



THE INTERNATIONAL SOCIETY
FOR PSYCHOLOGICAL AND SOCIAL
APPROACHES TO PSYCHOSIS



ISPS Newsletter - May 2025

Dear ISPS colleagues and friends of ISPS,

The Executive Committee of ISPS has been productively busy, continuing work in several areas.

Plans for the conference celebrating ISPS' 70th anniversary are gathering steam, led by Dag Söderström and Phillipe Conus in Switzerland. Stay tuned for a call for papers, coming this fall.



More immediately ISPS Executive Committee elections are coming up soon. We have a slate of 10 impressive candidates running for the 8 positions. All ISPS members will be receiving information on the candidates and how to cast your vote within the next couple of weeks. Be sure to vote - your vote is your voice!

ISPS has hosted two webinars in the last months. Doug Turkington joined us for a discussion of using CBTp (cognitive behavioral therapy for psychosis) for delusions. He has a new book out on the subject, co-authored with Kate Hardy - *Decoding Delusions: Making Sense of Different Types of Troublesome Beliefs*. You can view the webinar on our YouTube channel at <https://www.youtube.com/@ispsinternational5488>

We also hosted a webinar following on our publishing a statement against the practice of euthanasia, or assisted dying, for people experiencing mental distress. We attempted to explore this very difficult topic with a Belgian psychiatrist who consults on such requests, a survivor and activist from the US, and a family member from the UK. You can read a report on the webinar elsewhere in this newsletter. It was not recorded, due to the sensitive nature of the topic.

As a now retired practitioner of milieu therapy in New York, I am particularly enthusiastic about a new chapter forming in ISPS - the Soteria chapter. Many ISPS members know that the Soteria model was developed in the 1970s by Loren Mosher and Alma Menn in California, and involved housing young people with first-break psychosis in small family-like homes, staffed with non-professionals whose main role was “being-with” the residents. Several iterations in the United States were short-lived, but Luc Ciompi’s Soteria Bern in Switzerland has been going for decades. Soteria continues to be a potent inspiration - Pathways Vermont in the US has included a Soteria house for 10 years and there are several houses initiated by Pesach Lichtenberg in Israel. And quite a few more groups are working towards starting houses in several countries. All these Soteria workers have decided to organize themselves into a new chapter of ISPS, which held its kick-off meeting on May 8th.

Note that the Soteria chapter will be organized a bit differently from other chapters, in that Soteria members will join ISPS through their local country chapters. A second meeting is scheduled via zoom for June 18th. Please contact [Antonia](#) if you would like to be on the list.

It’s a tough time for many people throughout the world, including members of ISPS. So it’s a good time to remind ourselves of the great value of our ISPS mission in challenging de-humanizing trends across the globe. I am currently reading ISPS Lifetime Honorary Member Courtenay Harding’s new book, summarizing the field and her own illuminating work showing that recovery from serious mental illness is a reality for many. Here is a quote from the conclusion of her book:

“It is high time to weave the whole person back together. Rehabilitation, psychology, psychotherapy, education, peer-related activities, nursing, social work, and a newly minted biopsychosocial psychiatry have many skills and benefits to offer - including, incidentally, symptom reduction - and should no longer take a back seat to biomedical psychiatry, long-term medications and community quasi-institutionalization. We need to embrace, instead, an integrated biopsychosocial approach to both mental and physical health, with psychiatric medicine used only as an adjunct, in smaller doses, for much shorter durations, and only for better understood and newly redesigned subgroups. Remember, even one-half to two-thirds of the most chronic cases, once labeled as suffering from schizophrenia, got their lives back when given a chance.” (Harding, 2024, p.296, my underlining.)

Harding, C. (2024). *Recovery from Schizophrenia: Evidence, History, and Hope*. Oxford University Press.

Julie Kipp

Chair, ISPS



Webinar on Euthanasia, or Assisted Dying for Mental Distress

On Tuesday, April 1, 2025, ISPS hosted a webinar "Society on the edge of (assisted) dying: The door is still open for dialogue." This webinar was a follow up on our statement against euthanasia or assisted dying for mental distress, which we put out earlier this spring.

