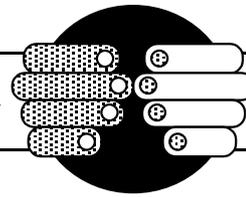


## MINUTES

### Initial congress of WNUSP 20<sup>th</sup> and 21<sup>st</sup> July 2001 in Vancouver

Registered organisations: (see Appendix A for persons registered)

<b>Country</b>	<b>Organisation</b>
Australia	Australian Mental Health Consumers Network
Austria	Verein Netzwerk Spinnen
Belgium	Kisjot Contingency Plan
Canada	Lunatics Liberation Front
	Vancouver/Richmond Mental Health Network
	The Wellness Network
	Second Opinion Society
	National Network for Mental Health
	Council of Initiatives
	Unity Housing
	Channal
	The South Fraser Mental Health Consumer Advisory Network and Development Organization Society (a.k.a. CANDO)
	Madness 101
	Consumer/Survivor Development Initiative
Canadian Mental Health Association	
Denmark	The Danish Association of Users and Ex-users of Psychiatry
Germany	Irren-Offensive e.V.
	Association for the Protection against Psychiatric Violence
Israel	Israeli Association Against Psychiatric Assault
Japan	Japan National Group of Mental Disorders People
Netherlands	Clientenbond
Norway	Galebevegelsen
	We Shall Overcome
Taiwan	Mental Health Association in Taiwan
	Taiwan Taipei County Mental Rehabilitation Association
USA	Support Coalition International
	New York Association of Psychiatric Rehabilitation Services, Inc.
	Matrix Research Institute
	National Empowerment
	M-Power
	The Empower Alliance
	Alameda County Network of Mental Health Clients
	Tamar Program
	Redding Drop in Center
	RESTORE



### **Opening Statement:**

The working group of the Interim Committee – Mary O’Hagan, Iris Hölling and Karl Bach – made a welcome to this first general assembly.

Mary O’Hagan dated the first idea of a world wide network of users and survivors of psychiatry back to Mexico in 1991, where a group of survivors gathered at the WFMH conference and formed the World Federation of Psychiatric Users (WFPU). The name was changed to WNUSP in 1997.

Since then – for practical travelling funding reasons – the meetings of WNUSP have been held at the same places and at the same times as the conferences of WFMH, but WNUSP is a totally separate entity from WFMH.

In the meeting in Santiago in 1999 IDF – International Disability Foundation – was applied to for funding to establish the WNUSP formally – i.e. formulate statutes, aims, action plan, create a secretariat and plan the initial congress. The Interim Committee was elected in 1999 – and after funding was actually received has met once in Denmark (where the secretariat is placed) and the working group has furthermore held numerous telephone conferences and met once in Denmark to prepare this congress.

**Karl Bach** mentioned that the funding was very limited – there was only money to plan this one congress, to establish the secretariat to gather database information of organisations world wide to be contacted for membership. It is now necessary to be formally established in order to get the needed influence, i.e. at the UN organisations, and to seek further funding.

**Iris Hölling** asked the participants in this congress to follow these ground rules:

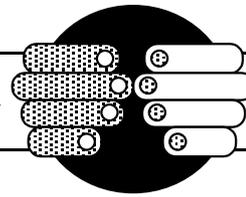
- English speakers: Speak slowly and clearly
- Respect each other and our differences
- Share the speaking – especially with people from countries/cultures who have not had much input
- Keep to the topic
- Non-users/survivors are here only as observers
- No smoking anywhere in the building

Until the statutes are adopted each individual present has one vote. After that – the statutes rules are followed.

### **Report – what has happened since Chile?**

**Iris Hölling:** WNUSP received US \$30.000 from IDF (the organisation in Switzerland does not exist any more). The Interim Committee met in Denmark to prepare Statutes, Action Plan and the general assembly. It turned out to be very difficult to keep contact to several of the members of the Interim Committee. The established working group met once – also in Denmark – and has completed the work via e-mail correspondance and telephone conferences.

**Karl Bach:** The Danish Association of Users and Ex-users of Psychiatry (LAP) has acted as interim secretariat to WNUSP. Eva Hansen, leader of the LAP Secretariat in Odense, Denmark, was



appointed to the job. Until now 55 organisations have asked for membership of WNUSP. The secretariat has established a database of 200 organisations and a web site, [www.wnusp.org](http://www.wnusp.org). In future Eva Hansen may still offer some secretarial assistance, the amount of which will depend on the funding obtained.

