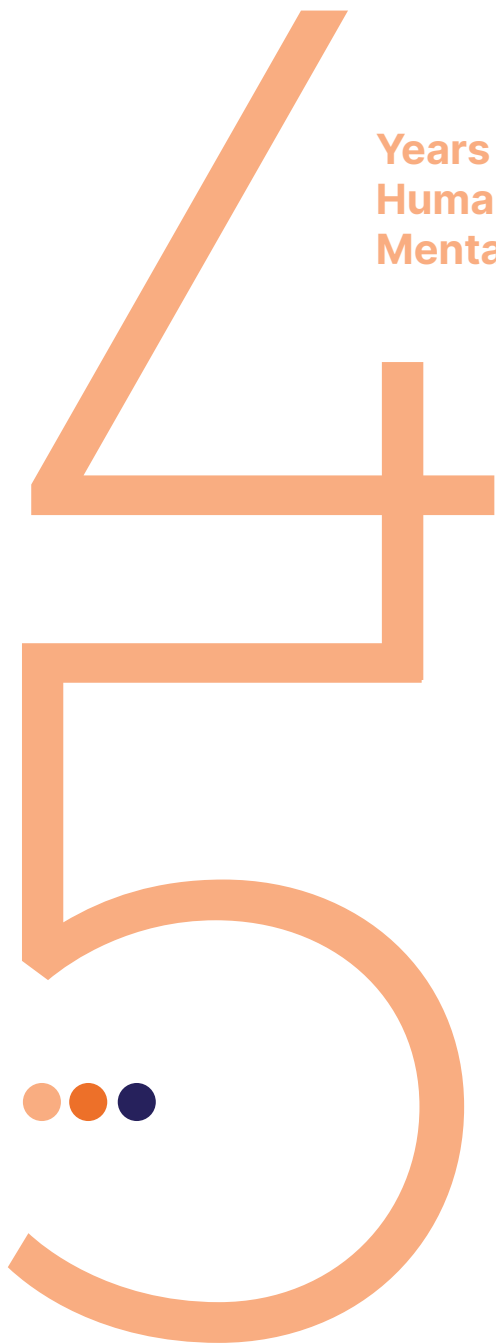


# 45

**Years of  
Human Rights in  
Mental Health**





# Years of Human Rights in Mental Health

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# INTRODUCTION

On 14 June 2024, Federation Global Initiative on Psychiatry (FGIP) Board members and directors of the FGIP national member organizations participated in a strategy-focused meeting in Haarlem, the Netherlands. The gloomy weather did not disturb the bright moods of the participants, all of whom felt as if reuniting with their family rather than colleagues, no wonder the sign outside the conference room read “FGIP Family Meeting ‘24, welcome!”

While it has become popular to think of any workplace calling itself ‘a family’ as toxic, it quickly became clear that FGIP reimagines the deeply personal word in a professional backdrop. It emphasizes common purpose, which often reflects the personal interests of all involved, and strong interpersonal relationships, where each person’s emotional expressions are addressed, rather than ignored. Many employees were friends before working together, or have become close friends after becoming colleagues first. While such family-type relationships may result in blurring lines between work and personal life, it also leads to a much-trusted support system within your workplace. And a great deal of inside jokes.

Indeed, the FGIP crowd knows how to joke and party as well as they know how to get work done. The afternoon meeting focused on growth, expansion and fundraising strategy for FGIP’s future – a future, which gradually has to let go of its leader and co-founder Robert van Voren, who confirmed his retirement would take place in 2030. The inexplicable mood of profound respect and a particular grievance of this future was the defining characteristic not only of the meeting, but also of my first introduction to the FGIP family.



The meeting commenced with an update from strategist Anna Rottenecker on the fundraising strategy preparation processes as well as an overview of the most pressing issues within the organization that need to be considered in the effort of creating a sustainable and long-term financial strategy. The key problems were identified in the fields of communication, organizational identity and funding. Anna emphasized lack of clarity on the definitions of core and institutional funding, missing focus on fixed costs coverage, weak promotion of core values and uniqueness of the organization, outdated vision and mission statements, poor condition of the website and a lack of communication on the role and purpose of FGIP member organizations.

With the goal to solve these issues, several meetings discussing the possible solutions to these issues led to the development and conceptualization of an FGIP-wide organizational strategy for 2025-2030 with a very strong emphasis on the core purpose and value of the organization, which also happens to be its current official title – “Human Rights in Mental Health - FGIP.”

Board member Florian Irminger then took over to provide a brief overview of the FGIP Draft Strategy 2024-2030 document which included updated mission and vision statements. According to Florian, the document is intended for those who have a strong interest in FGIP as well as its employees and board members, and states the ambition of where the organization desires to be in 2030. It is written in clear and accessible language, purposefully lacking footnotes. It describes that FGIP works in contexts where societies are ill-equipped to provide space for mental health concerns. Moreover, the strategy describes

the relationship between FGIP and its member organizations, emphasizing that even if the national counterparts are not homogenous, the purposes for which they work *are*. Therefore, the new strategy underlines the commitment of the umbrella organization – FGIP – to build up its national institutions and reinforce the structures of knowledge.

While complements were overflowing, some board members expressed concern about the new strategy, mainly due to it heading the organization towards more structured activities which may not be as easily implemented in some contexts as under-the-radar actions that have been highly successful in the past. The board agreed that certain flexibility for this purpose must be allowed as it gives way for effective response in times of crises, but structure which complies with governmental regulations is also necessary.

What followed next was a statement by the Chief Executive of FGIP Robert van Voren on his plan to retire from his position by 2030, who at that point will have spent 50 years with the organization. A wave of concern caught the conference room off guard: what do we do? Many agreed that the role FGIP has played historically and in contemporary context is a direct indication of the work that Robert has put in, leading to general concerns on the necessity to put in the foundational work to carry out his offboarding in a manner that would ensure sustainability and independence for the organization to continue its work. FGIP will have to create itself an identity of a strong NGO on its own, not just in affiliation to Robert as a person.

The board concluded that FGIP has always been excellent at not following any strategy and will continue working where it will be most needed by adapting to the context which requires it – be it in public or in the shadows. Nevertheless, the strategy will be crucial to convince outsiders of the credibility of the organization when Robert van Voren is not there to do so himself.

At this point, to me as a complete newbie to the organization, FGIP sounded like both an unstructured activist group, and a legally bound institution. So which is it? Turns out, it combines a little bit of both. It does, indeed, have a rich history and has been working for over 45 years to create a stable foundation for human rights in psychiatry, sometimes doing it under-the-radar, and sometimes creating fully regulated institutional reforms. This report aims to introduce an outsider (who finds themselves in the same confusing place as I did myself in Haarlem) to the inner workings, achievements and challenges of the Federation Global Initiative on Psychiatry, at the same time recognizing the mountainous work that has been put in by its long-standing employees and partners. The report provides a short history of FGIP and the context in which it operates, as well as a number of testimonials and an exclusive perspective on ambitions for the future of the organization.



# THE HISTORY AND PURPOSE OF FEDERATION GLOBAL INITIATIVE ON PSYCHIATRY



**It was an exciting and distressing time filled with frustrations, fear, and some success. But we all knew that we were working on something incredibly important.**

*Ellen Mercer*

## **International Association on the Political Use of Psychiatry (1980–1989)**

### **SETTING THE CONTEXT**

In 1950, psychiatrists across the globe determined it was crucial to have a global forum for psychiatric congresses and created the Association for the Organization of World Congresses of Psychiatry. In about 11 years, the **World Psychiatric Association (WPA)** was established to take over the responsibility and became a global forum for collaborative work in all areas of psychiatry. Its members consisted of national associations which united psychiatrists and other specialists in related fields. Among its members – the **Soviet All-Union Society of Neurologists and Psychiatrists**.

Under Leonid Brezhnev in the late 1960s and 1970s, the Union of Soviet Socialist Republics (USSR), began to systematically abuse



psychiatry to rid itself of the influence of dissenters. This included extreme measures to silence any political opposition. By the mid-1970s, there were about 5,000 known political and religious prisoners across the Soviet Union, about a third of whom were deemed mentally unfit and kept in asylums due to expressed opposition to the ruling authorities' oppressive policies.

The Soviet mental health 'expert' prof. Andrei Snezhnevsky came up with a number of diseases which would allow to separate dissidents from the society indefinitely. The most famous disease – 'sluggishly progressive schizophrenia' – was claimed to have had mild symptoms with a tendency to progress over time. No wonder the Soviet Union had the highest number of reported cases of schizophrenia in the world, as reported by the World Health Organization (WHO) in 1973.<sup>1</sup>

Multiple people, including Vladimir Bukovsky – writer and activist from the USSR, – started exposing the abuse of the psychiatric system in the Soviet Union, drawing international attention to the issue. Political pressure started building on the WPA for retaining the state-controlled Soviet All-Union Society of Neurologists and Psychiatrists as its member.

In 1977, at the Congress of Psychiatry in Hawaii, the WPA had already condemned the Soviets for their political abuse of psychiatry, but not much else was done on the matter in the coming years. The Soviet psychiatrists, who were part of the abusive system, remained members of the organization and attended its meetings.



