



ENUSP Bulletin

No. 4 - May 2012

Hello and welcome to the fourth ENUSP Bulletin:

Once again, we want to thank all of you for your messages and your great support in the last few months. It is very encouraging to hear from so many users and survivors in different parts of Europe. In recent weeks alone, we have received:

- Updates and alerts about the conditions users and survivors are facing in different countries.
- Information about the actions national and local user/survivor groups are taking or planning.
- Comments and questions about the future work ENUSP should do as our collective and co-owned organisation. We give special thanks to the individuals and groups who were able to contribute to our recent strategy consultation.

We can't stress enough how vital each of these messages is. This is especially true because we know the tough conditions that almost all user/survivor groups and activists are working under. And because we realise many of you are putting extra effort into writing to us in English.

Please keep sending these messages as you can. Piece by piece, they build a rare picture of the real situation at the moment for people who have experienced psychiatry in Europe. It is a picture that is at once very painful and inspiring. And it reminds us of why the strengthening of ENUSP is so important.

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This Bulletin comes to you as we move well into the second half of the Re-building ENUSP project. We are learning, or re-learning, what many of you know all too well: building up a user/survivor organisation is a hard task. The Re-building Project really aims to set up more reliable ways for users and survivors to connect across the continent and join forces in our work on common problems. We know too many of us are working in near isolation. And we are happy to say these ways-to-connect are slowly emerging. We are gradually building up an up-to-date database of user/survivor groups all over Europe; we are preparing to launch our new website and our publication *Advocacy Update*. We are really keen to hear what you think about this work.

We hope this Bulletin and the Special Supplement "New Voices in ENUSP" that accompanies it capture some of the benefits of our improving connections. In the Special Supplement, you will find introductions from three user/survivor groups from different countries who are some of ENUSP's new members.

Our section **Speaking Out** brings you the story of a recent ENUSP advocacy effort that began with one person's notification about horrific human rights violations. ENUSP Board members received an email about the suicide of a woman who had been caged by mental health workers in the Czech Republic this year. This report shook many users and survivors in different countries. We heard how caging survivors who have spoken out about their experience in the past have been discredited as unreliable and “mentally ill” in the national media .Together we brought a complaint to the United Nations, and we sent psychiatric survivors to testify to the UN Committee against Torture. As we write this, the Committee is putting direct criticisms about caging and other physical and chemical restraints and forced psychiatric treatments to the Czech government.

Elsewhere in the Bulletin, you will find more information about the United Nations Convention on the Rights of Persons with Disabilities, the international law that says we have the same rights to make decisions about our own lives as everyone else. Now more and more international authorities are demanding our governments respect their human rights obligations under this treaty. And there are also reports of innovative protests and advocacy from local user/survivor groups plus our community noticeboard. In fact, the submissions for this Bulletin spilled over the pages we had at our disposal. And they promise to produce a very full publication in our upcoming Advocacy Update

We are really looking forward to continuing our conversations with you. We are determined to find more ways to make the voices of users and survivors heard!

In solidarity,
ENUSP



Image by Evagelos, a Greek psychiatric survivor as part of the Campaign To Abolish Mechanical Restraints and Isolation Cells

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News from the ENUSP Board



Hello ENUSP friends,

It has been a challenging few months for the ENUSP Board. We've been working on a lot of different tasks at once in our efforts to make ENUSP stronger.

We'd like to tell you more about how we work and what is happening.

The Board discusses a lot of issues about ENUSP's management daily by email and then we make decisions every month during a long skype phone meeting for all the regional representatives. Normally it lasts three or four hours. After that, the Board members, and especially Gabriela, our Chair, try to oversee all the tasks we've agreed on. It is sometimes tough because most of the Board members are juggling work with their own national or local organisations.

So what is the Board up to? The Rebuilding Project is, of course, our big focus. At its heart is the creation of a strategy, a kind of road-map to take ENUSP forward so that we can focus clearly on the tasks and issues that matter most to users and survivors in Europe. As you saw from our February member consultation, creating this strategy means putting some big questions to everyone in ENUSP: what should ENUSP's goals be for the next 3 years? What are the main topics we need to work on? How can ENUSP really support its members?

Work is happening right now on the strategy after our consultation with you. The final 3-year document will come to you in our next Bulletin. The document will also be the basis for our next funding application (to be made in the next couple of months), which is very important so that we actually have a chance to do the things we plan.

In the meantime, some Board members and the project workers are focusing on **building better ties with user/survivor groups in the regions**. We have been trying to reach out to existing ENUSP members and potential new ones. So far we've connected with many established and emerging groups and networks of users and survivors (from Scotland to as far away as Kyrgyzstan), and we've tried to establish more formal ties with group that we had a loose connection with in the past. The Board has approved the applications of seven organisations since the project began. They are:

Partnership for Equal Rights - Tbilisi, Georgia

Stichting Mind Rights - Netherlands

Voice of Experience - Scotland

Seinäjoen alueen mielenterveysyhdistys (SAMY) - Finland

National Survivor User Network - UK

THE SHINE Association for Social Affirmation of People with Psychosocial Disabilities - Croatia

Il Cappellaio Matto - Italy

It is very exciting to have these new voices in our Network. If you have suggestions of user/survivor groups that ENUSP should connect with, please let us know!

One of the big tasks for everyone in ENUSP is to finalise a new database of contact details for all ENUSP member groups since the current one is very out-of-date. This resource could be really central: it could make it easier for ENUSP to reach and consult members quickly. Once published online, it could also help individual survivors and users to find groups in their area, and assist those groups to locate one another **To finalise the database, we are asking all existing ENUSP members and potential members to fill out our membership form by June 30, 2012.** We really want to thank everyone who has already sent it in. If you need a new form, or you have practical issues (including language ones) that make it hard to send the form in, please just email enusp.info@gmail.com and tell us about the problem. We will try our best to help.

But, ENUSP is more than the EU. It belongs to users and survivors all over Europe. As you can read in this Bulletin, just recently we have been raising our concerns in wider forums like the European Court of Human Rights and the United Nations Committee against Torture. Now the ENUSP Board has voted unanimously to apply for special "Economic and Social Council" (ECOSOC) status, which will mean we have more chances to make our cause known at United Nations level. Meanwhile, based on your recommendations, we've started to cooperate with groups that share some of our goals like the European Network of Independent Living (ENIL), another Europe-wide member organisation that works to advance human rights under the UN Convention on the Rights of Persons with Disabilities.

As some of you have noticed, we've also gained some **new faces on the ENUSP Board** in the last few months. These adopted representatives replace several members who were elected at our last General Assembly in Thessaloniki and then resigned.

The new representatives are Marina Lykovounioti (for the South-East region), Tomás López Corominas (for the South-West region), and Reinhold Hasel (for the North-East region). Below we give these new (adopted) board members a chance to introduce themselves. And then Erik Olsen, the Deputy Chair asks a question about the whole "adoption" process: How can we improve this process for our ENUSP Board? We are very eager to hear what YOU think. We want to decide on the best solution together at our next General Assembly. We're starting to prepare for that Assembly now.

