluctant to seek help, less likely to cooperate with treatment, and slower to recover self-esteem and confidence."

issues associated with depression, anxiety, bipolar disorder, and related substance misuse disorders.] I have been involved with Better Outcomes in Mental Health Care [Ed. Note: A program in Australia to improve access to primary mental health care]. I offer a consumer perspective on the Mental Health council of Australia committee.

I have been working extensively with the General Practice Mental Health Standards Collaboration (GPMHSC), which is involved in assessing GP training in mental health as part of the better outcome initiative. Before I was involved in this, there was no consumer participation in training programs being submitted. Through my involvement with GPMHSC over the last five years, training programs are now benefiting from consumer input, and all training submitted includes the consumer element. It has been a pleasure to be involved with GPMHSC as it is making a difference in training and delivering real outcomes where it counts.

The Carer Perspective

Antonia Kapsalis is a Greek carer advocate and a Bilingual Group Leader, Educator, mother, grandmother and carer.

What does stigma mean to you?

Stigma is a label of shame where you don't fit the normal and where everyone is pointing a finger at you. Stigma also means social isolation to me, where you hide the problem, tucking it away for no one to see.

What has been your personal experience of stigma?

One personal experience of stigma for me was a local supermarket that I have gone to for years. On this particular day at the supermarket the shop assistant mentioned that she hadn't seen me for a while. She asked whether I was still working at the nursing home. I replied I was no longer working there and that I was now working in the mental health sector. She replied with "you have gone from working in the nursing home to working with lunatics". I was disappointed by this statement, so I replied with "I'm sorry you feel that way as I care for two of those lunatics".

How have you personally overcome the effects of the stigma?

It was the social isolation that made me realize I could no longer hide away from the important role I play in caring for people affected by a mental illness. I no longer wanted to feel ashamed, so I made a conscious effort to open up and talk publicly about my role. This was a large step for me, as talking about something of this nature in the Greek community is taboo. I spoke on radio and in the newspaper. I talked about my story of caring for two family members, which at first was not taken well with my family and immediate community. But for me it was an

important step that has helped me no longer feel ashamed and it provides a catalyst for others in the Greek community to come forward and seek help.

What initiatives are you involved with in helping reduce stigma?

I currently talk to the Greek community about mental health and run Greek carer groups to support other Greek carers in the community. I am a Bilingual Group Leader and Educator with the New South Wales (NSW) Transcultural Mental Health Center and Carers NSW. I attend conferences and run workshops, organize festivities during mental health week and have been involved in a documentary around mental illness in a family from a multicultural background.

The Professional Perspective

Barbara Hocking is the Executive Director of SANE Australia and a leading national spokesperson on mental health issues.

Why is stigma a large hurdle to jump for someone affected by mental illness?

If you're living with a mental illness, stigma is one more stress you can well do without. In fact, some people have reported that the effects of stigma and prejudice can be as distressing as the symptoms of their illness. Stigma leaves people with more than hurt feelings – it contributes to loneliness, distress and discrimination. Indeed, more than 40 negative consequences of stigma have been identified, including discrimination in housing, education and employment and increased feelings of hopelessness.

The end result is that many people are reluctant to seek help, less likely to cooperate with treatment, and slower to recover self-esteem and confidence. Tragically, this leads many to suicidal behaviour.

Like most other health problems, mental illness is easier to treat if it is diagnosed early. However, many people with early symptoms of mental illness are reluctant to seek help from a doctor because they don't understand what the symptoms mean, and associate mental illness with the false images some media perpetuate, which sensationalize, ridicule and trivialize the pain and distress people with mental illness experience.

What can we do to reduce stigma attached to mental illness?

A good first step is to sign up to the SANE StigmaWatch. StigmaWatch is a web-based initiative that encourages responsible, accurate and sensitive reporting of mental illness and suicide. You can make a report about particular occurrences of stigma to StigmaWatch for action, and you can also make your feelings known directly to the medical or public figures responsible.

