



**Foundation
HUMAN RIGHTS IN MENTAL HEALTH-FGIP
Amsterdam - The Netherlands**

ANNUAL ACCOUNTS 2017

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CONCEPT

Annual report by the Board - 2017

1. Introduction

In front of you is the Annual Report of the Foundation Human Rights in Mental Health-FGIP covering the year 2017. The report first includes an overview of our goals, mission and vision and work carried out during the year, as well as information on the executive bodies of the organization, and is then followed by the financial accounts of 2017.

2. The goal and history of the organization

Human Rights in Mental Health – FGIP is an international federation of not-for-profit organizations that promote humane, ethical and effective mental health care throughout the world. The organization aims to empower people and help build improved and sustainable services that are not dependent on continued external support. The defense of human rights in mental health care delivery is the cornerstone of our work. We consider it our prime obligation to speak out whenever and wherever human rights abuses in mental health practice occur, and work with local partners to amend the situation and make sure the human rights violations in question are discontinued. The basis in all our activities is partnership.

Although Human Rights in Mental Health-FGIP was established as a new legal entity in 2010, the history of the organization goes back to 1980 when it started as a human rights organization with the goal to end the incarceration of dissidents in psychiatric hospitals under the name **International Association on the Political Use of Psychiatry (IAPUP)**. The information we received was often shocking, the treatment nothing less than torture and many of our “clients” stayed for many years under the most inhumane circumstances in psychiatric prisons. When the Berlin Wall came down at the end of the 1980s and all political prisoners were released, we discovered that the situation was much worse than we ever imagined. Hundreds of thousands of people remained locked up under inhumane conditions in psychiatric hospitals and ‘social care homes’, for the rest of their lives. Initially we focused our work exclusively on Central & Eastern Europe and the former Soviet Union. Renamed the **Geneva Initiative on Psychiatry (GIP)**, we started with small projects, setting up psychiatric associations, associations of psychiatric nurses, family organizations and eventually also consumer organizations. We trained mental health professionals, established day care programs and gradually a new approach to mental health care provision was developed: an approach that focused on trying to keep people in the community as much as possible. Gradually the projects became bigger and together with our partners in the target countries we received support from local and national authorities that agreed to cover regular expenses (such as water, gas, electricity, salaries). As a result of ten or fifteen years of hard work the landscape of mental health in many of the countries was changed fundamentally.

Starting in 2005, GIP – now renamed **Global Initiative on Psychiatry** - also focused on countries outside the region, in particular in Africa and South East Asia. In many of these countries the work is the same as what we did and continue to do in Central & Eastern Europe and the former Soviet Union. We help in integrating patients into society who were locked up in a psychiatric hospital for many years, and under very bad living conditions, or develop community mental health care services where no assistance has been available so far.

3. Vision and Mission

Every person in the world should have the opportunity to realize his or her full potential as a human being, notwithstanding personal vulnerabilities or life circumstances. Every society, accordingly, has a special obligation to establish a comprehensive, integrated system for providing ethical, humane and individualized treatment, care, and rehabilitation, and to counteract stigmatization of, and discrimination against, people with mental disorders or histories of mental health treatment. An enlightened services system promotes mutually respectful partnerships between persons who receive services and those who deliver them, protects the human rights of users and the ethical autonomy of service providers, and facilitates the engagement of users, families, and all other stakeholders in advocating for and achieving improvements in the quality of care.

Recognizing that these aspirations remain everywhere unfulfilled, and that the rights and needs of persons with mental disorders are particularly vulnerable to infringement and neglect, the mission of Human Rights in Mental Health-FGIP is 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.