Introducing new ENUSP regional representatives: In their own words



Marina Lykovouniotti from Greece is the adopted Board member for the South-East region. She has also started representing ENUSP at European Patients' Forum (EPF).

“I have had personal experience of the psychiatric system since 2008. I've been a member of the Greek Hearing Voices Network in Athens since 2010 and I draw strength from that self-help

movement. Together with Hearing Voices Athens and other allied groups in Greece, I've helped to arrange national seminars and protest actions in defence of our human rights, including our right to be protected from poverty. In the last few years, I've become more active at European level, participating in ENUSP and Fundamental Rights Agency seminars and also translating there for other survivors. Whenever I get the opportunity, I speak out about violence in psychiatry and discrimination. I believe it is vital to share our experiences and support each other. As a computer programmer by profession, I'm also happy to share my skills with the ENUSP website taskforce.”

Contact: mlykov@gmail.com

Marina has prepared a report about her recent representation of ENUSP at a European Patients' Forum seminar. Please also contact her if you would like to receive a copy.



Tomás López Corominas from Spain is the adopted deputy Board member for the South-West region

“I am a psychiatric survivor from Oviedo, Asturias, in the north of Spain mountains, greenery and sea. My organization is called “HIERBABUENA, Association for Mental Health” and we are around 500 users/survivors.

I have been president of Hierbabuena since September 2009, and my main work has been trying to turn it into a democratic organization focused on participation, visibility and pride. Our main objectives are, I think, common to all of us: the defence of our rights and getting equality with our fellow citizens. Direct political representation and making our community visible are the best ways to do this.

I believe at this European level we need to be as strong as we can so that we are directly represented in all possible areas, until we are recognized as the leading voices on issues that are, above all, ours”.

Contact: tolocoro@gmail.com



Reinhold Hasel is the adopted deputy Board member for the North-East region

“I have been a member of the Managing Board of the Federal Organisation of (ex-) Users and Survivors of Psychiatry in Germany and its European representative since 2010. I am very glad to have the chance to contribute more at a European level. My special interest is in national and international law about people with disabilities. I want to see the UN Convention on the Rights of Persons with Disabilities translated into action. I have helped to lead seminars across Germany, especially for users and survivors of psychiatry, for doctors and medical students and for politicians. My big goal is to contribute to the end of psychiatric violence.”

Contact: reinhold.hasel@hotmail.de

**The ENUSP Board asks:
How can we make ENUSP more democratic?**



ENUSP's Board wants to hear your ideas about how to solve a problem that has long affected our Boards. When a Board member or deputy resigns ahead of time, how should ENUSP replace them?

Below Deputy Chair Erik Olsen outlines the main issues and some of the proposals we've heard so far.



Erik Olsen, ENUSP Board Member

The Problem

'Some of our members have been asking about the procedure when an elected Board member or their deputy withdraws or resigns before the end of their elected term. We don't have a procedure for this situation at the moment. That can be seen as a lack of democracy in our organisation. Therefore I'd like to open up the debate about how ENUSP should handle this

As you probably already know, ENUSP's Board is elected at our General Assembly every 2 or 3 years. ENUSP member organisations in each region choose their Board member. This is done so we have equal representation from all over Europe. The member organisations also decide on a deputy Board member for their region. We know from experience that the Board member role can be demanding and many users/survivors already have enough challenges in their lives.

So it can be very hard to retain a full and operating Board for user/survivor organisations at local, national or European level. Many Board members withdraw early.

We experienced this problem on the ENUSP Board during a very difficult time.

Just when we were about to start work on our project "Rebuilding ENUSP Together", three people resigned from the ENUSP Board, all for different reasons. We found ourselves in quite a terrible situation. You see, the Board needs to oversee and approve every important action in the project. But we did not have the numbers to make decisions according to our Statutes.

We responded by copying the solution of past ENUSP Boards in this situation: we promoted deputy Board members if we could. Where that wasn't possible, we quickly found new people from the regions to reconstitute the Board so it could be active again.

According to our Statutes, the only rule in this situation is:

"If the number of Board Members drops under five, the Board remains competent. However, the vacancy must be filled as soon as possible" (Article 9, point 3)

In the past, we called this process 'co-opting' Board members. The Board would quickly deliberate about whom we could ask, thinking about individuals from the regions who had been most active in ENUSP in recent times. Then we asked these people and sometimes even persuaded them to join the Board.

It was a kind of emergency procedure to ensure we could fulfil our obligations. In the future, I hope we can find a more democratic procedure. In my opinion, it would be a relief if the regions could take over the responsibility of deciding who should be their Board member or deputy when someone resigns ahead of time.

What's your solution?

ENUSP need a speedy procedure to this situation. And we need suggestions that will ensure every member organisation in a region is heard.

What should ENUSP do when a Board member resigns early? Here are two ideas:

First Idea: The region should decide!

ENUSP Board should tell all the members of the region about the resignation. If the Deputy can't take over, candidates from the region should express their interest in the position and circulate their CV to others in the region. The members in the region should then make a decision.

Second Idea: The Board should decide!

ENUSP Board should encourage the Deputy to take over. If that's not possible, the Board should look for someone who has already volunteered for ENUSP from that region.

Please send your ideas about how ENUSP can solve this problem to enusp.info@gmail.com marked "ENUSP Board question". We'll collate your feedback into a proposal that can be voted on at the next General Assembly.

Changes to the ENUSP staff

We are sad to announce that one of our project workers, **Elizabeth Winder** has had to leave the Rebuilding ENUSP project because of physical health problems. Elizabeth, who is from Oxford in the UK, did a huge amount of important work in a very short time. She oversaw the development of ENUSP's 3-year strategy up to the consultation stage, including planning every detail of the ENUSP board strategy-building meeting earlier this year, and writing the consultation document for ENUSP members. She has also developed the basis for a database (record system) of all of ENUSP's members and potential members across Europe.

We will miss Elizabeth's wise and compassionate approach, and her insights from years of experience leading an advocacy service for users/survivors in the UK. We thank her very much for all her efforts and wish her lots of good luck. She says,

„I really regret leaving the Rebuilding ENUSP project at such an important point. Many thanks to all the people who have helped me to create the outline strategy and the base on which Noemi and Jasna will build after I leave. I also thank Debra and Gabriela for holding this project work together. I have every confidence that the work will be completed successfully within our time and funding limitations. However, for me this project has highlighted just how much ENUSP needs to develop in order to continue its current activities, and to make progress in new directions. Your continuing support will be very valuable during this process.“

The ENUSP Board has needed to find people very quickly to carry on important parts of the Rebuilding ENUSP project work. We are glad to announce that:

Individual ENUSP member **Jasna Russo** has agreed to take over Elizabeth's work on the strategy. Jasna is now pulling together all of the responses to the strategy consultation and drafting the strategy document 2012 -2015. The ENUSP board and strategy taskforce will then give feedback on the draft before the board decides on a final version.

