



# Newsletter of the World Fellowship for Schizophrenia and Allied Disorders

## WFSAD/ZENKAREN Conference

9—12 October this year—Plans are well advanced

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We are looking forward to an exciting experience at the Fifth Biennial Conference of WFSAD being hosted by Zenkaren, October 9—12 in Kyoto, Japan. The major concentration of delegates (some 2,000 or more family members) will attend sessions on the 11/12th. International delegates will take part in the whole meeting, beginning with WFSAD's day on the 9th, to welcome and exchange views with members and conduct its more official business at the general meeting. On 12th October international visitors will have a half-day tour of some of the wonders of Kyoto plus visits to mental health facilities. There is a wealth of interesting topics and



Members of Zenkaren and WFSAD working together during the WFSAD Fourth Biennial Conference in Jerusalem in May, 2000.

speakers. Enclosed is the Final Announcement.

Be sure to make your travel plans and register now.

## Director's Report

The "even" years are busy ones for WFSAD because these are the years of the biennial conferences: Dublin 1994, Rotterdam 1996, Hamburg 1998, Jerusalem 2000 and now **Kyoto 2002**. If you haven't registered yet, be sure to do so soon to ensure the best accommodation and rates of travel. As in past years, WFSAD has given some financial assistance to members and associates from the developing countries. We only wish that we had the means to assist members throughout the world. We

know that even in developed countries, family organizations have limited funds and have to make the choices that will be most appropriate for their members. We have wrestled with this issue of best use of funds: to bring family leaders to our conference or to help them at home. We know that by bringing representatives from many of our member organizations to our conference, we have empowered many people. We have charged them with the enthusiasm and re-

solve to return to their countries and renew their efforts on behalf of the people they care for.

I hope that our more developed voting members will take this opportunity to show what is possible by coming to Kyoto and telling us about what they have achieved. Many groups such as NAMI and RETHINK (formerly National Schizophrenia Fellowship, England) and others, did not exist in the early 70s. Now

*(Continued on page 2)*

Please note  
our new email  
address:  
[info@world-schizophrenia.org](mailto:info@world-schizophrenia.org)

## Director's Report— continued

**Last Date  
to Register  
for the  
Kyoto Con-  
ference**

**August 22,  
2002**

**...we recently  
organized a series of  
workshops/symposia  
at the APAL conference  
in Guatemala in July**

*(Continued from page 1)*

they are powerhouses for families and have become what, in the United States, people might call a "go to" organization, that is THE organization to go to when you have a question about mental illness.

We have had to create a "cut off" date of August 22, 2002, to register for the Kyoto conference. Hotel accommodation will be fully booked after that date, given this is a popular time of year for tourists in Kyoto, an amazingly historic city with places of interest at every turn in the road.

In addition to all the activity in Kyoto, we have also just organized a successful series of workshops and symposia in conjunction with the Latin American Congress of Psychiatry (APAL), held in July in Guatemala. With the support of the Pfizer Foundation our vice president, Martha Piatigorsky, coordinated meetings with family leaders from Latin America. Groups from Mexico, El Salvador, Suriname, Venezuela, Argentina, Colombia and Peru all showed interest in attending and accepted our invitation to take part in the conference and our workshops. Professor Julian Leff (UK), our president elect Dale Johnson and Martha Piatigorsky herself, agreed to speak at the symposium, where we hoped to attract the interest of international psychiatrists as well as our own delegation of family leaders. Informal and formal discussions were to take

place. A highlight of the event was to be workshops by Professor Leff, to assist family leaders in training members of their organizations to cope. We hope a full report will be available for a future issue of the newsletter.

This endeavour took a considerable amount of organization on the part of Martha and also our Administrative Manager Patricia Skelly. We are very appreciative of their organizational skills.

We are delighted to tell you that Patricia Skelly is expecting a baby in August. Of course, this will mean her absence from our office for the next year for which we are sorry. Frank Nicholson is taking over Patricia's duties during her absence and has already got to work to update our data base, our computer hardware and internet access. Kathryn Jefferies (our founder Bill Jefferies' granddaughter) will join us in August and give extra staff support during the busy time leading up to Kyoto.

Earlier this year we completed a review of the nine modules of the World Health Organization's mental health Global Action Programme. During June we completed a review of WHO's documents on Mental Health Legislation. Both these programs will give guidance to those without a mental health system or those attempting to improve an existing system. We hope that our comments were useful in both cases.

Many of you know Ursel (Ursula) Brand of BapK Germany. Earlier this year she was struck down with an aortic aneurism from which she made a great recovery. As we go to press we hear from her son that she has had to undergo another operation. I am sure that you join with WFSAD, its board and its members in wishing Ursula the strength to pull through and to make a successful recovery.

Ursula is one of the nominees for candidacy on our board of directors and would have made a considerable contribution to our board. Now she has had to withdraw her name, but we hope that she will be able to consider joining the board at a later date.

