



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

ANNUAL ACCOUNTS 2019

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Annual report by the Board - 2019

Introduction

In front of you is the Annual Report of the Foundation Human Rights in Mental Health-FGIP covering the year 2019. 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 2019.

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 –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.

In 2011, the Federation Global Initiative on Psychiatry was established as an independent legal entity and took the name Human Rights in Mental Health-FGIP. It now functions as the umbrella organization of the various independent FGIP member organizations in Bulgaria, Georgia, Lithuania and in The Netherlands. In 2019 also FGIP-Sri Lanka was added to the federation.

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

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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.

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

Our activities in 2019

Projects

The year 2019 was a complicated year in the existence of the organization. Due to a variety of unforeseen circumstances and setbacks we faced repeated financial hardships and had to cut expenses where possible. In the end we managed to maintain the organization and end the year with some financial loss and a reduced annual turnover, but also with the outlook towards a much better 2020. In 2019 most of the operations have focused on Ukraine and Sri Lanka, however, we also worked in several other

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countries, e.g. Georgia and the Russian Federation. In our report we only focus on the main project activities.

Sri Lanka

In 2017 FGIP was invited to partner in a large-scale intervention by the government of Sri Lanka to upgrade hospital infrastructure in the Northern Province (NP) by investing in renewing and expanding capacity, both in inpatient and outpatient healthcare, in two district general hospitals and two base hospitals in the NP. The project was finally approved in October 2018.

The role of FGIP is to develop within that context community based mental health care services, train mental health professionals and establish a specialized psychotrauma center adjacent to a physical rehabilitation center for victims of the civil war. The project last for three years.

Preparatory work on the project started in September 2018. However, in the course October a political crisis emerged in Sri Lanka, and eventually the decision was taken to suspend the FGIP activities in March 2019. Only in September Rob Keukens and Robert van Voren traveled to Sri Lanka for meetings to discuss the project objectives and how the project could be started again. In general terms, 2019 was by and large a lost year for this project which had a considerable effect on the turnover of FGIP in 2019.

Ukraine

EU-projects

Since 2018 FGIP is a partner in two large EU projects focusing on Ukraine. One of the projects focuses on trauma care and the role of FGIP is to monitor human rights in closed institutions and to assist in developing a simplified version of the Istanbul Protocol. The second project also focuses on social care homes and contributes to the development of alternative services in the provinces of Donetsk and Poltava.

Site-visit Olena Protsenko

In February 2019, Olena Protsenko visited The Netherlands for three days to see community mental health care services. Olena is working for the Helsinki Committee in Ukraine and very much involved in representing clients residing in social care homes in court. In July she left for studies in the United States and is now supported by Richard Bonnie in Charlottesville (GIP-USA).

Site-visit Kyiv municipality

In June 2019, a six-person delegation from Kyiv visited The Netherlands for three days on a site-visit to community mental health care services in The Netherlands. The delegation consisted of the former head of the department of social affairs of Kyiv municipality (and now a member of the municipal council), the deputy head of the department for social affairs, three directors of social care homes and the director of the Institute of Psychiatry. The group visited facilities in four municipalities, including a psychiatric hospital setting, protected living environments, day centers, a night center and a restaurant run by people with mental health problems.

Kyiv is moving ahead with the plans Agreed upon with FGIP and is currently developing two transition departments (Svyatoshinsky social care home) and two protected living environments for 20 clients each. The building should have commenced in August 2019 and was to be finished before the end of the year. However, due to personnel changes at the Kyiv municipality implementation of the plan was postponed.

In addition, three Dutch mental health organizations are interested in developing formalized relations with Kyiv to assist in the transformation process. This will greatly enhance our possibilities to support the reforms that are planned, and to train staff of the newly developed facilities.

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Assessment tool for social care home clients

During the first six months of 2019, an expert team worked on developing an instrument that can be used in Ukraine to assess the possible level of rehabilitation for social care home clients. The instrument will be piloted in the Svyatoshinsky social care home in Kyiv, and then fine-tuned for use throughout Ukraine by the Ministry of Social Policy.

Forensic psychiatry site visit

In April 2019, two procurators of the General Procuracy of Ukraine, together with the chief psychiatrist of the Ukrainian penitentiary service, visited Lithuania to see how a Soviet psychiatric hospital had been transformed into a modern European forensic psychiatric facility. This project, which was commenced by FGIP in 2003, resulted in a three-security-level hospital with extensive rehabilitation facilities that can be a model for Ukraine. The visit was organized because the General Procuracy in Ukraine was extremely critical of developments in this field and would like to facilitate a pilot in one of Ukraine's provinces where such an institution could be developed.