**Mary O'Hagan:** WNUSP is since 1995 a member of the Panel of Experts advising UN on the Standard Rules for the Equalization of Opportunities for Persons with Disabilities. The panel is made up of representatives from the major international disability organisations such as World Blind Union, Disabled Persons International, World Federation of the Deaf, Rehabilitation International, Inclusion International and World Network of Users and Survivors of Psychiatry. Mary took part in a workshop in Sweden last year on "Monitoring Rules". Report available from the secretariat.

WHO took the initiative of a project called "Rethinking Care". Mary was invited to a meeting in Oslo – see Mary's paper on [www.wnusp.org](http://www.wnusp.org).

**Karl Bach:** The IDA was established in Capetown in 1999 and is an alliance of the major worldwide organisations run by and for people with disabilities. Members include Disabled Peoples' International, Inclusion International, World Blind Union, World Federation of the Deaf, World Federation of the Deafblind and World Network of Psychiatric Users and Survivors of Psychiatry.

Karl has attended meetings in New York, Sweden and Switzerland. Report from New York available from the secretariat.

...

After an introduction round the agenda was continued:

### **Adoption of Statutes:**

The proposed statutes have been sent by e-mail and ordinary mail to all registrants and put on the web site. Only one proposal for changes to the statutes has been received, also sent to all.

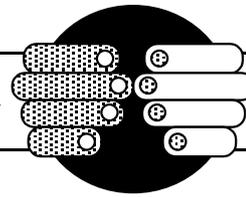
#### **Changes:**

- 2.1 "their" is replaced by "our" – accepted.
- 2.2. Proposal from Rene Talbot and Hagai Aviel to include an amendment/appendix to the Statutes – proposal rejected.

Rene Talbot and Hagai Aviel requested the proposal to be put to the vote once more, this time not by persons present, but by organisations present. Proposal rejected.

Rene Talbot requested the adoption of the statutes be postponed until the following day pending rephrasing of the proposal. The request was not put to the vote, Rene Talbot and Hahai Aviel thereafter chose to leave the meeting.

Vote on total statutes – accepted. Statutes to be found on [www.wnusp.org](http://www.wnusp.org).



The following editorial changes have been made to the Statutes by the Interim Committee:

- 4.2 In countries where there are no national psychiatric user/survivor organisations... the word “psychiatric” is deleted.
- 6.8 ... list sent to all full and non voting members... the words “non voting” are replaced by “associate”.
- 13.1 The reference to Article 6.10 should be to “Article 6.8”.
- 14.1 The reference to Article 6.14 should be to “Article 6.12”.The reference to Article 6.10 should be to “Article 6.8”.

### **Working Groups:**

1. Standard Rules for the Equalisation of Opportunities for Persons with Disabilities
2. UN Principles for the Protection of Persons with Mental Illness
3. Human Rights
4. Action Plan

*The working groups presented results of their work on the second day of the meeting, 21<sup>st</sup> July:*

### **UN Principles**

The group recommended establishing a WNUSP working group to draft new principles from a user/survivor perspective. The group must be of members, who are culturally diverse so as to represent a full world view of users/survivors. Lobby the UN General Assembly to remove resolution 46/119 and adopt the new user/survivor principles.

**Action:** After debating the principles and the working group recommendation it was proposed to abolish the UN principles (refer to position paper in stead) – making a short statement: WNUSP calls for the abolishing of the UN Principles, as they are in violation of human rights. Proposal voted on and accepted.

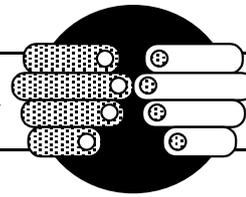
### **Human Rights Position Paper**

The result of the group’s work is enclosed with these minutes and may be found on [www.wnusp.org](http://www.wnusp.org) as well. The position paper was voted on and accepted.

### **Standard Rules**

Please find the report from the working group enclosed with these minutes.

The changes were voted on and accepted – Mary O’Hagan will inform the Panel of Experts (UN) of WNUSP point of view.