Cases of political abuse of psychiatry have been reported from other countries, too, sometimes even preceding the Soviet cases. For example, cases of political abuse of psychiatry against political, religious and cultural dissidents also have a long history in China, starting around the 1950s and reaching its peak during the Cultural Revolution in 1966-1976. There are also reports from Romania under Ceausescu,<sup>2</sup> and isolated cases in Hungary, Bulgaria and Czechoslovakia.<sup>3</sup>

## 1980 – THE BEGINNINGS

Seeing that the WPA is not reacting properly to the abuse of psychiatry taking place in the Soviet Union, Federation Global Initiative on Psychiatry begins its story in 1980 under the name '**International Association on the Political Use of Psychiatry' (IAPUP)**. Thus, the main goal of IAPUP at that stage was to end incarcerations of dissidents in psychiatric hospitals.

These ideas were central in the beliefs of **Peter Reddaway** – a professor of Sovietology and an avid proponent of Soviet dissidents in the West, – **Robert van Voren**, who at that point was in charge of the Podrabinek Brothers Fund, **Claus-Einar Langen** – a journalist from the Frankfurter Allgemeine Zeitung newspaper, and many other international experts, including representatives from Switzerland (**Laszlo Luka, Catherine Kuhn**), Germany (**Friedrich Weinberger, Helmut Bieber**), Netherlands (**Henk Wolzak**), United Kingdom (**Sydney Bloch, Allen Wynn, Christine Shaw, Gery Low-Beer**), and France (**Martine Le Guay, Gerard Blès, Dominique Bonnet, Cyrille Koupernik**). This diverse and highly ambitious group of people met for the very first time altogether on a cold December day in 1980 at the Sainte Anne Psychiatric Hospital in Paris.

Pictured:  
founding meeting  
of IAPUP, December 1980,  
Paris. Photo by Robert  
van Voren.



A round table echoed from enthusiastic discussions in several different languages of people who had been newly connected through nothing more than the strength of their moral compasses and a common purpose. The discussions were so vibrant, yet so complex, that in the two days that the meeting took place, very few tangible decisions were made. The name of the organization itself, according to Robert van Voren, took two full days to agree on. The question was whether it should be 'on' or 'against' political use of psychiatry. In the end, the British members of the committee put their foot down and confirmed the name.

Peter Reddaway was a key person in the meeting and throughout the rest of the existence of organization. During the first meeting in Paris, Peter Reddaway was the person who would ask the important, long-term questions – what will be our strategy? What is the main purpose? How will we achieve it? The FGIP archive, now stored at the Andrei Sakharov Research Center for Democratic Development at Vytautas Magnus University (ASRC), still holds Peter's notes from the meeting, detailing the brainstorming of the organization's foundations.



**Peter was a political scientist, a planner, so he was thinking all the time about strategy.**

**And without him, I think, we would never have been able to get things off the ground.**

*Robert van Voren*



Pictured:  
Peter Reddaway

Robert, on the other hand, complemented Peter's leadership with unique knowledge of the on-the-ground information from the Soviet Union, having traveled there frequently as a courier to the dissidents. In addition, Peter had become a mentor to Robert, who, at that point, was only 20 years old. Young, hair to his shoulders, rocking a squatter jacket, Robert may not have been considered the best person to represent the organization just yet, but assumed a strong role in the creation of the organization from the get-go.



Pictured:  
Robert van Voren,  
1980

It was decided that IAPUP was going to be a confederation of independent national groups. Thus, the Dutch-based Podrabinek Brothers Fund, the Working Group on the Internment of Dissenters in Mental Hospitals in the United Kingdom, the Geneva Group in Switzerland, and the West German Deutsche Vereinigung gegen politischen Missbrauch der Psychiatrie (DVpMP) became the first member organizations of IAPUP.

During the first meeting, the first Secretary-General of IAPUP was also chosen – Gerard Blès who came to the talks while representing the federation of all French psychiatric associations. Because of him, the first address of the organization was Domus Medica in Paris, France. He was replaced in a couple of years by Catherine Kuhn from the Geneva Group. IAPUP also established a Council – a board equivalent – whose first chair was the Romanian writer and psychiatrist Ion Vianu, who himself was forced to leave Romania in 1977 due to open opposition to the political abuse of psychiatry in his country.



Pictured, from left to right: Martine LeGuay, Christine Shaw, Alan Wynn, Catherine Kuhn, Joelle de Syon, Peter Reddaway, Robert van Voren, Evgeniy Nikolayev, Gerard Blès, Helmut Bieber, 1981.

## 1983 – A MAJOR VICTORY

Quite quickly, IAPUP gained momentum. As Robert describes it, IAPUP was a **'fairly anarchistic group which absolutely dominated the WPA agenda.'** In 1983, in preparation for the upcoming Congress of Psychiatry in Vienna, IAPUP gathered many of the member associations of the WPA to encourage them to vote in favor of expelling the Soviets. The lobbying was so persistent that the Soviet delegation resigned from the WPA due to the rising political pressure. It was clear that they would be expelled, so resigning on their own accord allowed them to retain some control over the narrative.

During the Congress that year, a declaration largely influenced by IAPUP was adopted defining the conditions of the future return of the Soviet association, such as their acknowledgment of the systematic abuse of psychiatry on political prisoners and the immediate release of all political prisoners from psychiatric hospitals.

About three years later, IAPUP's leadership changed once again. Catherine Kuhn suggested during one of IAPUP's meetings in Geneva that Robert took over. He was elected unanimously by the Council as the Secretary-General, later becoming the Chief Executive and remaining in the position for close to 40 years at the time of writing this report.

## 1989 – RISING RECOGNITION



**I realized for the first time that world psychiatry is not only made up of decent and moral people. I met different people in Athens. And, well, that was an unpleasant revelation for me.**

*Semyon Gluzman*

1989 was a major year in the history of the organization. With the next World Congress of Psychiatry coming up in Athens, IAPUP resurfaced as a major player in the negotiations on the return of the Soviets.

IAPUP aimed to ensure that if the Soviet All-Union Society of Neurologists and Psychiatrists would be readmitted to the WPA, it should also be joined by a newly set up Soviet delegation which would not be as heavily state-influenced and would contain independent psychiatrists. Thus, IAPUP supported the establishment of the **Independent Psychiatrist Association (IPA)**, which was founded in March of 1989 by Alexander Podrabinek and Viktor Lanovoy. The latter also became the first president of the IPA.

Indeed, behind the scenes, the establishment of the IPA was largely influenced, if not completely dominated, by IAPUP. **“This part of the history is erased completely,”** says Robert, as there is not a single mention of IAPUP’s involvement in the IPA’s official



history nowadays. Good thing there are photos. The photograph in the previous page features Robert and, next to him, Christine Shaw, a British editor who was an integral part of IAPUP and the editor of the organization's Information Bulletin. The person in the middle is Viktor Lanovoy.

IPA had applied for membership of the WPA in March (and again in May) 1989, as an alternative to the All-Union Society, showing the very first crack at the monopoly that the All-Union Society had been holding over the Soviet psychiatric sector. Just a few months prior, All-Union Society had announced their intention to re-apply for membership. Thus, IAPUP worked with Ellen Mercer from the **American Psychiatric Association (APA)** to create the statutes and organizational charts of the IPA. The memberships of both IPA and the All-Union Society were to be voted on in Athens later that year.



**The APA, along with the Royal College of the UK, decided to raise the issue of membership of the “All Union Society of Psychiatrists and Neurologists” in the World Psychiatric Association in order to increase the pressure on the Soviets to take action. The Independent Association was a very small organization with big goals. Thus, we felt the need to help them by collaborating.**

*Ellen Mercer*

Robert van Voren arrived in Athens three weeks in advance of the Congress. Early, one might ponder, but IAPUP's agenda was full. Various leaflets outlining the organization's position and priorities were disseminated. Robert had set up an office in the Caravel Hotel, with the space donated by the hotel owner who supported the cause. Robert had even gotten himself accredited as a correspondent of 'Greece's Weekly' English language journal for foreigners, which ensured he could attend press conferences organized by the WPA without being kicked out – a potential high risk given the explosive atmosphere that both the issue of political abuse of psychiatry in the USSR and a possible return of the Soviet delegation had created.

Having laid the grounds for the intense work ahead, Robert was later joined by colleagues and partners of IAPUP: not only **Ellen Mercer** and **Christine Shaw**, but also **Jan Veldmeijer**, **Anatoly Koryagin** and **Semyon Gluzman** (who was the official representative of IPA at the Athens Congress and who, for the first time in his life, traveled out of the Soviet Union and arrived on the same plane as the Soviet delegation).

IAPUP organized a number of informal meetings, where they strengthened connections with delegates of different WPA member organizations as well as established new partnerships. In these meetings, IAPUP would discuss the division of votes among delegates with regard to the Soviet issue, and express which candidates they endorse for the WPA's Executive Committee.

**'No association should have allowed this to happen,'** Robert reflects on IAPUP's under-the-radar lobbying.

Finally, the several-days-long Congress took place, amassing some 10 000 participants. IAPUP members knew that the vote regarding the re-admittance of the All-Union Society was going to be tough. The democratization processes which had recently started in the USSR under Michail Gorbachev had led the delegations to believe that real reforms have happened and will continue moving in the right direction. However, Semyon Gluzman, a psychiatrist who had been a political prisoner himself, now represented the IPA and posed a strong level of opposition to All-Union Society's return. In his letter to the WPA, he said:

**"Can you smile and shake the hands of men and women who, on the basis of suffering and despair of their mentally healthy fellow citizens, built their scientific and professional careers? [...] Really, I don't understand: how can one accept back in the WPA those who tortured before and do not acknowledge it today. [...] The psychiatrists, who accept in their midst unconfessed hangmen, are guilty of the most obscene lie, under the pretext that they are psychiatrists and are busy with psychiatry and nothing else."**



“At first, I felt fear because it was a historic decision. The Western group proposed that I speak on behalf of people harmed in the Soviet Union. Robert was my interpreter because no one else was allowed to be present.