It's also important to let people know when they have made accurate and responsible representations of mental illness and sui-

(continued on page 9)



World Health Organization Essential Drugs List Needs Updating

The World Fellowship for Schizophrenia and Allied Disorders (WFSAD) has made an application to the World Health Organization (WHO) to include more modern drugs for the treatment of schizophrenia and depressive disorders on the WHO Essential Drug List. The List dates from March 2005 and is the 14th edition of this document. Under psychotherapeutic medicines it lists only: haloperidol, chlorpromazine and fluphenazine. Under depression it lists amitriptyline, and under bipolar disorder: carbamazepine, lithium carbonate and valproic acid. The WFSAD application requests the inclusion of the following drugs:

- for schizophrenia – clozapine, olanzapine, risperidone, quetiapine, aripiprazole and ziprasidone.
- for depressive disorders – fluoxetine, paroxetine and sertraline.

is now in the process of applying for affiliated status with WPA and hopes to share in the advancement of mental health by conducting family workshops next March during the psychiatric conference to be held in Nairobi.

International Caregiver Survey Shows Serious Consequences of Treatment Disruption

PARIS - September 18, 2006 - The disruption of a family member's treatment for mental illness and subsequent worsening of psychiatric symptoms can have harsh financial, physical and emotional consequences for families. Keeping Care Complete, an international survey of 982 family caregivers of individuals with schizophrenia, bipolar disorder and schizoaffective disorder, reveals the devastating consequences of relapse – defined as the worsening of symptoms after apparent recovery – and sheds light on a desire among caregivers for doctors to focus on long-term care rather than managing crisis situations.

World Federation for Mental Health Keeping Care Complete

Caregivers' perspectives on mental illness and wellness An International Survey

Caregivers across all countries surveyed (respondents = 982) view effective medication as a top treatment priority.

Of 756 caregivers who say that their relative is satisfied with their current medication:

- 56% say it took two years or more for their relative to find a medication that worked.
- 85% say that their relative tried more than two different medications before finding the one that worked.
- 36% say their relative had to try more than five medications to find one that worked.

“More than 50 million people suffer from serious mental illnesses worldwide. When you consider all of the parents, siblings, spouses and children connected to these individuals, you see how far the shadow of serious mental illness is cast”, said Preston J. Garrison, Secretary-General and Chief Executive Officer, World Federation for Mental Health (WFMH). “This survey shows that many caregivers have experienced both the chaos of relapse and the relief that comes with stabilization”.

World Psychiatric Association Fosters New Collaborations

For 50 years the World Psychiatric Association (WPA) has been helping to connect psychiatrists from all over the world to promote good mental health. The organization brings together 118 psychiatric societies, representing a total of 180,000 psychiatrists. Recently, psychiatric societies from Bangladesh, Sudan, Uganda and Kenya have joined the WPA.

The following are a few of the current initiatives of the WPA (www.wpanet.org).

- Establishing a “Global Program Against Stigma and Discrimination Because of Schizophrenia”
- Promoting the advancement of psychiatry and mental health in Sub-Saharan Africa and Central Asia
- The World Fellowship for Schizophrenia and Allied Disorders

Keeping Care Complete was developed by the WFMH and Eli Lilly and Company. Independent market research company Ipsos conducted the survey of caregivers in Australia, Canada, Germany, France, Italy, Spain, the United Kingdom and the United States. More information at:
www.wfmh.com/caregiver/docs/pressRelease.html

'BasicNeeds' Raising Profile of Mental Health and Development

BasicNeeds is an organization that has a mission of initiating programmes in developing countries that actively involve mentally ill people and their carers and enable them to satisfy their basic needs and exercise their basic rights. In so doing,

BasicNeeds also strives to stimulate supporting activities by other organizations and influence public opinion.

The organization publishes an E-journal that you can read at www.mentalhealthanddevelopment.org. They are also writing a book about mental health and development, and establishing an E-Roundtable that will facilitate discussions from health and development professionals and academics from around the world, along with consumers and pharmaceutical corporations. There are several aims of the E-Roundtable. These include developing, strategizing and publishing an agenda for mental health and development and promoting communication between mutually interested stakeholders. If you are interested in learning more, please contact James Duggan at James.Duggan@basicneeds.org.uk. ■



WFSAD News

New Executive Director Appointed



Trish Ruebottom

The World Fellowship for Schizophrenia and Allied Disorders (WFSAD) is happy to announce the appointment of Trish Ruebottom as Executive Director effective September 2006.

Trish has been involved in the mental health field for many years in a variety of capacities; she has provided helpline support to those with mental illness and addiction issues, assisted people with mental illness to access services, and created community partnerships with local organizations to improve service to the community.

Following her work in mental health she completed her Masters in Business Administration at Trinity College Dublin. She also has a Bachelor of Arts in Psychology and a Bachelor of Science from the University of Guelph, Ontario, Canada.