## **Action plan**

### **Funding sources:**

Develop campaign to promote WNUSP  
at individual level  
at national level  
at group level

### **Board:**

designate fundraiser  
one person or several  
within/without

### **What do the fundraisers need:**

develop properties of organisation to satisfy funders  
look for funding activities  
local  
regional  
within membership organisations

### **Possible issues in respect to analogy:**

1. Drugging children
2. Alternative/non drug therapies
3. Forced coercion

... or globalization, i.e.:

Drug companies

Going in and westernizing psychiatric principles

Address the spiritual/emotional aspect to the organisation and where it is missing in the medical model.

### **Obligations and responsibilities:**

Work on defining:

As individual

As organisation

Renaissance workers

education

credibility

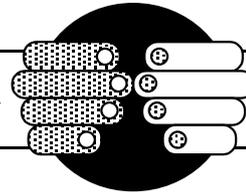
Alternative methods of combatting overwhelm  
inform youth

Racial/class issues which underline our endeavours

### **Publicity:**

Education

Finances



Net working – how do we promote the WNUSP work

The BUDDIE system

Target countries that show no membership

Find organisations who are potential candidates to become members of WNUSP

The board will work on the action plan.

### **Election of board**

Karl Bach: Voting procedure. Board consists of 8 board members (of which 2 chairs, 1 is treasurer), + the secretary (no voting right). Furthermore up to 3 persons may be coopted. The 8 board members should be elected from the 4 regions of the world (Americas, Asia and the Pacific, Europe and the Russian Federation, Africa and the Middle East). Unfortunately there is no persons present from Africa and the Middle East. The new board may coopt a person from that part of the world. No board members can be from the same country.

**Nominated and elected:** **Judi Chamberlain, USA (elected co-chair)**  
**Iris Hölling, Germany (elected co-chair)**  
**Gisela Sartori, Canada**  
**Helen Connor, Australia**  
**Masaji Koganezawa, Japan**  
**Karl Bach, Denmark (elected treasurer)**

**Deputies:** **Lis Thor-Larsen, Canada**  
**Mathew Mathai, USA**  
**Elin Sverdrup-Thygeson, Norway**

### **Other issues**

There was no proposal as to establishing **permanent secretariat** with any of the organisations present. It was concluded that the secretary, Eva Hansen, LAP Denmark, continues to work for WNUSP as far as funding goes, and then on a voluntary basis.

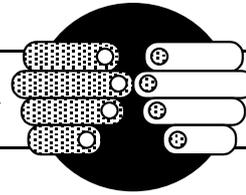
**The next general assembly** will be held in two years. The board will consider Africa as meeting place.

### **Resolutions**

Resolutions voted on and accepted are enclosed with these minutes and may be found on [www.wnusp.org](http://www.wnusp.org) as well.

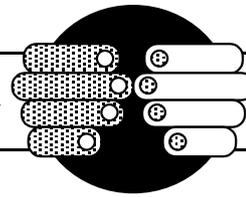
### **Proposed future papers for board attendance:**

- Human subjects protection in research
- Drugging of children



- Explore meaning of alternatives to western medical model in a world context

**Thanks** were expressed for the big help the Canadian users/survivors have given the working group in arranging this assembly in Vancouver.



### The Standard Rules

on the Equalization of Opportunities for Persons with Disabilities  
Suggestions put forward by the Standard Rules Working Group  
and adopted by the General Assembly  
WNUSP July 20/21 2001, Vancouver, Canada

Some of the values used when determining suggested revisions were:

- self-determination
- choice
- economic (income) support is not contingent on compliance
- informed consent
- refusal of treatment and/or incarceration
- community-based care
- the right to non-medical model care
- language that encompasses cross-disabilities
- that “family” is defined as a person or persons of the disabled persons choice, not necessarily that which is assumed by biology or “next of kin

KEY: **new statements or phrases**

(deletions)

in the interest of prompt circulation of these notes, when adding/deleting only a word or two we have used three dots (...) to indicate connecting information not changed within a statement

Bearing in mind that due to limited time we were not able to analyze the document at length and that an e-mail tree has been established to inform the working group and liaisons of further editing, the WNUSP suggests the following additions/deletions/revisions:

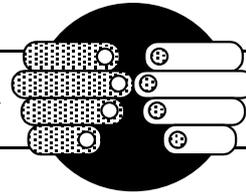
## I Preconditions for Equal Participation

*Rule 1 Awareness-raising*

1.5 States should (~~invite~~) **ensure that** persons with disabilities (~~and~~), their families and organizations (~~to~~) participate in public education programmes concerning disability matters.

