

European Network of Users and Ex-Users in Mental Health

First European Conference of Users and Ex-Users in Mental Health

Zandvoort, the Netherlands
24 – 27 October 1991

Report

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FOREWORD

The First European Conference of users and ex-users in mental health took place in Zandvoort, the Netherlands, from 24 to 27 October 1991, welcoming 39 delegates from 16 European countries. After fruitful and lively discussions, both in plenary meetings and working groups, unanimous decision was reached on:

- a more permanent exchange of information, e.g. programmes, activities, successes and policies (see: appendix A);
- some common aims and objectives (see: appendix B);
- anticipating on and responding to the European unification with regard to mental health issues and the position of service users (see: appendix C);
- establishing the **European Network of users and ex-users in mental health** (see: Structure);
- a number of tasks, each of which being the responsibility of a country or group countries (see: TASKS);
- setting up and distributing a Newsletter, made by Sweden in cooperation with other Scandinavian countries;
- establishing a European Desk, located in the Netherlands, which will act as an information centre for members and will coordinate links with decision making bodies on a European level, such as the European Parliament, the European Commission, European Courts of Justice and Human Rights, Council of Europe.

In short: the conference was an unqualified success. It was organized by the Working Group International Contacts of the Dutch Clients Union, with the support of the National Foundation of Patients- and Residents Councils (LPR) and Foundation Pandora, whom we wish to thank for their support.

The organisers wish to express their gratitude to D.G.5 of the European Commission and the Dutch Ministry of Welfare, Health and Cultural Affairs for their financial support in making this conference possible.

We also wish to thank the European Regional Council of the World Federation for Mental Health for their invaluable support and for their co-sponsoring of the conference.

Last, but certainly not least, thanks are due to the participants who made this conference what it was: a warm, inspiring and successful meeting. There is no doubt in our mind that the European Network will fulfill the promises that this meeting holds.

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USER MOVEMENT IN EUROPE A BIRDS-EYE VIEW

The User movement in Europe is anything but homogeneous. Here follows a brief overview that covers most of the countries that were present at the conference.

Most users' organizations can be found in the northern part of Europe (and worldwide in English speaking countries). Some organizations employ professional workers, and some refuse to do so on principle. Some are user-only, and some are user-controlled but include allies (with no voting power). Some work together with service providers or even provide services themselves (Iceland), and some have strong reservations about this. Some are very big with no less than 10.000 members (Sweden), and others are very tiny (Club Gawra from Poland with 45 members). Most organizations are medium-sized between 100 and 3.000 members. The Scandinavian countries meet regularly in the Nordic Council - last summer they met in Iceland.

Sweden is in an enviable position. The organization there employs approximately 100 people, most of them users. They have good lines of communication with the Government - in fact, the Government often initiates the contact. The Swedish organization runs a development project in Nicaragua, with the support of the Swedish Government, aiming at the rehabilitation of service users from Nicaragua.

In Finland and Norway, there are medium-sized organizations which are independent and completely user-controlled. In Finland, they have to deal with, amongst other problems, a very high suicide rate. They also give courses with intriguing titles such as 'adaptation preparation' for people who leave the institutions, as well as more general 'rehabilitation courses'. One of the trademarks of the user movement in Norway is to try and get compensation for users who suffer while being treated.

The United Kingdom has three national user groups: MIND's consumer network MINDLINK, Survivors Speak Out and the new

National Advocacy Network. What is of special interest in the United Kingdom is the tradition of meetings during which non-medical explanations and answers are sought for hearing voices or self-harm.

Danmark has two organizations in which users are active: SIND (meaning mind) is a classical mental health association. Users are not in control of this organization. And there is 'Galebevaegelsen' (movement of mad people), which is totally independent and with a cultural touch -lots of festivals, books and poetry.