Many of our readers will not know that our two former presidents will be retiring from the board at our general meeting in Kyoto. Geraldine Marshall and Margaret Leggatt have each played a significant role in the development of WFSAD. Thanking them will not be enough to express our appreciation or to express how deeply we feel indebted to them. I am sure they would appreciate your expressions of thanks and to hear some of your memories of their humanity, compassion and commitment. Please drop them a line via the WFSAD office: [info@world-schizophrenia.org](mailto:info@world-schizophrenia.org)

*Diane Freggatt*

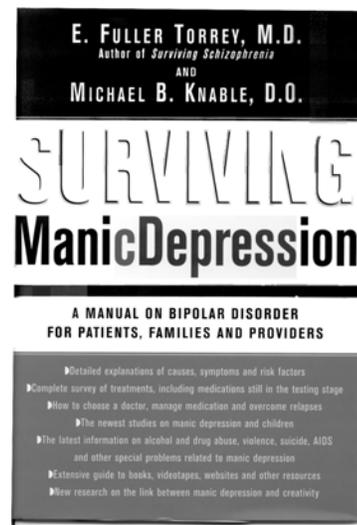
## New Book by E. Fuller Torrey

E. Fuller Torrey, author of *Surviving Schizophrenia*, has just published a new book *Surviving Manic Depression*. Co-author of the book is Michael B. Knable, D.O. We just received a copy of the book in our office and plan to review it in more detail in an upcoming issue of our newsletter. Below, is an excerpt from the blurb.

“By providing the cold hard facts about manic depression,

Torrey and Knable demystify the illness for its victims and their loved ones. Boldly confronting the lore associated with this disease and its different incarnations, Torrey and Knable separate fact from fiction, dispelling the myths about the link between manic depression and prenatal exposure to influenza, for example, but providing evidence to support such ideas as the higher incidence of depression in urban

areas. They give factual, non-sensationalized accounts of the disease, from patients’ own words, and a detailed list of conditions often mistaken for manic-depressive illness. With special features such as a listing of selected websites, books, videotapes, and other resources, *Surviving Manic Depression* is the essential handbook for anyone living with manic-depressive illness.”



## NSF, UK gets a new name, new focus

*A report in The Guardian, UK brings attention to the changes being made at the National Schizophrenia Fellowship UK*

On Tuesday, July 2nd the National Schizophrenia Fellowship (NSF) was relaunched with a new name: **Rethink serious mental illness**. Cliff Prior, Chief Executive says the change “reflects its aim to provoke a complete re-examination of the perception and treatment of people living with such a condition.”

The new focus is geared towards a more holistic approach to mental health problems, to assist those with serious mental illness recover a more fulfilling life. “People with mental health problems benefit from modern drugs, psychotherapy and social support, but none of these represents what makes their lives worthwhile—such as

a career and relationships” Prior says.

They expect to achieve these outcomes through new services, such as providing more independent housing and employment initiatives which are staffed by those with a history of mental illness.

They will also launch a program this year, with eventual roll out in 2003, which will measure whether, in fact, people’s lives are improving, rather than simply experiencing a reduction in their symptoms.

They will be working with Louis Appleby (see also page 4) to establish effective measures.

“I found traditional mental health services tended to ignore people’s practical needs and just offered a psychiatric response” Prior states.

Prior also wants to make it clear that the name change and refocus on lifestyle quality is not an attempt to distance the organization from the illness of schizophrenia. Instead, he reports that the name change was the result of a four year consultation with members, service users and staff. The feedback was that the old name was deterring people from seeking help, as only half the people they were working with, in fact, had a diagnosis of schizophrenia.

Finally, in support of the changes Prior states “We’re not trying to disassociate severe mental illness from distress, but we are trying to get across that there is realistic hope of still leading a rewarding life.”

“...the change reflects its aim to provoke a complete re-examination of the perception and treatment of people living with such a condition.”

## News Digest

***The law tries to impose logic on biologically based brain disorders that create illogical, confused patterns of thought***

### **Rural Mental Health Services**

*From SANE Australia's report on mental health services in rural and remote Australia.*

“Now that most people affected by mental illness live in the community, there is a huge unmet need for support services—supported accommodation, psychosocial rehabilitation and specialized help to re-enter the workforce. The non-government sector which largely provides these services, however, still receives less than 10% of the mental health budget.

Despite all the changes wrought to clinical services by the National Mental Health Strategy over nearly ten years, Australia still has no coherent, systematic plan for national implementation of these essential community support services. Funding for them is sparse and ad hoc in many States, leaving most country areas seriously disadvantaged.”