4. Our work

Mental health care is a mirror of society. The more humane and civil a society, the more chance there is for a humane, user-oriented mental health care system in which human rights are respected and users and their carers collaborate in selecting and delivering services. However, a civil society does not automatically produce a humane and user-oriented mental health care system. In spite of the fact that a large portion of society is affected by mental health problems, users typically remain stigmatized, invisible, and often neglected, and as a result mental health services are often under-financed and under-rated. People with mental illness are often segregated -- psychologically and, in many cases, also physically and legally -- from the rest of society. In fact, a genuine commitment to improve treatment of people with mental disabilities may be the most revealing measure of progress in a modern society. A truly "civil" society elevates the position of all its most vulnerable citizens, serves the needs of persons with mental problems, provides adequate funding for mental health care, and assures that services are user-oriented -- in other words, the needs and wishes of those using the services are the central considerations in shaping policy and practice.

Mental health care has always been a low priority in most of the countries in the world. In many countries, mental patients were stashed away in large institutions outside the city, where people were ignored and, all too often, left to die. This mentality, which relegated mental patients to a sub-human status, and even branded relatives of the mentally ill, still pervades many societies. Much work needs to be done in this field, to change the image and position of persons with mental problems. This is a task that will take several decades to accomplish.

In many countries, the human rights of mental patients are violated on a massive scale. In many institutions, living conditions are appalling; methods of treatment are outdated; staff is underpaid and insufficiently educated and unable to deal with the patients' problems; abuses are rampant; and little hope exists that the care provided will help to bring persons with mental illness back to society. In short, becoming mentally ill is usually a life sentence to a form of exile or second-class citizenship.

Human Rights in Mental Health-FGIP is committed to achieving genuine improvements in mental health care and in respect for human rights, and believes that these improvements need to be achieved by opening doors, not closing them. We believe in building partnerships and finding ways to enable local leaders to embrace the need for correction themselves. This strategy of

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“operating in silence” is not necessarily contradicted or undermined by the activities of those who voice their criticisms more stridently and more openly.

5. Our activities in 2017

During 2017, FGIP continued its growth and managed a quickly increasing number of projects. Most of the work is done “on the road”, with only a small office space in The Netherlands, which is mainly used as storage of archival materials, financial and legal documents and related stuff. For the rest the office is a “virtual” one. FGIP has no paid staff, and both the Chief Executive and other collaborators to the work of FGIP are contracted for specific jobs e.g. translations, accompanying delegations or organization of site-visits. This contributes to maintaining a low overhead for FGIP.

Projects

In 2017 the number of projects continued to grow. Here we provide an overview of some of the main activities.

Jim Birley Scholarship

After a careful selection by the jury the 2017 Jim Birley Scholarship was awarded to María Esther Zeballos of the Association of Persons with Psychiatric Disabilities of Santa Cruz, Bolivia.

Site-visits

In 2017 several site-visits were organized by FGIP. A delegation from the Georgian Association for Mental Health traveled to Lithuania to visit mental health care services. Part of the time a delegation from Ukraine joined the site-visits, while the Ukrainians also traveled to the forensic psychiatric hospital in Rokiskis to see forensic psychiatric services in Lithuania. Later an Iranian delegation visited The Netherlands on a site-visit to see how the education system for mental health nurses has been organized in The Netherlands.

Conference of the European Council for Eating Disorders

In September 2017, FGIP organized the Vilnius Conference of the European Council for Eating Disorders. Some 150 delegates from 23 countries participated in the three day conference. Because rather few delegates from former Soviet republics participated in the conference, due to insufficient knowledge of English, it was decided to organize an eating disorder conference in 2018 with simultaneous translation English-Russian.

Round table meeting

In December 2017, FGIP together with the Christoffel Blinden Mission (CBM), organized a round table meeting in Amsterdam on the June 2016 report by, the United Nations Special Rapporteur on the right to health, Professor Dainius Pūras, and the UN Convention on the Rights of Persons with Disabilities.

In the report by Professor Dainius Pūras, he called for a fundamental change in mental health care around the world and urged states and psychiatrists to act with courage to reform a crisis-hit system built on outdated attitudes. In his report, Prof. Pūras said there was a “grossly unmet” need for rights-based care and support and that progress was being hindered by huge power imbalances in the systems currently used in policymaking, service provision, medical education and research.