In **Holland** the situation is complex. There are three national organizations, of which two are user-controlled: the Clients Union and the LPR (National Foundation of Patients-and Residents Councils). The third organization is Pandora. Service providers now use the language that the Clients Union wanted them to use 15 years ago. But they have not adopted the real changes that accompanied the language. The movement in Holland is deep in the institutions and strong in policy-making, but missing the revolutionary spirit. However it has the capacity, the expertise and the knowledge to organize a European Network. A strong point of the Dutch is their vast network of run-away shelters for users who escape from institutions.

There are countries where initiatives are known but these are limited to specific regions or cities. This is the case in Germany, France and Belgium (or more specifically in Flanders; the French speaking part of Belgium is terra incognita at this moment in time).

The situation in **Belgium** (Flanders) is a bit confused. There are active groups, but they are not connected. They are still in a very fragmented phase, and are having difficulties with the authorities that brought them into existence.

The users in **France** are wonderful but also fragmented. There is one national group, Groupe Information Asyles, which is very concerned about illegal hospitalisation and is bringing all these cases to court. And then there is a small group

that calls itself ' Stabilized Autonomous Psychotics'.

The German speaking countries are organized under FAPI (Forum of Anti-Psychiatric Initiatives). The users from Austria are in a pre-organized phase and very much influenced by anti-psychiatric concepts. In their view madness is not an illness, the concept of illness should not be used for feelings and freedom of thought should include the freedom of those people who have different feelings. The user groups in Germany have a splendid reputation in the field of campaigning against the use of neuroleptics and are probably the best informed on this.

Italy still has some problems with the legacy of the famous movement for democratic psychiatry, which didn't give much room for the self-determination of patients, for autonomous and independent organizations. Things are changing very rapidly. The Italians are involved in a charming combination of cultural activities and working co-operatives. But their initiatives are still very isolated from each other.

Greece hasnot yet an independent user-controlled organization. However there is an organisation in which patients are participating called the Movement for Legal Rights in the Mental Health Care .

TASKS

After two days of discussing, partly in workshops and partly in plenary sessions agreement was reached on the following tasks :

1. newsletter;
2. desk/archive;
3. psychiatric will;
4. information on neuroleptic drugs;
5. links with 'Europe' on:
 - .influencing decision making;
 - .having enquiries;
 - .funds.
6. developing non-medical alternatives to psychiatry;
7. claiming damages because of prescribed drugs;
8. monitoring developments in/of psychiatry, e.g. genetech-
nology; distributing information on developments.

It was agreed that attention should be paid to the position of minors who are involved with psychiatry.

Each country/ group of countries will be responsible for one or more task. Agreement was reached on the following division:

- Belgium, France, the Netherlands: to establish a European Desk in the Netherlands.
- Belgium: to support the Dutch in translating into French.
- France: to develop and share its experience with regard to lawsuits on a European level.
- United Kingdom: delegates represent an organisation of organisations and have no mandate from these organisations to promise more than they themselves will do:
 - *to look into mechanisms for having enquiries set up by European Communities;
 - *to synchronize requests for these enquiries;
 - *to look into mechanisms for dividing money coming to the Network with underresourced (poorer) countries as priority;

*to monitor developments in psychiatry, e.g. 'good' and 'bad' practices;

*to undertake research into income and welfare.

- Germany, Austria, Switzerland: to develop and distribute the Psychiatric Will, to make an information leaflet on neuroleptic drugs, max. 5 pages, to look into the effects of specific drugs (Switzerland, Austria), to receive general information on drugs (Peter Lehmann, Berlin).
- Italy, Greece: as there are fairly well developed cooperatives, especially in Italy, delegates will compile research on these and other alternatives to traditional psychiatry;
- Greece will pay special attention to occupational therapy and therapeutic communities.
- Iceland, Far Oer Islands, Denmark, Norway, Sweden, Finland:
 - * to develop a Newsletter, originally thought of as the mutual responsibility of the Scandinavian countries;
 - * Sweden will edit, produce and send the Newsletter, in English and possibly translations into German and French
 - * to organise the next conference of the European network in 1993, either in Denmark or Sweden
- Sweden to develop links with Eastern Europe to build an Eastern European Network

K.B.Jensen suggests to gather information and campaign on Electroshock (ECT).