*SANE News, Autumn 2002  
(Spring in the Northern Hemisphere!)  
media@sane.org*

### **Legal Standard for Insanity**

*From NAMI San Mateo County News, April, 2002:*

Our shock and disappointment in Andrea Yates' guilty verdict unfortunately is tempered by the recognition that the criminal justice system — not just in Texas, but also throughout the nation — is ill suited to addressing issues involving mental illness. The law has not kept pace with modern science. Juries too often are called upon to apply narrow, irrelevant definitions. They are asked to determine the state of mind of people, at a point in the past, to recognize right or wrong, under circumstances in which such assessments are virtually impossible to make, fairly, accurately, and beyond a reasonable doubt. The law tries to impose logic on biologically based brain disorders that create illogical, confused patterns of thought. It tries to paint bright lines between right and wrong to evaluate the dark, unbridled confusion of psychosis, delusions and hallucina-

tions.

In Texas, and throughout the nation, NAMI calls for a sweeping reexamination of the legal standard for insanity and how such cases are handled....

### **Mental Illness & Substance Abuse**

Health Canada has just published a new report entitled: Best Practices —Concurrent Mental Health and Substance Use Disorders. Prepared by the Centre for Addiction and Mental Health (CAMH) researchers and other experts in the field, it synthesizes research information and specific recommendations for screening, assessment, treatment and support. It is available on the Health Canada website: [www.cds-sca.com](http://www.cds-sca.com) and click under publications—treatment and rehabilitation.

**“Australia still has no coherent, systematic plan for national implementation of these essential community support services.”**

## *A New Mental Health Service: High Quality and User-Led*

*An excerpt from an editorial in The British Journal of Psychiatry (2000) 177:290-291, written by Louis Appleby, FRCpsych, National Director for Mental Health in England*

A quality service would have six elements: it would treat patients and service users with dignity, creating the right environments for them to recover from illness and

being guided by their views on how services should develop; it would recognise the skills of families acting as carers, routinely welcoming them into plans of care and responding when they were worried; it would link service activity to need, ensuring that acutely ill people received urgent access to care and that people with a broad range of health and social needs received a comprehensive

package of care; it would make the best and most effective treatments available; it would emphasise the safety of patients themselves - because every year in England there are over 1000 suicides by people currently or recently under mental health care - and also of families, staff and the general public; and it would be delivered by a skilled and motivated workforce.

## World Perspective for Members of NAMI

*Continued from the WFSAD newsletter, First Quarter 2002—excerpts from a speech given by our President, Jim Crowe*

### China—The Daxing County Farm

In Daxing County, some distance from Beijing, there is a very impressive farm rehabilitation centre, aimed at returning patients back to work in their rural communities—an excellent model for any rural community. Families in these communities were automatically part of the whole mental health treatment and care process.

The psychiatric hospital itself has been completely renovated with two people to a room. The wards are separated between male and female. The grounds were extensive and very pleasant. This initiative seemed to come from an enterprising young psychiatrist, who was the psychiatrist in charge of this community. The feeling was that this was a model that would do well in many parts of Asia, as well as other agrarian communities world-wide.

I would like to mention here of a visit to the Shanghai Mental Health Centre. It was exciting to be able to visit a new young person's ward. This ward caters for new presentations of a psychosis. It kept young people away from the old wards, which could give them a very depressing vision of their future. Another aspect of that ward was that families could stay with their relative if they could afford it.

### Japan

Zenkaren, the National Federation of Families with Mental Illness in Japan, is one of the oldest and most powerful organizations of the Japanese Non-

Government Organizations. It has some 70,000 members and 1,488 branches, all prefectures (districts) have local chapters. Zenkaren was founded in 1965. The first national meeting, which was held in September 1965, attracted 500 participants. The roles and activities of Zenkaren include activity centres, a very active lobbying program, education programs and rehabilitation programs. Out of 1,287 supported workshops in Japan, 803 are run by Zenkaren. The facilities not only function as a job training centre, but are active in giving people with mental illness a place where they feel they are living as a member of their community.

At Kitsure-Gawa we visited the Zenkaren hotel called the Heart-Pier Kitsure-Gawa (Bridge to the Heart). It is a four star hotel, mainly for families, but open to the general public also. What makes this place different is that at least half the staff are people with mental illness. They have 50 trainees on site, which offers training facilities, their own canteen, a pottery kiln where they make most of the small dishes which are used in the dining room, and a horticultural unit. The only thing that goes to outside is the laundry. The trainees are involved in almost every area of the operation of the hotel. I was really impressed with how it has been set up, how it is run and the staff's understanding of the needs of their mentally ill trainees. It should be held up as a model for what can be achieved. There is a waiting list of potential trainees for the hotel. Trainee's stay about two years, earn approximately \$US 300 per month, with some subsidy from the government. It is so exciting to see such a place

working, to see the actual worth of the people being acknowledged, they were so involved in running their business. I had the privilege of visiting many very positive workshops and businesses and what I like about Japan is the way that they get a project up and running.