Trish brings a wide range of management, education and front-line experiences from all sectors to our organization. Prior to joining WFSAD, Trish was a senior consultant at Aperio, a consulting firm that specializes in social innovation and entrepreneurship. She has worked with many organizations, building

strategies to ensure sustainability and bringing new thought to the non-profit sector.

Welcome to WFSAD, Trish.

Dr. Rosanna de Guzman Appointed to WFSAD Board

WFSAD is delighted to announce the appointment of Dr. Rosanna de Guzman (also known as Marissa) to the Board of Directors. Dr. de Guzman has been involved with WFSAD personnel through our outreach and mutual exchange since 1999.

She is a shining light to enhance mental health care in the Philippines, making every effort to improve treatment and to help families care for their sick relatives, receiving awards for her work. She will be an additional spur to our work in the Asian region. We look forward to working with her.

WFSAD Says Goodbye

In May we were sad to say goodbye to Patricia Telesnicki, WFSAD's Executive Director for the past three years. Patricia was a loyal and committed member of staff.

Many of you were able to meet her at the WFSAD Biennial Conference held in Chennai, India in 2004, which she helped organize, and at NAMI (US) and local (Canada) workshops and meetings. Patricia leaves in order to spend more time with her husband and three young daughters. We wish her well. ■



Baltimore Conference on Family Inclusion in Mental Health Services

By Diane Froggatt

A new initiative in mental health within the U.S. Veterans Affairs (VA) Health Administration recently brought together some 40 researchers and clinicians to discuss the implementation of family psychoeducation within the VA (VA is the division of government that looks after former members of the armed forces). WFSAD was fortunate to be a part of this discussion group.

The meeting took place in Baltimore, Maryland under the leadership of Professor Lisa Dixon, Associate Director of Research for the Capitol Health Care Network Mental Illness Research Education and Clinical Center, and Professor at University of Maryland School of Medicine. Prof. Dixon has long been an advocate for family interventions and has worked for many years with Prof. Anthony Lehman as part of the Schizophrenia Patient Outcomes Research Team.

Focus on Family Services

The conference: Implementing Family Services for Persons with Serious Mental Illness and Post Traumatic Stress Disorder, was designed as an information exchange about evidence-based family psychoeducation models (e.g. Optimal Treatment Program – Falloon; Multi-Family Group Therapy – McFarlane). Included were presentations about innovative programs such as the Family Member Provider Outreach (FMPO), a program that will explore the effectiveness of FMPO in improving the quality of care for persons with severe mental illness; and the SAFE program operating in New Orleans under Dr. Fred Sautter, and in Oklahoma under Michelle Sherman MSW, both of whom are directors of their respective Family Mental Health Programs. An interesting web-based private site program was also presented.

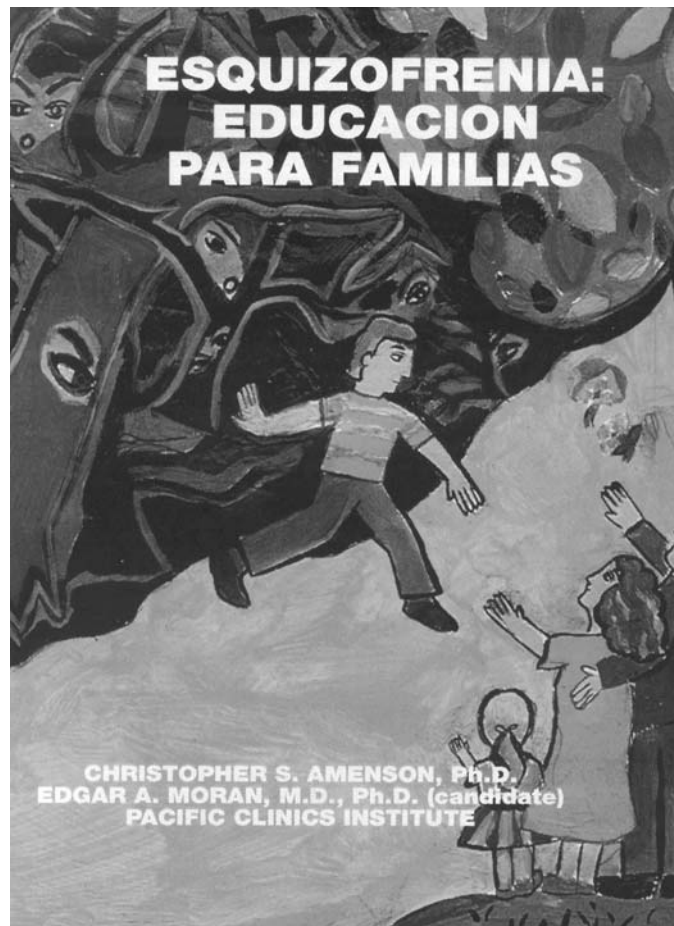
The discussion centered on four main areas. The first was how to develop a system of services that address the needs of the larger population of families of persons with mental illness who are either