Jasna, who lives in Germany, is a survivor activist and researcher. She has been active in ENUSP since 1994 in the roles of Boardmember, ENUSP representative, facilitator, translator, and report writer. She also briefly volunteered as ENUSP Secretary at a time when the Network had lost funding for that position. She says,

“I am delighted to see that the outcomes of the working group'Re-building ENUSP' from our last conference in Thessaloniki have been taken forward by the Board in a serious and strategic manner. Being part of that process makes me feel proud and privileged but I am also aware of the challenge and the responsibility that the task of finalizing the strategy brings. I can only do my best to hopefully find a suitable structure for all the excellent ideas, thoughts and visions that different ENUSP people have contributed so far.“

Kiry Noémi Ambrus (Noémi) takes over Elizabeth's work on database administration and membership records.Noémi will also look after fundraising, a pressing concern since ENUSP's current grant will end mid-year. Noémi has a professional background in supporting and fundraising for non-governmental organisations (NGOs). She lives in Budapest and previously worked at Mental Disability Advocacy Center (MDAC). Noémi is not a user/survivor; she has volunteered for ENUSP as an independent advisor on funding and organisation-building and a facilitator. The ENUSP Board needed to weigh all this up carefully. They decided to assign these administrative and fundraising tasks to Noémi based on her important professional background, her good knowledge of ENUSP and her support for our positions. ENUSP's Board feels lucky that Noémi is available at such short notice. She says,

“Thank you for trusting me to take over these two important tasks, and I sincerely hope that my knowledge, skills and experience will bring added value to the big organizational changes ENUSP is currently undergoing.”

We warmly welcome Jasna and Noémi.

Speaking out against abuses of human rights and dignity

*In recent months, ENUSP has intensified our efforts to call attention to human rights abuses being perpetuated against people labelled "mentally ill". Users and survivors know the reality of psychiatric caging, solitary confinement, bed and wall-strapping, forced drugging and electroshock and indefinite detention. The United Nations has condemned these practices as **acts of torture**. We want to make the abuses visible and get them banned.*

ENUSP: Czech Republic must stop caging and torturing people



A net cage 'bed' used to entrap people in a Czech psychiatric clinic.

It was this image and the news that a woman had hanged herself inside a cage bed in a psychiatric hospital in the Czech Republic - that drove users and survivors around the world to action in late February.

Michal Caletka, ENUSP's Deputy Board member for the Central region, alerted the Board about the situation: staff at Dobřany psychiatric clinic locked the 51-year-old woman inside the cage just days after her admission, claiming she was agitated. A security camera above the cage sent continuous images to the nurses' station, but no staff member moved as the woman took her own life.

At least five other people have died while being restrained in cages in Czech psychiatric wards in recent years alone, according to ENUSP's basic research. But the true number of psychiatric inmates killed is undocumented, and the extent of the suffering across the countries where this practice has been used is beyond comprehension. In 2006, the dead body of 30-year-old Vera Musilova was found in a cage in Prague's largest hospital Bohnice after she choked on her own faeces. She had been locked inside continuously for two months, and was naked, dehydrated, and dirty, with her head shaven.

Today in 2012, net cages continue to be allowed in Czech psychiatric institutions and clinics. They are often paired with neuroleptic injections that cause akathisia (a syndrome characterized by deep anguish and feelings of unbearable inner restlessness). The cages are defended by leading Czech psychiatrists, who call them "one of the mildest restraints". They are now threatening to follow their colleagues abroad and increase neuroleptic drugging, solitary confinement, shackles and bed-strapping if caging is banned.

The Czech government also appears untouched by the latest entry in the country's mental hospital death statistics. The EU member state has ratified numerous international human rights and anti-torture treaties, including the UN Convention on the Rights of Persons with Disabilities (CRPD). Article 15 of the CRPD says, "**No one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment.**" But the government has clearly decided that human rights don't apply when it comes to psychiatric inmates.

Sadly, it's a position known all too well to psychiatric survivors in other parts of Europe. Michal Caletka, a survivor of caging, describe the brutal treatment that too many people have experienced : "They strap you down, drug you, cage you, seclude you... Do you know about any animal being treated like that?"



Michal Caletka, Czech

The reality of psychiatric caging

The only thing I remember was that they frequently opened the cage and injected me again and again and because I was blanked out, I just woke up to take a leak through the bars...The whole time, at least when I needed something, there was nobody around and even the door of the room was constantly closed, except other patients staring at you through the door's window. - Michal Caletka

User/survivor community fights back



Psychiatric survivors from Aripri Association hold a solidarity protest outside the Czech embassy in Bucharest

"The dead cannot cry out for justice; it is the duty of the living to do it for them"

Lois McMaster Bujol

"I don't care who puts an end to it. It just has to stop."

Erik Olsen, ENUSP Board

Deeply shaken by the death of our peer, ENUSP and the international user/survivor community have taken strong action.

On February 24, the ENUSP Board launched a press release and call for international protest in four languages, describing the recent death at Dobřany hospital and the abuse and neglect of people in Czech psychiatric care. This release asks the worldwide human rights community to send messages of protest directly to Leoš Heger, the Health Minister of the Czech Republic. We demand respect for the basic human rights of users and survivors beyond lip-service and hollow treaty ratifications.

This requires a total ban on all cage beds in psychiatric clinics and institutions .

It also means a total ban on manual and mechanical restraints, solitary confinement, and drugging, electroshock, incarceration and any other procedure done against a person's will.

“None of these practices is an acceptable alternative to caging,” said Gabriela Tanasan of the ENUSP Board. “All of these 'treatments' are experienced by people as extremely traumatising and harmful. They destroy and cost lives. The Czech Republic should not be encouraged to choose which human rights abuses it can get away with when it comes to users and survivors of psychiatry.”

“ENUSP wants the Czech government to stop incarcerating people, to tear down these closed facilities, and invest in decent, voluntary community supports that users and survivors want. But as in so many European countries, we don't see any true commitment to making change happen.”

Survivors from ENUSP tell UN: “This is not care. This is torture”



Jolijn Santegoeds, Netherlands

“I will never forget being strapped on a bed, laying in my own urine until I got a rash, and I will never forget endless solitary confinement, and how that drove me insane,.. I will not stand aside when that happens to anybody... I feel very connected to the struggle to ban Cage Beds from Czech Republic (and the rest of the world). So tomorrow I will do the best I can to convince CAT committee that there is no excuse for using cage beds, and immediate action needs to be taken by the Czech Republic” - Jolijn Santegoeds, Dutch psychiatric torture survivor

Determined to make the Czech Republic face its human rights obligations, ENUSP has now taken our petition to United Nations level.