### Uganda

With support from the WFSAD, the Uganda Schizophrenia Fellowship was founded in September 1997, with the aim of caring for the welfare of people suffering from schizophrenia and allied disorders. The principle person who caused all this to happen is Walunguba Thomas, known as Thomas. Thomas quotes "The USF have identified some problems in Uganda—these include stigma, people with mental illness are unable to defend their rights, lack of someone at home to encourage the patient to take medication and come back for review. Follow ups are inadequate. Lack of supply of psychiatric drugs, these drugs are very expensive in the pharmacies. Poor living conditions, education, residential and so forth.

The achievements of the USF are being able to produce a video of our famous play entitled "I Wish I Knew". The video is filmed in an actual village setting and works its way through what happens when a person develops mental illness. It shows family/community reaction and a visit to the local witchdoctor. It is used as an educational tool, to increase awareness about Mental Health issues.

USF now visits families at home and have monthly meet-

*(Continued on page 6)*

***It is so exciting to see such a place working, to see the actual worth of the people being acknowledged***

***"What I like about Japan is the way they get a project up and running"***

## World Perspective—continued

(Continued from page 5)

ings at which members are received with respect and listened to, individual needs are discussed. Love and sense of belonging prevails. We have sensitised over 500 mental health workers, students and families. There are now branches in Kampala, Jinja and Arua.

We have prepared a brochure about USF, leaflets about the role of families in dealing with schizophrenia and produced a USF Newsletter. USF has now participated at numerous conferences in Africa and internationally.

Future plans include training Mental Health professionals on how to work with families in caring for people suffering from schizophrenia and its allied disorders. To continue with sensitisation campaign and to wage a campaign on stigma. We plan to encourage networking between families and sister organizations like Mental Health Uganda.

It is very much encouraging, we continue to lobby and advocate for the mentally sick people and their families and what has happened is that we have built a good relationship with politicians, administrators and religious leaders, at least they are giving us moral and material support.”

New Zealand

A new initiative is about to begin in my hometown. What I now say comes directly from the clubhouse members, as they say this is innovative research.

“The Tapestry Clubhouse in Dunedin has secured a grant from the government of NZ to carry out a research project for 12 months, starting 3rd July 2001. The project is about find-

ing the barriers to equal opportunity for people with psychiatric disabilities. A large cross section of employees with mental disabilities are currently in paid employment, and their employers will be interviewed as part of the data collection process.

It is the first time, to our knowledge, that Academia (the Otago Polytechnic) and a clubhouse (Tapestry Clubhouse) are going to be working together on a major research project sponsored by the government.

Other than the leadership and the co-ordination from academics, the rest of the paid work is going to be carried out by people with psychiatric disabilities who are clubhouse members. It is envisaged that the preparation work, the interviewing, the transcription, the word processing, the analysis of the data and the compilation of the findings and conclusion of the work will be done by clubhouse members.

It is expected that the culture of this new research team of academics and clubhouse members will be developed by people with psychiatric illness. In other words, this will be an opportunity to develop a work environment and a culture that is entirely psychiatric disability friendly. The people involved will be modelling ways that people with psychiatric disabilities can work in normal community settings.

The Tapestry Clubhouse is fully committed to ensure that all the support and the resources will be provided to ensure that clubhouse members are set up to succeed and not to fail. We must emphasise that we don't have a clue what we are going to develop here, but like good New

Zealanders we will give it a good go!”

In conclusion what I found to be inspiring in the countries I was privileged to visit is the absolute dedication of the members of the national family organizations, such as APEF in Argentina. Those members are untiring in their commitment and enthusiasm to move their organization along. It is all done, once again, with so little funding.

A point I wish to make is that we in the West have so much and seem to do so little, whilst others who have so little achieve so much. We need to be cautious how we approach people with different cultures and beliefs. The spirituality of people of whatever culture must always be taken into account. Take time to listen and understand what the people actually need. Visit the people themselves in their own place. Please do not rush in. Do remember what may work very well in western cultures may be a disaster in other cultures.

Finally, a quote from Ann Appleton's *A Phenomenological Study of Mental Illness in a Traditional Society* “While we in the western, modernised societies may have a tendency to dismiss things that cannot be scientifically proved, it would be both premature and unwise to believe that our own personal beliefs and understandings—which are culturally and historically constructed—are the only valid ones.

Jim Crowe  
President, WFSAD  
July 2001

“ It is the first time, to our knowledge, that Academia and a clubhouse are going to be working together on a major research project sponsored by the government.”

## Psychosocial Rehabilitation in the Ukraine

*The following is a report from one of our members, Prof. Iryna Vlokh, President of the All-Ukrainian Association of Psychosocial Rehabilitation.*

Much has to change in this country, before people with mental illnesses, patients suffering from schizophrenia and the disabled, will reach a full citizenship in our society. Because of economic difficulties, the situation of mental health services in general, and rehabilitation in particular, is very difficult in Ukraine. The old system of rehabilitation, that existed mainly in the form of workshops, does not meet the requirements of the present day. There were no necessary facilities for mental patients to develop their abilities. Mentally ill often met prejudice and misunderstanding in society. The creation of the Association of patients and their families, the opening of the first Centre for Psychotherapy, were the first steps in this direction.