The Greek police roughly expelled everyone who didn't have the right to be there. Those were difficult two or three hours. In front of me on the stage sat seven or eight executioners of Soviet psychiatry, and I, among the world psychiatric community. I had to answer questions, and I managed. Actually, it was not because I was so determined, they were afraid of me, it was visible. Robert had no voting rights, he only interpreted, and I answered. Robert and I did what we wanted, explained to the world community what was happening in the Soviet Union.

The vote was “Soviet style,” the majority voted for the readmission of Soviet psychiatry, although the Moscow psychiatrists tried to influence. The rest is already described but today is not about that.” – Semyon Gluzman recalls the day of the vote in Athens.



Pictured:  
Semyon Gluzman,  
1989

In Robert van Voren's book 'Cold War in Psychiatry,' the author calls Gluzman's letter a masterful move: **'By separating the Soviet psychiatric establishment (the "hangmen") from the rest of the country, and by indicating that it was not the country they were voting back into the WPA but the same group of people who had been in charge for the past decades,**

**he managed to give the campaign against a Soviet return an enormous boost.**<sup>4</sup> Moreover, many delegates were dissatisfied with the official documents submitted by the Soviet All-Union Society because they did not admit in any way to the abuse of political psychiatry, which many considered the main condition to their return.

The All-Union Society had sent a huge delegation – about 20 people, including the young psychiatrist Pyotr Morozov, who spoke English and for that reason was forced to read a public statement at the General Assembly on behalf of the All-Union Society, acknowledging that **“previous political conditions in the USSR created an environment in which psychiatric abuses occurred for non-medical reasons, including political,”** and promising that cases of such victims will be reviewed in the USSR. The statement was written by a member of the American delegation and handed to Morozov without any time for him to read it to himself first. In the end, the All-Union Society was conditionally voted back into the WPA.

Nevertheless, IAPUP still left the Congress with several wins under its belt – the newly elected Executive Committee were exactly the kind of people that both critics of Soviet psychiatric abuse and the IAPUP wanted to see involved. Moreover, IPA was voted into the WPA with full membership rights.

Indeed, 1989 was a major year for IAPUP. Nearing 10 years of existence, the organization was becoming more and more recognized, more and more influential. APA's Ellen Mercer, a close partner of IAPUP's, says:

**“Working with IAPUP was a great blessing for our [APA's] committee work. They provided information that we wouldn't have otherwise had and which we depended on for our work. Robert was the only person we knew at the time who was actually in and out of the then USSR and could feed us updated information which I would use to encourage action by the APA. I doubt that we could have been nearly as effective without his work.”**

Even the USSR Chief Psychiatrist Aleksandr Karpov emphasized IAPUP as the ultimate pain in the All-Union Society's neck:

**"From the very first day of arrival in Athens, the delegation collided with a very well organized campaign against it. IAPUP... was especially zealous in this. At numerous press conferences, they accused us of violating human rights..."**<sup>5</sup>

## Infiltrated

IAPUP had long assumed it was a target of the Soviet KGB due to its central role in opposing the political abuse of psychiatry in the USSR.

The organization took precautions, such as avoiding collaboration with individuals from Eastern Europe, to minimize the risk of infiltration. However, the breach came not through direct Eastern Bloc involvement, but through IAPUP's West German member organization, the West German *Deutsche Vereinigung gegen politischen Missbrauch der Psychiatrie* (DVpMP). This group was chaired by Dr. Friedrich Weinberger, a psychiatrist from Starnberg who, as one may recall, participated in the very first meeting of IAPUP in Paris. The revelation came with the publication of Dr. Sonja Süss's 1999 book *Psychiatrisch Missbraucht?*, which exposed the infiltration.

As it turns out, in March 1974, Gisela Otto, a Berlin-based gynecologist, was recruited by the East German Stasi as an unofficial agent to infiltrate human rights groups investigating psychiatric abuse in the Soviet bloc. Her targets included the DVpMP, chaired by Dr. Friedrich Weinberger, and the Soviet *Moscow Working Commission on the Use of Psychiatry for Political Purposes*. Beginning in 1978, Otto cultivated a close relationship with Weinberger, ultimately using this access to travel to Moscow under his appointment. There, she collaborated with the KGB as part of Operation "Cascade," meeting key Soviet dissidents like Vyacheslav Bakhmin and Irina Grivnina, gaining their trust, and relaying intelligence back to the KGB.



Her reports directly contributed to the arrests and imprisonments of Moscow Working Commission members between 1980 and 1981, culminating in the dismantling of the group following the arrest of Anatoly Koryagin in February 1981 (eventually released on 19 February, 1987).

## **Geneva Initiative on Psychiatry (1990–2004)**

### **SETTING THE CONTEXT**

About three weeks after the World Congress of Psychiatry in Athens, East Germany announced that the border with West Germany could be crossed, which slowly turned into the fall of the Berlin Wall. Many communist regimes across Europe started collapsing, including those in Poland, Hungary and Czechoslovakia.

Meanwhile, Mikhail Gorbachev's reforms, which started in 1985, unleashed nationalist sentiments in the various republics of the Soviet Union, leading to declarations of independence from several, including Lithuania (March 1990) and other Baltic states.

In January 1991, All-Union Society had been largely fractured and changed its title to the Federation of Societies of Psychiatrists and Neurologists of the USSR. Most soviet republics had, by then, established their own psychiatric associations and it had become clear that the Soviet Union was counting its last days.

In August 1991, a coup by hardline communists against Gorbachev failed when the military refused to fully enforce it, further weakening the central authority and accelerating the collapse.

Following the failed coup, the republics of the Soviet Union, including Ukraine, Russia, and Belarus, formally seceded. The Soviet parliament officially voted to dissolve the Union on 26 December, 1991. The Russian SFSR, under Boris Yeltsin, became the successor state to the Soviet Union, and was renamed the

Russian Federation. The other republics emerged as independent post-Soviet states.

## 1990–1991 REFOCUSING

With the return of the All-Union Society of Neurologists and Psychiatrists to the World Psychiatric Association, IAPUP members realized that it was time to stop merely criticizing the state of psychiatry in the Soviet Union, but that rather it was imperative to start focusing on helping the countries of Central and Eastern Europe to bring about successful reforms. Thus, the title 'International Association on the Political Use of Psychiatry' no longer fit the updated mission of the organization and was changed to **Geneva Initiative on Psychiatry (GIP)**, as an homage to the first initiative group against political abuse of psychiatry (the Geneva Group originally represented at IAPUP by the Swiss delegates).

The form of the organization also changed from an association to a foundation in early 1991. The first representative office of GIP was established – GIP-Benelux, which continues work to this day, with Rob Keukens as the Chairman of its Board. GIP-Benelux currently focuses its efforts in three areas:

- seeking financial and material support, such as donations for Ukraine in the form of laptops, mobile phones, and headlamps for nurses working night shifts;
- supporting GIP projects (for example, training or contributing to projects) by deploying experts from our network; and
- organizing study trips for international colleagues who want to learn about Dutch mental health.

Pictured:  
Rob Keukens



What was once the Council at IAPUP, now became the board of GIP. Among its members – **Catherine Kuhn, Joelle de Syon, Hugo Solms, Friedrich Weinberger, Helmut Bieber, Clause Einar Langen, Christine Shaw, Peter Reddaway, Fiona Anderson, Aleksandr Voloshanovich** and others. The first Chair of the board was Ion Vianu, who was soon replaced by the British psychiatrist **Jim Birley**.



Jim Birley (1928–2013) was a leading British psychiatrist and one of the early champions of ethical psychiatry and human rights. As Chair of the Geneva (later Global) Initiative on Psychiatry in the 1990s, he played a key role in exposing and challenging the political abuse of psychiatry in the Soviet Union. His efforts helped bring Soviet psychiatry back into the World Psychiatric Association and laid the groundwork for reform across Eastern Europe and Central Asia.

Respected for both his clinical and moral leadership, Birley also served as President of the Royal College of Psychiatrists and the British Medical Association. Deeply committed to person-centered care, he was known for his integrity, compassion, and lifelong dedication to the rights and dignity of people with mental illness.

Pictured:  
Jim Birley receives the  
Distinguished Medal from  
the APA.



## 1991–2004 NEW ACTIVITIES

On its mission to support mental health reform on a global basis, Geneva Initiative on Psychiatry became one of the most active institutions in mental health globally, demonstrating its activism and impact through the organization of numerous seminars, trainings, conferences, symposia and initiatives. Its horizon broadened from Central and Eastern Europe and the newly established republics of the former Soviet Union to Africa and even Southeast Asia.

Between 1991 and 1995, GIP's reform work primarily focused on small-scale initiatives designed to spark attitudinal change within mental health systems – such as translating manuals, conducting training seminars, or developing curricula. However, this approach shifted significantly in 1994 with the introduction of the Dutch Ministry of Foreign Affairs' MATRA program (short for *maatschappelijke transformatie*, or societal transformation). MATRA offered substantial funding for projects aimed at driving structural reform in Central and Eastern Europe and the former Soviet Union.