On April 23, we sent a complaint to the UN Committee against Torture (CAT) describing human rights abuses in Czech psychiatry, including cage beds. This Committee is the highest international authority which monitors whether States meet their obligations to prevent torture under the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

On May 11, two psychiatric torture survivors from ENUSP Michal Caletka and Jolijn Santegoeds appeared before the Committee in Geneva to give evidence about cage beds and forced treatment in psychiatric clinics in the Czech Republic and elsewhere. They had a one-hour private audience in which to advocate with the 10 Committee members followed by a one-hour session with one member from Norway. These ENUSP representatives spoke of the lived experience of psychiatric violence and the importance of the human rights standards set out under the CRPD. Jolijn, the developer of an alternative support method for people in crisis called the Eindhoven model, also told the Committee about the existence of support practices that respect human rights and dignity.

Reflecting on the Geneva session, she said :

“[I feel] good about the meeting with UN CAT committee. We surely raised awareness and advocated against all forced treatments, and we addressed our worries against substituting one form of force by another. And I do feel like we are heard. Let's hope the CAT committee will take a

firm stand regarding Czech Republic and way beyond.“

The Committee will soon issue its comments and recommendations to the Czech government.

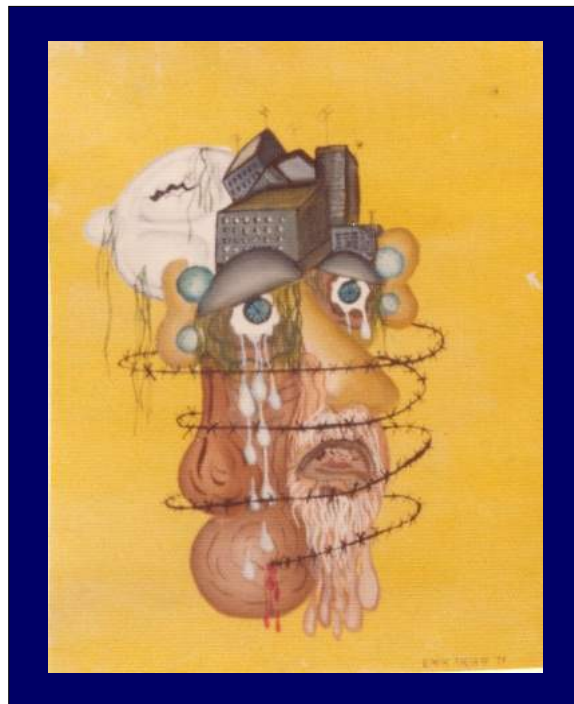
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We will not give up in our fight against all these psychiatric tortures. We keep in mind all of those who cannot speak because they did not survive psychiatry. We think of those who spoke and were attacked and publicly discredited as “mentally ill” by the institutions where they were abused. It is crucial that the user/survivor movement unites to make the truth known.

ENUSP thanks everyone who has assisted with our efforts in this case, including the tireless translators of our press release Erveda Sansi (Italian), Tomás López Corominas (Spanish) and Michal Caletka (Czech), and a volunteer translator from Germany; Nadia Mahjoub; Jasna Russo; Tina Minkowitz; Gabor Gombos; Arj Subanandan; Elizabeth Winder, and all the many others who have supported this campaign.

To take further action, please read ENUSP's press release available in English, Czech, Spanish and Italian on our website www.enusp.org and send a protest email to the Czech Ministry of Health at mzcr@mzcr.cz (You will receive a confirmation message in Czech language only)

For a copy of ENUSP's statement to the Committee against Torture, filed together with European Disability Forum, or to help out with ENUSP's work to stop psychiatric abuses, please contact enusp.info@gmail.com



Untitled, Erik Olsen, Denmark

WNUSP and ENUSP tell European Court: Protect our human rights



On February 13, ENUSP joined with the World Network of Users and Survivors of Psychiatry (WNUSP), European Disability Forum (EDF) and International Disability Alliance (IDA) to send an historic submission to the European Court of Human Rights in Strasbourg.

Our submission is the first time the European Court has ever been presented with arguments about our human rights by users/survivors of psychiatry and people with disabilities ourselves through our own organisations. Hungarian survivor activist and UN CRPD Committee member Gabor Gombos led the work, with support from Tina Minkowitz of WNUSP and ENUSP's Debra Shulkes. We had only a few weeks to prepare the filing, but we tried to consult as many ENUSP and WNUSP participants as possible.

Our statement is a comment (called an 'amicus') about a case now before the Court - Mihailovs v Latvia. Mr. Mihailov is a permanent resident of Latvia who has been locked up for more than 10 years because he was diagnosed "mentally ill". A non-person under Latvian law, Mr. Mihailovs has been stripped of his human rights and confined first in a psychiatric hospital and then a social care home on the order of his ex-wife, who is still his guardian.

Our group did not represent Mr. Mihailov, who had his own lawyer. But we seized this opportunity to support his case. This was also a crucial chance to educate the Court about the latest and fully binding human rights standards under the United Nations Convention on the Rights of Persons with Disabilities. These standards must apply whenever any user/survivor is put under guardianship, locked up or forcibly 'treated'. They are universal, and there cannot be a separate law for European courts, we told the Court.

So far, the Strasbourg judges have not paid close attention to the requirements of the CRPD in their decisions.

We reminded them that according to the highest United Nations bodies, the CRPD bans any forced detention, forced drugging or 'treatment', or guardianship of a person in the name of psychiatric help. Instead, States must offer people supports that respect each individual's choices and preferences about their own life, and which help them to be included in the community. We shared practical examples with the Court of voluntary alternative support models already developed and used by users/survivors, such as advance directives and the Personal Ombudsman system in Sweden.

Our submission was especially important because it challenged the notorious Article 5 (1) (e) of the European Convention of Human Rights (ECHR). This provision allows for the incarceration of people who have committed no crime, but been labelled “of unsound mind“. This provision is discriminatory and contrary to the CRPD, and it has no place in European law, we told the Court.

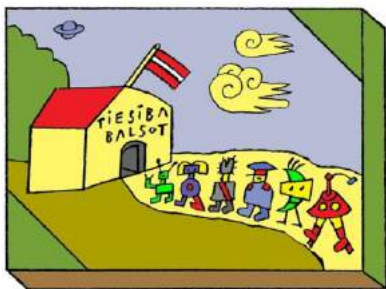


Image: Entitled “Aliens“, this image appeared in April, 2012 in one of Latvia's most popular journals. The text reads “The right to vote“, one of the very basic civil rights denied to users and survivors who are judged to be “legally incapable“ in Latvia. The depictions of potential voters calls up nineteenth-century representations of asylum inmates, says Latvian survivor researcher AgitaLuse.

We closed with words first spoken by Gabor during the negotiations of the UN CRPD. Their purpose was to inform the Strasbourg judges about the identities of our people users and survivors - locked up in distant psychiatric and social care institutions.



Gabor Gombos of WNUSP, who is also a member the UN CRPD Committee

All over the world millions of people live in long-term mental institutions. Most of them did not choose that way of living. Many of them are de facto and de jure arbitrarily detained in those places. The living conditions may vary from place to place, nevertheless the majority, if not all of the „residents“ of these facilities face neglect, physical, sexual and verbal abuse, forced drugging, inhuman and degrading treatment. The conditions are often life-threatening... ..