An attempt was initiated at the Lviv State Clinical Mental Hospital to start working with the category of patients with schizophrenia who require rehabilitation, and firstly, with children, mainly with autism, epilepsy, and different types of organic pathology retardation.

In 1996, during the 5<sup>th</sup> WAPR World Congress in Rotterdam, Ukraine, as with some other countries, became a member of the World Association of Psychosocial Rehabilitation. At this Congress, the Head of the Chair of Psychiatry, Psychology and Sexology of the Lviv

State Medical University officially became a member of the WAPR. Thanks to this, the All-Ukrainian Association of Psychosocial Rehabilitation was officially registered in 1998 and started its activity. Psychosocial rehabilitation is being actively introduced in all regions of the Western and Eastern Ukraine.

Rehabilitation measures at present encompass all districts of the whole Ukraine. Professor Iryna Vlokh and members of the All-Ukrainian Association of Psychosocial Rehabilitation have actively participated in the world congresses devoted to psychosocial rehabilitation, which permits them to study the experience on the level of the world standards and then imbue them in practice. During this period, the following measures have been realized in the Ukraine:

- Educational training of doctors, psychologists and nurses in Poland and Germany.
- Publication of literature for patients on psychiatric diseases and their treatment.
- Creation of the Rehabilitation Clinic on the base of the Lviv State Clinical Mental Hospital
- Families of patients are being drawn into rehabilitation training at all departments and clinics of Ukraine, departments of the Lviv State Clinical Mental Hospital
- Translation of the book by Prof. Joanna Meder "Rehabilitation Trainings" into Ukrainian by Prof.

Iryna Vlokh and her colleagues. The book is to be distributed in all mental hospitals and clinics of Ukraine beginning in September 2000.

- The creation of the first psychotherapeutic centre, followed by the "Patient Club" (1999) at the Lviv State Clinical Mental Hospital, initiated by Prof. Iryna Vlokh and members of the Ukrainian Association of Psychosocial Rehabilitation (R. Bilobryvka, S. Mikhnyak, I. Tikhonska, B. Murovitch) and supported by the Vice-President of the hospital, B. Suvalov.

The "Patient Club" provides art therapy in the form of a music studio, theatricals organized by the doctors and psychologists of the Lviv State Clinical Mental Hospital. The theatre successfully toured in Kiev, Poland (Krakiv) at the time of the functioning of the All-Ukrainian School of Psychopharmacology (Lviv). Many of the patients who participated in the theatrical activities have left the hospital and found their place in social life. A council of self-government of patients has begun its work.

*For more information, contact Prof. Iryna Vlokh, President of the All-Ukrainian Association of Psychosocial Rehabilitation. Fax: 380 322 72 3831 Email: [inlokh@ifjo.lviv.ua](mailto:inlokh@ifjo.lviv.ua)*

**"The old system of rehabilitation, that existed mainly in the form of workshops, does not meet the requirements of the present day."**

## *Family Interventions in Mental Illness*

*Edited by Harriet P. Lefley & Dale L. Johnson*

This is a very timely book for organizations like the World Fellowship for Schizophrenia and Allied Disorders, in that it gives an overview of what is happening in clinical practice, with regards to the implementation of psycho-education for families of adults with mental illness. It is divided into four parts. In the first, some leading researchers and practitioners describe various models of family psychoeducation. Part two describes some

innovative models of collaborative teamwork and communication among consumers, caregivers and clinicians. Part three describes family caregiving and treatment involvement in the Netherlands, Guangzhou, China and in Japan. Part Four is titled "Family Organizations and Mental Health Policy". Three papers describe reform of mental health in Australia; a brief history of the international family movement and possible

future international directions for helping families cope with mental illness. The last two papers are provided by the editors, Dale L. Johnson and Harriet P. Lefley, respectively.

Given that the WFSAD is holding its Fifth Biennial Conference in Japan this October, it seems appropriate to quote from that part of this book which describes Japanese services. Therefore, we quote from this section of the book below.

### *Differences in Strategies for Implementing Community-Based Psychiatry in Japan*

Written by distinguished psychiatrists Masafumi Mizuno and Masaaki Murakami, Chapter 10 of *Family Interventions in Mental Illness*, described above, gives a comprehensive overview of the Japanese system. Rather than summarize the chapter we quote some of the text which appears more relevant for our readers.

"... According to statistics from the Ministry of Health and Welfare, 64.9% of all psychiatric inpatients in Japan are suffering from either schizophrenia or schizotypal and delusional disorders. 10% of all inpatients have dementia, and 6.7% have mood (affective) disorders. Disorders related to the use of alcohol account for 5.2% of all inpatients. Overall, half of inpatients are hospitalized for more than five

years, and the average length of stay is 330.7 days."