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The report by Dainius Pūras was met with a wide range of reactions, ranging from very positive to outright negative. It follows the discussion on the implications of the UN Convention on the Rights of Persons with Disabilities (CRPD) and the consequences it has for mental health care delivery.

FGIP and CBM concluded that the report by Prof. Pūras could serve as a good basis for in-depth discussions on the future of mental health care delivery and the rights of person with mental illness, especially in developing countries where services are either non-existent or mostly institutional in nature. The 22 people invited to this meeting were all well-known and activists or experts, many with a consumer background, and representing virtually all continents. It was decided from the start that the overall goal was to have a positive, constructive discussion and sharing of views. No specific output was decided in advance for this meeting, but after discussion, it was agreed that a commonly agreed report, in addition to tweets/blogs could be released on the basis of non-attribution of specific comments and views and agreement of those present with the contents of the outputs. The format of the meeting was a report by the Special Rapporteur, followed by eight contributions of ten minutes each by a selected group of participants to facilitate the discussions. Ample time was left for discussion among the participants in the meeting.

Political abuse of psychiatry

In June 2017, FGIP published a report on the resumption of political abuse of psychiatry in former Soviet republics during the years 2012-2017. Since the disintegration of the Soviet Union there have been repeated reports of a renewed use of psychiatry for political purposes. In particular over the past few years the number of cases has increased rapidly, fostering fears that we might be looking at a resumption of political abuse of psychiatry as a systematic means of repression. Most of the more recent cases concern the Russian Federation, in particular in occupied Crimea where psychiatry is used as a means of repression against Crimean Tatar activists. Also cases are reported from Kazakhstan and Uzbekistan.

Georgia: assessment of privatization

In 2017, a team of experts carried out an assessment of the privatization of psychiatric hospitals in Georgia. At the end of 2016, two psychiatric hospitals had been privatized, including the only forensic psychiatric facility in the country. Seven more hospitals were on the list to be privatized as well, reason for FGIP to carry out a careful assessment of the way in which the privatization had been carried out. In September at a round table meeting at Ilia State University the report was discussed by all stakeholders, including the relevant government officials.

In their assessment, the team of experts wanted to scrutinize in detail the opportunities and risks of privatization, understand the key drivers and considerations of the private investor's business case, assess the issue of sustainability and what mechanisms would ensure good governance of the privatized institutions. They were also very keen to establish the plans of managers and the owner to improve the quality of care and to ensure that the rights of the patients are respected.

The team concluded that it was unclear what the goals were for privatization and how this would contribute to the implementation of the National Concept on Mental Health and National Strategy. The privatization process seemed rushed and carried out without any consultation with stakeholders. There was no open call and no predefined qualifications or experience required of potential investors, and no uniformity in the format of the two privatizations. There is no certainty in terms of the long-term planning of services and their financial sustainability. The investor's business case remains unclear.

The team concluded that privatization must come with clear expected standards on the quality of care, patient safety and aspects of human rights. A State monitoring body of qualified officials

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must make regular inspections, both announced and unannounced and there must be regular external monitoring, e.g. through a Societal council and/or a patient's council. None of this currently exists and must be introduced as quickly as possible. Particular attention must be paid to forensic mental health and compulsory treatment units. A monopoly on care should be avoided at all cost. In the case of forensic psychiatric care this implies that at least one other facility should be opened.

The team recommended that all future privatizations should follow a process whereby potential bidders must demonstrate that they meet specific criteria to qualify for the tendering outline their business models and long term plans to develop services. It concluded that it was important to suspend the process of privatization until all the important preconditions and an adequate legal framework are in place. This should include a detailed list of requirements and specify sanctions that will follow in the case of non-compliance. Adequate governmental and non-governmental control mechanisms are essential, including the development of societal and patient councils and a mechanism for patients to submit complaints when they feel their rights have been violated.

Domestic Violence Georgia

Over the years, FGIP has invested considerably in helping set up services for women and children in IDP communities who fell victim to domestic violence and sexual abuse. Staff was trained in Gori, self-help teams were set up, training programs for aid workers were developed and leaflets were produced for the community. Also in 2017 our project to provide expert advice to the teams continued.