A number of countries around the world have some provision for assisted dying, or euthanasia, for those with "incurable" medical illness. However, a few countries have expanded legislation allowing for assisted dying for those experiencing unbearable suffering from psychiatric conditions. (Wikipedia (2025) states: "The practice is legal in Belgium, the Netherlands, Luxembourg, Spain and Colombia.")

While ISPS has taken a position clearly against this practice, we recognize that in these countries, the governments and mental health systems have attempted to balance the rights of individuals to direct their own lives and deaths, with the ideals of medical and psychotherapeutic approaches to do no harm.

This is perhaps the most difficult issue on which ISPS has attempted to hold dialogue.

The discussion was moderated by Debra Lampshire, and included presentations by a Belgian psychiatrist, a US psychiatric survivor and activist, and a family member. Here are very truncated summaries of some of the presenters' positions:

Joris Vandenberghe: the process is careful and rigorous, and most applicants do not meet the strict criteria for assisted dying.

Will Hall: the state should not be involved at all - in either assisting a person to end their life, nor, on the other side, in taking away the freedom of someone who is suicidal.

Jen Kilyon: dialogue, hope, informed choice, and respecting the individual's own understanding as well working alongside those who have experienced feelings of wanting to end their lives is so important for all of those working with psychosis.

For further reference, here is a recent article on refining Belgian law:

DeHert, M. & Van Assche, K. Euthanasia for unbearable suffering caused by a psychiatric disorder: improving the regulatory framework. *World Psychiatry*. 2024 Jan 12;23(1):54–56

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10785970/#:~:text=According to the 2002 Belgian,without prospect of improvement; d>

See here for the Wikipedia link:

Euthanasia for mental illness. (2025, May 3).

In *Wikipedia*, https://en.wikipedia.org/wiki/Euthanasia_for_mental_illness

And here is a link to the ISPS statement on euthanasia on our homepage: <https://isps.org/>

Also please see the statement by Jim van Os, also published in this newsletter.

Jen Kilyon, Ludi Van Bouwel and Julie Kipp

Euthanasia for mental suffering in young people: a growing concern from the Netherlands

In recent years, the Netherlands has attracted international attention due to a worrying trend: the rising number of euthanasia requests — and approvals — for young people

suffering with mental problems such as complex PTSD, neurodivergence, and existential despair.

While originally intended for cases of terminal physical illness, Dutch euthanasia law has gradually been stretched to include psychiatric suffering. Organizations like ISPS have voiced deep concern, warning that mental suffering is fundamentally different from somatic suffering: it is layered, relational, and often profoundly shaped by trauma, exclusion, and lack of social support. It is not a static, irreversible condition.

At PsychoseNet.nl in the Netherlands (an eCommunity for users, relatives and professionals), we are witnessing alarming developments. Increasingly, young women seek help for feelings of hopelessness, loneliness, and loss of meaning — only to be met by psychiatrists who, instead of offering connection and support, introduce euthanasia as a topic. And that increasingly even before the patient herself has mentioned any desire to die. For vulnerable individuals, this suggestion can feel like a deep confirmation of their worst fear: that they are a burden, beyond help, and better off dead.

Euthanasia is not a treatment

We must be clear: Euthanasia is not a therapeutic intervention. It was never intended as part of the standard psychiatric "treatment menu." It should only be discussed after long-term engagement, repeated and consistent patient requests, and genuine exhaustion of all reasonable hope for recovery — not as a premature "option" in a fragmented mental healthcare system.

In the current Dutch context, psychiatric care is strained: overworked staff, long waiting lists, and highly protocolized, product-based treatment approaches dominate the field. For young people, especially those with histories of trauma or neurodivergence, this often results in feeling abandoned rather than supported. In such an environment, euthanasia is not a real choice — it is an indictment of systemic failure.

The medicalization of existential suffering

Many of the doctors who are active in the field of euthanasia are trained within a biomedical model that tends to interpret psychological distress as a chronic brain disease. This model does not easily recognize existential, relational, or social sources of suffering. Consequently, psychiatric disorders are sometimes equated with terminal somatic diseases — a dangerous conceptual error.

The skills needed to support a terminal cancer patient differ drastically from those needed to walk alongside a young person trapped in trauma, isolation, or

neurodivergence. Offering euthanasia without recognizing these differences is ethically reckless.