"Several nationwide surveys found that approximately 30—40% of the 330,000 inpatients could have been discharged if appropriate health and welfare services had been available (Zenkaren Health and Welfare Research Institute, 1998). This type of admission is called 'social admission'. Such inpatients are not discharged from the hospital because well-organized community welfare services are not available in their community..."

"Education and training programs for mental health professionals have not been standardized in Japan. Nurses and public health nurses working in the area of mental health do not require special certification as psychiatric

nurses, as is required in some countries. Some training courses are available for psychiatric nurses working in the public sector, but special training for psychiatric nurses working in the private sector, which accounts for 90% of psychiatric services, does not exist. The college curriculum for occupational therapists stresses therapies for the physically disabled and elderly. At present, the field of psychiatry does not receive much emphasis for these professionals."

"... The general practitioner system does not exist in Japan, and certification as a specialist in primary care is not available. In England, GPs play a large role in primary care. In Japan, however, family practitioners, with offices

**"... According to statistics from the Ministry of Health and Welfare, 64.9% of all psychiatric inpatients in Japan are suffering from either schizophrenia or schizotypal and delusional disorders."**

*(Continued on page 9)*

## Book Reviews

Annick Press publishes a wonderful children's book by a member of the Toronto Chapter of the Schizophrenia Society of Ontario, Marie Day. The book is the story of Edward, whom everyone refers to as "The Crazy Man". Edward creates colourful and interesting costumes from items he finds in the streets and alleyways.

One day, Charlie, a young boy, is saved from being hit by a car by "The Crazy Man". He searches for him, trying to thank him, but no longer sees him in the streets around his neighbourhood.

Years later, after a chance encounter, Charlie recognizes Edward and finally gets to thank him for saving his life, so many years ago. When Edward is released from hospital, Charlie gives him a job at his

company...designing costumes!

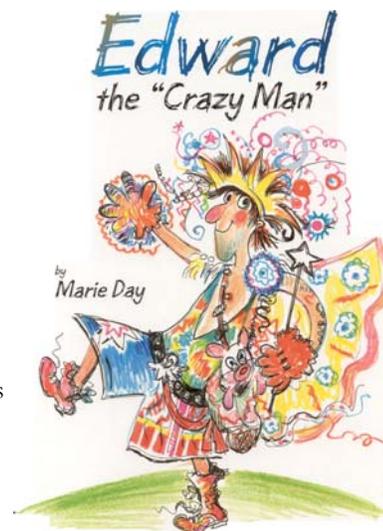
This book is suitable for 7-10 year olds and tells a delightful story, with vibrant, colourful illustrations. At the same time, it portrays schizophrenia in an accurate light, doing a good job of explaining to children the difficulties faced by people they may encounter on the street every day. The book also gets across the message that, given treatment, support and the opportunity to live and work in decent conditions, people with mental illness can recover.

*The book is distributed in Canada by Firefly Books Ltd. 3680 Victoria Park Ave., Willowdale, Ontario M2H 3K1. Copies of the book can be purchased through our office, for the cost of \$10.00 US (includes shipping and handling).*

SANE Australia has recently released another useful publication, the *SANE Guide to Fighting Stigma*. The Guide is part of SANE's StigmaWatch program.

The guide highlights some of the ways the media promotes stigma, the harm that stigma does and outlines some very useful steps to take in the fight against stigma. It also provides some useful tips when making a complaint, such as, Give the Facts, Write Clearly, Be Concise, Be polite.

*Copies of the book can be purchased from SANE Australia for (AUS) \$9.00 plus postage and handling. Visit their website at [www.sane.org](http://www.sane.org) or write to SANE Australia, PO Box 226, South Melbourne VIC 3205 Australia. Ph +61 3 9682 5933 Fax +61 3 9682 5944 Email [admin@sane.org](mailto:admin@sane.org)*



## Psychiatric care in Japan—continued

*(Continued from page 8)*

in the community, provide primary care for patients, but they are not specialists in primary care.... Recently, the number of psychiatrists with offices in local communities has been increasing. These psychiatrists accept public insurance, and their offices are more accessible than larger hospitals or institutions. Nevertheless, the strong stigma against mental illness often disturbs access to care and delays first consultations...."

"...The action plan to implement community-based psychiatry is challenging. The government has started to change

the reimbursement schedule in favor of community-based psychiatry. However, the number of psychiatric beds in private hospitals is still very large. To avoid trouble resulting from the drastic changes that are being made to the mental health delivery system, some of these beds are expected to be converted into recuperation wards. This strategy should help to reduce the number of people with mental disorders who are living on the street. However, developing mobile multidisciplinary teams and adequate intervention programs will be indispensable. The importance of private psy-

chiatric hospitals in hospital-based community psychiatry cannot be ignored...."