Please note : all countries to pay special attention to illegal admissions to hospitals, e.g. admissions on request of relatives.

The plenary meeting agreed that tasks will be coordinated by a coordinationgroup of no more than 5 people including one person from the European Desk. The following people will make up the coordinationgroup:

- Roberta Graley (United Kingdom)
- David Warner (Italy)
- Carla Axel Ringsparr (Sweden)
- Matthias Seibt (Germany)
- René van der Male (the Netherlands)

It was also agreed that:

- a press release/message, based on agreed programme and structure, on establishing the European Network of (ex) users in mental health will be sent to E.C., WHO, WFMH by the European Desk; national authorities to be approached by the 1st person of each country on the list of participants; national newspapers to be approached by the 2nd person on the list.
- the coordination group will meet once every 6 months, for the first time in February 1992 in the Netherlands.
- all information will be sent through the European Desk to all groups involved in the Network.
- care will be taken for the 1993 conference not to clash with WFMH-Conference in Japan.
- K.B.Jensen suggested writing to the World Federation of Psychiatric Survivors, preferably independently from WFMH.

STRUCTURE

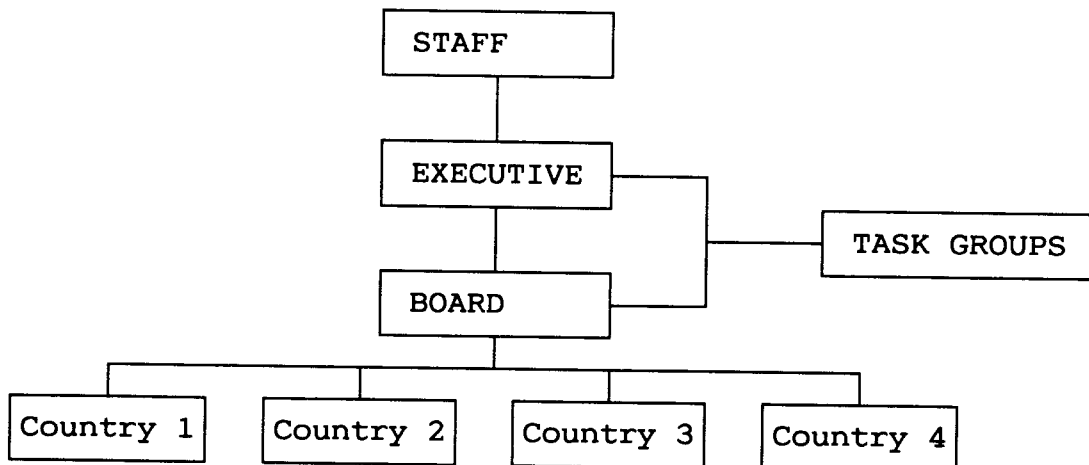
In order to establish a European Network we discussed the possible structure of the Network. Before presenting 2 possible models for organising the Network, Ed van Hoorn presented some thoughts behind them.

As there is a unanimous and sincere wish to start the Network going, we need to look at two conditions:

- 1 at this moment there is no money
- 2 there are some problems of communication

He suggests to start somewhere and work in a flexible structure which may change over the years. He argues that the ideals we have about the Network are incompatible with the possibilities that are available to us now. Table 1 deals with a traditional structure, table 2 shows an alternative structure. After some discussion the plenary meeting chose the latter.