Moreover, introducing euthanasia into the conversation undermines hope — not only for the patient but also for the entire treatment process. As psychiatrist Esther van Fenema and others have emphasized, suicidal crises in young people are often situational, dynamic, and unpredictable. Mental suffering can shift dramatically due to new insights, relational experiences, or life events. Prognoses in psychiatry are emergent — not linear like in somatic disease.

International warnings

In 2024, the United Nations Committee on the Rights of Persons with Disabilities criticized the Dutch approach, noting insufficient protection for vulnerable groups and calling for a full reassessment of the practice. In Canada, concerns about "social murder" — where euthanasia becomes an escape from inadequate social support — led the government to place euthanasia for mental suffering on hold for at least three years. Belgium still prohibits euthanasia under 18 years of age for psychiatric reasons.

The slippery slope is real. Once euthanasia for mental suffering becomes normalized, societal narratives around the value of life — particularly the lives of disabled, traumatized, or socially marginalized people — begin to shift dangerously.

The problem of assessment

Critical safeguards like the assessment of decision-making capacity and unbearable suffering are extremely difficult to establish reliably in young people. The psychiatric community itself is deeply divided about whether such assessments are even possible. Moreover, the risk of suggestion, influence by media portrayals, and social pressure from family or peer groups further complicates any evaluation of autonomy.

Research also shows that the mere availability of euthanasia as an option can intensify fixation on death among vulnerable youth — a phenomenon akin to the Werther effect known from suicide contagion studies.

A call to the international community

We urgently need an international dialogue about the appropriate boundaries of medicine, especially in psychiatry.

Medical professionals must resist the temptation to medicalize all human dilemma's and forms of suffering, particularly existential and relational suffering.

Deciding over life and death demands extreme caution and must be based on profound expertise. Most psychiatrists are not sufficiently trained to distinguish complex trauma, neurodivergent existential crises, or deep social exclusion from "true" terminal psychiatric conditions — if such a thing even exists.

The Dutch experience shows us the dangers of conceptual slippage or even radicalization. Hope must remain central to psychiatric care, even when it seems almost impossible. As Cicely Saunders, founder of the modern hospice movement, once said:

“When there is nothing more to do, there is still much to be done.”

Let's protect young lives, not prematurely surrender them.

Jim van Os

Chair Division Neuroscience

Utrecht University Medical Centre

Recovery-oriented rights-based care for mental health:

5 key take-home points from the virtual global launch of the

World Health Organization Guidance on Mental Health Policy and Strategic Action Plans

By Grace N Rustom, PhD CPsychol AFBPsS

The landmark World Health Organization (WHO) *Guidance on Mental Health Policy and Strategic Action Plans* was launched virtually on March 25, 2025. The main objective of this event was to present an implementation framework for country-level guidance to advance global mental health strategic direction and introduce evidence-driven, person-centered, recovery-oriented, rights-based mental health care. The WHO Global Mental Health Action plan aims to have 80% of member states aligned with human rights standards by 2030. Thus, this strategic plan helps support a human rights-informed framework with mental health care. [Here is a link to the 44-page strategic planning document.](#)

The event was moderated by Ms. Gabriella Stern, Director of Communications who has provided dedicated, steadfast support to WHO through many critical events including the COVID-19 pandemic and beyond. Here, she acknowledged this milestone, and the many individuals of diverse expertise and experience, including individuals with lived experience who were consulted to develop the strategic directions. It is widely acknowledged that individuals with lived experience have been excluded from processes and lacked input into policy and system change. It is evident that the WHO sought to change this here and developed this Guidance by embracing inclusion with the aim of creating a mental health care system reform and improvement. This work reflects contributions from hundreds of individuals, globally represented, led by Dr. Michelle Funk at WHO. Important leadership and financial support to WHO from South Korea was instrumental in the creation of this Guidance, as well as Portugal's support in developing *WHO QualityRights*. Both countries' Ministers of Health are already implementing advances in mental health care policy and WHO quality rights.

This summary aims to present 5 take-home points that may inspire and resonate with our fellow members of the ISPS community.