not appropriate for family psychoeducation or not interested in family psychoeducation. The second theme addressed how to optimize the delivery of family psychoeducation models to increase the uptake of the program and make it more user friendly for veterans and their families. A third focus was on how to provide training and assistance for staff to deliver family psychoeducation. A fourth focus was on assessment. How can researchers and clinicians best measure processes and outcomes of family services?

An impressive group of experts had gathered. The first afternoon was dedicated to more brainstorming than formal sessions and

many excellent ideas were raised to assist the VA clinics that had recently obtained funding to implement family work. Statistics conducted in the VA showed that even basic work with families was not common so that there would be a need for strategies to deploy information to providers and to families: what is psychoeducation; what need does it serve, and how can it be achieved most effectively? It would be necessary to persuade colleagues as well as patients and families of the benefits that could be obtained by including the family in the care team and how families could be a positive resource to improve patient care.

Traditionally the primary measured result of family interventions was reduced relapse/hospitalization of the patient. In today's climate, however, there is a need to consider other possible results that might show that family work could improve quality of life, self-esteem and possibly functioning for the patient. Since the family is often a long-term resource for the patient, and



Pacific Clinics Institute in California has long practised "family inclusion". This is the cover illustration for one of their family education publications.

“Families might be more responsive to an invitation that indicated that the meeting(s) were to improve care and recovery for the patient”.

given that a patient might have a number of therapists over his years of illness and recovery, another important result would be the continuing health of the family care givers. Dr. Howard Goldman, editor of the APA journal *Psychiatric Services*, and Professor of Psychiatry at Maryland University, pointed out the importance of using not only evidence-based treatments but innovative measures that might have a chance of succeeding. After all, evidence-based methods themselves were once innovative and without evidence. Dr. Goldman’s statement that the three necessary components were leadership, training and money were reiterated throughout the meeting. Leaders should be “champions”, people who were inspired and would inspire others. Training specifically to work with families was seen as very necessary, though the group found it difficult to make specific decisions about the use of one method. It became clear that when beginning to implement family work it was important to keep the goals and purpose of a program within reach by focusing on the major issues when first engaging families. Deborah Perlick, a Research Associate at Bronx VAMC, suggested developing simple goals and delineating three things that each implementation group might expect to accomplish.

Encouraging Families to Participate

An issue that has come up in many different contexts of care – whether families will come out – was a major issue in this forum. Several interesting ideas were put forward. Families might not respond well to invitations to “education” whereas they might be more responsive to an invitation that indicated that the meeting(s) were to improve care and recovery for the patient. Families often “lived” the illness of the patient and were sometimes too weary to respond. It was important to persist in trying to reach and engage families, once their ill relative had agreed to this, and this effort might take some time. A provider who also is a family member has the benefit of being able to see both sides of some of the issues and would be a valuable asset. An important warning raised by Susan Glynn was to inform and involve people in different disciplines to make sure that the family program would not become isolated.

WFSAD RESEARCH PROJECT: Family Caregivers as an Integral Part of Mental Health Services

WFSAD is engaged on a project within its Families as Partners in Care Program that aims to examine the implementation of patient/family psychoeducation within general mental health services. To this end we have engaged with professionals in this field to conduct research. Involved in our work are Prof. William McFarlane, Maine Medical Centre, U.S.; Prof. Gráinne Fadden, Meriden Family Program, Birmingham, U.K.; Prof. Kim T. Mueser, Dartmouth Medical School, New Hampshire, U.S.; Dr. Margaret Leggatt, a family advocate and instructor in family psychoeducation in Melbourne Australia; and Dale L. Johnson, WFSAD President and Professor Emeritus in Psychology at Houston University. Very sadly Prof. Ian Falloon, who worked tirelessly to implement his Optimal Treatment Program, became ill and died this year, so that we were unable to benefit further from his expertise. He leaves a network of OTP centres internationally that are also helping us.