Throughout the year the situation in Ukrainian forensic psychiatry remained critical. The Acting Minister of Health sidelined our 2015 plan, which was initially accepted by the Ministry. Instead, the process was started to close down the only high-level forensic psychiatric facility in the country (Dnepropetrovsk/Dnipro SPH). The director of the institution declared himself ill in order to avoid being dismissed (but was eventually kicked out in early June), and since the hospital is basically run by a 75-year old female psychiatrist who has worked at the hospital for the past 50 years and is convinced that the dissidents who were hospitalized there in Soviet times were in fact all mentally ill.

Prison mental health

In the field of prison mental health significant progress was made in 2019. The new chief psychiatrist of the forensic psychiatric service, Tetyana Dergach, developed a reform plan with the goal to establish small prison mental health units throughout the country. In early October a delegation of Dutch, Lithuanian and British experts visited Ukraine to assess the current prison mental health services and make recommendations how to reform the system. The report on that trip was published in November and led to a MoU with the Ministry of Justice to start the reform process.

Institute of Psychiatry

Over the past two years, the Ministry of Health put increasing pressure on its own Institute of Psychiatry with the goal to close it down. The reasons for this are personal and complicated, and although the Institute was severely affected by these measures it remained open. However, after the summer of 2019, the former Director Iryna Pinchuk managed to negotiate with the Shevchenko National University in the capital to establish an academic base there. In October that process was completed and the Institute of Psychiatry became officially part of the university. Most of the staff of the previous ministerial institute was re-hired, most of them young professionals and many of them refugees from Donetsk region. Renovations started to provide the Institute with a clinical base. One of the first departments to open its doors is a center for eating disorders under leadership of two young professionals who were trained by the eating disorder center in Vilnius. Both attended the Paris conference of the European Council for Eating Disorders in September 2019, made possible by FGIP.

Fourth Andrei Sakharov Commemorative Concert

On December 14, 2019, commemorating the 30th anniversary of Sakharov's death, a classical concert was again be organized in Odessa in the Odessa National Opera with Aleksei Botvinov as soloist. All the members of the audience received a copy of the book "The importance of Andrei Sakharov today", in which some fifteen authors, politicians, human rights activists and political explain in a short essay what

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importance Andrei Sakharov has today – to them personally, to science, to human rights and to society in general.

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.

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 will be further updated again in 2018.

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.

Operational budget

The operational budget of FGIP was approved by the Board during its session in November 2018 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 2019 turnover.

Board

The Board of the Foundation has confirmed the financial accounts on June 26, 2019

In 2019 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:			
Vanessa Cameron	UK	November 2016	2020 (1)

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Past Secretary:

John Bowis	UK	November 2009	2021	(3)
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Treasurer:

Hans 's Gravesande	NL	October 2015	2019	(1)
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Members:

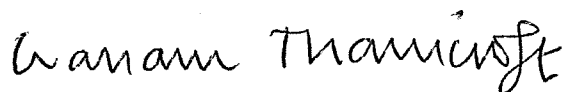
Davit Gzirishvili	GEO	January 1, 2012	2019	(2)
Jos Poelmann	NL	November 2013	2021	(2)
Maria Varniene	LT	November 2013	2021	(2)
Borislav Milev	BG	November 2014	2022	(2)
Marianne Schultze	A	November 2018	2022	(1)
Charlene Sunkel	SA	November 2016	2020	(1)
George Szmukler	UK	November 2016	2020	(1)
Shehan Williams	SK	November 2018	2022	(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

26 June 2020

Balance Sheet At 31 December 2019

(x € 1)

	Reference	31-12-2019	31-12-2018
		€	€
CURRENT ASSETS			
Receivables and prepaid expenses	1	5.000	5.000
Cash at bank and in hand	2	13.779	26.088
Cash in transit		1.000	0
		19.779	31.088
LIABILITIES			
Reserves and funds			
Continuity reserves	3	17.579	19.061
Appropriated reserves		0	0
Destination funds		0	0
		17.579	19.061
Current liabilities			
Accrued expenses	4	2.200	12.027
		19.779	31.088

Statement of Income and Expenditure in 2019

(x € 1)