1. Powerful opening remarks and the big 3Es

Dr. Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO), powerfully stated that global mental health systems are “outdated, underfunded, and misaligned with evidence-based practices and human rights standards.” As a result, countless individuals suffer due to inadequate care, exclusion, and lack of access to the support they need. He stated “Mental health is not a privilege. It is fundamental to health and human dignity... There is no health without mental health.”

Dr. Tedros emphasized that the updated **Guidance seeks to help countries design and implement mental health services that are equitable, effective, and enduring**—referred to here as the “big 3Es.” His words acknowledged the longstanding injustices faced by service users and echoed the frustrations of professionals constrained by outdated systems.

Alongside Dr. Tedros, Cho Kyoo-hong (Minister of Health, South Korea), Ana Paula Martins (Minister of Health, Portugal) presented their commitment and interest to adopt this WHO Guidance. Jarrod Clyne, Deputy Executive Director of the International Disability Alliance, addressed the harsh realities of institutionalized care and upon reviewing the updated WHO Guidance, expressed hope, stating this document “moved [him] to tears,” as it reflected everything he had long hoped for and would have wanted during his own challenges. He described the document as “a recognition of our diversity

and humanity, a breaking away from harmful legacies, and a real path forward of hope for those who were or are locked away in silence, who dared to imagine and fight for a different future.”

Dr. Michelle Funk, Head of the WHO Unit on Policy, Law, and Human Rights in Mental Health, introduced the Guidance and led the first segment after introductions. While the primary audience of this launch was policymakers and planners, Dr. Funk emphasized that service providers, advocates, and individuals with lived experience can and should participate meaningfully in implementation efforts across various levels.

2. “The tools are here, the vision is clear, and the time to act is now!”

In her remarks, Dr. Funk stated, “Mental health is key for well-being... The tools are here, the vision is clear, and the time to act is now!”

Why Now?

Dr. Funk noted the previous Guidance had not been updated in over 20 years, during which the mental health landscape has dramatically shifted. Today, there is broader awareness of the social and structural determinants of mental health—such as inequality, loneliness, poverty, discrimination, and crises. Additionally, new international rights standards have come into force, and countries have committed to reform through declarations, conventions, and action plans. These changes necessitate reforms that support better health outcomes, human rights, and social inclusion.

What are the core topics within the WHO Guidance that shape the new tools and vision?

Policy, strategy, and actions for implementation at a country-level are presented on key topics such as expanding interventions beyond medication, centering the voices of people with lived experience, anti-stigma and anti-discrimination, delivering safe, planned deinstitutionalization, building holistic, person-centered, rights-based mental health services, eliminating coercion, and abuse through systemic reforms, upholding legal capacity and decision-making rights, and addressing social and structural determinants of mental health. The frameworks are flexible and can be adapted to different contexts. The WHO Guidance contains helpful checklists that guide users through steps required for effective action plans (e.g. steps to review, draft, adopt, implement, and evaluate plans by engaging with multiple stakeholders and fostering cross-sector collaboration).

3. Global ministerial perspectives suggest interest in aligning with WHO Guidance.

Ministers from Guyana, Lithuania, and Tonga shared insights into their national systems. They recognized the urgency of reform and acknowledged the universality of the challenges faced, but also expressed willingness and commitment to implement reforms and align their policies with WHO standards. All stressed the need for recovery-oriented, rights-respecting approaches and highlighted specific barriers and enablers relevant to their country contexts.

4. Stakeholder Insights on the WHO Guidance: Community-based care, sustainable funding, a tool and moral compass.

Later sessions included expert stakeholders across psychiatry, government, and individuals with lived experience. Key themes included the importance of community-based care, deinstitutionalization, and the urgent need for sustainable funding. The WHO Guidance was praised as a landmark document long awaited by advocates. Belén González, Spain's Commissioner for Mental Health, noted, "Evidence alone cannot protect people from coercion or poor practices... This document is not only a tool, but a moral compass."

5. Implementation of reimagined care models, advocates encountering resistance, and a need for commitment to sustainable investment in (public) mental health.

The closing session focused on key takeaways from participants, including a move from a predominantly medical model to a recovery-oriented model of care. This approach does not exclude medication, but encourages a broader, more individualized approach to treatment, addressing both physical and mental health holistically. The concept of applying a public health model to mental health was also emphasized.