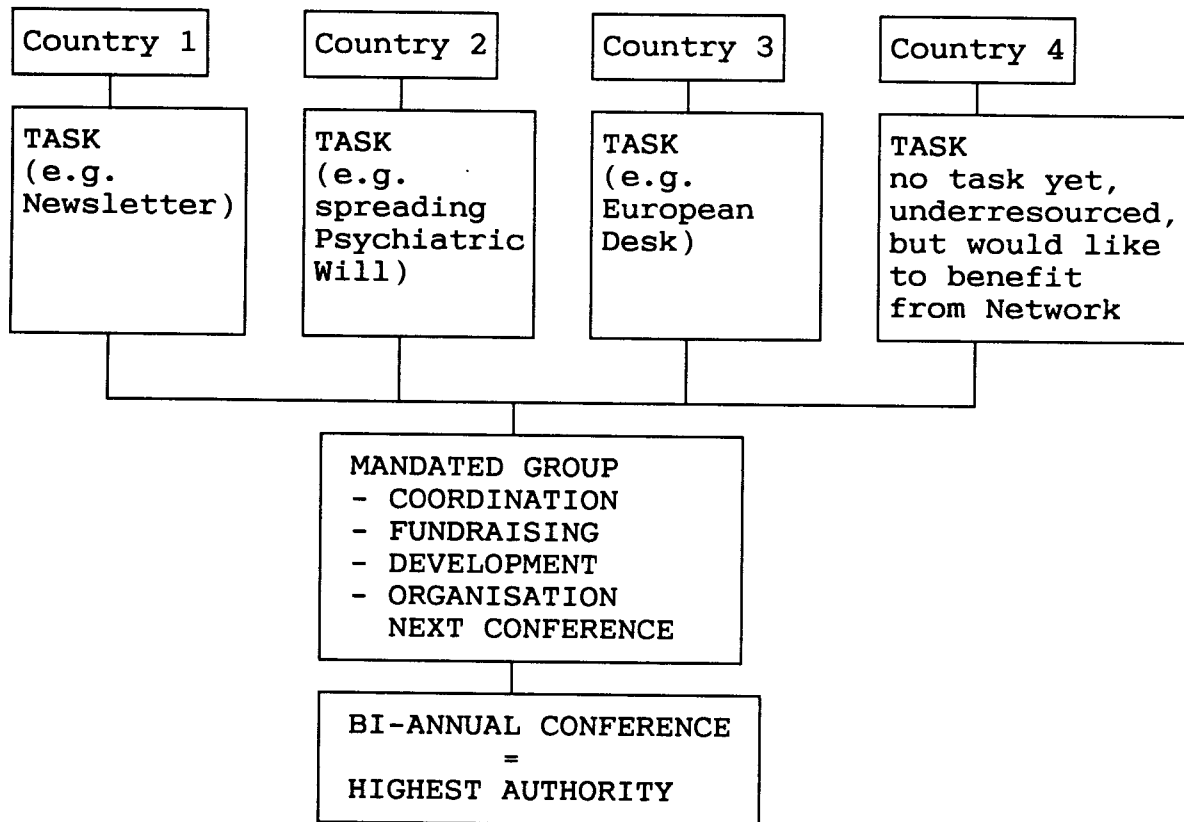
TABLE 1: TRADITIONAL STRUCTURE



disadvantages:
expensive
rigid
strict regulations

advantage:
fits in well
with e.g. EEC
bureaucracy

TABLE 2: UPSIDE DOWN STRUCTURE



disadvantages:

doesnot fit in
well with e.g. E.E.C.
bureaucracy

advantages:

less expensive
flexible
based on output

PLENARY DECISIONS

During the plenary sessions we agreed on the following :

- the Network is (ex)user-only, i.e. all delegates need to be/have been involved with psychiatry as a user, client, patient;
- each country is responsible for the composition of its national delegation; in other words, all national delegations are self-composed;
- communication will take place through national contact persons;
- the task-oriented, bottom up structure is acceptable to the meeting; the structure deals with communication rather than with power. People in the task coordination group will have to work rather than to exert power;
- a legal entity, abiding to the business laws of the relevant country, should be established e.g. to apply for funding;
- The people who make up this legal entity should not have more responsibilities than the people in the co-ordination group;
- The bi-annual conference is the highest authority within the Network.