Who are they? The “lucky outsider” could think that they are insane, brain diseased, dangerous or fully incapable. Campaigns led in the spirit of the medical model could reinforce that view.

You can meet among many other deprived persons refugees, trauma survivors, homeless people, children, women and men who ended up there because of poverty. People with physical disabilities, persons belonging to marginalized ethnic, racial, religious, sexual or other minorities. Human beings who have had social, emotional, traumatic crises, who faced social exclusion. And who have been offered a place in an institution and coercive medical treatment to „fix“ them, or rather, to make them invisible.

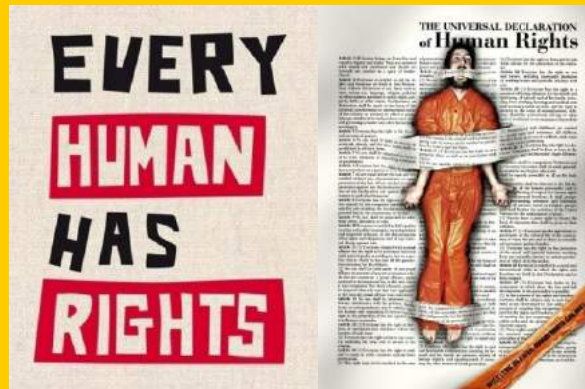
Nothing about us without us.

The full text of the WNUSP/ENUSP/EDF/IDA submission can be found

here: <http://www.enusp.org/documents/mihailovs%20submission.13%20February%202012.Final.pdf>

Human Rights News for Users and Survivors of Psychiatry

ENUSP highlights the latest standards under the UN Convention on the Rights of Persons with Disabilities (CRPD), the human rights treaty co-drafted by user/survivor group representatives. We hope that you can put this information to work in your (self)-advocacy.



UN Committee: forced drugging is torture



The UN CRPD Committee, the highest interpreter of the CRPD, issued its latest Concluding Observations on Peru on April 23, 2012. The Committee's statement is of critical importance since it sets out the human rights standards that all governments must now respect. All States that have ratified the Convention must come before the Committee to account for their treatment of users and survivors of psychiatry and people with disabilities.

The UN Committee has already come out strongly in favour of the human rights of users and survivors. It says we are covered by the Convention (despite what some governments assert).

Previous recommendations to Spain and Tunisia said that **governments must abolish all their laws allowing guardianship and forced detention and forced treatment of people with (perceived) disabilities**. These practices are discriminatory and violate our innate human rights, such as our right to full legal capacity (Art 12), our right to liberty (Art 14), and our right to equal respect for our mental and physical integrity (Art 17), the Committee said.

This time the UN body went even further, **singling out the use of “forcible medication” as a form of cruel or ill-treatment and torture**. The Committee ordered Peru to promptly investigate allegations of this torture, and to **ensure no one is confined against his or her will as a result of “mental health problems”**. The government must establish “voluntary mental health treatment services” in the community instead, the Committee said. These supports must respect each person's “autonomy, will and preferences”.

These conclusions echo recent statements from another United Nations authority the Office of the High Commissioner for Human Rights. Its latest study on violence against women and girls with disabilities comes to the firm conclusion that States must “prohibit compulsory/forced treatment of persons with disabilities”. They must also “ensur[e] adequate procedural safeguards protecting the right to prior informed consent”.

WNUSP and ENUSP members had a critical impact on this study through a WNUSP submission that gathers information on laws around the world that permit forced psychiatry.

Across Europe, the right to prior informed consent does not mean much to many users and survivors at the moment. Not only is forced treatment common in all countries, but many people undergo controversial procedures like electroshock and neuroleptic drugging, without receiving information about potential serious negative effects, including brain damage and early mortality. A 2011 WNUSP statement put it, “Professional psychotherapy, nutrition and other holistic therapies, and psychiatric treatment with drugs, can be a valid part of an individual's healing journey when used with free and informed consent. Free and informed consent practices should be geared to giving individuals the tools to make decisions they are comfortable with now and are not likely to regret later; their primary purpose is not to protect medical personnel from liability.”

<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/Session7.aspx>

The UN CRPD Committee's observations on Peru can be found here::

<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/Session7.aspx>

The OHCHR report can be found here:

<http://www.ohchr.org/EN/HRBodies/CRPD/Pages/Session7.aspx>

User/survivor groups who wish to make a shadow report inform the Committee about the reality of abuses in their country can find some sample human rights reporting tools on the website of the Center for Human Rights of Users and Survivors of Psychiatry:

http://www.chrusp.org/home/human_rights_reporting

UK parliament admits CRPD is binding law

A UK parliamentary report has emphasised that the CRPD is “hard” and fully binding law on the UK government. This follows a comment from one UK minister that the treaty was “soft law” that governments could take or leave. The report from the UK Human Rights Joint Committee stressed that the UK's obligations under the CRPD were entirely “legally binding on the state in international law”. “A violation of a treaty obligation is an internationally wrongful act which has serious consequences for the State in international law,” the report said. The UK ratified the CRPD in 2009. Despite this ratification, it is widely agreed that the human rights situation of users and survivors is poor and worsening in the UK. Among key concerns are:

- a dramatic leap in the number of people being “sectioned” under the Mental Health Act. Nearly 40% of patients in state psychiatric units were there under legal duress, according to a report published in the *Guardian* newspaper last year. However, Jean Cozens of Speak Out Against Psychiatry notes that “voluntary patients” can also be prevented from leaving hospital by mental health workers. Black and minority ethnic service users/survivors are disproportionately represented in these statistics.
- the escalating use of community treatment orders (CTOs). Since they were introduced in 2008, more than 6,200 people have been ordered to undergo forced drugging or electroshock in the community 10 times the expected number, according to the same *Guardian* report. Jean Cozens says long-acting depot forms of neuroleptics often given to people on CTOs are a particularly cruel and degrading treatment. “People attend a clinic regularly, usually every two or four weeks, to be given the injection in the buttock. It is degrading and intrusive to have a drug administered in this way.”
- rising numbers of mental health service users and survivors being driven to desperation and to the point of suicide as a result of the Coalition government's determination to make massive spending cuts through 'welfare reform'. These cuts are hitting disabled people and mental health service users/survivors very hard. Attacked as “fakes” and “benefits scroungers” in the popular media, these people are losing state support based on the decisions of ATOS, a private company that assesses claims. The survival of many people is at stake at a time when the UK faces high unemployment. ENUSP has received reports that UK service users and survivors have committed suicide, or are contemplating it, because of increasing stress, encroaching poverty and fear of homelessness or being forced into psychiatry. Under the CRPD, users and survivors have the right to enjoy an adequate standard of living. The UK is among the wealthiest countries in the world according to the World Health Organization.