Some psychiatrists acknowledged systemic abuses and the resistance reformers face, even from within their own profession, similar to advocates for system reform from other mental health professions. This raised critical questions: How will coercive practitioners be held accountable if coercion has been so normalized and habitual in their practice? How can low- and middle-income countries with limited health workforce resources adopt this Guidance, if mental health is not included in health or medical curricula?

The segment concluded with strong emphasis on compensating individuals with lived experience, aligning with Dr. Ahmed Hankir's call for "nothing about us without us." System-level budget allocation was also highlighted as essential, alongside the need to challenge stigma at policy and funding levels.

Grace N Rustom, PhD CPsychol AFBPsS

ISPS UK member

Working Group Soteria (ISPS)

On May 8th, 2025, the newly established Working Group Soteria was officially launched under the umbrella of the International Society for Psychological and Social Approaches to Psychosis (ISPS). This initiative grew out of the energy and connections sparked by the 40th anniversary celebration of Soteria Berne in 2024, an event that brought together numerous professionals and advocates of the Soteria approach from across Europe. The founding idea was proposed by Walter Gekle and Ludi van Bouwel, who envisioned an international group within ISPS dedicated to supporting and connecting Soteria-inspired efforts globally.



The mission of the group is to disseminate the Soteria philosophy and values, to facilitate collaborative research across borders, to support both emerging and established Soteria initiatives, and to foster a truly international exchange of knowledge and experience among practitioners, researchers, and advocates. More than 50 participants joined the inaugural meeting, representing a wide range of backgrounds and national contexts. Participants included members of the Internationale Arbeitsgemeinschaft Soteria (IAS) from Germany and Switzerland, as well as representatives from Israel, Belgium, the United Kingdom, and the United States. Among them were Prof. Pesach Lichtenberg, who has led transformative Soteria-based reforms in acute psychiatric care in Israel; Dag van Wetter and Alan Veys from the El Camino initiative in Belgium; and Kathy Allsopp and Rita Horgar from the UK.

The meeting also saw the involvement of participants from the United States, many of whom had not previously been connected to the European Soteria networks. Notably, Gene Larkin, who worked in the original Soteria California project and recently published the memoir *Seeking Soteria*, joined the group. His work provides a compelling illustration of how personal lived experiences can inform and enrich professional perspectives. Al Galves, who is currently working to establish a Soteria house in New Mexico, also participated, as did representatives from Soteria Vermont. Another special guest was Luc Ciompi, a foundational figure in the Soteria movement, who shared reflections on the historical significance and contemporary relevance of Soteria within modern psychiatry.

During the 90-minute session, following an initial round of introductions and informal exchange, several key themes were addressed. Daniel Nischk presented the Soteria Fidelity Scale (SFS), a structured tool developed within the IAS to assess adherence to

Soteria principles, which is currently undergoing validation in a formal study. Pesach Lichtenberg shared insights from the implementation of Soteria-inspired acute care wards in Israel, including the ongoing empirical evaluation of these services and the challenge of balancing fidelity to the model with the practical demands of national healthcare standards and cultural contexts. Participants also discussed a wave of recent publications from various countries, including contributions by Theresa Wolf in Berlin, Pesach Lichtenberg in Israel, Pien Leendertse in the Netherlands, and Walter Gekle in Berne, all of which were acknowledged as important steps in strengthening the scientific foundation and visibility of Soteria-oriented practice.

Looking ahead, the group is planning several major contributions to the upcoming ISPS Conference in Lausanne in 2025. These include organizing a dedicated preconference meeting, contributing to the presidential address, and curating a symposium to showcase international developments in Soteria-inspired services and research. These efforts are intended not only to highlight the relevance of the Soteria approach within ISPS but also to promote broader engagement with humane, psychosocial, and person-centered approaches to psychosis.

Further steps will involve developing the Soteria Fidelity Scale into a robust tool suitable for international use, while also mapping ongoing and planned Soteria initiatives worldwide in order to strengthen mutual support and learning. The group also aims to identify funding opportunities and platforms for collaborative research and publishing, and to establish points of contact in different regions to ensure stronger connections between local efforts and the international Soteria network.

How can you become a member of this International Soteria group?