By the middle of 2007 we hope to have gathered enough evidence to be able to publish a guidebook that will give practical information to help people who wish to make their services comprehensive. A day-long training course will be given on 27 September, immediately prior to our international conference. Both Prof. Fadden and Dr. Leggatt will be involved in training, which will explore key issues of working with families and practical ideas for implementing programmes. The course is entitled “How to Formally Include Families and Caregivers in your Mental Health Service” and is open to all interested parties including government officials, policy makers, managers, and all the caring professions in mental illness/health.

The VA conference in Baltimore was therefore very timely. We wish to thank Lisa Dixon and Susan McCutcheon, Program Manager for Special Projects in the health division of the VA, for enabling us to benefit from the unique meeting.



Dopamine Dysregulation Disorder

Controversy surrounding the term “schizophrenia” has raged for many years. Some think that the word breeds fear in people, others think that the fear of this disease lies in the difficulty that people who suffer from it experience. Experts from the University of Manchester, England, want the term to be scrapped. Prof. Richard Bentall said that the term groups together a whole range of different problems under one label: “the assumption is that all of these people with all of these different problems have the same brain disease”. He added that this can misinform treatment.

Robin Murray, Professor of Psychiatry at the Institute of Psychiatry, London, said most psychiatrists accepted the term schizophrenia was imperfect but warned that were it discarded another method of classification must be devised. He said: “If

we don't have some way of distinguishing between patients, then those with bipolar disorder or obsessional disorder would be mixed up with those currently diagnosed as having schizophrenia and might receive treatments wholly inappropriate for them. Most psychiatrists would still agree that the term schizophrenia is a useful, if provisional, concept. My personal preference would be to replace the unpleasant term schizophrenia with dopamine dysregulation disorder, which more accurately reflects what is happening in the brain when someone is psychotic.”

Joint Survey Conducted about Mental Health Care in Europe

Europeans want to see the EU end the discrimination faced by people with mental health problems. This is one of the findings from a study carried out by UK-based charity Rethink and the European Federation of Associations of Families of People with Mental Illness (EUFAMI) with a grant from the pharmaceutical company AstraZeneca.

Among the findings were that the majority of the survey's respondents felt mental health is given insufficient priority by their governments, and they want to see a greater emphasis placed on mental health promotion across society.

Respondents also identified several ways to improve the life quality of those with mental illness including easier access to employment for people with mental health and better understanding by employers, less stigma and greater public understanding, as well as improved access to alternative therapies such as “talking treatments”

Working with Families – Developing Caring Partnerships – March Conference in U.K.

Meriden, the West Midlands Family Programme, is holding the above conference 19-20 March, 2007 in Stratford-upon-Avon, England. A large number of distinguished speakers are involved. WFSAD will be represented. ■

Quotes from Rethink/Eufami Survey:

“[We need] Help finding paid employment with an employer who understands mental health issues.” (Service user from Ireland)

“There are less and less colleagues caring for more and more people – there is simply not enough money.” (Carer)

“Families more in touch with health staff and their opinions are being taken into better consideration.” (Carer from France)

Information for this article was taken from a report of the study called Putting Mental Health at the Heart of European Union Policy. You can download this report from www.rethink.org. This article also includes comments about the study reported by Eufami in their newsletter Working Together, Issue 17, Summer 2006; download the newsletter at www.eufami.org.



Personal Story

Remembering: Ian R.H. Falloon, DSc.

It is with great sadness that we report that Ian Falloon, the distinguished psychiatrist who pioneered greater family involvement in the care of the mentally ill, has died from complications following cancer surgery in his adopted home of Italy. He was 61. Ian was born and educated in New Zealand and went to England for his psychiatric specialist training. A Professor Emeritus of Auckland University, he was head of the University's department of Psychiatry and Behavioural Science from 1992-1995.

WFSAD is particularly affected by Ian Falloon's death; our organization had close ties to his Optimal Treatment Project and a number of our board members and organization members took training in this work. Ian was a leading advocate of WFSAD's Families as Partners in Care Strategy and will be sorely missed by the many people he has influenced, trained and treated.

"He was one of the first to suggest that families should be involved in the treatment of schizophrenia. The research work on this that he first published in the *New England Journal of Medicine* was quite seminal", said Professor Rob Kydd, who was Ian Falloon's successor at the head of what is now Auckland University's Department of Psychological Medicine.