*Rule 2 Medical Care*

2.1 States should work towards the provision of programmes run by multidisciplinary teams of professionals **including people with disabilities or others as chosen by the disabled person** for early detection, assessment and treatment of impairment. This could prevent, reduce or



eliminate disabling effects. Such programmes ... at the planning , **implementation** and evaluation levels.

2.4 States should ensure that all medical and paramedical and related personnel are adequately trained and equipped to give medical care to persons with disabilities, ~~and~~ that they have access to relevant training methods and technology, **and should include training by persons with disabilities themselves.**

2.6 States should ensure that persons with disabilities are provided with ~~any regular~~ treatment and medicines **of their choice** they may need to preserve or improve their level of functioning.

2.7 **States should ensure that medical facilities and personnel inform people with disabilities of their right to self-determination, including the requirement of informed consent, the right to refuse treatment and the right to not comply with forced admission to facilities.**

### *Rule 3 Rehabilitation*

3.2 Such programmes should include a wide range of activities, such as **self-help**, basic skills training ...and occasional services such as assessment and guidance.

3.4 Persons with disabilities and their families should (~~be able~~) **have the opportunity** to participate in the design and organization of rehabilitation services concerning themselves

3.7 States should draw upon the expertise of organizations of persons with disabilities when formulating (øf) , **delivering and** evaluating rehabilitation programmes.

### *Rule 4 Support Services*

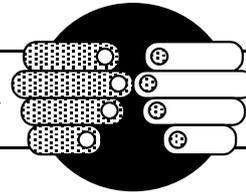
*Introductory Statement:* States should ensure the development and supply of **voluntary** support services, including assistive devices and **personal assistance services** for persons with disabilities, to assist them to increase their level of independence in their daily living and to exercise their rights

4.7 Personal assistance programmes should be designed in such a way that the persons with disabilities using the programmes have a decisive influence on the way in which programmes are delivered. **Personal assistance can be used to deliver both emotional and physical support in accordance with the personal choice of that person with a disability.**

## **II Target Areas for Equal Participation**

### *Rule 5 Accessibility*

*Introductory Statement* States should recognize the overall importance of accessibility.... For persons with disabilities of any kind, States should (a) introduce programmes of action to make the physical **and social** environment accessible.... information and communication



5.1 States should initiate measures ... physical **and social** environments. Such measures ... outdoor environments.

5.2 States should ensure that architects, construction .... and measures to achieve **physical and social accessibility**.

5.3 Accessibility requirements ... construction of **physical and social environment** ... design process.

*Rule 8 Income maintenance and social security*

8.2 In counties where social security...States should ensure ... persons with disabilities **and ensure that persons with disabilities are not forced to accepted unwanted services as a condition of receiving income support.**

8.6 Income support ...employment. It should ... secure income. **Income support systems should recognize the episodic nature of some disabilities and ensure the immediate resumption of income support.**

*Rule 12 Religion*

*Introductory Statement:* States will encourage measures for equal participation by persons with disabilities in the **spiritual and** religious life of their communities.

(maybe spiritual (practices) should be added in all statements in Rule 12 where the word religion is used ?- ed.)

### III Implementation Measures

*Rule 15 Legislation*

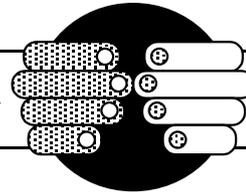
15.5 Legislative action should support persons with disabilities to the rights of self-determination, informed consent and non-compliance with forced admission to segregated facilities.

15.6 Legislative action should encourage the development of community-based care and the dismantling of institutionally-based systems.

### Other Sources

The following suggestions were made by people unable to attend the forum and/or we were unable to address them due to time constraints, but they bear thought and possible inclusion:

*re: Introduction to The Rules*



*Point 20.* In 1980, the World Health Organization.... anthropology. Some users have expressed concern.... revisions of the Classification.

“There should be a clear statement that policy regarding disabilities also extends to **perceived disabilities** - this is done in the US Americans with Disabilities Act. (Which unfortunately has still been interpreted in ways prejudicial against the issue of psychiatric discrimination).”

**-Tina Minkowitz**

**tminkowitz@earthlink.net**

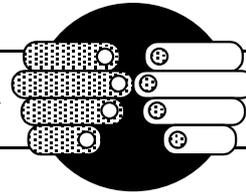
“Based on our activities on behalf on human rights, we propose a different view of the concept of disability that is dignified, constructive and positive. According to it, disability is a set of obstacles placed by society and the state against particular citizens, that is: a person is disabled by the State, thus denying them the same basic rights recognized as human rights.”