You have to be a member of an ISPS regional group, or an Individual member of ISPS International, (find out how to join here <https://isps.org/isps-membership/>). Beyond being an ISPS member, no further fees will pop up for being member of the International Soteria group. If you are interested to join this Soteria group please contact one of these three members:

Daniel Nischk [EMAIL](#)

Walter Gekle [EMAIL](#)

Ludi Van Bouwel [EMAIL](#)

If you want to join the new email discussion group for the ISPS International Soteria network please contact Antonia Svensson, International Organiser of ISPS by [EMAIL](#).

Daniel Nischk and Ludi Van Bouwel



THE INTERNATIONAL SOCIETY
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Upcoming Events

Online get together for family members/carers on Tuesday 17th June, 19.30-20:30 Central European Summer Time.

ISPS International is introducing regular online sessions to connect with family members/carers of those with experiences of psychosis. This will be a time to share ideas and opportunities for our greater involvement in the organisation as well as supporting each other in campaigning for a more compassionate and family friendly mental health system.

The meeting will be led by Jen Kilyon, ISPS EC member.

How can you become a member of this ISPS International family members/carers group?

You have to be a member of an ISPS regional group, or an Individual member of ISPS International, (find out how to join here <https://isps.org/isps-membership/>). Beyond being an ISPS member, no further fees will pop up for being member of the ISPS International family members/carers group. If you are interested to join this group please contact [Jen Kilyon](#), ISPS EC member.

If you want to join the new email discussion group for the ISPS International family members/carers group please contact Antonia Svensson, International Organiser of ISPS by [EMAIL](#).

SAVE THE DATE!

June 25th 8:00-9:30 PM CEST

ISPS International Webinar



**'The others in us and the discovery of the self:
Multifamily Psychoanalysis'**

Introduction by Andrea Narracci

Moderator: Filippo Maria Moscati

Speakers: Andrea Narracci, Maria Elisa Mirte, Martine Lambrechts

Reflections by Saskia Verbesselt, Ludi Van Bouwel, a person with lived experience and a family member.

The webinar will last 90 minutes. It will be recorded and the link will be made available to participants approximately one week after the event has taken place

Welcome by Julie Kipp, ISPS Chair Moderation by Filippo Maria Moscati

This webinar includes a theoretical part including 3 short lectures by the speakers, followed by reflections by the panel and then a wider discussion with the webinar participants.

Registration will open soon

ISPS-US

**Psychophobia: Metamodernism,
Psychosis, Agency, and Radical
Freedom**

Michael Montgomery, LCSW, PhD

June 5, 2025

1:00pm EDT

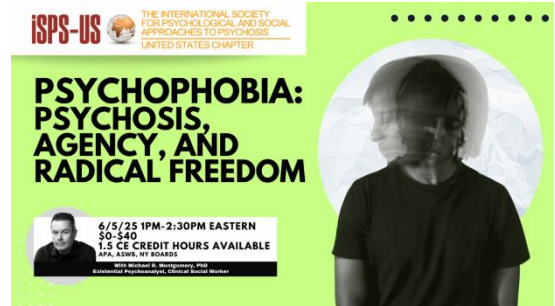
Registration Link: <https://isps-us.ce-go.com/psychophobia-metamodernism-psychosis-agency-and-radical-freedom>

This presentation examines society's deep-seated fear of extreme mental states through the lens of existential psychoanalysis. It challenges the medicalization of distress, exposing the iatrogenic harm and systematic assault on interiority that too often define psychiatric intervention. Rather than pathologizing human experience, it argues for a psychophobia-free, phenomenological approach—one that honors lived experience, fosters radical agency, and recognizes the transformative potential of authentic human connection. In an era of metamodern uncertainty, might embracing the so-called pathological be the key to true freedom?

Michael R. Montgomery, PhD, LCSW, is an existential psychoanalyst with international expertise in complex trauma, extreme states (psychosis and mania), addiction, and conflict resolution. He trained at Regent's University London, The Tavistock and Portman, and the Anna Freud Centre. Dr. Montgomery is the founder of Peacefire.us, a nonprofit organization dedicated to fostering dialogue and understanding between individuals from diverse and often opposing backgrounds, and Manifest23 a non-for-profit supporting individuals and organizations promote less pathological approaches to mental wellbeing. His clinical work is primarily community-based, focusing on patients who are typically excluded from accessing quality care. He is clinical professor at the New School of Existential Psychoanalysis, and the Chair Elect of Society for Existential Analysis (SEA). He is a regular contributor to the SEA annual conference, the R.D. Laing Symposium, and the ISPS-US. With over 26 published peer-reviewed articles, reviews, commentaries, and book chapters, he is currently developing a new book and podcast on psychophobia.