GIP became one of the early recipients of MATRA support, which marked a turning point, allowing GIP to move beyond piecemeal interventions to large-scale, systemic reform efforts. Over the next decade, GIP implemented no less than 33 projects funded by the MATRA program across the region. These initiatives focused on overhauling mental health systems to introduce community-based care models and ethical psychiatric services. Notable examples include the establishment of the first **Center for Psychosocial Rehabilitation in Ukraine**, the transformation of the **Rokiškis Psychiatric Hospital** into Lithuania's central forensic psychiatric facility, and the modernization of **Vasaros Hospital in Vilnius**. Similar comprehensive reforms were supported in Slovakia (Mihalovce) and Bulgaria (Blagoevgrad), where GIP helped replace outdated institutional care with multifaceted community-based systems.

A key factor in GIP's success was its ability to leverage national government cooperation, often matching or exceeding MATRA funds with local state contributions or European Union support.

This approach positioned GIP as a reliable partner for sustainable reform and enabled its initiatives to act as catalysts for broader change, demonstrating the shift from isolated pilot efforts to coordinated systemic transformation.

## 1991 – HUMANITARIAN RESPONSE

In response to the urgent needs of psychiatric institutions in the newly-independent Lithuania and Ukraine, GIP coordinated the delivery of humanitarian aid and infrastructure support to local hospitals. This effort marked the beginning of the organization's long-term engagement with the region's mental health systems in transition.



A particularly memorable mission involved using Dutch Air Force Fokker planes and subsequently 12 Ukrainian Air Force IL-76 cargo planes to deliver more than three thousand cubic meters of humanitarian aid to Ukraine. The Fokker planes were loaded with urgently needed goods – such as wheelchairs, walkers, and medical equipment – provided by various donors in the Netherlands, while the IL-76 planes carried ninety 44-bed field hospitals that NATO had in store in case of a Soviet attack, and which were now being discarded. The Fokker planes were the first NATO planes to land at Borispil airport, while the IL-76 planes were the first (post-) Soviet planes that landed at the Soesterberg Air Force base, which until then had been the main US military airport in The Netherlands.

The first Fokker plane landed in Kyiv in the middle of winter, and the unloading took place in freezing conditions. Ukrainian border guards and military officials were confused and overwhelmed by the sight of a NATO plane – something unimaginable just a few years earlier during the Cold War. One guard even asked in disbelief, “A NATO plane? Landing here?” <sup>6</sup>



## 1993–2003 – THE ASSOCIATION OF REFORMERS IN PSYCHIATRY

During this period, GIP facilitated the creation of the Network of Reformers in Psychiatry – the first regional network uniting psychiatrists and mental health professionals from Central and Eastern Europe. The basic idea of the Network was that the needs were so big that Western organizations would never be able to respond to all requests for help. However, through mutual support and “cross-fertilization,” the assistance provided could reach many more recipients. In addition, being in contact with like-minded persons in the region provided a sort of safety-net, countering the frequent feeling of loneliness when fighting an outdated system. The Network provided a unique platform for collaboration, solidarity, and knowledge exchange.

Through this initiative, GIP co-organized over thirty seminars and conferences across countries such as The Netherlands, Czech Republic, Germany, Japan, Lithuania, Spain, and Ukraine, allowing reformers to share local experiences and foster mutual support.

In 1998, GIP tried to establish an Association of Reformers in Psychiatry (ARP) on the basis of the Network, but this undertaking failed: **“our most successful mistake,”** as Robert van Voren put it. It became more and more clear that the situation in countries was diverging and with them – their local needs and priorities. Those who were making progress and had the prospects of joining the European Union or at least becoming an associate partner had very different wishes than those who knew they would never reach that goal. **“Keeping ‘haves’ and ‘have-nots’ together turned out to be impossible,”** says Robert.

Pictured:  
Jim and Julia Birley travelling to one  
of the meetings of the Network of  
Reformers in Psychiatry,  
Czech Republic, 1995.




## 1994–2004 – CAPACITY-BUILDING

Over a ten-year period, GIP played a key role in building regional capacity by offering regular training and support to professional psychiatric associations. These included:

- National associations in Azerbaijan, Armenia, Georgia, Kyrgyzstan, Kazakhstan, and Tajikistan
- The Ukrainian Psychiatric Association, which remained a key FGIP partner ever since its founding in January 1991
- The Association of Free Romanian Psychiatrists
- The St. Petersburg Psychiatric Association
- The Siberian Psychiatric Association

Concurrently, GIP launched the **SLAKA** program, a dedicated training initiative for mental health professionals under 35. Thanks to it, thousands of young clinicians were trained on the principles of ethics, human rights, and contemporary psychiatric practice, fostering a new generation of reform-minded professionals. The program lasted a decade and officially finalized its mission in 2005.



The SLAKA program, along with its related initiatives **KASHA** and **TEPLA**, marked a pivotal shift in GIP's approach to mental health reform in the post-Soviet region. Spearheaded by Bulgarian collaborator Toma Tomov, rather than relying on traditional seminars, SLAKA was designed as an interactive, multinational simulation where 60 professionals from across Eastern Europe and Central Asia worked in mixed teams to develop a model community mental health system for a fictional post-Soviet region.

Participants would meet for two and a half days, during which they would receive guidance from experts and present reform plans in a competitive, collaborative environment, fostering deep engagement and peer learning.



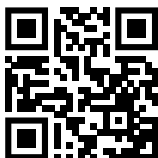
KASHA applied a similar method to substance use services, while TEPLA brought together equal numbers of professionals, family members, and people with lived experience to jointly design inclusive mental health services. The TEPLA sessions were especially impactful, encouraging empathy and breaking down entrenched divisions between stakeholder groups.

Although these initiatives ended in 2005 due to shifts in donor priorities, they left a lasting legacy, having sparked meaningful attitudinal change and shown participants what reformed, human-centered mental health care could look like in practice.

## 1997 – ESTABLISHMENT OF GIP USA

Expanding its global footprint, GIP established an independent regional office in the United States: **GIP-USA**. The office became an independent FGIP member in 2022 and currently focuses on advocacy and partnership-building efforts in North America in support of the FGIP office (in particular, focusing on supporting Ukrainian mental health care in times of war) and helping amplify the voices of reformers working in challenging contexts.

Pictured:  
Carmen Andreescu,  
Chairwoman of the Board  
of GIP USA



## 2000–2003 – NEW REGIONAL OFFICES

Three new regional offices were launched in the beginning of the century:

- In 2000, GIP-Vilnius in Lithuania, now an independent organization titled Mental Health Perspectives;



Pictured:  
Karilė Levickaitė, Director of  
Mental Health Perspectives.  
Photo by Joe Wood.



- In 2001, GIP Sofia in Bulgaria, now a respected national NGO and one of the main modern service providers in Bulgaria;



Pictured:  
Valentina Hristakeva,  
Director of GIP-Sofia



- In 2003, GIP Tbilisi (GIP-T) in Georgia.



Pictured:  
Nino Makhashvili,  
Director of GIP-T



## 2002 – ONGOING – FORENSIC PSYCHIATRY REFORM

GIP's work also extended to the often-overlooked field of forensic psychiatry and prison mental health:

- In Russia (2002–2008), the organization collaborated with authorities to develop and implement a reform program of the psychiatric department at the notorious Kresti Prison in St. Petersburg, then the largest pre-trial prison in Europe with a total of 12,000 prisoners locked up in 2002, even though its capacity was 2,500 persons. With the funds provided by the Dutch Ministry of Foreign Affairs, the psychiatric department was reconstructed, staff was trained and a completely new treatment program was set up. The project lasted well over six years – 4 years longer than planned - due to constant obstacles in a gradually worsening political situation in Russia. Nevertheless, it resulted in a psychiatric department that was unique within the Russian prison system.
- In Georgia (2004), it partnered with several local ministries to establish a new nationwide forensic psychiatry service grounded in ethical standards and human rights, and a reformed prison mental health program. As part of the project, a completely new **Forensic Psychiatric Evaluation Center** was established in Tbilisi.

- FGIP managed a large scale project to develop a centralized prison mental health care service in Lithuania, based on the Rokiskis (forensic) psychiatric hospital. It developed projects in prison mental health and forensic psychiatric reform in Montenegro, Serbia and Bulgaria, and later also in Sri Lanka, Zambia and Zimbabwe, as well as on the Dutch Caribbean island of Curacao.
- In Ukraine, FGIP started its work in forensic psychiatry and prison mental health following the Revolution of Dignity in 2013-2014, and although reform of the forensic psychiatric system turned out to be a bridge too far, work in the field of prison mental health was highly successful and continues to this day, with three new prison mental health units set up in Drohobych, Zhitomir and Vynnytsia. For example, the Drohobych health unit is specialized in dealing with veterans entering the prison system as a result of crimes committed under influence of war trauma.

## **Global Initiative on Psychiatry and Federation Global Initiative on Psychiatry (2005–2013)**

### **SETTING THE CONTEXT**

In Eastern Europe and parts of the former Soviet Union, the recent enlargement of the European Union - bringing in countries such as Lithuania, Romania, and Bulgaria - created both momentum and pressure for institutional reform, including in mental health care.

Movements of the recent past, like the Rose Revolution in Georgia (2003) and the Orange Revolution in Ukraine (2004), opened space for civil society and human rights initiatives, while also triggering political volatility.

In contrast, Central Asia and Russia experienced increasing authoritarianism, which complicated reform efforts and often

restricted the work of independent NGOs. Across these regions, mental health systems still bore the legacy of Soviet-era institutions – centralized, stigmatizing, and often inhumane.