APPENDIX A

WORKSHOP 1: ON INFORMATION

Twelve delegates and one chairperson were present. The twelve delegates were from: Germany, Italy, Faroe Islands, Greece, Denmark, Sweden, Iceland, Norway, Finland, The Netherlands (chairperson Wouter van de Graaf). Minutes were made by David Warner (Italy).

Four topics for discussion were initially proposed by the chairperson. An open discussion concerning these topics arose and at the end of the meeting proposals were made.

The four initial topics were:

1. Why exchange information ?
2. What information must be collected?
3. Where must we have information, where do we get it from and where do we send it to ?
4. How do we get information to one another?

1. Why exchange information ?

Carl-Axel Ringsparr said that we can exchange information to support one another. At the same time we can become aware of differences that exist between one region/country and another. Another person said that information, when publicated, reaches out to isolated people. It was stated that information exchange helps create new ideas.

2. What information must be collected ?

It was decided that a list of addresses will be sent to all participants and that each person must have their right as to how his/her address will be used. The importance of confidentiality was brought up. Ionna Katsouri said that in Greece there are legal problems concerning what is publicated. Carl-Axel Ringsparr pointed out that there are so many ideas that

they must be concentrated; otherwise information can become overwhelming. Matthias Seibt seconded that idea and said that every country must decide what information should be sent out. Ionna Katsouri spoke about the need that European decisions reach Greece. What is decided in Europe may not be necessarily followed in Greece. For example: The right to drive an automobile is not respected in Greece regarding users and ex-users.

At this point someone brought up the idea of how useful magazines can be as a way of exchanging periodicals and/or posters etc. Frieda Kilde said that you cannot decide what information is good for other people. Wouter van de Graaf spoke about the problem of stigma (once you have been in, you are), and the need for information on medicine: i.e. its' side effects and the rights of the individual regarding the usage. Carl-Axel Ringsparr said that we always must have the authors' or photographers' permission before we print his/her work (copyright laws).

Frieda Kilde said that we need to speak about the past, present and future of users. We must also exchange information on developments in the educational and work fields. We need information on special schools for ex-patients that are midway between hospital and society. Ioanna Katsouri warned that special schools encourage further stigmatization; we must promote equal rights. Carl-Axel Ringsparr mentioned a school where it is taught why a person should bathe and/or clean himself. He also proposed the idea of having a "little school" for adults.

Dora Stefansdottir said that we must take people as they are and not focus too much on rehabilitation and special centers. Matthias Seibt spoke about structure (yet what he spoke about was not recorded). Carl-Axel Ringsparr and Frieda Kilde both remarked that it is good to recognize the varying points of view of each country.

Ioanna Katsouri spoke about the therapeutic community and the need to share what kinds of methods we use. She also brought up the need to heavily control the pharmaceutical

industry and distribution of medicines. The need to have one international name for each medication on the market (as opposed to many diverse trade names), was discussed. Also it is important to give pressure by sending information to the right people.

3 & 4. Where and How ?

Where must we have the information, where do we get it and where do we send it to ? And how do we get information to one another ?

Dora Kristin Stefansdottir spoke about the need to have a library of articles available that would have a list of materials included. This list/catalog of materials could be put at the end of a general newsletter, and copies could be sent out on request. Svernig av Lofti suggested that reports from countries could be used in an informative way so as to communicate further developments. He also proposed the idea that in the future we have congresses on special themes such as: unemployment, housing etc.

The proposal to have a newsletter was agreed upon by all present and that the first edition concerns itself with the exchange of information regarding this conference.

A summary of an information structure was layed out in the following points:

- Legal matters and legislation in Europe
- Learning trough sharing ideas
- Support through exchange
- Newsletter/bulletin
- Library of information
- Special and non-special education
- Themes for next conference:
 - a. unemployment
 - b. information on medicines
 - c. housing

The overall goal is to share information and in doing so learn from one another by giving and exchanging ideas. The need to be cautious of copyright rules was again observed.