ISPS-US 2025 Chicago Conference: Bridging the Divides

November 7-9th at the University of Illinois Chicago



The Call for Proposals is Now Open for our 2025 Annual Conference taking place November 7-9th at the University of Illinois Chicago. Deadline for submissions is June 1st. We hope to see all our members there! Learn more here: <https://ispsus2025.sched.com/>

ISPS Lowlands



ISPS Lowlands is happy to announce the local conference of **November 7th** in Zoersel with the title Rataouille, a living exploration of inspiring ingredients for tailor-made care for people with a sensitivity to psychosis. Rataouille symbolises the richness and diversity of this typical dish from the Mediterranean cuisine, where taste and smell are determined by the right proportion of complementary ingredients.

The study day therefore aims to bring about a lively meeting with a rich texture between inspired people who are committed to a humane approach to psychological vulnerability, more specifically psychosis sensitivity.

For the content, an appeal was made to workers in the field who, based on their direct experience and expertise in the management of crises, illustrate what really helps.

For more information see <https://www.isps-netwerk-nederland-vlaanderen.nl/agenda/studiedagen-van-de-isps/>

Conference for the 50th anniversary of ISPS-Germany and 50th conference of ISPS-Germany!

TAGUNG ZUM 50 JÄHRIGEN JUBILÄUM DER ISPS-GERMANY

50. Tagung der ISPS-Germany

Do. 26.6. – Sa. 28.6.2025 im ZfP Reichenau

Themen: Psychosen-Psychotherapie, Soziotherapie der Psychosen, Gruppen-Psychotherapie, insbes. Ansätze aus Psychodynamik

Zentrum für Psychiatrie Reichenau (ZfP)

– Festsaal –

Feursteinstraße 55

78479 Reichenau

Further information



ISPS
LAUSANNE
2026

ISPS international congress
Back to the future inspired by pioneers
isps2026.com

Université de Lausanne
6-8 July 2026



THE INTERNATIONAL SOCIETY
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SAVE THE DATE!

The 24th International Conference of the ISPS

in Lausanne, Switzerland, 6th – 8th July 2026

“Back to the Future: Inspired by Pioneers”

In 1956 Christian Müller and Gaetano Benedetti founded the ISPS movement in Lausanne, opening wide the field of psychotherapeutic approaches to psychosis. 70 years later, we hope to keep up the pioneering attitude and welcome professionals, expert by experience and family members to this congress in Switzerland.

SAVE THE DATE AND CELEBRATE WITH US THE 70 YEARS OF THE ISPS

Today, we are still in need of political strength to implement psychosocial values for treating psychoses in all countries in the world. And we want to support pioneers of today who are building teams where experts by experience and family members work together with mental health professionals both in clinical settings and research projects.

We look forward to welcoming you to the ISPS International Congress 2026 in Lausanne next year.

Confirmed speakers include:

John Read (UK)

Jacqui Dillon (UK)

Courtenay Harding (USA)

Jan Olav Johannessen (Norway)

Luc Ciompi (Switzerland)

Dag Söderström (Switzerland)

Erik Thys (Belgium)

Dorothea von Haebler (Germany)

Pat McGorry (Australia)

Nev Jones (USA)

Kind regards on behalf of the organizing committee,

The Co-Congress Chairs

Dag Söderström

ISPS International

Executive Committee

Philippe Conus

ISPS Switzerland

Vice President

Call for Abstracts and Registration will open soon at

www.isps2026.com

Coming Soon!