Ukraine: assessments of mental health care services

In 2017, FGIP continued its work to assess important sectors of mental health care services in Ukraine. The assessment visits were carried out under the auspices of the Ombudsman for Human Rights of the Verkhovna Rada, which allowed us unrestricted access to facilities. Furthermore, working with the Ombudsman's Office allowed us to visit institution unannounced, which very much increased our ability to assess the real state of affairs.

The report on social care homes was published and printed in English and Ukrainian, and presented on February 24, 2017 at the Office of the Ombudsman for Human Rights in Kyiv. Apart from the report we also showed a 23-minute film with interviews of inhabitants of the social care homes which we visited, to underline the fact that these are people who should not be locked up in a closed institution but be part of society.

Following the presentation of the report, discussions were held with the Ministry of Social Affairs, on basis of which it was decided to pilot a project in two provinces, in which the front doors of the institutions are closed and alternative services are developed, thereby gradually introducing a de-institutionalization program. A project proposal to that effect was submitted to the European Commission, together with the Lithuanian member organization of FGIP, Mental Health Perspectives, and was subsequently awarded with a grant. On June 30, 2017, the outcome of the assessment was discussed at a round table meeting at the Dutch Embassy in Kyiv in the presence of representatives of Ukrainian official institutions, foreign embassies and international aid organizations.

The report on the assessment visit regarding prison mental health was presented at the Office of the Ombudsman for Human Rights in Kyiv on October 13, 2017, a bit later than planned due to the intermediate summer period. Some 30 persons from relevant Ukrainian Ministries, the Procuracy, foreign representatives and other stakeholders attended the presentation of the report, which was printed in 250 copies in both English and Ukrainian.

6. Donors

Mental Health in Human Rights-FGIP is a non-endowed, project-based foundation. In the interests of the people we serve, we seek to keep its operating budget low, while simultaneously ensuring the quality of its operations. Because we do not currently have an endowment, we are dependent on charitable donations and project funds.

7. Financial policy

FGIP is a project based organization that operates almost exclusively on basis of project funding. Part of the budget is covered by private donations, which are either earmarked for a concrete purpose or can be used for general expenses. FGIP has a detailed financial mechanism that is clearly worded on the Quality Service manual (QSM) of the organization, which was updated again in 2018.

8. Mitigating risks and uncertainties

FGIP is operating in a quickly changing world, where traditional donors or donor communities change, and the priorities of yesterday are no longer valid. FGIP is very much aware of this and has created the organization in such a way that the main risks can be mitigated. The organization is now functioning without salaried staff, but only with personnel hired on a contract basis or consultants who have been contracted for specific tasks. A sizeable part of the work is done with volunteers. Also, the overheads of the organization are kept as low as possible, e.g. by now having a permanent office but rather by working out of a residential home. Projects are implemented with concrete budgets, and risks are avoided as much as is possible. If the organization needs to scale down its work due to decreased funding it will not be difficult to do so.

9. Operational budget

The operational budget of FGIP was approved by the Board during its session in November 2016 and includes all basis expenses e.g. personnel (on contract basis), meetings of board and Executive Committee, financial administration and auditing, office expenses and the website. The operational budget was in size not more than 15% of the 2017 turnover.

10. Board

The Board of the Foundation has confirmed the financial accounts on 18 April 2016

In 2017 the Board of FGIP consisted of the following persons:

Name		Date Joined Board	Term Ending
Chairman			
Graham Thornicroft	UK	November 2012	2016 (1)
Past-chairman			
Benedetto Saraceno	IT	March 2010	2018 (2)
Secretary:			

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John Bowis UK November 2009 2017 (2)

Treasurer:

Hans 's Gravesande NL October 2015 2019 (1)

Members:

David Gzirishvili GEO January 2012 2019 (2)

Melvyn Freeman SA November 2009 2017 (2)

M. Ganesan SL November 2009 2017 (2)

Jos Poelmann NL November 2013 2017 (1)

Maria Varniene LT November 2013 2017 (1)

Borislav Milev BG November 2014 2018 (1)

The FGIP Statutes indicate that each Board member is elected for a four-year term, with a possible extension of a second 4-year term.