“ ...new laws would confer more power to the State and State-sponsored professional help. “

**- Hagai Aviel**

**iaapa@hotmail.com**

(relevant excerpts from a communication to WNUSP - for full document, contact WNUSP)



***Human Rights Position Paper of the  
World Network of Users and Survivors of Psychiatry***

Unanimously approved by WNUSP 2001 General Assembly in Vancouver.

The World Network of Users and Survivors of Psychiatry (WNUSP), an international organisation of present and past recipients of mental health services, is dedicated to protecting the human rights, self-determination and dignity of all users/survivors throughout the world<sup>i</sup>. In addition, it is designed to promote the user/survivor movement in every nation across the globe and to initiate necessary change and reform in how the world views and treats people labelled “mentally ill.”

***Why has the WNUSP been developed?***

The WNUSP finds itself called into being for a number of reasons. First and foremost, recipients of mental health services are human beings and are endowed with all civil, political, legal, economic, social and cultural rights as recognised by the United Nations.<sup>ii</sup>

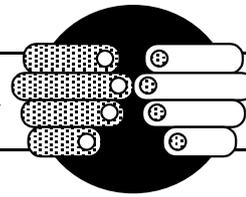
Historically, users/survivors (whose numbers include up to one in four people) have been shunned, mistreated and disregarded in most societies. Various abuses have been and continue to be inflicted upon users/survivors often in the name of so-called “treatment.” This has included such atrocities as government-sponsored hallucinogenic drug experiments on unknowing individuals, forced treatment (including institutionalisation of political prisoners), electric as well as insulin shock “therapies,” and even attempted genocide during World War II.

The stigma and myths that surround “mental illness” have resulted in discrimination in housing, employment and education, and a lack of attention to the basic needs of users/survivors. These myths and falsehoods include that users/survivors are dangerous, unintelligent, unable to work and have no chance of recovery. Reality shows that users/survivors are no more violent than “normal” people, as intelligent as everyone else, able to work in all settings and do recover from their difficulties.

This stigma and discrimination have created a class of people who have been systematically disempowered and impoverished. Many users/survivors become homeless, unemployed, under-educated, socially isolated and lack adequate health care. Often they become dependent upon meagre governmental assistance programmes. Compounding this, they are regularly excluded from making decisions and choices that may improve their quality of life.

Recently, however, we (users/survivors) have taken it upon ourselves to become vocal and active participants in changing how we are treated in order to better meet our needs and to strive towards dignity and independence. Over the past thirty years, the users/survivors movement has grown from a few scattered self-help groups to a world-wide network of activities in six continents including users/survivor-operated housing, employment, public education, research, socialisation and advocacy programmes.

The WNUSP was established to further promote this movement and to respond on an international level to the oppression that users/survivors continue to experience.



### ***Core values of the WNUSP***

The WNUSP, though representing diverse points of view, finds certain values to be held in common. These values guide the activities of WNUSP and assist in determining its focus.

First, the WNUSP values are based upon those of the users/survivors movement. These values stress empowerment, equality, self-determination, respect, dignity, independence, mutual support, self-help, advocacy, education, and the right to pursue our own spiritual beliefs. One key value is that diversity itself is positive and can be used to bring strength to collaborative efforts.

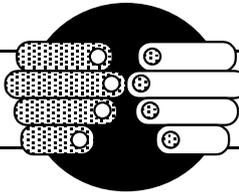
We also value the acquisition of knowledge and exposure to information as a means to become empowered and take control of our lives. We see knowledge as a pathway leading to greater informed choices and opportunities in order to improve our quality of life. Above all, we hold to person-centred values where the individual is larger and more important than any disease label or any experience they may have had in the mental health system.

Finally, the WNUSP believes that experiences of living with problems can be of value to individuals and to society in exploring the depths of human experience, and that those suffering distress may bear messages of change and offer insight to those in society at large.