	Reference	2019	2018
		€	€
Income from direct fundraising	5	232.176	351.030
Income from investments and bank interest	5	0	6
TOTAL INCOME		232.176	351.036
COSTS			
Various projects		185.865	296.819
Other expenses (designated funds)		4.578	5.270
Spent on target	6	190.443	302.089
Recruitment benefits:			
Costs own fundraising	6	5.590	3.841
Costs of investments and bank charges		768	1.002
		6.358	4.843
Others cost			
Accountants costs	6	518	2.505
Costs of management and administration		23.181	17.969
Office costs		2.610	5.241
Contributions		1.518	3.711
Postage		507	495
Travel cost		236	355
Board and EC meetings		4.330	4.749
General costs		3.957	15.558
TOTAL EXPENSES		36.857	50.583
Operating result		-/- 1.482	-/- 6.479
Appropriation:			
	3		
Entry / exit (- / -) to :			
Continuity reserves		-/- 1.482	-/- 6.479
Appropriated reserves		0	0
Destination funds		0	0
		-/- 1.482	-/- 6.479

CASH FLOW STATEMENT 2019

(x € 1)

	2019
Cashflow from operational activities	
Operating results	-/- 1.482
<i>Adjustments for:</i>	
Depreciation	0
<i>Changes in working capital:</i>	
Receivables and prepaid expenses	-9.827
Cash in transit	-1.000
Cashflow from operational activities	-12.309
Cash:	
Balance January 1	26.088
Balance December 31	13.779
Distance, increase funds respectively	12.309

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

	31-12-2019	31-12-2018	
	€	€	
Ref.			
1 Receivables and prepaid expenses			
Interest savings	0	0	
Other receivables	5.000	5.000	
	5.000	5.000	
2 Liquid assets			
Banks	13.779	26.088	
Cash in transit	1.000	0	
	14.779	26.088	
The cash is disposable			
3 Reserves and funds	31-12-2019	2019	31-12-2018
	€	€	€
Continuity reserve	17.579	-/- 1.482	19.061
Appropriated reserves	0	0	0
FUND	0	0	0
Destination Funds	0	0	0
Total Reserves and funds	17.579	-/- 1.482	19.061
	31-12-2019	31-12-2018	
	€	€	
4 Current liabilities			
Accrued expenses	2.200	12.027	
	2.200	12.027	

Notes to the Statement of Income and Expenses

	2019	2018
	€	€
5 BENEFITS		
Donations from private persons	24.439	19.603
Income from governmental subsidies	55.586	0
Income from connected organizations	4.800	0
Income from other charitable organizations	106.726	0
Income from consultancy fees and other deliverables	39.156	0
Other income micellaneous	1.469	0
Earmarked	0	331.427
General gifts	0	0
Income from direct fundraising	232.176	351.030
Income from investments (interest)		
Interest savings	0	6
TOTAL INCOME	232.176	351.036
6 COSTS		
Various projects	185.865	296.819
Other expenses (designated funds)	4.578	5.270
Spent on target	190.443	302.089
Costs own fundraising	5.590	3.841
Cost of investments and bank charges	768	1.002
Accountants costs	518	2.505
Costs of management and administration	23.181	17.969
Office costs	2.610	5.241
Contributions	1.518	3.711
Postage	507	495
Travel cost	236	355
Board and EC meetings	4.330	4.749
General costs	3.957	15.558
TOTAL EXPENSES	36.857	50.583
Result	-/- 1.482	-/- 6.479

Accountant's compilation report

To: Foundation Human Rights in Mental 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 2019 and the profit and loss account for the year 2019 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, 27 June 2020

H.J. Scherrenberg
Accountant-Administratieconsulent

OPERATIONAL BUDGET 31-12-2020 EXPENSES

description	unit	cost/unit	2020 no. units	total cost
Human resources				
Chief Executive salary	month	2.500	12	30.000
Financial administrator (contract base)	month	850	12	10.200
Vorwerk	lumpsum	5.000	1	5.000
Operational expenses				
Operational budget Chief Executive	month	1.200	12	14.400
EC meeting	lumpsum	6.000	1	6.000
International travel	month	1.000	12	12.000
Office expenses	month	750	12	9.000
Bookkeeping on line	month	100	12	1.200
Euventures	month	99	12	1.188
Project related costs				
Publications				
Promotional materials	lumpsum	4.000	1	4.000
Website	month	100	12	1.200
				94.188

INCOME

Human resources				
EU project with GIP-Vilnius		825	12	9.900
EU project with Georgia/Armenia		750	4	3.000
Project Sri Lanka		5.040	12	60.480
Membership dues				
Membership Federation fee		1.200	5	6.000
Operational expenses				
EU project with GIP-Vilnius		0	0	0
EU project with Georgia/Armenia		0	0	0
Project related costs				
EU project with GIP-Vilnius				
EU project with Georgia/Armenia		175	4	700
Project Sri Lanka		1.500	12	18.000
				98.080