Ian R.H. Falloon, DSc.

Ian was among the first to introduce the so-called psychoeducational approach, trying to give patients and their families the skills to manage psychiatric conditions themselves, teaching them about medication and how to set goals and solve problems. He also tried to get general practitioners involved in caring for mental health clients.

In 1998 he published a bibliography, in the first WFSAD Families as Partners of Care Strategy document, of over 80 studies showing that patient and family psychoeducation worked. Innovative ideas had become evidence-based best practice.

Professor Falloon was a great friend to the Schizophrenia Fellowship of New Zealand, the national family self-help association, and trained many of its staff while living in his home country.

The Optimal Treatment Project has been disseminated in many countries in Europe and in New Zealand, Australia and Canada, where experienced psychiatrists continue to implement this valuable work.

We mourn a great man in Professor Ian Falloon. ■

Feature: Perspectives on Stigma

(continued from page 3)

cide. Your positive reinforcement of "good" media action that counters stigma is critical to changing community attitudes.

There are three important steps to making an effective response to stigma: getting the facts, reporting it to SANE StigmaWatch at www.sane.org, and complaining directly yourself. The revised SANE Guide to Reducing Stigma is an invaluable guide to doing this – find out more from the Bookshop at www.sane.org.

What initiatives to your knowledge have been the most successful in helping to reduce stigma and why?

SANE Australia knows from 20 years' experience that Australians' attitudes to mental illness are better informed and more supportive when they personally know someone who is affected. A great development over the past 10 years is that people affected by mental illness are starting to talk much more openly with the media in their communities, about what it is like to live with or care for someone with a mental illness. This is incredibly powerful and helps reduce fear and stigma.

Another key initiative is the Mindframe strategy, the Australian Government's comprehensive strategy to promote responsible and accurate reporting of suicide and mental illness in the media. Mindframe supports the SANE StigmaWatch program described above, and projects which produce resources and education opportunities for media professionals. It is shaped and guided by the National Media and Mental Health Group and funded by the National Suicide Prevention Strategy and the National Mental Health Strategy. Visit www.mindframe-media.info for further information.

High-profile community members have come forward recently to let the public know they are affected by a mental illness.

How important has this been in the fight against stigma and why?

News of the depression experienced by former WA Premier Geoff Gallup and NSW rugby league legend Steve Rogers this year has prompted many Australians to seek help. The responsible media reporting of depression and inclusion of helpline numbers has encouraged many men to talk for the very first time about their symptoms and to seek guidance on getting treatment. Mental illnesses like depression are real and need treatment, so it's positive that increasing numbers of people have been helped to take action through public discussions. ■



WFSAD Support

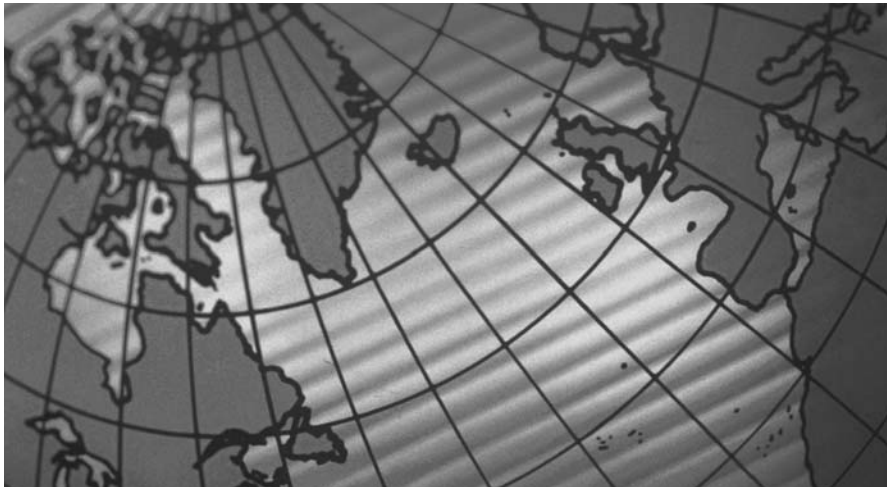
LISTENING AND HELPING: The WFSAD Global Support Program

Have you ever wanted to open your heart to someone but just don't know who that person could be? Well many have found that someone through the Global Support Program at World Fellowship of Schizophrenia and Allied Disorders (WFSAD). We receive around 100 emails a month and the majority of them are from family members in distress. Our small team of caring people responds to these. What is it that this support team has that is special? It's the belief that everyone who writes in, every person who responds in our website Feedback section and everyone who telephones, matters.