### ***WNUSP Statement of Principles***

In pursuing the goals and values outlined above, the WNUSP establishes the following principles:

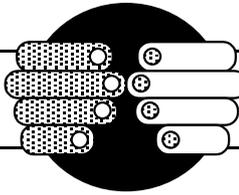
- Every user/survivor shall be treated with the basic respect and dignity afforded to all persons.
- Every user/survivor shall be free from any and all human rights abuses -- no user/survivor shall be subject to physical, sexual or emotional abuse.
- Every user/survivor shall be free from any and all forms of discrimination -- no user/survivor shall be subject to housing, employment, economic, educational, racial or cultural discrimination.
- Every user/survivor shall be granted self-determination and the ability to make informed choices -- no user/survivor shall be denied the opportunity to make educated decisions affecting their lives including full informed participation and informed consent in all mental health "treatment" matters; additionally, users/survivors shall have the opportunity to fully participate in the planning, policy development, delivery, evaluation and research of mental health services.
- Every user/survivor shall be granted full political, legal and civil rights -- no user/survivor shall be denied the right to participate fully in society including the rights to participate in political processes, practice one's religion, free speech and to petition their governments.
- Every user/survivor shall have the opportunity to organise collectively -- no user/survivor shall be denied the opportunity to assemble for mutual support and political action.
- Every user/survivor shall have the right to refuse any and all "treatments or procedures" -- no user/survivor shall be subjected to coerced or forced psychosurgery, sterilisation, over-medication, psychiatric drugging, chemical restraints, physical restraints, insulin shock, electroshock, or inpatient or outpatient commitment.



- Every user/survivor shall have the right to representation on his/her behalf -- no user/survivor shall be denied the opportunity to have an advocate or attorney to ensure the protection of one's rights.
- Every user/survivor shall be provided with having their basic needs met -- no user/survivor shall be subject to hunger, poverty, homelessness or a lack of adequate health care.
- Every user/survivor shall be full integrated as any and all citizens within any community -- no user/survivor shall be segregated and relegated in separate housing or separate areas of communities.
- Every user/survivor within a hospital or mental health setting shall in addition to these principles have the following rights:
  - unrestricted and private communication including receiving and sending unopened letters and to have outgoing letters stamped and mailed, to have access to telephones, to receive visitors of one's own choice, and to make grievances and have those grievances heard and adjudicated promptly with appeals processes in place
  - keep, use and sell personal possessions
  - participate in the development and review of one's "treatment" plan, and
  - to be discharged or released upon one's wishes.
- Every user/survivor shall have the right to handle one's personal affairs -- no user/survivor shall be denied the opportunity for holding a driver's license or professional license, engaging in personal intimate relationships of one's choice, marrying, obtaining a divorce etc.
- Every user/survivor shall have the right to be paid at equitable pay for any work performed - no user/survivor shall be forced to work or be paid beneath equitable rate scales for equitable work.
- Every user/survivor shall have the opportunity to participate in alternative services -- no user/survivor shall be restricted in participating in voluntary self-help alternatives as well as other supports such as spirituality, meditation, acupuncture, yoga etc, and voluntary self-help alternatives shall be made available in all communities.
- Every user/survivor shall have the opportunity to become informed of the user/survivor movement -- no user/survivor shall be restricted in becoming educated on this movement.
- Every user/survivor shall have the right to confidentiality and access to any records or documents concerning one's self -- no user/survivor shall have their privacy rights violated.
- Every user/survivor shall be notified of their rights and these principles.

In the implementation of these principles, procedures shall be developed to ensure that they are fully complied with. These procedures must include full user/survivor participation in their development and operationalisation. These procedures must also include processes for monitoring the compliance with these principles as well as enforcement strategies for any violation.

The WNUSP will initiate activities to promote these principles. In addition, it aims to work with other established organisations (user/survivor, governmental, advocacy, family, provider etc) to promote these principles. This will incorporate establishing and maintaining dialogues with the



above groups, pursuing advocacy strategies, engaging in human rights campaigns, providing technical assistance, promoting collaborative projects, etc.

The WNUSP sees itself as an evolving and growing force that will continually self-define these principles and corresponding activities as need and opportunity arise.

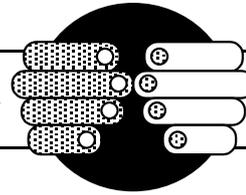
**Developed by World Federation of Psychiatric Users Co-chair, Paolo del Vecchio in 1994**

**Modified and Reaffirmed by World Network of Users and Survivors of Psychiatry (WNUSP) 2001 General Assembly in Vancouver, Canada.**

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<sup>i</sup> There is a diversity of opinion within this movement over the terminology used to describe individuals who have experienced the mental health system. These terms include: users, survivors, consumers, clients, ex-patients, psychiatrically labelled, ex-inmates etc. For the purpose of brevity within this statement, the term “user/survivor” will be employed.