Globally, this period also marked a turning point in the recognition of mental health as a human rights issue. A key milestone came in 2006 with the adoption of the United Nations Convention on the Rights of Persons with Disabilities (CRPD), which explicitly affirmed the rights of persons with psychosocial disabilities and challenged countries to shift away from institutional and discriminatory models of care.

Meanwhile, the HIV/AIDS epidemic – particularly severe in Eastern Europe and Central Asia due to intravenous drug use – exposed the critical need for integrated psychosocial care and drew attention to the dual stigma faced by people with both HIV and mental health conditions.

In Asia, Sri Lanka suffered from a prolonged civil conflict (1983-2009) which not only caused immense social and political disruption but also left the mental health system severely strained. The final years of a protracted civil conflict created acute psychiatric needs among institutionalized populations, especially women.

Between 2005 and 2010, the Geneva Initiative on Psychiatry deepened its regional presence, expanded its focus to underrepresented populations, and enhanced its global influence by addressing the intersection of mental health with other social and medical challenges. This period also marked an important organizational transformation as Geneva Initiative on Psychiatry was renamed Global Initiative on Psychiatry (GIP), reflecting the organization's responses to mental health crises worldwide. Later, the organization restructured into a federation (FGIP) to better support local leadership and long-term sustainability.

## How global is Global Initiative on Psychiatry?

Not only does GIP have representative offices in the US, Sri Lanka and Benelux countries, it also has member organizations in Lithuania, Bulgaria, Georgia and Ukraine. However, its reach does not end there, as it has implemented short- and long-term projects in many more.

Rob Keukens, who has worked with the organization since 1992, recalls being involved in projects in Azerbaijan, Curaçao, Kyrgyzstan, Laos, Macedonia, Moldova, Montenegro, the Russian Federation, Serbia, Sierra Leone, Slovakia, South Africa, Tajikistan, and Vietnam, among others.

“The projects varied greatly in scope, from modest grassroots activities to large multinational projects, such as those on the intertwining of HIV/AIDS, mental health, and substance abuse. Thematically, there was also considerable diversity. Suicide prevention, prison psychiatry, multidisciplinary teamwork, sheltered housing, child and adolescent psychiatry – in fact, the entire field of mental health was covered. In a number of projects, I was involved in drafting project proposals and the horrific bureaucracy that entails, but mostly my contribution consisted of providing training and/or participating in fact-finding missions.

It's impossible to quantify the effects. Sometimes they were very concrete, such as the implementation of a psychiatric ward in a small rural general hospital in Laos, or the facilitation of small-scale business initiatives so that people with serious mental health problems could support themselves in Tajikistan. Sometimes, like the HIV project, they were large-scale. Effects often remain hidden.

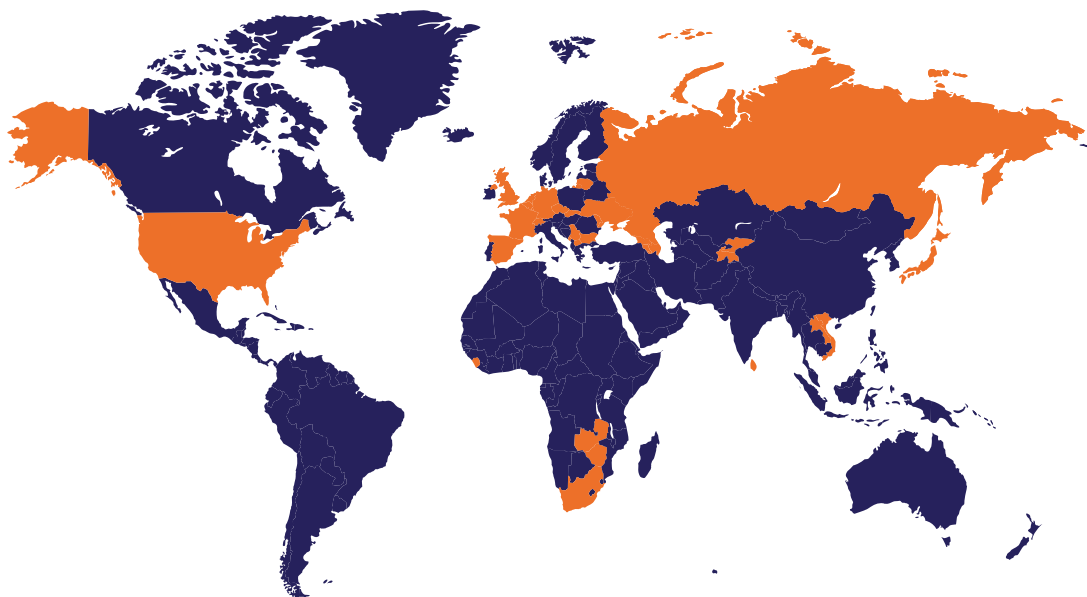
In all honesty, it must also be said that, of course, we haven't always succeeded. Political developments, in which the hands of the clock were turned back, sometimes made it impossible for well-meaning professionals on the work floor to implement





reforms, and patients, their loved ones and professionals fell back into a state of lawlessness, deep hopelessness and despair,” says Rob Keukens, now the Chairman of GIP-Benelux.

The global reach of the organization is undeniable and well-illustrated in the map below. It is safe to say the map is not exhaustive, as all initiatives and projects that took place over the span of 45 years are almost impossible to list by now.



## 2005 – DECENTRALIZATION AND LOCAL EMPOWERMENT

In 2005, the Geneva Initiative on Psychiatry formally restructured into the Federation Global Initiative on Psychiatry (FGIP). This change reflected a growing emphasis on decentralization, partnership, and regional ownership of reform efforts.

Indeed, the restructuring was a major change and a part of the empowerment of FGIP’s regional offices, which were able

to become independent organizations and fundraise through channels that were the most relevant to each region. The offices were now equal members of the Federation.

Jana Javakhishvili, Senior Mental Health Project Manager at GIP-T, says: **“I witnessed how the organization changed its hierarchical subordination and turned into a federation of equal coordination. That is very important – that the organization is not rigid and it transforms based on the context, internal resources and the dynamic of the offices and the team.”**

These developments significantly strengthened local capacity and allowed for more context-sensitive approaches to reform.

## **2006–2010 – REACHING UNDERSERVED POPULATIONS**

The restructuring of FGIP opened doors to increase the organization's outreach even more. In Sierra Leone, where mental health care was limited to a single institutional facility, FGIP introduced a mobile mental health service model. From 2006 to 2010, teams of professionals traveled to remote villages, reaching individuals who had never previously accessed psychiatric support. This initiative not only increased access to care but also challenged stigma and redefined community-based mental health practices in low-resource settings.

Simultaneously, across Eastern Europe, the Caucasus, and Central Asia, FGIP initiated the opening of nine **Expert Centers on Mental Health and HIV/AIDS**. These centers served as hubs for training, research, and advocacy, aiming to reduce stigma and improve mental health services for people living with HIV/AIDS, a group often neglected by both mental health and public health systems.

## 2000–2024 – LONG-TERM REFORM IN LITHUANIA

Lithuania remained a key focus for FGIP's long-term reform strategies:

- A reform project at the municipal psychiatric hospital on Vasaros Street was implemented, modernizing care and infrastructure.
- The first **Eating Disorder Centre** in the former USSR was established in 2001.
- The **Psychotraumatology Center for Ukrainian and Belarusian refugees** was opened in 2022.
- FGIP advocated to modernize prison mental health care and forensic psychiatry, culminating in the development of a centralized forensic psychiatric hospital in Rokiškis and comprehensive staff training.
- In 2011, these efforts were documented in a special issue of *Mental Health Reforms in Lithuania*.



Robin Jacoby, the former Chair of FGIP Board, reflects: **“GIP’s work in Lithuania has been a great triumph. Keener than perhaps any other former Soviet republic to shake off the shackles of Moscow, Lithuanian psychiatrists seized the opportunity to transform their specialty which is now truly Western European.”**

## 2010 AND BEYOND – FORENSIC PSYCHIATRY EXPERTISE

From 2010 onward, FGIP became increasingly sought after for its expertise in forensic psychiatric assessment. The organization has since provided consultations, evaluations, and reform

guidance in multiple countries, helping align forensic practices with international human rights standards.

## FOCUS ON SRI LANKA

Since 1983, Sri Lanka was in a civil war which lasted until 2009, making it one of the longest-running and most devastating conflicts in South Asia. It was primarily a conflict between the Sri Lankan government and the Liberation Tigers of Tamil Eelam (LTTE), a separatist militant organization that sought an independent Tamil state in the north and east of the island.

Psychiatric care remained highly centralized, reliant on a few large institutions that were often overcrowded and under-resourced. Community-based services were minimal, and public stigma surrounding mental illness was widespread. Mental health legislation, dating back to the colonial era, remained outdated and poorly aligned with international standards. The psychological toll of the conflict, including displacement, trauma, and violence, went largely unaddressed by formal systems, making the need for systemic reform increasingly urgent.

The conflict had resulted in significant loss of life, displacement of hundreds of thousands of civilians, and widespread trauma. Entire communities, particularly in the Northern and Eastern provinces, faced destruction of infrastructure, disruption of healthcare and social services, and persistent insecurity.

The prolonged violence deeply affected the mental health of the population, with high rates of post-traumatic stress disorder (PTSD), depression, and anxiety reported among survivors, internally displaced persons, and combatants. However, Sri Lanka's mental health system during this period was ill-equipped to respond adequately to these challenges, due to limited resources, centralized institutional care, and social stigma.