"...Zenkaren, the National Federation of Families of the Mentally Ill in Japan, is one of the oldest and most powerful mental health, nongovernmental organizations in Japan. It has about 700,000 members and 1,488 branches, with local chapters in every prefecture. The branches are municipal, village based, or hospital based, with the municipal branches accounting for 77% of the total. Zenkaren has strong ties to local resources, such as public health centers, local government volunteer

organizations, and clinics or hospitals; however more than half of the branches do not have independent officers. This is attributable to two factors: economic hardship and dependence on the public sectors for financial support. . . One remarkable result of this movement was the revision of the Mental Health & Welfare law in 1995 which established welfare policy for persons with mental disorders...."

## Community Based Mental Health Programs in the Philippines

*Dr. Ma. Rosanna de Guzman, Clinical Associate Professor, Department of Psychiatry and Behavioural Medicine, University of the Philippines writes to us with an update on her activities.*

I have been quite busy in the university since I am involved in the clinical supervision and research committee of the residency training program of young psychiatrists. Another matter that also kept me busy was giving training programs into two key areas of concern. First, is the continuity of care for the community based mental health programs I have piloted in two rural areas. This includes the establishment of Family Support Groups for the care of the chronic mentally ill in the community. It is not an easy task considering the obstacles that the families have to go through because of the lack of priority to mental health problems by the local government. Nevertheless, our efforts are not in vain, with families achieving the empowerment to stand for what is rightfully their place in society, overcoming the stigma of mental illness. There continues to be a deluge of requests from other areas, considering the lack of mental health services in the rural areas of the country. I am considering the possibility of setting up a foundation for training mental health professionals and community workers, or linking up with civil society organizations to help the urban and rural poor, which will need some funding.

What continues to be my inspiration is what the World Fellowship for Schizophrenia and Allied Disorders (WFSAD)

continues to do, with families taking a more active involvement. I see the same thing happening with the Family Support Groups that are being formed here.

Below is an excerpt from an article about a new family group.

*Caring for the Mentally Ill Through Community-Based Mental Health Program in Pugo, La Union, The Philippines*

The Pugo Overseas Workers and Community Association (POCA) linked up with CESP in order to respond to the increasing number of women arriving from abroad with mental illness. This led to collaboration with Dr. Ma. Rosanna de Guzman. Dr. de Guzman had piloted, in several towns, the community-based approach to mental health. Said approach, as opposed to institutionalization, has been proven to facilitate the recovery of the mentally ill. It underscores the crucial role of the family and the community in the recovery of the mentally ill. With proper education, families and communities can provide the environment necessary to the full recovery of the mentally ill.

In August 1999, Dr. de Guzman conducted the first general check-up for the mentally ill patients in Pugo. A follow-up was conducted two months after, which was highlighted by the formation of an organization of families of the mentally ill, and the election of their officers. The families named their organization "Timpuyog Ti Agkakabsat (TTA)" Ilocano for "assembly of brothers and sisters".

The TTA had problems in the ensuing years. Money was scarce, medications were difficult to obtain and the Municipal Health Unit was not very supportive of the endeavour. Mr. Dominador Laroco, elected President of TTA, presented many new plans for the organization. In a meeting in December 2001, 17 families with mentally ill members decided to revive the community-based mental health program. They also identified program components such as: access to medicines and a pool of volunteer psychiatrists; referral services for special cases; income-generating projects and employment opportunities for the families; research/study on the causes and nature of mental illness in Pugo; therapeutic activities for the patients and caregivers; education – on the nature, causes and treatment of the mentally ill. The Feb 1-2 general check-up, with Dr. de Guzman and Dr. Roderico Ramos was very successful. It attracted many potential members to the TTA, aside from benefitting 25 patients. Another significant development was the commitment by Dr. Ramos to participate in the program. In a meeting with TTA, Dr. Ramos promised to give a free monthly check-up for all the patients of Pugo. He also expressed high hopes for the organization to grow and become sustainable. Lastly, he emphasized the importance of family support groups that will serve as the venue for the sharing of experiences, thereby increasing knowledge about mental health.

*Dr. Marissa de Guzman  
mdeguzman@lycos.com*

**"...our efforts are not in vain, with families achieving the empowerment to stand for what is rightfully their place in society, overcoming the stigma of mental illness."**

## Calendar - planning guide to upcoming meetings

### YOKOHAMA, JAPAN

24-29 August, 2002

#### *XIIth World Congress of Psychiatry*

The XIIth World Congress of Psychiatry is organized by the World Psychiatric Association (WPA) in collaboration with the Japanese Organizing Committee, representing leading Japanese societies active in the fields of psychiatry and mental health. Conference Secretariat c/o: Convention Linkage Inc., Akasaka Nihon Bldg., 9-5-24 Akasaka, Minato-ku, Tokyo 107-0052 Japan. Phone: 81 3 5770 5549 Fax: 81 3 5770 5532