To read the Human Rights Joint Committee report, please visit:

<http://www.publications.parliament.uk/pa/jt201012/jtselect/jtrights/257/25705.htm#a3>

Three more European countries ratify the CRPD

The Bulgarian government ratified the Convention on the Rights of Persons with Disabilities in late March 2012. Now the Russian government has followed. President Dmitry Medvedev signed a federal law on May 3, 2012, making the CRPD binding law in Russia.

In both Russia and Bulgaria, thousands of people labelled 'mentally ill' are warehoused often for life in large institutions; they are stripped of their personhood and subjected to abuse and neglect. The need for human rights reforms could not be more urgent. However, neither Russia nor Bulgaria has committed to any clear plan to implement the CRPD.

Greece also ratified the CRPD in April this year.

Put Your Questions about the UN CRPD to Survivor Experts

Have a question about the UN Convention on the Rights of Persons with Disabilities and its impact for users and survivors in your country? Want to know about how international human rights laws cover your situation? Please send any queries to enusp.info@gmail.com. Questions can be published anonymously at your request.

In this Bulletin, WNUSP International Representative Tina Minkowitz, a co-drafter of the CRPD, answers a question sent in by a survivor of psychiatry.



Question: "What do you do, under the CRPD, if someone, because of their mental illness, threatens to kill themselves or someone else? What I am constantly told is that if you follow the logic of the Convention, then they should not be admitted to hospital, as neither the criterion of danger or treatment should be used to detain someone under mental health laws because this would amount to a justification of detention based on disability, contrary to Article 14. What then does one do? Leave them alone to "suffer", as it has been put to me, or to kill someone (they were playing devil's advocate)?"

I have a problem with the question as it is framed, because I don't believe that „mental illness“ is a cause of behavior. What does "mental illness" mean in that context? It seems to serve as an explanation for behavior that the observer finds incomprehensible and attributes to something being "wrong" inside the person's mind. Most likely it also signals that the observer believes the person to be in serious distress, or experiencing a non-ordinary reality. I'd like to reformulate the question using descriptive language rather than labeling, and using a social rather than medical model to explain what is happening, as follows: What should be done when someone is threatening to kill themselves or someone else, the observer finds this incomprehensible and attributes it to something being wrong in the person's mind, and believes the person is experiencing distress or a non-ordinary reality?

First I would say the observer has to own and address their own fears and judgments rather than taking them for granted and using the mental illness label as a justification for a level or kind of intervention that is out of the ordinary. We see the same thing at work in racial profiling, when seeing the color of a person's skin leads people to throw out common sense and humanity, and react with a heightened sense of danger. Letting these stereotypes go makes us more able to react sensibly to any situation of actual violence, to know when and how to take action, and to do so without hatred or disrespect of the other person's humanity.

For me a couple of good reference points are Intentional Peer Support and the Hearing Voices networks. What I have learned to do with anyone experiencing distress or non-ordinary reality, is to listen without judgment or fear, to open my mind to what is happening without filtering it through judgment about how people express themselves. And to create a relationship where we can both be present with each other, rather than feeling that I am responsible for saving this person. I can be more relaxed that way. I'm not afraid of someone saying they want to kill themselves, I'm more challenged by people saying they want to kill another person.

Our movement is becoming increasingly sophisticated in creating, and evaluating, good practices like peer-run respites. Last year's conference in Berlin was a great start to networking to bring out survivor perspectives on alternatives to the medical model. We need more of this, and to be able to formulate policies for a model system of responses to people experiencing distress and non-ordinary reality. It should not be strictly a "mental health" system, because that imposes an illness model on something that can be looked at in other ways (e.g. ups and downs of life, diverse minds, spiritual crisis and opportunity).

I believe that we need alternatives to the police/prison system also, as it is not entirely satisfying to say only "If someone is threatening to kill another person, call the police - it doesn't matter what the background is, the need is to prevent a killing and that is the job of police, not psychiatry." Psychiatry has no legitimate role in public safety or behavior control - that is the value underlying the abolition of psychiatric detention based on "danger to self or others". But police/prison systems are equally abusive and need to be reformed or replaced with community alternatives. I have written about this with Daniel Hazen in a WNUSP discussion paper on prisons and the mental health system, available at www.chrusp.org/home/Resources.

Cartoonist's corner

Exposing the real link between “mental illness” and violence

QUESTO INVECE È UN NAZISTA (THIS ONE IS A NAZIST)



QUESTO È UN MATTO (HE'S A MAD ONE)



As a Norwegian court decides whether “mental illness” was behind the horrific mass murder by Anders Behring Breivik last year, Italian cartoonist Vincenzo Januzzi asks for an honest examination of what causes violence.

Breivik subscribes to neo-Nazi and anti-Islamic ideologies that are now generating waves of hate crimes and fear across Europe. In contrast, a diagnosis of mental illness means a person is more likely to be the victim of violence - beginning in the psychiatric system itself.

More info: People diagnosed “mentally ill” are four times more likely to be a victim of violence, according to an international study released this February:

<http://www.nhs.uk/news/2012/02February/Pages/mental-illness-disability-attack-risk.aspx>

Voices of Resistance

Activists in our movement talk about their recent work

Letter from Greece

Marina Lykovouniotti of Hearing Voices Athens reports on protest actions by the growing Greek user/survivor movement

Greek psychiatric survivors: Latest cuts to pensions will kill

Around 150 people took to the streets on March 13 in Athens for a protest to highlight the desperate situation of people with a psychiatric history in Greece. Users and survivors are among Greece's poorest citizens, and we are now being forced to bear the impact of the country's economic woes.



Image: Designed by Evangelos, a psychiatric survivor, the protest poster shows a modern-day Kaiadis the chasm off Mount Taygetos into which ancient Spartans would toss the weak and disabled. Survivors fear the impact of the latest round of cuts

Our group of user and survivor activists, including members of Athens Hearing Voices and the Pan-Hellenic Coalition for Psychiatric Reform, led the protest together with dissident mental health workers and academic supporters. We were joined by members of Central Mental Health Saints Anargyroi, “Autonomy” Association from Dromokaiteiou (Hospital), the Addicts Rehabilitation Unit and other citizens who are urgently worried about the fate of people with psychiatric experience. These citizens include members of The Social Kitchen, a protesters' collective formed in Chania - Crete last summer; whose volunteers feed about 120 people daily.

Accompanied by musical instruments and colourful street performers, our group marched the Athens streets, calling for an end to brutal welfare cuts that are endangering the lives of users and survivors. Many predict these cuts will trigger mass homelessness and suicides. Those without homes are threatened with lock-up in solitary confinement, manual restraints and forced drugging inside new 'secure' psychiatric wards for the 'socially dangerous', says Hearing Voices Athens.

The state has justified these cuts of between 40% to 80% to people's pensions, claiming private mental health care sector is responsible for looking after the needs of users and survivors.. However, the NGOs that run these services are notoriously corrupt. Their managers have grown rich off EU money, setting up services that violate people's rights.