In 2004, Geneva Initiative on Psychiatry, demonstrating its unmatched ability to react to the most urgent situations instead of some statute-restricted areas, started its work in Sri

Lanka. Over the years, the organization has played a key role in strengthening Sri Lanka's mental health system through a range of targeted initiatives. These included upgrading forensic psychiatric services and supporting the development of a more humane treatment facility in Angoda, as well as contributing to a long-term program aimed at deinstitutionalizing female patients near Colombo and supporting their reintegration into society. GIP also assisted in establishing Gender-Based Violence Desks and improving services for children with learning disabilities.

Later, FGIP was involved in a multi-year government-led initiative to enhance hospital infrastructure in the Northern Province of Sri Lanka. Within this framework, FGIP provided technical expertise to strengthen mental health service delivery through tailored training, capacity-building, and team development, significantly improving both inpatient and outpatient care in the region.

The regional GIP office in Sri Lanka opened in 2019, as a result of previous initiatives. Today, the regional office in Sri Lanka continues to lead innovative mental health development under Dr. Mahesan Ganesan, building on over two decades of FGIP's collaboration with local NGOs.

Pictured:  
Mahesan Ganesan,  
Chairman of the Board  
of GIP-Sri Lanka



# **Federation Global Initiative on Psychiatry in the face of war (2014–2022)**

## **SETTING THE CONTEXT**

In 2014, Russia's annexation of Crimea and the outbreak of armed conflict in Eastern Ukraine represented a dramatic rupture in the post-Cold War European order. The war in Donbas triggered a humanitarian crisis and the displacement of over a million people, placing immense strain on Ukraine's already under-resourced health and social care systems. The conflict also revived painful memories of Soviet oppression, particularly among psychiatric patients and professionals, many of whom had firsthand experience with institutional abuse.

Concurrently, the political environment across the region became increasingly hostile to civil liberties. In Belarus, President Alexander Lukashenko intensified his authoritarian grip, culminating in the brutal suppression of protests following the contested 2020 presidential election. Russia, too, witnessed a tightening of state control under Vladimir Putin, with the return of punitive psychiatry as a tool for silencing dissent. Civil society organizations, especially those involved in human rights or mental health advocacy, operated under growing threat.

Globally, this was a time of mounting instability. The Syrian civil war, the rise of ISIS, the refugee crisis, and shifting alliances tested the resilience of international norms. Then came the COVID-19 pandemic in 2020, which compounded preexisting mental health challenges across societies, isolated vulnerable populations, and stretched public health systems to their limits.

For FGIP, global developments in 2014–2022 reinforced the urgent need to support resilient, rights-based mental health care systems – especially in regions affected by conflict, political repression, and systemic collapse. From 2010 onward, FGIP deepened its global impact through the systematic assessment of forensic psychiatric systems in multiple countries. These evaluations, aimed at safeguarding human rights in highly

vulnerable institutional environments, became an essential part of FGIP's mission to align psychiatric practice with international legal and ethical standards.

In 2015, FGIP joined the global campaign to include mental health in the United Nations' Millennium Development Goals, emphasizing that mental well-being is central to sustainable development. The same year saw the launch of the Dr. Jim Birley Annual Scholarship – a prestigious award in memory of the former chairman of GIP who passed away in 2013 – and designed to stimulate young professionals and stakeholders to focus on human rights in mental health. Running until 2017, the scholarship helped amplify the voices of a new generation committed to ethical reform and dignity in mental health care.

In 2017, FGIP co-authored a landmark publication with the European Parliament titled "Psychiatry as a Tool of Coercion in Post-Soviet Countries." The report documented and condemned the misuse of psychiatry for political repression across the region, helping bring renewed international attention to the persistence of punitive practices.



## 2020–2023 – ADAPTING TO CRISIS: BELARUS, RUSSIA, AND COVID-19

In 2020, FGIP responded to two urgent challenges. First, in Belarus, amidst a brutal crackdown on political dissent, FGIP launched **[www.samopomo.ch](http://www.samopomo.ch)**, an online mental health and trauma support program for human rights defenders and victims of state violence. This program offered psychological assistance in a highly repressive environment where mental health needs were being actively suppressed.



The same year, as the global COVID-19 pandemic intensified social isolation and anxiety – particularly among people with pre-existing mental health needs – FGIP created the **Mind the Gap** campaign. Supported by 50 organizations worldwide, this initiative focused on breaking isolation, strengthening community ties, and raising awareness of the hidden mental health toll of the pandemic.



In 2021, FGIP turned its attention to Russia, launching a public awareness campaign on the re-emergence of punitive psychiatry as a method of repression. The campaign was reinforced by the publication of *"Psychiatry in Russia Again a Regular Method of Repression,"* a stark reminder that political abuse of psychiatry had not disappeared - it had adapted and returned.



In 2023, in cooperation with the FGIP started to monitor and report on the cases of political abuse of psychiatry in Russia. The reporting is continuous and is updated every month.



## 2022–2023 – REIMAGINING MENTAL HEALTH CARE IN THE AGE OF CONFLICT

In 2022, FGIP organized the international conference Rethinking Mental Health Care in Vilnius, bringing together global experts to explore innovative and ethical frameworks for transforming mental health systems, especially in conflict and post-authoritarian contexts.



The following year, in cooperation with the ASRC, FGIP started to monitor and report on the cases of political abuse of psychiatry in Russia. The reporting is continuous and is updated every month. This way, FGIP solidifies its long-standing warnings about Russian psychiatric abuses. The first published report offered a meticulously documented account of the continued use of psychiatry as a means of silencing dissent, underscoring FGIP's role as one of the most consistent and credible watchdogs on this issue.

## FOCUS ON UKRAINE



**Ukraine differed from other former Soviet republics in many ways. This has to be attributed to the predominant influence of Slava Gluzman: a man of extraordinary courage and obstinacy in the face of Soviet power. [“Слава Славе! Glory to Slava”]. He encouraged and protected his younger generation. A shining example is Irina Pinchuk who trained in my specialty, old age psychiatry, and now occupies one of the most senior posts in Ukrainian psychiatry. Irina, herself, is now bringing on the younger generation.**

*Robin Jacoby, FGIP's former Chair of the Board*

In 1991, the **Ukrainian Psychiatric Association (UPA)** was established, marking a significant milestone in the development of mental health advocacy and professional organization within Ukraine. Between 1991 and 1993, GIP delivered over three thousand cubic meters of humanitarian aid to psychiatric hospitals, providing crucial support during a period of post-Soviet transition and systemic challenges.

Throughout the 1990s, GIP played a key role in strengthening Ukraine's mental health infrastructure. This included support for the establishment of pivotal NGOs such as **Dzerelo**, which was established in 1994 and has grown into the largest organization working with intellectual disabilities in Ukraine; and **Nadia**, which supports families of persons with psychiatric needs. Additionally, GIP helped found the Kyiv-based **Medical Treatment Centre for Victims of Totalitarianism and Civil Wars**, which continues to serve mostly former victims from the Soviet Gulag, alongside the **Centre for Psychosocial Rehabilitation** that operated until 2022.

In 1995, in collaboration with the UPA, GIP launched the publishing house “**Sphere**.” Over the following decade, “Sphere” translated and disseminated 139 manuals, books, and reports, providing mental health professionals with contemporary resources on ethics, law, and human rights. From 1995 to 2005, regular training programs helped to advance reforms in Ukrainian psychiatry, emphasizing modernization and humane care.

“Robert taught us a lot, helped arrange overseas trips for our psychiatrists. Few people went, but they told others, and that was very important. Robert actively sent Western psychiatrists to Kyiv: American, English, French, and Dutch. They gave lectures, helped with translations. This helped us understand Western modern psychiatry.

I remember a case with the head of English psychiatry when we arrived at a psychiatric hospital in Zhytomyr. The chief doctor was friendly but showed the hypnotherapy room. The English psychiatrist politely explained that hypnosis was no longer used in the West and recommended modern methods and literature. The chief doctor was not offended, understood, and no longer practiced hypnosis.



I think there are no serious criticisms because we have been working together for decades. So, if there are any unclear moments, we always discuss them openly. And on the contrary, thanks to this organization we got the opportunity to translate and publish Western literature. And now, thanks to that, we have the possibilities that Soviet authorities used to deny us.” – Semyon Gluzman, Honorary President of the Ukrainian Psychiatric Association.

Pictured, from the left:  
Semyon Gluzman and  
Robert van Voren, 1989



Between 2014 and 2019, GIP conducted comprehensive assessments of social care homes, prison mental health services, and forensic psychiatry in partnership with Ukraine's Office of the Ombudsman for Human Rights and the Ministry of Social Affairs. These assessments resulted in detailed reports and action plans aimed at transforming these institutions and aligning them with international standards.

Starting in 2019, FGIP began collaborating closely with the Ministry of Justice to develop and implement reforms targeting the prison mental health care sector. This initiative was accompanied by the publication of an influential report on prison mental health reform in Ukraine.

During the COVID-19 pandemic, FGIP supported up to ninety mental health institutions by supplying personal protective equipment and guidance to mitigate infection risks. The World Psychiatric Association and FGIP jointly issued a Mental Health Policy Brief in 2020, offering strategic recommendations to address the ongoing psychiatric crisis in Ukraine.

With the Russian full-scale invasion of Ukraine in 2022, FGIP provided humanitarian aid to Ukraine – including generators to



ensure continuity of care in psychiatric hospitals – and developed an online mental health and trauma support platform, **[www.samopomi.ch](http://www.samopomi.ch)**, complemented by a highly successful social media anti-stigma campaign reaching millions.