<sup>ii</sup> U N Resolutions 217 A (III); 2200 A (XXI); 3447 (XXX); and 43/173, (annex).



**Resolution**  
**“for full public disclosure”**

approved by  
WNUSP 2001 General Assembly in Vancouver  
(Joined by the WFMH General Assembly 2001)

WHEREAS the World Network of Users and Survivors of Psychiatry opposes the international rise of coerced psychiatric drugging without adequate informed consent, and

WHEREAS, the WNUSP is concerned about the increasing undue influence that psychiatric drug industry holds inside the psychiatric profession,

**THEREFORE, BE IT RESOLVED that WNUSP calls on all organizations and conferences addressing psychiatric issues – including the World Assembly for Mental Health – to provide full public disclosure of the amount of funding they receive from the psychiatric drug industry.**

**Resolution**  
**“against forced elektroshock”**

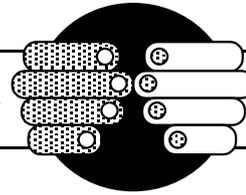
approved by  
**WNUSP 2001 GENERAL ASSEMBLY IN VANCOUVER**  
**(Joined by the WFMH General Assembly 2001)**

WHEREAS, the World Network of Users and Survivors of Psychiatry is concerned about human rights violations related to the use of electroshock, and

WHEREAS, national governments are generally not providing adequate reporting and regulation regarding the use of electroshock, although the procedure appears to be increasing internationally, and

WHEREAS, electroshock is still being administered to many individuals against their expressed wishes,

**THEREFORE BE IT RESOLVED, that WNUSP condemns the administration of electroshock against the expressed wishes of any person.**



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**Resolution**  
**“mad pride”**  
**approved by**  
**WNUSP 2001 GENERAL ASSEMBLY IN VANCOUVER**

WHEREAS events are being held in five nations in July 2001, celebrating the psychiatric survivor social change movement, and

WHEREAS, these Mad Pride events raise an important concern about the globalization of human rights violations in the psychiatric system,

**THEREFORE BE IT RESOLVED, that the World Network of Users and Survivors of Psychiatry endorses Mad Pride 2001.**

**Resolution**  
**“NOthing about us without us”**  
**approved by**  
**WNUSP 2001 GENERAL ASSEMBLY IN VANCOUVER**  
**(Passed by the WFMH General Assembly to the WFMH-board for further  
consideration)**

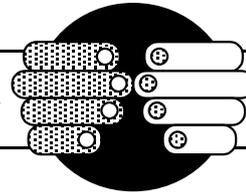
WHEREAS, those impacted by the psychiatric system should be fully involved in creating and reviewing policy decisions that effect their lives, and

WHEREAS, the World Network of Users and Survivors of Psychiatry affirms the principle of “Nothing About Us, Without Us,” and

WHEREAS, the International Consortium for Mental health Policy and Services has created a “Mental Health Policy Template” for international implementation, including by the World Bank, and

WHEREAS, creators of this template acknowledge that psychiatric survivors and users of the psychiatric system were not adequately consulted and involved,

**THEREFORE BE IT RESOLVED, that WNUSP requests the suspension of implementing the Mental Health Policy Template until such time as psychiatric survivors and users of the psychiatric system are consulted and involved and their views are reflected in the template.**



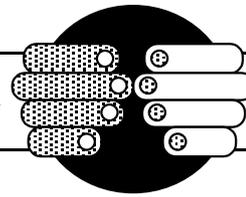
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**Resolution**  
**“against forced treatment”**  
approved by  
**WNUSP 2001 General Assembly in Vancouver**  
**(Passed by the WFMH General Assembly to the WFMH-board for further  
consideration)**

WHEREAS the psychiatric profession has not established that “mental illness” is a medical disease having the properties of demonstrable anatomical and/or physiological defect, such as cancer, diabetes, tuberculosis or pneumonia, and

WHEREAS there is a considerable body of evidence demonstrating that psychiatry’s physiological “treatments”, such as psychoactive drugs, electroshock and psychosurgery, can and do cause severe, irreparable damage to the brain and other organs of the body,

**THEREFORE the World Network of Users and Survivors of Psychiatry declares its opposition to the administration of any psychiatric physiological treatment to anyone against their will or without their genuine and fully consent.**