The Chairman serves 4 years, with a possible extension of four years, to be followed by an automatic four-year term as Past-Chairman.

The Board members and the dates each joined the Board are listed below.

Robert Van Voren functions as Chief Executive and attends the board-meetings because of his function. The same counts for the directors of the members of the federation. However, they have voting rights only when their dues have been paid, unless this requirement has been waived temporarily. On behalf of the Board of Human Rights in Mental Health-FGIP,

Prof. G.J. Thornicroft, Chairman

8 June 2018

Balans Sheet At 31 December 2017

(x €1)

	Reference	31-12-2017	31-12-2016
		€	€
CURRENT ASSETS			
Receivables and prepaid expenses	1	6.896	5.000
Cash at bank en in hand	2	21.917	71.448
Cash in transit		127	2.000
		28.940	78.448
LIABILITIES			
Reserves and funds			
Continuity reserves	3	20.442	71.150
Appropriated reserves		0	0
Destination funds		5.098	5.098
		25.540	76.248
Current liabilities			
Accrued expenses	4	3.400	2.200
		28.940	78.448

Statement of Income and Expenditure in 2017

(x €1)

	Reference	2017	2016
		€	€
Income from direct fundraising	5	298.967	322.854
Income from investments and bank interest	5	107	138
TOTAL INCOME		299.074	322.992
COSTS			
Various projects		298.671	229.555
Other expenses (designated funds)		7.476	0
Spent on target	6	306.147	229.555
Recruitment benefits:			
Costs own fundraising	6	4.425	16.489
Costs of investments and bank charges		474	582
		4.899	17.071
Others cost			
Accountants costs	6	3.093	2.777
Costs of management and administration		10.790	1.000
Office costs		4.089	10.110
Contributions		3.229	1.258
Porto		236	231
Travel cost		714	14.605
Board and EC meetings		6.018	
General costs		10.567	8.741
TOTAL EXPENSES		38.736	38.772
Operating result		-/- 50.708	37.644
Appropriation:			
	3		
Entry / exit (- / -) to :			
Continuity reserves		-/- 50.708	32.546
Appropriated reserves		0	0
Destination funds		0	5.098
		-/- 50.708	37.644

CASH FLOW STATEMENT 2017

(x €1)

	2017
Cashflow from operational activities	
Operating results	-/- 50.708
<i>Adjustments for:</i>	
Depreciation	-/- 1.896
<i>Changes in working capital:</i>	
Receivables and prepaid expenses	1.200
Cash in transit	1.873
Cashflow from operational activities	-/- 49.531
Cash:	
Balance January 1	71.448
Balances December 31	21.917
Distance, increase funds respectively	-/- 49.531

General principles

1. General

1.1. Annual report

The financial statements are drawn up in accordance with the provisions of guideline 650 Fundraising Institutions and the Dutch Accounting Standards as published by the Dutch Accounting Standard Board.

2. Principles for the valuation of assets and liabilities

2.1. Comparison with previous year

The valuation principles and method of determining the result are the same as those used in the previous year, with the exception of the changes in accounting policies as set out in the relevant sections.

2.2. General

Assets and liabilities are generally valued at historical cost or at fair value at the time of acquisition. If no specific valuation principle has been stated, valuation is at historical cost.

2.3. Transactions, receivables and liabilities

Transactions in foreign currencies are stated in the financial statements at the exchange rate of the functional currency on the transaction date.

2.4 Cash at banks and in hand

Cash at banks and in hand represent cash in hand, bank balances and deposits with terms of less than twelve months. Overdrafts at banks are recognised as part of debts to lending institutions under current liabilities. Cash at banks and in hand is valued at nominal value.