### COPENHAGEN, DENMARK

25-28 September, 2002

#### *3rd International Conference on Early Psychosis: A Bridge to the Future.*

Website: [www.ics.dk](http://www.ics.dk)  
Fax: 45 3946 -515

### KYOTO, JAPAN

9-12 October, 2002

#### *Fifth Biennial Conference of the World Fellowship for Schizophrenia and Allied Disorders: The Power of the Family Movement: Catalyst for Change*

Hosted by ZENKAREN, the Japanese Alliance for the Mentally Ill. For more information, contact WFSAD at [info@world-schizophrenia.org](mailto:info@world-schizophrenia.org) or visit our website [www.world-schizophrenia.org](http://www.world-schizophrenia.org)

### MELBOURNE, AUSTRALIA

21-26 February 2003

#### **PLEASE NOTE THIS IS A CHANGE OF DATE**

#### *World Congress of the World Federation for Mental Health*

**Contact:** Megan McQueenie, Mental Health Foundation of Australia Tel: 6139427 0407 Fax: 61 3 9427 1294 Email: [mentalh@mira.net](mailto:mentalh@mira.net)

MEMBER ORGANIZATIONS AND COLLEAGUES

ARE YOU HAVING A

CONFERENCE

CONVENTION WORKSHOP

WE'D LIKE TO PUT IT IN OUR CALENDAR

PLEASE FAX, EMAIL OR WRITE US

See address back page

## NAMI's warning signs for children

In the pamphlet entitled *Seeking Answers...Getting Help—Facing concerns about your child's mental health*, NAMI (U.S.) lists nine warning signs for children of Elementary School Age and 12 such signs for Pre-Teens and Adolescents. Here are the signs for the elementary school age children:

Difficulty going to sleep, reluctance to take part in activities that are normal for the child's age, or refusal to go to school regularly;  
Frequent, unexplainable temper tantrums;  
Hyperactive behavior or fidgeting, or constant movement beyond regular playtime activities;  
A steady and noticeable decline in school performance;  
A pattern of deliberate disobedi-

ence or aggression;  
Opposition to authority and little or no remorse for breaking rules or norms;  
Persistent nightmares;  
Poor grades in school despite trying very hard; and  
Pronounced difficulties with attention, concentration, or organization.

For Pre-Teens and Adolescents, the warning signs are:  
Sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping, or thoughts of death;  
Opposition to authority, truancy, theft, vandalism or consistent violation of the rights of others;  
Abuse of alcohol and/or drugs or heavy tobacco use;

Intense fear of becoming obese despite normal body weight, constant dieting, restrictive eating habits; or purging food (vomiting);  
Frequent outbursts of anger or inability to cope with problems and daily activities;  
Marked change in school performance;  
Marked change in eating/sleeping habits;  
Persistent nightmares or many physical complaints;  
Threats of self-harm or self-injury; harm or to violence toward others;  
Sexual acting-out;  
Threats to run away;  
Strange thoughts and feelings and unusual behaviours.

To obtain or view the pamphlet go to [www.nami.org](http://www.nami.org)

The WFSAD Newsletter is the quarterly publication of the World Fellowship for Schizophrenia and Allied Disorders.

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The WFSAD Newsletter is an international bulletin providing information to the world self-help movement for schizophrenia and allied disorders, which includes national and local organizations, individuals coping with the illness, friends and professionals.



**Sunflower Petal Circle**

*Join our circle of donors by making a regular gift to WFSAD through your MasterCard or Visa. You may make quarterly donations of \$25, \$50 or an amount of your choice, or a one-time gift for the year. A member of our staff will be glad to help you with this (contact details above).*

**Planned Giving**

WFSAD invites you, its members and supporters, to remember us in your will, so that we may continue to advance the work to which we are all dedicated. You may stipulate the activity or program you wish to support or you may make an unrestricted gift. Here is suggested wording for an Unrestricted Bequest:

I give, devise and bequeath to WFSAD, located at Suite 104, 869 Yonge Street, Toronto, On M4W 2H2, Canada the sum of \$ \_\_\_\_\_ or \_\_\_\_\_% of (real or personal property herein described), to be used for the general purpose of the organization, at the discretion of its board of directors.

*Schizophrenia is a very common illness, affecting one person in one hundred around the world. It affects people from all walks of life and usually strikes young people between the ages of 15 and 30. Although an exact definition evades medical researchers, the evidence points more and more conclusively to a severe disturbance in the brain's functioning.*

*The World Fellowship for Schizophrenia and Allied Disorders involves voluntary organizations of relatives and friends of people with schizophrenia and other serious mental illnesses, which are specifically concerned with the welfare of these people.*

*Individuals, mental health professionals, or non-profit organizations whose members deal with problems similar to those faced by people with schizophrenia and its allied disorders and their families are also welcome in the Fellowship.*

**Join our Membership or Become a Donor**

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