

DEBATES

D01 - THE CONCEPT OF SCHIZOPHRENIA IN 2006 - FOR CONSIGNMENT TO PSYCHIATRIC HISTORY, OR RETENTION AND MODIFICATION?

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Nearly 100 years after Bleuler's first use, the validity and usefulness of the concept of schizophrenia is as controversial as ever. World experts will discuss and debate their views amongst themselves and with the conference participants.

D01.1 - THE DIAGNOSIS OF "SCHIZOPHRENIA"

Jim Van Os . Dpt. Of Psychiatry And Neuropsychology, South Limburg Mental Health Research And Teaching Network – Maastricht, The Netherlands

Diagnosis constitutes a prelude to therapeutic action in all areas of medicine. In psychiatry, modern classification schemes such as ICD10 and DSM-IV have made it possible to reliably assign psychiatric patients to different diagnostic categories. However, the uncertain validity of these categories is a matter of serious ethical, scientific and clinical concern, because the usefulness of a particular diagnostic construct is greatly reduced if it carries no therapeutic implications. The use of "ex cathedra" traditional categories may therefore be difficult to reconcile with the principles of evidence-based medicine, and calls have been made for the introduction of a "treatment-relevant" classification of psychiatric disorders such as the functional psychoses.

The diagnosis of "schizophrenia" is a case in point. The makers of modern classification schemes such as the DSM-IV quite clearly point out that their diagnostic categories should not be considered as valid, that is being connected with evidence that categories such as schizophrenia really exist as such in Nature. However, the importance given in clinical practice to diagnostic procedures culminating in a diagnosis of schizophrenia is so great that it suggests that mental health professionals are hardly aware of the lack of validity. For example, clinical ward rounds in psychiatry are often characterised by lengthy discussions about whether this patient suffers from "schizophrenia", suggesting that clinicians somehow attach great importance to this diagnosis. In statements to patients, relatives and the media, mental health professionals invariably use the term schizophrenia as if it were truly a valid concept. Specialised mental health services are often organised around the group of patients with a diagnosis of schizophrenia, as are research departments in universities and tertiary referral centres. Of course, the great importance attached to the concept of schizophrenia does not in itself have to be objectionable even if the validity of the concept is questionable. If the concept of schizophrenia could be shown to be useful in clinical practice and research, its further use should be enforced. However, if one adopts such a utilitarian view and found that the concept actually is harmful in clinical practice and research, its use should be discouraged. In practice, this would mean making a careful balance between useful and harmful aspects associated with the concept of schizophrenia. We that the perceived usefulness of the concept of schizophrenia has long seized to outbalance its harmful influences.

D02 - THE FAMILIES AND PEOPLE WITH MENTAL ILLNESS ASSOCIATIONS MOVEMENT ROLE IN THE DESIGN OF MENTAL HEALTH POLICIES

Inger Nilsson. President of EUFAMI (European Federation of Associations of Families of People with Mental Illness, Leuven, Belgium; member of Schizofreniförbundet Intresseförbundet för personer med schizofreni och liknande psykoser, Stockholm, Sweden - Stanislas Filliol. Member of the Board of Directors of UNAFAM (National Union of Families and Friends of People with Mental Illness and their Associations) and of EUFAMI, Paris, France member of UNAFAM France and BoD delegate of EUFAMI, Leuven - Francisco Morata. President of FEFES, Spanish Confederation of Associations of Families and People With Mental Illness, Spain - Rosa Ruiz Salto. FEFES (Spanish Confederation Of Families And People With Mental Illness Associations) -

This debate addresses the legitimate aspiration of the associations movement of families and people with Mental Illness to be actively involved in the design and planning of Mental Health policies. The promotion of mechanisms of coordination and cooperation between the Public Administration and representatives from the associations movement will be discussed by analysing different experiences developed in diverse countries.

D02.1 - THE ROLE OF THE ASSOCIATIONS NETWORK IN THE ELABORATION OF MENTAL HEALTH POLICIES IN SPAIN.