ISPS Book Series

At the Heart of a Mad Movement

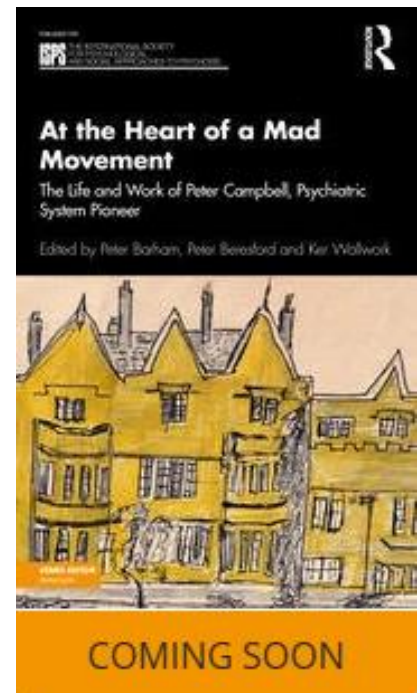
The Life and Work of Peter Campbell, Psychiatric System Pioneer

Edited By [Peter Barham](#), [Peter Beresford](#), [Ker Wallwork](#)

This book showcases and celebrates the writings of Peter Campbell, an activist, writer, educator, and a veteran survivor of the mental health system, conveying the variety and vitality of Campbell's accomplishments across the years from 1967 to 2022.

Diagnosed with severe psychosis and with a history of hospitalizations reaching back to 1967, Peter Campbell was an indefatigable critic of orthodox psychiatry and of many aspects of the mental health system. He was a founder and veteran of the groundbreaking psychiatric survivors' movement in 1980s and 1990s Britain. The diverse essays within this book cover topics such as seclusion, spiritual crisis, lived experience of psychosis, ECT and psychiatric drugs, and the survivor movement, together with a number of in-depth interviews, as well as other creative contributions such as dramatic scripts and satirical sketches. Brought together, these diverse creations are an eloquent testimony to the humanity, unflagging commitment and staying power of a hugely significant writer, innovator, commentator and critic.

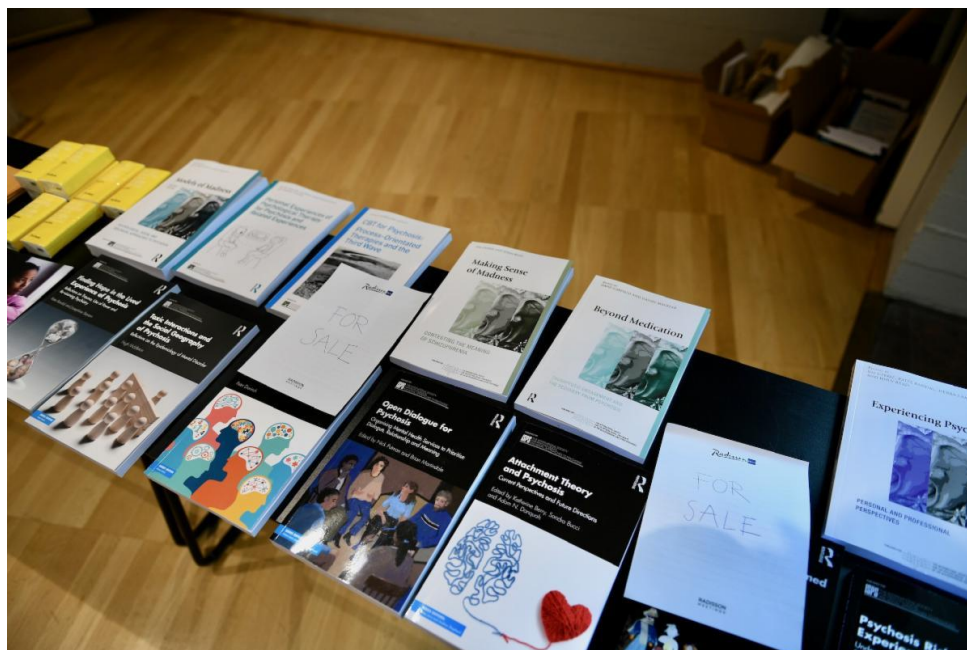
Written in Campbell's accessible and witty style, this will be an invaluable resource for practitioners in psychiatry and all disciplines, people with lived experience of psychosis and their relatives and carers, activists, and all concerned with distress and mental wellbeing.



Did you know that ISPS has its own Book Series?

VIEW SOME OF THE MOST RECENTLY PUBLISHED BOOKS [HERE](#)

View the full ISPS Book Series [HERE](#)



ISPS www.isps.org