The first WFSAD conference in 1993 was called "Family Matters", and since that time everyone who has been a part of

the WFSAD Support Program has given that extra effort to assist people who need to find a friendly and informed person to help answer their questions and suggest solutions to their problems.

Requests come from all over the world in French, Spanish and English, the languages of our website. The greater majority of messages tell the stories of families, left alone without support, who are caring for someone with schizophrenia, bipolar disorder or depression. Many have never even heard of family education; certainly many have little knowledge about the disorders they are dealing with. Yet through all these communications, a dogged perseverance seems to shine through, a determination to achieve at least some small thing for their relative who is ill.



In reaching out to the WFSAD Support Program, people are usually seeking advice on how their family can cope, tips about approaching the medical profession or information to help them understand mental illness. Sometimes people are simply reaching out for a much-needed listening ear from someone who understands. They may express frustration and anger on behalf of their relatives who don't realize what has happened to them, or who cannot face the possibility of having a mental illness.

Support Tailored to Individual Needs

Often an exchange of emails with a member of the support team in itself is a help with the challenges people are facing. The emotional support

Here are a few examples of the variety of emails received by the Global Support Program:

- A client listed some 10 compounds that her daughter was taking for her schizophrenia and requested to know more about new compounds that she had heard did not have as many side effects as she was experiencing.
- My son has taken off and gone to Europe where he has been charged with assault. What can I do?
- My brother is wearing my mother out. He is up all night wandering the house and the neighbourhood. He has stopped taking his medication. His behaviour is getting very difficult for everyone.
- My name is ----- . I have schizophrenia. I write poetry. Can you get my poem published?
- I recently witnessed the most unpleasant abuse of a person traveling with me on a public transport vehicle, when the travelers physically put him off the bus because he had a disagreement with the bus-driver. I'd like to help try and stop this kind of thing.



and empathy given is often valued as much as the information that is provided. As support team members gain more insight into a person's needs, they may follow-up with more specific advice. This could include suggesting connections that people can make in their home communities to obtain further support, directing them to web information and/or sending packages of information.

Here are a few responses from our callers:

(Australia) The info you gave me was very helpful and you took time to talk to me. It felt like talking to a friend. As you suggested, I talked to my psychiatrist about my ----- and the other problems I told you about. I hope I can call again.

(U.S.) I really didn't expect you to get back to me so soon, or even at all. You have no idea of the number of places I have tried to get help. Thank you so much. Everyone was telling me different things so it was good to get some practical advice.

(Indonesia) Again a million times I thank you for all the info and also today I just received a package from you.

(Greece) Thank you for your help. It's very precious.

(Philippines) Thank you so much for your reply. God Bless you!

(Ecuador) Thank you so much for your information. It is so valuable to us. We really appreciate it.

(Nepal) Thank you very much. I am glad to find you. I thought as if I got a new hope to my faded life when I found you.

(Algeria) Je vous remercie du fond du coeur pour les efforts que vous avez consentie pour moi c'est très réconfortant et ça redonne du courage de savoir qu'il y a des gens qui vous comprennent et qui sont compatissants.

(Mexico) Muchisimas gracias por su información tan valiosa está muy bien la información que me entrego - estoy a sus pies. ■

Need help?

Email: info@world-schizophrenia.org

Via our website: click on "Need Help?" at www.world-schizophrenia.org

Write to: WFSAD, 124 Merton Street, Suite 507, Toronto, Ontario, M4S 2Z2, CANADA

Fax: 1-416-961-1948; **Phone:** 1.416.961.2855

We are grateful to the Skoll Foundation for a grant supporting this programme.

RETHINK: Campaigns Against Mental Health Cuts and Champions Northern Ireland Suicide Prevention Strategy

Visit www.rethink.org/cuts to download a Rethink report "A Cut Too Far", which provides a summary of all the evidence of mental health budget cuts in the U.K.. Rethink is continuing its campaign to ensure that mental health remains a key health priority for the Government and to work with local Trusts to develop an emergency plan to overcome any funding crisis in mental health. Anyone wishing to add their voice can take part in Rethink's e-campaign by visiting the organization's website at www.rethink.org/cuts.