Carl-Axel Ringsparr said that we have to decide what happens after this conference. Discussion was made about the Helios project. There are decisions being made on a European scale concerning mental health and hardly anybody knows about it. As this time the E.E.C. only has the European Regional Council of the World Federation for Mental Health as a source for ideas. The importance of making translations of books and other materials was brought up. The importance of having a central information center was again proposed. It was stressed that the materials gathered in this conference be distributed throughout the home country of each participant/delegate. It was also stressed that we will be open to give/ offer information to anyone. (In the general meeting which followed, it was decided that there would be additional efforts made towards collecting special information where children are abused in the psychiatric system).

APPENDIX B

WORKSHOP 2: COMMON INTERESTS

Participants of this workshop came from: Italy, Austria, the Netherlands, Germany, Switzerland, Belgium and France. Chairperson was Jan-Dirk van Abshoven (the Netherlands), minutes were taken by Maths Jespersson (Sweden). The final draft is made by René van der Male (the Netherlands).

The workshop "Common Interests" spent two sessions discussing our mutual interests, how to promote them and which ones to tackle first.

The discussion was difficult because the participants attitude towards psychiatry reflected a wide variety of opinions. For example some participants strongly opposed any pharmaceutical drug whereas others adhered a more moderate attitude towards the issue. In order to emphasize our mutual points we decided to make a list of common points of interests. We found the following common grounds:

1. Paid work at existing level
2. Autonomy and responsibility about our own decisions
3. Adequate information
4. No discrimination from anyone
5. Right to define or to describe your own case
6. Right to refuse professional workers
7. Right to correct your own record
8. Right to proper housing (without therapy)
9. Better follow up
10. Influence on your own treatment
11. Right to professional drugfree care
12. No compulsory treatment
13. Improve financial situation of people who are
psychiatrized
14. Involvement of users in education of professional workers

15. Against medical approach to mental and emotional distress and human suffering
16. Right to written information about all possible risks of the treatment
17. Support of user groups, setting up alternatives
18. Fight for financial compensation in case of damage caused by treatment
19. Right to establish user-controlled activities in or out the mental health system
20. Right to establish independent advocacy
21. Get rid of the psychiatric system
22. Replace psychiatry by mental health care

After we compiled this list a discussion followed and we came to the next statement:

-The European Network is against the medical unilateral approach to, and stigmatisation of, mental and emotional distress, human suffering and unconventional behaviour.

Starting from this statement we came to the conclusion that:

-The European Network should support users' autonomy and responsibility in making their own decisions (self-determination).

In order to implement the above statements we defined three areas of main interests :

1. To influence and try to change present treatment in psychiatry
2. Create and support new alternatives to the psychiatric system
3. The European Network should act against all kinds of discrimination in society concerning people who went through the psychiatric system

ref. 1. Psychiatric treatment

- Work on abolishing compulsory treatment
- Increasing users' influence on their own treatment (e.g. right to describe or define their own case right to refuse professional 'aid', right to make correction of their own record)
- To secure that users receive adequate information (e.g. right to receive written information about all possible risks of the treatment, the users' right to establish independent advocacy)

ref. 2. Alternatives

- Support and promote the right to professional drugfree support
- Support of user' groups setting up alternatives to medical psychiatry
- Support and promote the right to establish user controlled initiatives inside and outside psychiatry

ref. 3. Discrimination in society

- To fight psychiatric stigma
- To get work for a proper salary
- To fight for proper housing
- To monitor European or national legislation on aspects of discriminational laws

To work this out we looked for categories of people to whom we need to focus our attention to. We found the following groups:

- Politicians (politics)
- Users and user' organisations
- Public (by means of the press)
- Professionals in psychiatry
- Psychopharmaceutic drugcompanies
- Allies

We also discussed some special tasks to tackle first:

***Introduction of the psychiatric will**

Peter Lehmann recommended to use the text made in Berlin and translate it in other European languages. For that we need to find law specialists in each country to make the different versions as effective as possible. A Newsletter for European users might serve the purpose of spreading the idea of the psychiatric will. It is also a good tool for making publicity.

