



Report Global Initiative on Psychiatry 2011

General

Global Initiative on Psychiatry (GIP) is an international not-for profit organization that seeks to promote humane, ethical and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms.

The foundation Global Initiative on Psychiatry (Hilversum, the Netherlands) was originally founded in 1980 in Paris as a temporary organization with the name International Association on Political Use of Psychiatry. However because the political abuse of psychiatry in countries such as the USSR and Romania continued, the temporary status became a more permanent one and by the time the abuses came to a halt the association had established itself as a legal entity at the Chamber of Commerce in Amsterdam. In 1993 the organization was re-registered as a foundation with the name Geneva Initiative on Psychiatry. At the occasion of its 25th anniversary, on February 1, 2005 the name changed from Geneva initiative on Psychiatry to Global Initiative on Psychiatry.

Starting in 2000, GIP established a number of daughter organizations that gradually took over part of the work from the Hilversum office. The ultimate goal was to establish independent legal entities, which was achieved in 2005. From that year onwards, GIP was comprised of a network of independent foundations located in The Netherlands (GIP-Hilversum), Bulgaria (GIP-Sofia), Georgia (GIP-Tbilisi), Lithuania (GIP-Vilnius) and the United Kingdom (GIP/Hamlet-UK). The foundations were independent, yet were linked together in a federative structure overseen by GIP's General Board. Each foundation generated its own annual financial report including an auditor's report. However, until the fall of 2011 GIP-Hilversum functioned as the headquarters of the organization and the board of GIP-Hilversum was identical to that of the Federation Council.

The year 2011: entering a new phase

The final turnaround came in November 2011, when the Federation Council decided to disconnect the Federation GIP from GIP-Hilversum. A new board for GIP-Hilversum was formed, the chairman of which became a member of the Federation Council (just like the chairpersons of the other federation members). By doing so, GIP-Hilversum was - at least technically equalized - with the other GIP offices and a new period started in which equal members form together a Federation GIP that will continue to promote ethical and human mental health across the globe. The full consequences of this change will be felt in the years to come, when GIP-Hilversum has adapted itself to this new role (among others by focusing more on mental health issues in The Netherlands itself next to the work in underdeveloped countries) and the Federation has acquired an independent financial base



and also has developed activities that do not compete with its members but can be considered complimentary.

In 2011, the global economic crisis continued to affect the functioning of GIP. Although a five-year grant from the Dutch Ministry of Development Aid for the period 2011-2015 provided a more reliable and steady financial base, the income from this project is not sufficient to cover the costs of running the office and thus the quest for new funding sources continued unabatedly. The second economic recession that started in late 2011 increased our fears that in the long run funding for mental health programs and development aid would be further reduced, thereby forcing us to consider once again our strategies and priorities.

Activities

The five-year project funded by the Dutch Ministry of Development Aid (MFS budget line) started in the beginning of 2011, in a consortium with WorldGranny and led by the Medical Committee Netherlands-Vietnam. The focal countries of this project are, alphabetically, Georgia, Laos, Sri Lanka, Tajikistan and Vietnam. By the end of 2011 in most of these countries activities were well under way, in three of them – Georgia, Sri Lanka and Tajikistan – building upon the many years of investment in the field of mental health care reform. The MFS project greatly enhanced our versatility in these countries, and in Georgia it wonderfully coincided with a complete reform of the mental health care services in the country initiated in the fall of 2011.

Also in other countries our work continued, in spite of the difficult financial situation. Our main focuses remained Mental Health and Human Rights (including issues related to prison mental health and forensic psychiatry), Community Mental Health, User & Relative Involvement, Intellectual Disability and Mental Health and HIV/AIDS.

Future outlooks

For the year 2012, the outlooks are diverse. As in 2011, the global economic crisis will continue to affect our work, yet at the same time a certain degree of financial stability will help us to look for alternative funding sources and funding strategies, preparing us for the period after the MFS grant has come to an end. Also, this relative stability will help us to implement the operational separation of GIP-Hilversum with the Federation GIP and develop a separate financial base for F-GIP. All in all, we remain optimistic and committed to the goals as worded in the mission and vision of our organization.

Robert van Voren,
Chief Executive
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