2.6. Reserves and funds

The **continuity reserve** has been formed to ensure continuity in the event of (temporary) stagnation of income and amounts to about 1 times the annual commitments of the The restriction on spending of the reserve is determined by the Board and not a liability. The board may cancel this restriction itself.

Destination Funds concern the resources obtained with a specific destination specified by third parties.

Additions to and withdrawals from reserves and funds are made by means of result .

Expenditures for which purpose reserve or a designated fund is formed as an expense in the statement of income and expenses recognized.

Explanation to the balance

31-12-2017 31-12-2016

<u>Ref.</u>	€	€	
1 Receivables and prepaid expenses			
interest savings	0	0	
Other receivables	6.896	5.000	
	6.896	5.000	
2 Liquid assets			
Banks	21.917	71.448	
Cash in transit	127	2.000	
	22.044	73.448	
The cash is disposable			
3 Reserves and funds	31-12-2016	2017	31-12-2017
	€	€	€
Continuity reserve	71.150	-/- 50.708	20.442
Appropriated reserves	0	0	0
FUND	5.098	0	5.098
Destination Funds	5.098	0	5.098
Total Reserves and funds	76.248	-/- 50.708	25.540
	31-12-2017	31-12-2016	
	€	€	
4 Current liabilities			
Accrued expenses	3.400	2.200	
	3.400	2.200	

Notes to the Statement of Income and Expenses

	2017	2016
	€	€
5 BENEFITS		
Various projects	298.967	322.854
Other income (designated funds)		
General gifts		
Income from direct fundraising	298.967	322.854
Income from investments (interest)		
Interest savings	107	138
TOTAL INCOME	299.074	322.992
6 COSTS		
Various projects	298.671	229.555
Other expenses (designated funds)	7.476	0
Spent on target	306.147	229.555
Costs own fundraising	4.425	16.489
Cost of investments and bank charges	474	582
Accountants costs	3.093	2.777
Costs of management and administration	10.790	1.000
Office costs	4.089	10.110
Contributions	3.229	1.258
Porto	236	231
Travel cost	714	14.605
Board and EC meetings	6.018	
General costs	10.567	8.741
TOTAL EXPENSES	43.635	38.722
Result	-/- 50.708	37.644

Accountant's compilation report

To: Foundation human Rights in Metal Health-FGIP
Amsterdam

The financial statements of Foundation human Rights in Metal Health-FGIP at Amsterdam have been compiled by us using the information provided by you. The financial statements comprise the balance sheet as at 31 December 2017 and the profit and loss account for the year 2017 with the accompanying explanatory notes. These notes include a summary of the accounting policies which have been applied.

This compilation engagement has been performed by us in accordance with Dutch law, including the Dutch Standard 4410, 'Compilation engagements', which is applicable to accountants. The standard requires us to assist you in the preparation and presentation of the financial statements in accordance with general accepted reporting principles and according to Guidance 650 for fundraising institutions of the Raad voor de Jaarverslaggeving. To this end we have applied our professional expertise in accounting and financial reporting.

In a compilation engagement, you are responsible for ensuring that you provide us with all relevant information and that this information is correct. Therefore, we have conducted our work, in accordance with the applicable regulations, on the assumption that you have fulfilled your responsibility. To conclude our work, we have read the financial statements as a whole to consider whether the financial statements as presented correspond with our understanding of Foundation human Rights in Metal Health-FGIP. We have not performed any audit or review procedures which would enable us to express an opinion or a conclusion as to the fair presentation of the financial statements.

During this engagement we have complied with the relevant ethical requirements prescribed by the 'Verordening Gedrags- en Beroepsregels Accountants' (VGBA, Dutch Code of Ethics). You and other users of these financial statements may therefore assume that we have conducted the engagement in a professional, competent and objective manner and with due care and integrity and that we will treat all information provided to us as confidential.

For further information on the nature and scope of a compilation engagement and the VGBA we refer you to www.nba.nl/uitleg-samenstellingsverklaring.

Hoogland, 8 June 2018

H.J. Scherrenberg
Accountant-Administratieconsulent