***Gathering information about psychopharmaceutic drugs.**

Gathering information about side-effects and longterm effects of medication. Make leaflets in several languages. Gather information about lawsuits concerning psychopharmaceutic drugcompanies. (e.g. there seem to be quite a few people that suit drugcompanies in Britain and in the United States).

***Spreading information and fight the increase of shocks**

Gathering information about the type of shocks, its frequency and where it occurs.

Allocation of fundings

Use political pressure on local authorities to give money to local user-controlled projects. The European Network could be used as an instrument for local groups to get money from their authorities. Also the Network could be used to allocate European funding.

APPENDIX C

WORKSHOP 3: UNIFICATION EUROPE

A discussion of the nature of the E.E.C. took place. The E.E.C. under the treaty of Rome is an Economic Union, It currently has little or no social tasks. The Treaty of Maastricht has Social, Defence and Legal aspects. This Treaty will be signed in December. The EEC has two programs that could fund a European Network. The Helios program and the Horizon program. They both require a theme of "rehabilitation" and/or "work preparation" for applying projects. Helios 1 that is part funding our conference runs out in 1992 and will be replaced by Helios 2. Helios 2 has largely already been allocated to projects. Helios 3 will commence in 1996. Each member country has a Government employee who is responsible for Helios in that country and they need to be contacted. To get money from Helios we must be considered a Non Governmental Organisation by the EEC. Already some professionally led organisations (the regional council of the WFMH) and relatives organisation have got recognition as NGO for people in distress. Already we are too late to influence the approval of new medicines but we should make representations as other concerns of ours are addressed by the EEC such as Certification of Professionals.

It was suggested that we should look at 4 points for our Network to seek to influence

1. Money
2. Influencing decisions
3. European Court
4. Using the EEC as a watchdog for National governments.

It would be necessary to gain Non Governmental Organisation status to address points 1 and 2.

The priority and reasons are as follows;

ref. 1.

Gain NGO status. Without this other things are difficult or less effective.

ref. 2.

Applications for Helios 3. Although this program will not be until 1996, we must start the application plans at least by 1993. An additional bonus is that Helios is a large but finite fund so any money we can gain is lost to the Professional organisations.

ref. 3.

Enquires requested by individual European Citizens. These are easy to start and as a part of a co-ordinated plan of enquires could help to set the agenda. It was felt that the enquires should fulfill the following criteria; They should be Pan-European, they should promote the benefit of the Network to the community and promote the idea of community wide standards of care.

ref. 4.

Finding and promoting suitable cases to take to the European-Courts to fight. This would also need individuals to act as Watchdogs. This would need a fighting fund to be gathered.

Influencing the EEC is currently undertaken by approximately 10,000 lobbyists around the parliament but it was felt that our best chance was by becoming a member of E.C.A.S.
(chairperson Simone Veil and director Tony Venables).

FIRST EUROPEAN CONFERENCE OF (EX-) USERS IN MENTAL HEALTH

ZANDVOORT 24 - 27 OCTOBER 1991

PROGRAMME

Thursday October 24th	14.00 - 20.00	Arrivals, inchecking and registration
	20.00 - 22.30	Informal get-together
Friday October 25th	7.30 - 8.30	Breakfast
	9.00 - 10.00	Opening session: welcome, background of this meeting, short reports from various countries.
	10.00 - 10.30	Coffeebreak
	10.30 - 12.00	Morning session continued
	12.00 - 13.00	Lunch
	13.30 - 15.00	Morning session continued and composing of working groups 1,2 & 3 1) Exchange of information 2) Promoting of common interests 3) Anticipation on the unification of Europe
	15.00 - 15.30	Teabreak
	15.30 - 17.00	Start of the working groups 1,2 & 3
	17.30 - 18.00	Casual drink at the bar
	18.00 - 19.15	Evening meal
	20.00 - 21.30	Working groups continued
	22.00 -	Casual drink at the bar
Saturday October 26th	7.30 - 8.30	Breakfast
	9.00 - 10.00	Reports from the working groups and plenary discussion
	10.00 - 10.30	Coffeebreak
	10.30 - 12.00	Morning session continued
	12.00 - 13.00	Lunch
	13.30 - 15.00	Priorities in the programme, structure of the network
	15.00 - 15.30	Teabreak
	15.30 - 17.00	Afternoon session continued
	18.00 -	Bus leaves for Amsterdam
	19.00 - 20.00	Reception offered by the city of A'dam
20.30 - 24.00	'Amsterdam by night'	
0.30	Bus leaves for Zandvoort	
Sunday October 27th	7.30 - 8.30	Breakfast
	9.00 - 10.00	Closing session, formation of an international steering group
	10.00 - 10.30	Coffeebreak
	10.30 - 12.00	Morning session continued and formal installment of a European network
	12.00 - 13.00	Lunch
		End of conference