Our group of protesters carried a large, colourful puppet bearing the words "We Want Health- not Contempt" on one side and "Dignity, Life, Rights" on the other. One of its hands was raised in an open-palmed *moutza* - a traditional gesture of insult while the other made a peace sign. Our destination was the Ministry of Health where we handed the Minister's representative a full statement of our demands.



His answer- that people with psychiatric labels “must simply learn to live with less and less” was met with a loud cry of protest from the crowd.

Our protest movement is determined to carry on. This is just the first of the protests planned for this year. We are growing in number and in spirit. We are now planning our next action.

Note: This report was filed prior to the recent Greek elections, which have left the country in political uncertainty at the time of this Bulletin's publication.

Letter from the UK

Jean Cozens of Speak Out Against Psychiatry (SOAP) in the UK describes recent protest actions by this new collective of psychiatric survivors. They are committed to supporting psychiatric survivors and taking direct action.



Photo courtesy of Cheryl Pax

About forty people turned out outside the Maudsley Hospital on a very chilly Sunday afternoon to Speak Out Against Psychiatry. We spent an hour outside the main entrance with our banners and got plenty of attention from passers-by. We held a psychiatric diagnostic session where people could be blinded by science, made dizzy by the psychiatric merry-go-round and diagnosed by an expert wearing a badge which said “recovery begins with non-compliance”.

Later we moved on to a spot outside the The Royal College of Psychiatry where people spoke of their experience of psychiatry, either as patients or carers. There were two people whose arms had been broken by the “control and restraint” team!

The speak-out was filmed. The footage of people testifying about their experiences of forced treatment in hospitals and the community is now available here:

<http://www.youtube.com/watch?v=juFSX5joEsQ&feature=share>

In the film, group members also speak out about why the group has been formed and why they arranged the protest.

Another version of this report first appeared on the website of the People's Republic of Southwark.

Letter from North America

Psychiatric survivors confront world's leading psychiatric body



Image by psychiatric survivor Amy Smith

The psychiatric survivor-led protest "BOYCOTT NORMAL/OCCUPY THE AMERICAN PSYCHIATRIC ASSOCIATION" held a peaceful and creative protest outside the annual meeting of the American Psychiatric Association (APA) in Philadelphia on May 5, 2012.

Chanting "Hey, hey, APA. How many kids did you kill today?", people given psychiatric labels from across the U.S. and their supporters marched outside the meeting of more than 10,000 psychiatrists. One of the meeting's main aims was to finalise a new edition of the highly influential Diagnostic and Statistical Manual of Mental Disorders (DSM) to be released in 2013.

The DSM feeds directly into the International Classification of Diseases, which is used to label people all across Europe and around the world.

Conceived by Mind Freedom International, the protest was joined by a solidarity "label rip" in Cork, Ireland led by Mind Freedom Ireland, and events in Boston and Anchorage, USA and in Toronto, Canada led by the Coalition Against Psychiatric Assault.



Photos: Mind Freedom Ireland holds a 'label rip' solidarity protest (left), Protesters gather outside APA meeting in Philadelphia, U.S.

You can see video footage of the Philadelphia protest here

http://www.youtube.com/watch?feature=player_embedded&v=UZc-VBbx-2U#!

Community Noticeboard

ENUSP tries to keep you aware of opportunities, events and resources for users/survivors in Europe and beyond. We welcome YOUR contributions to this community noticeboard. Please send them to enusp.info@gmail.com

Unfortunately we are not always able to verify all the resources listed here in advance.

Requests for input

From ENUSP

Share your opinion or testimony about solitary confinement and restraints in psychiatry

ENUSP is looking for users and survivors who are interested in contributing to an upcoming submission to the UN Special Rapporteur for Torture. The submission will focus on solitary confinement, but also address other inhumane practices that must not be used instead of solitary confinement. Please contact us if you would like to be involved: enusp.info@gmail.com

Are you a young user or survivor activist?

Are you a young user or survivor activist and interested in working more closely with ENUSP? Or do you know young people who might like to explore this opportunity? ENUSP is eager to involve young users/survivors more effectively in our work. We would like to hear more about the specific issues facing younger people in our movement, and to support their (self-) advocacy. From time to time, we are also asked to send a young representative to a law or policy-making forum or a skill-building seminar. The age bracket for these people is usually around 18-to-30 years old. If you'd like to learn more, please contact enusp.info@gmail.com

Interested in joining a network of user/survivor artists, writers, film-makers, etc all over Europe?

Prompted by an idea from Anna Horniyk, a survivor of psychiatry in Hungary, ENUSP is investigating whether we can set up an online network of user/survivor artists, writers, film-makers, cartoonists, humourists etc, to exchange experiences and ideas and plan creative protest actions. Please contact us if this idea appeals to you: enusp.info@gmail.com

From the Czech movement

Share information about police violence against users and survivors of psychiatry

ENUSP Deputy Board member Michal Caletka (Czech Republic) and Czech user/survivor group Kolumbus want to hear from others in the European movement about incidents of police violence against users and survivors elsewhere. Recent months have seen three police killings of mental health service users in the Czech Republic alone. To comment on this issue and possible responses, please contact: enusp.info@gmail.com

From WNUSP

WNUSP's international representative Tina Minkowitz is looking for ideas from users and survivors about human rights issues that come up for older persons, especially older persons with psychosocial disabilities.

She writes, "I have been asked to represent International Disability Alliance in an expert group meeting on the rights of older persons. It is part of a process in which the UN is exploring whether to create a new treaty. Obviously the issue of legal capacity will come up and the CRPD standards have to be maintained."

Please contact tminkowitz@earthlink.net with your suggestions.

Announcements

Introducing Intervoice - the international community for hearing voices



Intervoice invites you to visit their website: <http://www.intervoiceonline.org>

"Because hearing voices is a much stigmatised experience, we wanted to create a safe place where you can find out more about hearing voices and to create an interactive online community where you can let us know about your point of view or experience.

Here, you will find a very different way of thinking about the meaning of hearing voices.

The site contains links to:

- Hearing Voices Networks (HVN) internationally, including a new group in Uganda. In Europe, there are links to groups in **England, Wales, France, Norway, Austria, Spain, Switzerland, Sweden, Scotland, Ireland, Italy, Germany, Denmark, Greece, and the Netherlands.**
- Hearing Voices Movement youtube channel: <http://www.youtube.com/user/v01ce5000>
- Intervoice's Hearing Voices Movement Facebook Group: <https://www.facebook.com/groups/intervoice/>
- Hearing Voices Movement Media Watch: <https://www.facebook.com/HVMMediaWatch>
- Intervoice Research Committee (including research summaries and opportunities to get involved): www.intervoiceonline.org/research-2
- Hearing Voices Movement You Tube Channel: <http://www.youtube.com/user/v01ce5000/>
- HVN Cymru's FREE International Hearing Voices Resource Pack Fund: Apply for a free pack here: <http://hearingvoicescymru.org/awards/invitation-to-apply-for-a-hearing-voices-booksdvds-resource-pack>
- New booklet for parents, supporters & family members of children & young people who hear voices from Voice Collective http://www.voicecollective.co.uk/documents/Information/Parents%20Booklet%201%20-%20Intro_web.pdf

25th Anniversary Intervoice & World Hearing Voices Congress

“Learning from the PAST, Practising in the PRESENT, Visioning the FUTURE”

19-21 September 2012 - Cardiff, Wales, UK

This year celebrates the 25th anniversary of the formation of the Hearing Voices Movement.