Rosa Ruiz Salto. FEFES (Spanish Confederation Of Families And People With Mental Illness Associa -

The Spanish Confederation of Groupings of Families and People with Mental Illness - FEFES endeavours to improve the quality of life of people with mental illness and their families, advocate for their rights and represent the association's movement.

Due to the direct experience of mental illness and the stigma faced and to the knowledge of the situation of public and private services for the recovery, FEFES movement is a key stakeholder in the elaboration and planning of policies in the Mental Health field in Spain. Within other aims FEFES intends to obtain from public authorities laws, guidelines and regulations to cover the needs of the collective.

Therefore, the associations' movement of FEFES, at their specific levels (association, federation, confederation) collaborates with and influences the public administrations responsible for the planning and management of Mental Health. FEFES is member of the National Council for Disability (dependant of the Ministry of Employment and Social Affairs) and participates actively in the design of the National Strategy for Mental Health, which is being prepared by the Ministry of Health and Consumption.

D02.2-EUFAMI's role in the design of European Mental Health policies.

Inger Nilsson . EUFAMI - European Federation Of Associations Of Families Of Mentally Ill People - Belgium

Inger Nilsson will provide details of how EUFAMI played an important role in ensuring that families and carers were recognised, in their own right, at the Helsinki Ministerial Conference in January 2005. In fact, EUFAMI has been championing this message for many years before the production of the Helsinki Declaration. Since the Helsinki Declaration, EUFAMI has been a key member of the WHO NGO Empowerment Network and Inger will tell how the organisation intends to fight for family rights through this Network.

The talk will also explain how EUFAMI has been working with its members to produce four Position Papers on: - Families Needs, Medication, Treatment and Care, Rehabilitation and Recovery. With regards to the EU Commission Green Paper, Inger will also tell how EUFAMI again has been playing a pivotal role in the consultative process and how the Position Papers will form an integral part of the EUFAMI response to the EU Commission's Green Paper.

D02.3 - The involvement of UNAFAM in mental health policies in France

Stanislas Filliol . Volunteer - Member Of The Board Of Directors - FEAFES -

In 2005 UNAFAM obtained two results in favour of persons with a severe mental illness (SMI) and their family carers.

A law was voted which included psychic troubles among the causes of disability: persons disabled because of SMI are entitled to the same benefits as any other disabled person. Following the law, a government "Mental Health Plan" recommended continuity between medical and social care.

UNAFAM exercised an influence by creating an alliance of organisations directly involved in SMI problems, i.e. associations of users, families, psychiatrists, medics and social workers. This alliance published in 2001 a "white book" defining the user's 6 essential needs: Medical care, income, housing, appropriate support, legal protection if necessary, and occupation if possible.

Since 2001, these points were relayed to politicians and officials by the UNAFAM membership (12 000 families, 1 500 volunteers).

UNAFAM lobbying around specific subjects, especially "mutual help clubs", convinced influential supporters.

During the lobbying preceding the vote of the 2005 law about disabilities the national coordinating committee of organisations representing people with disabilities of different origins supported each other's requests, including UNAFAM's.

D03 -COMPULSORY COMMUNITY CARE AND ADHERENCE TO TREATMENT

Francisco Torres-González. Andalusian Research Group On Mental Health - GRANADA SPAIN

Nels Kurst Langsten. -

Wilfried Ver Eecke. -

Luis Barrios. -

David Wilson. -

Onésimo González. -

Conchi Cuevas. -

As Monahan says, "requiring adherence to community-based mental health treatment is the single most contested human rights issue in mental health law and policy at the beginning of the 21st century".

Views from users, professionals, relatives and pharmaceutical companies, and the implicit existing interests of all of them, are a matter of controversial: at times some of the actors are allied and at times they are not. But because the frequent contradictory position between the parts it is necessary to find a satisfactory way for all of them, in order to afford the community treatment adherence. This way, whatever it become to be, has to be based on civil human rights grounds.

Questions to be addressed at the debate include, but are not limited to, the following: Is involuntary treatment necessary? Are persons diagnosed with mental disorders more dangerous than others? Are existing laws helpful or harmful to patient and to society? How can they be improved? Are civil rights of patients, and others, adequately protected by current laws? What are the ethical issues involved in involuntary treatment?