

Speech by Peter Lehmann at the „European Conference on Promotion of Mental Health and Social Inclusion“, Promotion of Mental Health on the European Agenda, 10 – 13 October 1999, Tampere (Finland)

Promotion of mental health and prevention of mental disorders by empowerment

Is there a psychiatry-policy without meaningful participation of (ex-)users/survivors of psychiatry?

To have ten minutes to speak is an honour, compared to total exclusion of users, ex-users and survivors of psychiatry in former years until the beginning of this decade, when the European Network of (ex-)Users and Survivors (ENUSP) was founded. To have only ten minutes makes me rather angry, because so many things, I as the representing person of the (ex-)users and survivors of psychiatry who are the subject of the conference, can't say in the short time: for example human rights' violations, non-stigmatising non-psychiatric approaches as examples of good practice in preventing mental disorders and promotion of mental health: like the user-controlled Berlin runaway-house or Hotel Magnus Stenbock, a user- and survivor-run project in the Swedish Helsingborg – institutions which are more effective and – by the way – cheaper than psychiatric institutions.

Empowerment is the key word that best shows the central interests of (ex-)users and survivors of psychiatry. „Empowerment“, a special term coming from USA, can be understood as „self-authorisation“. (Ex-)users and survivors of psychiatry should have or regain the authority over their own life, get access to information and money and speak with their own voice. Empowerment is the basis of prevention of mental disorders and promotion of mental health.

Speaking more about terms: The term „user of psychiatry“ refers to people who have mainly experienced psychiatric treatment as helpful. The term „survivor of psychiatry“ in turn refers to those who have mainly experienced psychiatric treatment as being a danger to their health.

These definitions are often misunderstood: to „survive psychiatry“ does not mean that psychiatrists are being accused of trying to intentionally kill people. But it does mean that diagnoses such as „schizophrenia“ or „psychosis“ very often have a depressing and stigmatising effect, leading to resignation and chronic hospitalisation. And it means that drug-effects such as neuroleptic malignant syndrome or tardive dyskinesia or dystonic or epileptic attacks can be a danger to health and life, which have to be survived. Believe me, I know what I am speaking about.

To speak from ENUSP means to focus on its several added values inclusive the broad representation from different organisations in East and West and in the different national states. ENUSP, an autonomous and democratic organisation, includes organisations from all European states, even those that are to join the EU in coming years.

The meaning of the inclusion of (ex-)users and survivors of psychiatry became clear also with the conference 'Balancing Mental Health Promotion and Mental Health Care. Joint WHO / European Commission Meeting', Brussels, in April 1999. Also one representative of ENUSP was invited beside approximate 70 psychiatric workers and other ones. The necessity of the inclusion of (ex-) users and survivors of psychiatry was expressed by the rejecting reaction to complete all given suggestions regarding common goals and strategies to advance mental health promotion and care.

Only after a strong criticism (nobody had dared it to affirm the position of ENUSP) and under friendly support of the European-Union-representatives Mr. Alexandre Berlin and Mr. Horst Kloppenburg some of our proposals have been added to the consensus-paper:

- the active inclusion of (ex-)users and survivors of psychiatry to psychiatry-policy
- the promotion of self-help-approaches and non-stigmatising, non-psychiatric alternatives and
- above all the freedom of choice to strengthen human rights.

To repeat: nobody of these famous and 'progressive' psychiatrists in Brussels had dared it to affirm the position of ENUSP.

Human rights' violations in psychiatry mostly are only recognised by (ex-)users and survivors of psychiatry. If here would be more time, I would speak about complete psychiatry laws, which were developed from political parties in co-operation with (ex-)users and survivors of psychiatry for example in Germany, even if not accepted by the parliament – laws which in particular contained the legal security of advance directives for the protection of the right of self-determination and human dignity. We want certainty of the law also for us. Human rights are not divisible. (Ex-)users and survivors of psychiatry have to have the same rights as so-called normal patients.

One example, how co-operation could work, is the acceptance of a resolution of World Network of Users and Survivors of Psychiatry (WNUSP) in Santiago, Chile, September 1999, by the general assembly of the World Federation for Mental Health. As spreading laws and courts' decisions on forced outpatient treatment with psychiatric drugs gives (ex-)users and survivors of psychiatry deepest concern and produces desperation and depression in many cases, because to destroy the human right of self-determination and to rob somebody of his or her own safe room to live, creates paranoia and other mental disorders. WNUSP's resolution to WFMH, when accepted, gives hope to lower the danger of further spreading of forced outpatient treatment and its consequences, new and enhanced mental disorders. When the resolution was accepted: „Because of concern about the spread of forced psychiatric procedures into the community, resolved that WFMH supports the position of WNUSP in opposition to involuntary outpatient commitment“, there now is the possibility to co-operate on international and national levels to prevent the human rights' violation of outspreading forced treatment.

In 1997 ENUSP has made a lot of co-operation-suggestions, when we were asked for a statement to the draft „WHO Quality Assurance in Mental Health Care“. You can read the proposals in "Current Opinion in Psychiatry",

No. 1 in 1999, where the commentaries to the Declaration of Madrid are published. I cite one proposal to enhance quality of care:

It should be acknowledged by psychiatric associations and/or by reforms of the law that advance directives (made during non-doubted states of normality) about wanted and unwanted treatments have to be respected.

By the way: ENUSP prepares an international workshop on this topic. We ask you to support the financing, concerning the designation of legal possibilities for advance directives in the different countries as well as reaching people who want to support our efforts for improvement of the legal situation of (ex-)users and survivors of psychiatry.

At last again our central interests and goals regarding the development of psychiatry-policies, promotion of mental health and prevention of mental disorders:

- Inclusion of (ex-)users and survivors of psychiatry and acceptance of their treasure of experience on all levels of decisions, administration and education and research
- Protection from unwanted medical manipulations
- Freedom of choice as a characteristic of quality of care
- Development of alternatives to psychiatry for (ex-)users and survivors of psychiatry who made bad experiences with psychiatry or who doubt the competence of medicine to solve psychological problems of social nature
- Financing of self-help and alternatives by splitting the available money.

I am very sad to tell you at this European meeting on Promotion of mental health and social inclusion, that the European commission decided in 1999 not further to support ENUSP, which makes it very complicated for us to exchange information and even have a well-functioning desk to make co-operation optimal. We hope for your support to change the situation again.

Financial contributions to psychiatric institutions, organisations and congresses should be made dependent on a meaningful participation of (ex-)users and survivors of psychiatry. Meaningful participation means that (ex-)users and survivors of psychiatry are integrated in planning processes, are supported financially to participate, are integrated in all meetings and decisions on the basis of equal opportunity and can speak more than ten minutes in meetings and congresses.

„Psychiatric services belong to the users“, Mr. Eero Lahtinen from STAKES said at the „Joint WHO / European Commission Meeting“ in Brussels in April 1999. (Ex-)users and survivors of psychiatry should be included effectively into all topics.

At first glance this proposal may seem expensive and rich of conflicts. However, self-help and empowerment as means for promotion of mental health and prevention of mental disorders in particular – in view of sinking public funds and increasing efforts for equal opportunities – are justified not only morally, but also help to guarantee mental health and the prevention of mental disorders. ENUSP and the organisations, which are organised in ENUSP, are ready for co-operation. Please use our offers.