In other Rethink news, the Northern Ireland Health Minister recently announced the creation of a senior health post in Northern Ireland to tackle suicide and mental health issues. Speaking at the launch of the Northern Ireland Suicide Prevention Strategy in April 2006, the Minister said:

"I want mental health services to move to the centre of our thinking. To be given the priority it deserves. The department needs ... a very senior champion to fight the corner for mental health services ... someone who can walk across Government and act as a chief advocate to the improvement of the mental health of the Northern Ireland population".

The Suicide Prevention Strategy is one result of a Taskforce conducted in 2005 in Northern Ireland to examine suicide. The Taskforce report identified several key objectives, targets and action areas.

Rethink Northern Ireland welcomes the fact that the strategy acknowledges that suicide is one worrying manifestation of a wider set of complex issues that result in mental ill health.

The organization is developing an anti-discrimination campaign for January 2007. There will be TV and poster advertising, publicity events, information fairs, a film festival, a schools and student initiative, political lobbying opportunities and a month of major media coverage. In carrying out this campaign, Rethink Northern Ireland is working to coordinate with the public awareness campaigns that the Taskforce report calls for.

NEWS FROM PUNE: Vocational Training Centre Opens

The Schizophrenia Awareness Association (SAA) of Pune, India, has opened a new vocational training centre for persons with mental illness. The 5000-square-foot facility is located at Dhayari, a suburb of Pune. SAA held an inauguration of the new center in early July. The slogan of the organization is:

Isolation Hurts, Togetherness Heals ■

The board, the staff, the volunteers and the members of the World Fellowship for Schizophrenia and Allied Disorders give their sincere thanks to all those who have given support to us for 2006. In particular we would like to acknowledge the following corporate and foundation donors and grantees:

AstraZeneca PLC

AstraZeneca Canada

Eli Lilly (Global and Asia)

The Skoll Foundation

Nona Heaslip

Hume Imaging Inc.

In addition we thank those many individuals who are contributing to our mission to help “alleviate the suffering caused by schizophrenia and related disorders”.

Upcoming Events



Cardiff, Wales, UK – Schizophrenia Conference February 7, 2007

The Royal Society of Medicine in the UK is sponsoring a one-day regional conference on schizophrenia. The meeting will be held at Cardiff University, Cardiff, Wales, on Wednesday, February 7, 2007. The agenda includes:

- What is schizophrenia?
- Epidemiology
- Genetics
- Neurobiology
- Neuroimaging
- Schizophrenia in Children
- Treatment Approaches
- Benefit Issues for People with Schizophrenia

For further details and registration information, visit www.rsm.ac.uk/academ/zw-schiz.htm.

Nairobi, Kenya – World Psychiatric Association Regional Conference 22-24 March, 2007

Theme for the conference is “Mental Health in Development”. More information may be obtained by completing an online form posted at <http://registration.aims-international.com/wpa2007info/information.aspx>.

Fax: +254 (020) 342953

Tokyo – Pacific Rim College of Psychiatrists, October 30 – Nov. 2, 2008

The 13th Pacific Rim College of Psychiatrists (PRCP) conference will be held between October 30 and November 2, 2008 in Tokyo. The main theme of the meeting will be “Recent Change of Pacific Rim Psychiatry: Evolution of Multicultural/Multidisciplinary Mental Health”.

To learn further information about this event, visit <http://prcp2008.org/>.

WFSAD is not supported by any level of government and relies on your generosity.

Please help to maintain our programs:

- **Support and Advice**
- **Advocacy**
- **Social Research**
- **Family Organization Development**

PLEASE PRINT CLEARLY

Amount of donation: _____

Circle currency: US\$ Cad\$ Euros

You may also pay by credit card (please circle card):

Visa Mastercard Expiry date: ____ / ____

Card Number: _____

Name on card: _____

If mailing your donation, please fill in the information in the next column, so that you will be assured of a receipt and send your donation to address above.

Send a cheque or money order in US\$, Canadian \$, or Euros to:

WFSAD, 124 Merton Street, Suite 507
Toronto ON M4S 2Z2, Canada

Donate On-Line at: www.World-Schizophrenia.org
Your gift will provide support and caring to many.

Print Name: _____

Address: _____

_____ Apt: _____

Town/City: _____ Prov.: _____

Postal Code: _____ Country: _____

Fax: _____

Email: _____