



## **Report Global Initiative on Psychiatry 2012**

### **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 25<sup>th</sup> 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. In November 2011, 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.

### **The year 2012**

The effect of this change became felt only in 2012, when the separation was not only a technical issue but also resulted in practical changes. GIP-Hilversum set up its own board, consisting of Dutch stakeholders, and the focus of the organization was broadened with the "new" perspective on mental health care development in The Netherlands itself. It is hoped that in the course of 2013 the first projects in this area will be funded, which will not only establish the organization in the Dutch mental health field, but also broaden the



financial basis, as a number of foundations that were hitherto inaccessible due to the fact that no activities were implemented outside the country, a situation that has now changed. The board of GIP-Hilversum consisted at the end of 2012 of five members; Mr. Clemens Huitink was succeeded at the end of 2012 by Drs. Jos A. Poelmann as Chairman of the board. Mr. Jan Schaart continued to function as Secretary/Treasurer of the organization.

Also in 2012 the global economic crisis severely affected 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. A third economic recession that announced itself at the end of 2012, heightened our fears that in the long run funding for mental health programs and development aid will be further reduced, and that the only way out of this predicament is to lower expenses, increase our versatility and to search for new sources of funding that are not as much related to the traditional donors. Also, we will need to continue to adapt our strategies and priorities.

### **Activities**

The above-mentioned five-year project funded by the Dutch Ministry of Development Aid (MFS budget line), which is implemented in a consortium with WorldGranny and led by the Medical Committee Netherlands-Vietnam, gathered steam in 2012 and the projects in the five countries concerned (Georgia, Laos, Sri Lanka, Tajikistan and Vietnam) produced their first outcomes. The MFS project not only enhanced our presence and efficacy in these countries, but also allows us to implement projects that have a longer start-up period and need more time to result in sustainability, thanks to the five-year time-frame of the program. On the other hand, the threat of developing services that are not able to achieve sustainability kept us alert and keen to avoid making the mistake of easing the focus on local sustainability.

In other countries our work continued, in spite of the difficult financial situation. We had several projects on the African continent (e.g. EU-financed projects in Zimbabwe and Sierra Leone) and new initiatives were under preparation in the former USSR, in particular in Ukraine. 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 2013, the outlooks are diverse. As in 2011 and 2012, 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 continue to put the operational separation of GIP-Hilversum from



the Federation Global Initiative on Psychiatry (FGIP) to effect and to develop a separate financial base for FGIP. 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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