The same year also saw the creation of the independent FGIP Ukraine regional office, which continues the work that FGIP has been doing in the country since 1990.

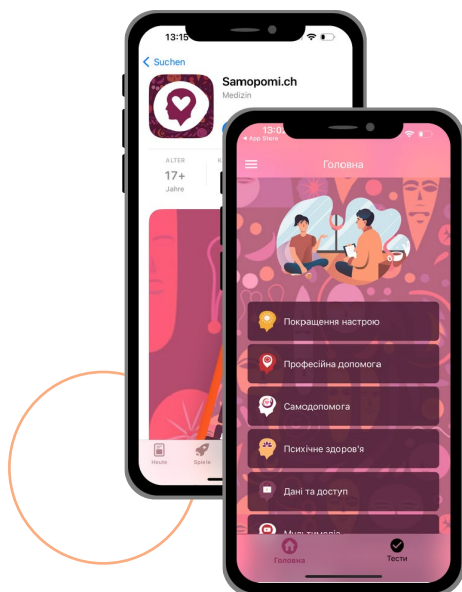


Pictured:  
Julia Pievskaya,  
Chief Executive of  
FGIP Ukraine

FGIP's regional presence expanded with the establishment of a crisis center in Lithuania, serving Ukrainian refugees and military personnel undergoing rehabilitation. In 2023, FGIP, together with the ASRC, co-organized the international conference "How To Win a Lasting Peace," focusing on post-conflict recovery and mental health.



Since 2024 and to this day, GIP has been advancing veteran mental health initiatives, advocating for and working on the establishment of a Veteran Mental Health Center of Excellence at Taras Shevchenko National University in Kyiv. This includes training for professionals working with veterans and organizing the international conference “Hidden Wounds of War.” Additionally, FGIP has developed a smartphone application to extend the reach of the Samopomi.ch mental health program.



# THE FUTURE OF FEDERATION GLOBAL INITIATIVE ON PSYCHIATRY (2025–2030)

## Expected challenges 2025–2030

At the time of writing this report, some sources count around 110 active armed conflicts globally,<sup>7</sup> and most of them are not nearing any resolution or ceasefire, meaning that the number of underserved people is constantly increasing. Talks of a ceasefire between Russia and Ukraine seem to be only for show, Israel has launched pre-emptive strikes against Iran's nuclear development facilities, and the largest economy of the world is being steered towards authoritarianism.

Across Europe, Asia, and the Americas, rising executive power, polarization, and weak institutions are fueling regression, threatening democratic norms in both established and transitional systems. It is only natural to expect the pressure to flow into the mental health sector.

Ongoing inflation, inequality, and governance failures are eroding trust in institutions, fueling populist movements, and opening space for authoritarian alternatives in many regions. The US has demonstrated its focus on domestic affairs, freezing its overseas aid programs to NGOs and civil society organizations, which

decimates, on a large scale, the abilities of these organizations to quickly react to emerging crises.

As FGIP approaches its 50th anniversary in 2030, it enters a critical phase of deepening its global impact while navigating increasingly complex political and humanitarian challenges. At the same time, the organization must prepare for the retirement of its Executive Director, whose name had become interchangeable with the organization's title.

Building on a legacy rooted in the fight against the political abuse of psychiatry, FGIP is reaffirming its role as a global leader in promoting ethical, community-based, and rights-respecting mental health care. Central to its future is the commitment to human rights, democratic accountability, and an uncompromising stance against totalitarianism and coercive practices in mental health systems.

In the coming years, FGIP will continue to anchor its work in three strategic pillars:

- global advocacy and influence;
- seed projects and best practices;
- institution building and sustainability.

These pillars reflect a balanced approach that combines policy-level change with grassroots empowerment and practical service delivery.

The organization aims to respond quickly to urgent mental health needs in underserved settings, while also laying the groundwork for long-term systemic reform through national and cross-border cooperation.

As per its most recent strategy, FGIP will increasingly target systemic abuses and human rights violations, especially in settings where psychiatry is misused for political repression or where civic space is under threat. The Federation will leverage its credibility, global networks, and deep contextual knowledge

to raise awareness, expose abuses, and influence international human rights mechanisms and psychiatric institutions. In doing so, it will amplify the voices of people with lived experience and promote accountability for injustice.

FGIP will invest in building and strengthening its network of national member organizations, continuing to help them become independent drivers of change in their own right. It will also foster institutional resilience by sharing expertise, training professionals, and supporting the creation of rights-based mental health care models adapted to local realities.

Perhaps most crucially, FGIP is doubling down on its foundational values: respect for human dignity, freedom, inclusion, trust, and partnership. These are not only operational principles but also a moral compass guiding FGIP's engagement with increasingly authoritarian regimes, weakened multilateralism, and rising global inequalities. As the organization continues to confront politically motivated abuse of psychiatry and widespread stigma, it remains a powerful voice for those silenced and marginalized.

## What to look out for from FGIP in the next few years?

As it celebrates its 45th anniversary in 2025 with major accomplishments – such as GIP-Sofia's Director **Valentina Hristakeva** receiving the Geneva Prize for Human Rights in Psychiatry for her groundbreaking work in transforming mental health services in Bulgaria, or having held the **Second International Rethinking Mental Health Conference** in Colombo, Sri Lanka – FGIP looks at the next four years with reserved hope. Here are some of its most significant projects in the making:

1. **The opening of the Veteran Mental Health Center of Excellence (VMHCE) in Kyiv.** Launched by FGIP in February 2024 in partnership with King's College London and Taras Shevchenko National University, it is designed to address the overwhelming mental health needs arising from the war



in Ukraine. With hundreds of thousands of Ukrainian men and women having served on the front lines and many of them needing long-term support, the VMHCE aims to offer research-backed, rights-based care tailored to veterans and their communities. Work done by VMHCE will provide useful know-how to other war-torn countries for decades to come. The premises of the Center are to be reconstructed by the end of 2025, and the opening should take place not long after.

2. **Continuous monitoring, reporting on and fighting against the political abuse of psychiatry in Russia.** FGIP and the Andrei Sakharov Research Center plan to continue and expand their systematic monitoring of the political abuse of psychiatry in the Russian Federation. Relying on publicly available sources due to the lack of access to firsthand information within Russia, the two organizations aim to further refine and update their comprehensive database, which uniquely compiles verified cases of psychiatric abuse for political purposes. FGIP will continue updating the list monthly, collaborating with reputable independent sources, and striving to raise international awareness and advocacy efforts around human rights violations.
3. **Developing a system of psychological support provision to human rights workers and civil society organizations in times of decreasing space for civil society.** FGIP is planning to develop grassroots projects in contexts with low resources and high need. Furthermore, The Sixteenth International Sakharov Conference in 2026, co-organized annually by FGIP and the Andrei Sakharov Research Center, will be titled 'Authoritarianism on the Rise: Fifty Years after the Founding of the Helsinki Movement,' directly tackling the issue of shrinking space for civil society and fostering a discussion aimed at creating a new toolset to counter the tendency in increasingly authoritarian regimes globally. In addition, new outreach programs will be developed by FGIP to specifically target human rights workers and civil society organizations.
4. **Introduction of modern technology and delivery of mental healthcare in underserved areas.** FGIP intends to continue and expand its work with groups that are underserved or marginalized, including victims of war and state repression, people in conflict-affected areas and persons living in institutional or prison settings. In

addition, the next Rethinking Mental Healthcare Conference in 2027 is set to take place either in Northern America or the Global South. While not all initiatives are available on the ground, FGIP will focus on technology-driven solutions, such as social media campaigns, online trauma support programs and other rapid-response tools.

- 5. Inclusion of people with lived experience and attention to the mental health needs of caregivers.** FGIP commits to co-developing programs with individuals who have personally navigated mental health challenges, ensuring their voices shape services from the ground up. This participatory approach will extend across advocacy, service delivery, and professional training, promoting peer support and inclusive environments. At the same time, FGIP recognizes the vital role of caregivers – both family members and professionals – and pledges to develop projects that support their mental well-being within its broader community-based framework.

# TESTIMONIALS

Over the past 45 years, FGIP's mission has resonated not only through policy change and institutional reform, but also in the lives of individuals – patients, professionals, advocates, and families – whose paths have intersected with the organization's work. Numerous people have officially been working at or with FGIP, while others were molded by its values and became agents of change.

The voices in this section offer powerful reflections on what human rights in mental health mean in practice. While overwhelmingly positive, the testimonials do not censure criticism of the organization in the spirit of using challenges and mistakes as stepping stones to better future work. Many more people were involved with the work of FGIP or otherwise impacted by it, and to interview them all would be virtually impossible. But this is a start.

These short testimonials are a reflection on FGIP's impact – rooted in solidarity, dignity, and the shared belief that mental health reform begins *with* people, revolves *around* people, and remains *for* people.

**Aleksandr Avramenko,**  
Head of Donor and  
Partner Relations at  
Estonian Refugee Council,  
former Project Manager at  
GIP-Benelux



I worked with GIP from around 2002, maybe till 2012. I worked first in Vilnius, then in the Netherlands – in different roles, different positions.

In the early 2000s, maybe there was not so much political abuse of psychiatry anymore, but the system itself, the mental health support system, was very archaic and Soviet-based. We were all motivated by the mission: to change the system, make it more community-based, more open, less stigmatized.