APPENDIX E

List of participants

ORGANISATION:

DANMARK	
*Lisa Rahm	SIND
*Frieda Kilde	SIND
*Karl Bach Jensen	SIND/Galebevaegelsen
SWEDEN	
*Maths Jespersson	RSMH (Swedish Association for Social and Mental Health)
*Hans Bergström	RSMH
*Carl-Axel Ringsparr	RSMH
ICELAND	
*Anna Valgardsdottir	Gedhjalp
*Dora Kristin Stefansdottir	Gedhjalp
NORWAY	
*Einfrid Halvorsen	NFMH (Norwegian Mental Health Organisation)
*Bjorn Nils Haehre	NFMH
FINLAND	
*Pirjo Mäkinen	MTKL (Mielenterveyden Keskusliitto)
*Maija Hyvärinen	MTKL
*Ulla Ylikotila	MTKL
GREAT-BRITAIN	
*Thomas Graham	Scottish Users Network
*Roberta Graley	National Advocacy Network
*Andy Smith	Survivors Speak Out
HOLLAND	
*Hans van Vliet	Stichting LPR (PatiëntsCouncils)
*Hans van der Zee	Stichting Pandora
*René van der Male	Cliëntenbond in de GGZ (Cliënts- union in the Mental Health Care)
BELGIUM	
*Jan Kuypers	Kisjot
*Jan Boeykens	Gebruikersoverleg Vlaanderen (Usergroup Flanders)
*Robert Vermeulen	Gebruikersoverleg Vlaanderen

GERMANY

*Peter Lehman FAPI
*Kerstin Friedrich FAPI
*Matthias Seibt FAPI/ Irrenoffensive Ruhrgebiet

AUSTRIA

*Ernst Kostal Selbsthilfegruppe Marktgasse/ SPK-Gruppe Wien
*Jolanda Tilner FAPI

SWITZERLAND

*Theresja Krummenacher Les sans Voix
*Peter Hefti Irre am Werk
*Christa Wyss FAPI / Irre am Werk

FRANCE

*Mm. Monique d'Esposito Groupe Information Asile
*Monsieur Loic le Goff Psychotiques Stabilises Autonomes

ITALY

*Massimo Belfiori Auto-Aiuto MassaCarrara
*David Warner independent
*Angelo Gigliotti Arco Baleno/ Pappillon

FAROE ISLANDS

*Svenning av Lofti Sinnisbati

POLAND

*Pawel Pecak independent
*Woyciech Grzywacz independent

GREECE

*Ioanna Katsouri Movement for Legal Rights in the
Mental Health Care

ORGANISATION

*Wouter van de Graaf Cliëntenbond in de GGZ
*Ed van Hoorn Cliëntenbond in de GGZ
*Jan Dirk van Abshoven Cliëntenbond in de GGZ
*René van der Male Cliëntenbond in de GGZ

CHAIRMAN

*Hans Wiegant independent

INTERPRETERS

Ms. I. Kadelke, Ms. D. Wieser, Mr. N. Longthorne, Mr. M. van der Vijver
and Ms. C. Parascandolo