On September 19, 20 and 21, 2012, the Hearing Voices World Congress and the Annual Intervoice Meeting will be held in the All Nations Conference Centre, Cardiff, Wales.

Contributors include: Hywel Davis (Wales), Marius Romme, Sandra Escher (Belgium), Joe Calleja (Australia), Lucy Johnstone (Wales), Dirk Corstens (Netherlands), Robin Murray (UK invited), Rufus May (England) Kellie Comans (Australia), Michaela Amering (Austria), Alan Keaser (England), Paul Baker (Spain/UK), Peter Bullimore (England), Jaqui Dillon, (England), Ron Coleman (Scotland), Rachel Waddingham (England), Eleanor Longden (England), Oryx Cohen (USA), Will Hall (USA).

CALL FOR PAPERS AND WORKSHOP PRESENTATIONS: This year's themed parallel sessions are: Medication; Spirituality & different belief systems; workers changing practice; young people and voices; peer support & self-help; using creativity; research; recovery stories, voice hearers, families & workers. There will also be 90 minute workshops based on these themes or on the title of the Congress: past present and future

Please see the website for more details: www.workingtotherecovery.co.uk

New Repeal Mental Health Laws campaign and resources

The Campaign to Repeal Mental Health Laws Documenting and Challenging Forced Mental Health Treatment has launched its website and welcomes individuals and organizations to sign on as supporters.

<http://repealmentalhealthlaws.org/>

They say, “ We are working specifically for the repeal of mental health laws that allow people to be deprived of their liberty, drugged, restrained, electroshocked and otherwise treated against their will in the name of 'psychiatric help'.”

The Campaign's purpose is to educate the public about all forms of forced psychiatric treatment/interventions and, most importantly, to take action to eradicate laws that allow these human rights violations to occur.

Organisers are very interested in connecting with those in other countries working for similar goals.

You can also find them on Facebook, "Repealing Mental Health Laws.”



Introducing Asylum the magazine for democratic psychiatry

ASYLUM (<http://www.asylumonline.net/index.htm>) is an international magazine for democratic psychiatry, psychology, education and community development. It is a forum for free debate, open to anyone with an interest in psychiatry or mental health. Asylum especially welcome contributions from service users or ex-users (or survivors), carers, and frontline psychiatric or mental health workers (anonymously, if you wish).

The magazine is not-for-profit and run by a collective of unpaid volunteers
Upcoming issues will look at the anti-capitalism movement and self-harm, respectively. Please get in touch if you'd like to contribute! Editors@asylumonline.net

Inquiry into the 'Schizophrenia' Label

Launch of Inquiry into the "Schizophrenia" Label (UK)

An independent Inquiry into the 'Schizophrenia' Label was launched on 16th April 2012 by a group of organisations and individuals concerned about the meaning and usefulness of 'schizophrenia' and similar labels such as 'psychosis'. The Inquiry aims to investigate the impact this label has on people's lives and to collect evidence from people, including mental health service users and carers, those (including professionals) who use these labels to describe mental health problems in other people, and those who have concerns about the use of such labels.

Please visit the website www.schizophreniainquiry.org for more information and to submit evidence to the Inquiry. <http://www.schizophreniainquiry.org/get-involved>

Please email info@schizophreniainquiry.org if you need any further information.

News Clips/ Films online



Mind Freedom Ireland's Colette Ni Dhuinneacha (left) and Mary Maddock (right)

Mind Freedom Ireland representative speaks out against electroshock on Irish TV

<http://www.youtube.com/watch?v=OqqbcBe0rTI>

Mind Freedom Ireland's Colette Ni Dhuinneacha spoke powerfully of her survival of forced electroshock and forced drugging in a debate against a psychiatrist from the Irish College of Psychiatry on April 25, 2012.

"Drugging Our Children: Legal and Moral Issues"

US lawyer and psychiatric survivor Jim Gottstein gave a talk on March 29, 2012 to the American Psychological Association Humanistic Division's (Div. 32) on Drugging Our Children; Legal and Moral Issues.

[Http://youtu.be/h3iSm0JQe6k](http://youtu.be/h3iSm0JQe6k)

"The Hippocratic Oath" 1-minute film by Psychiatric Survivor Aubrey Ellen Shomo

The Hippocratic Oath, a semi-finalist in the 2006 Film Your Issue Competition, is a 60-second film about the issue of child and human rights abuses in the modern psychiatric system. It was created by US psychiatric survivor Aubrey Allen Shomo.

[Http://www.youtube.com/watch?v=TqO3kVSgyaM](http://www.youtube.com/watch?v=TqO3kVSgyaM)

New Animation: "I Hear, I Hear What You Don't Hear"

A Dutch member of Intervoice has created an animated introduction to hearing voices. The film is available here and the creators are looking for feedback on what you think about it. You can access the film and its producers via this link:

<http://www.intervoiceonline.org/3305/voices/what-is-hearing-voices/hearing-voices-animation.html>

Financial resources

For users and survivors who have lost their benefits in the UK

5 Quid for Life (<http://5quidforlife.org.uk>) is an organisation that exists to provide support for people with mental health difficulties who are adversely affected by changes to the UK benefits system and may thus be in danger of losing their incomes, homes or lives as a consequence of those changes. It also seeks donations from those with funds.



Petitions to Support

Sign petition to end forced mental health treatment (UK)

This petition to the UK government seeks to end psychiatric force, drawing on the words of Dr. Lars Martensson:

"More important and more fundamental than physical liberty is the right to protection of one's mind and brain against unwanted chemical and physical intrusions. Today any committed person loses this right. It is intolerable that this right can be replaced by the whim of any physician, who may order a brain or mind altering treatment that most of his colleagues would not even consider, a treatment that may have gross consequences for the future life of the patient." For more information, please see:

http://www.avaaz.org/en/petition/End_Forced_Mental_Health_Treatment//?sbc

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**ENUSP HAS MEMBERS IN 38 EUROPEAN
COUNTRIES - AND WE NEED MORE**

ENUSP – Registered Office

Vesterbrogade 103, 1.sal
1620 Copenhagen V, Denmark

ENUSP bank-connection for donations:

Danske Bank, Holmens Kanal 2-12, 1092 Copenhagen K, Denmark,

Account holder:

ENUSP - European Network of (Ex-) Users and Survivors of Psychiatry,

International Bank Account Number (IBAN Code): DK7630003719376320,

Bank Identifier Code (BIC / Swift Code): DABADKKK