Regarding difficulties faced by GIP previously, it is important to remember that as an NGO, it was always project to project. Over time, donor requirements became stricter – compliance, reporting, bookkeeping. Robert's style was creative, full of ideas and charisma, but not exactly compliance-oriented. That was difficult.

At the beginning, it was more relaxed and trust-based. I remember Robert had just a two-page plan for setting up offices in Vilnius, Georgia, Bulgaria – with a budget of half a million. He brought it to the donor, and they said, "Okay, why not?" That was it.

But by 2012, donors were mainly the EU and the Dutch Ministry of Foreign Affairs, with very strict regulations. We had to prepare many internal policies that we had never needed before. The organizational side lagged behind the programmatic side.

Regarding our strengths, we organized conferences bringing together young reformers of psychiatry to learn, but also to feel like part of a bigger group of like-minded people. Now, 25 years later, many of those young specialists are more influential. We also cooperated with professionals in the Czech Republic, Slovakia, Bulgaria, Georgia, Armenia, Azerbaijan.

Looking back, I think the seeds planted then grew into something bigger across Eastern Europe. Supported by grassroots initiatives, we inspired people.

**Vanessa Cameron,**  
former Chief Executive  
of the Royal College of  
Psychiatrists, former Chair  
and current Board Member  
of the FGIP board



Whenever you find yourself at one of FGIP's board meetings, you always see the directors of the national offices – Bulgaria, Georgia, Ukraine and others – and you know those people, you have known them for years. There is a lovely camaraderie amongst the members – it is a family. And I feel very proud to be a member of that family. I do not see how the organization could achieve anything if it did not have these strong personal relationships. I was a consultant to the World Psychiatric Association for six years – that was not a family organization. FGIP is unique.

**Semyon Gluzman,**  
Honorary President of  
the Ukrainian Psychiatric  
Association



IAPUP was unique because of what it was doing. There were other international human rights organizations that worked on rescuing, attempting to rescue political prisoners. But there was no organization that included specialists, psychiatrists, and that was involved in rescuing prisoners of psychiatric hospitals. This organization included psychiatrists. There were French, Germans, English, various people. They actively helped expose abuses of psychiatry.

**Jana D. Javakhishvili,**  
Professor of Psychology and  
Director of the Institute of Addiction  
Studies at Ilia State University,  
Program Coordinator at GIP-T



The niche of mental health and human rights makes FGIP very unique. It does strategic work in facilitating mental health reforms in various countries and helps develop a mental health infrastructure. In addition, it has a rapid-response mechanism and is able to respond to emerging needs.

My favorite thing about FGIP is the people, which are all united by shared values. We see our mission, we respect each other, try

to be efficient, effective, useful, innovative. What is more, there are diverse activities, conferences, projects focused on mental health, infrastructure development – that is very valuable. Very valuable.



**Robin Jacoby,**

Emeritus Professor of Old Age Psychiatry, former Chair of the Board of FGIP

At the end of the 1980s came the collapse of the Berlin Wall and, in its turn, the Soviet Union: a moment of rejoicing and hope. I cannot remember exactly when I was recruited into GIP, but I do recall meeting Robert Van Voren at a hotel in Oxford and being drawn into the excitement of hope for change in Soviet psychiatry, whereby care and treatment could replace repression and incarceration. Looking back to those times the overwhelming memory is of optimism.

Apart from my visits to former Soviet republics, including Russia, I began to spend more time at the GIP office in Hilversum. It proved to be a wonderful community of misfits, in the best possible sense of the term. It would be invidious to mention names, but people bounced off each other in humane, humorous, infuriating and ultimately very productive ways. My visits to Hilversum were definitely high spots in my life. I gradually became more and more involved with GIP, joining the Board, and eventually replacing the great Jim Birley as chairman.

**Ellen Mercer,**

Former Director of the Office  
of International Affairs of the  
American Psychiatric Association



I had the great pleasure of working closely with GIP and to be a small part of the changes in focus as the organization expanded from a human rights focus into a masterful educational body. Starting with the fight against the use of psychiatry for political purposes in the USSR to work on education and advocacy.

I have often said that Robert should market his ability to get by on so little sleep!

I think that IAPUP was really outside of the norm. In my memory, no other group did that kind of work and provided valuable information to organizations like mine so that we could take action.

IAPUP, later GIP, also gave great support to two psychiatrists, Drs. Semyon Gluzman and Anatoly Koryagin, who paid high prices for speaking out against the use of psychiatry for political purposes. Through this work, organizations like the APA, the Royal College of Psychiatrists (UK) and others could elevate these protests to the level of the World Psychiatric Association. These were and are still heroes in my eyes. As is Dr. van Voren.



**Andreas Meyer-Lindenberg,**  
Director of the Central Institute of  
Mental Health, former President  
of the German Society for  
Psychiatry and Psychotherapy,  
Psychosomatics and Neurology  
(DGPPN)



I first met Robert van Voren and Semyon Gluzman as an adolescent, when my father [*Johannes Meyer-Lindenberg, former President of the German Society for Psychiatry and Neurology*] hosted them at our home. So when I became the President of the successor Society myself in 2023, I contacted them. That is how FGIP became the core enabler for us: so that the help we steer towards Ukraine is used for the right things.

It was not that easy at the beginning of the full-scale invasion, there was not yet a network of people we knew there, so we needed a trusted mediator. I trusted Robert, who has this clear track record of looking unflinchingly at that issue for decades, and felt very comfortable recommending to my colleagues to follow his advice and steer our donations through that conduit.

When I think of FGIP, I think of humane healthcare in psychiatry. I mainly perceive them as people I go to if I think we need to talk about human rights issues in the field.

**Anna Rottenecker,**  
Founder of RoCo Ltd and  
the Phoenix Initiative for  
Human Dignity



When I was introduced to the FGIP (an organization I had never heard of before), and namely to Carmen [Andreescu, GIP USA], I was told that I will meet a certain Robert, currently very much involved in Ukraine, very much lost in fundraising, and very much ready to receive help. With this introduction, I did not expect to meet a group of so many highly inspiring mental health activists and human rights advocates. The amount of work they did with so little resources was fascinating. The aim to protect and defend the rights of those with mental health challenges is clearly coming deep from the bottom of their hearts.

At the same time, with so many passionate individuals on board since so long and doing it their way, the organization had become overwhelmed by today's expectations from funders: over the years, with a new generation of young staff members on the funder side, the vital support for visioning and dreaming that is needed to spark reform had been replaced by administrative regulations and strict formal.

What came next was a mix of strategic design, the development of the necessary backbone to make the organization funder-attractive again, and a growing understanding that given the current world we live in, the FGIP, despite any previous plans, shall persist after Roberts' retirement, marked in his own words by "I don't want to become a dinosaur in the sector."

Transitioning away from a founder-led organization is one of the most challenging processes for human rights organizations to survive. But thanks to wine, jazz and the enormous willingness

of all those involved, the FGIP family is today on the right way to transmit its passion, knowledge and savoir-faire to the next generation of change makers, knowing that all persons with mental health challenges will continue to be in good hands.

**Norman Sartorius,**  
psychiatrist and professor,  
former president of the WPA  
(1993–1999), former director of  
the World Health Organization's  
Division of Mental Health



FGIP has been doing work which, to me, was an example of what nobody does. For example, Robert was worried about tuberculosis in prisons. He recognized it as a huge problem. Even to raise this question is very important but you have to face thousands of enemies who do not care about these kinds of issues. But the beauty of non-governmental force is that people come together to make things happen.

Robert is doing wonderful now in Ukraine. FGIP has electronic social advice and gives concrete help. Previously, the education of mid-level staff has been particularly wonderful, especially nurses, because they are the ones who run hospitals. Also, it was a great idea to have regional offices, because they are closer to the people and people take courage from one another.

Robert came from a different background and took this goal as his own. It's inexplicable, much like falling in love.

The downside to FGIP is that it depends to such a large degree on one person who is brave and willing to do things. Whether he is right or wrong often does not matter because his charisma seduces people to join in. But how long can he continue?



**Marianne Schultze,**  
Human Rights Lawyer and a  
Board Member of FGIP

The rule of law has globally been broken with regard to persons with mental health issues. Making a void in the rule of law is not just problematic – it gives governments a quick way to disguise political abuse as psychiatric care. Without checks and balances, rule of law becomes an instrument for oppression, not protection.

FGIP is testament to the essential role of the rule of law in mental health. The history of FGIP is incredibly rich – it shows how the perception of the victim has evolved from silencing to empowerment.

**Professor Sir Simon Wessely,**  
FRS, GBE, Regius Chair of  
Psychiatry at King's College London  
and Director at King's Centre for  
Military Health Research



We are moving, and indeed already are, living in difficult times. The rise of populism continues with only a few exceptions. And there is much to be concerned about in our world. Things we hold to be fundamental – such as an independent judiciary, and a free press – are under threat or have already been breached. Respect for conventions such as the ECHR, one of the founding blocks of the post 1945 settlement, is falling. And much else. Sadly when this happens, there will and already is a rise in ill treatment, neglect, abuse, coercion and exploitation, and this falls unevenly across society, and those with mental disorders will be especially vulnerable. Any thoughts that the need for FGIP is declining now need revision. For FGIP to help meet this challenge it will need to ensure that it does not spread too thinly, chooses achievable goals, and displays all the known arts of diplomacy, advocacy and narrative – in other words and to misquote Dale Carnegie – “making friends and influencing people.”

# NOTES

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