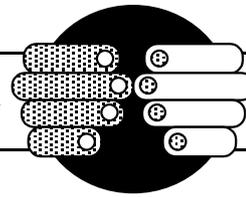
## **APPENDIX A**

### **List of persons at the assembly:**

errors and omissions excepted

Registered before the assembly:

Alex Verkade, Unity Housing, Canada  
Allan Strong, The Wellness Network, Canada  
Anita Soderquist, Canada  
April Porter, Canada  
Barbara Bawlf, Canadian Mental Health Association  
Brian Disagree, - Lunatics Liberation Front (LLF), Canada  
Carmen A. Lee, Stamp Out Stigma, USA  
Cassandra Freeman, Vancouver/Richmond Mental Health Network, Canada  
Cindy Lou Griffith, Lunatics Liberation Front (LLF), Canada  
Corinne Chepil, Vancouver/Richmond Mental Health Network, Canada  
David Oaks, Support Coalition International, USA  
David Romprey, RESTORE, USA  
Dennis Cheng, Consumer/Survivor Development Initiative, Canada  
Elin Sverdrup-Thygeson, Galebevegelsen and We Shall Overcome, Norway  
Elisabet Thor-Larsen, Vancouver/Richmond Mental Health Network, Canada  
Eva Hansen, Denmark (Secretariat)  
Georg Buttinger, Verein Netzwerk Spinnen, Austria  
Gisela Sartori, Second Opinion Society, Canada  
Hagai Aviel, Israeli Association Against Psychiatric Assault  
Heather Mckee, Canadian Mental Health Association  
Helen Connor, Australian Mental Health Consumers Network (national)  
Howard D. Trachtman, m-power,  
Iris Hölling, Verein zum Schutz vor psychiatrischer Gewalt e.V, Germany  
Irit Shimrat, Lunatics Liberation Front (LLF), Canada  
Jan Kuypers, Kisjot Contingency Plan, Belgium  
Jean Campbell, Missouri Institute of Mental Health, USA (Friday only)  
Jeanne Dumont, USA  
Jill Stainsby, Vancouver/Richmond Mental Health Network, Canada  
Joanna Carson, Vancouver/Richmond Mental Health Network, Canada  
Judi Chamberlin, National Empowerment, USA  
Judith Ulan, Vancouver/Richmond Mental Health Network, Canada  
Judy Hoover, Consumer/Survivor Development Initiative, Canada  
Julie Flatt, Consumer/Survivor Development Initiative, Canada  
Karl Bach Jensen, Denmark, Danish Association of (ex-)users of psychiatry  
Kathleen Still, Vancouver/Richmond Mental Health Network, Canada  
Kimberly Simon, National Network for Mental Health (NNMH), Canada  
Len Wood, Consumer/Survivor Development Initiative, Canada



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Linnea Harper, RESTORE, USA  
Lisa Leveque, Consumer/Survivor Development Initiative, Canada  
Marie Baker, Vancouver/Richmond Mental Health Network, Canada  
Mark Miller, Canada  
Marnie Shepherd, Consumer/Survivor Development Initiative, Canada  
Mary O'Hagan, New Zealand  
Masaji Koganezawa, Japan – Japan Association  
Mathew Mathai, Deputy Director, NYAPRS, USA  
Millie Strom, Madness 101, Canada  
Mr. Chen-wen Chang, Mental Health Association in Taiwan  
Mrs. Jane L. Chen, Mental Health Association in Taiwan  
Ms. Cheuh Chang, Mental Health Association in Taiwan  
Ms. Hsiu-tze Lo, Mental Health Association in Taiwan  
Ms. Juei-lin Chen, Mental Health Association in Taiwan  
Ms. Li-ru Liu, Mental Health Association in Taiwan  
Paul McGillicuddy, Vancouver/Richmond Mental Health Network, Canada  
Peter Bragg, Matrix Research Institute, USA  
Rebecca Skidmore, Canada  
Rene Talbot, Irren-Offensive e.V, Germany  
Ron Carten, Vancouver/Richmond Mental Health Network, Canada  
Shacindra Mani, Canada  
Sharon Taylor, Vancouver/Richmond Mental Health Network, Canada  
Skylar Young, Canada  
Terry Morris, CANDO Society, Canada

Registered at the assembly:

Leonard Roy Frank, Support Coalition International, USA  
Clemens W. Huitink, Clientenbond and ENUSP (European Network of Users and Survivors of Psychiatry), The Netherlands  
Catherine Hunter, Vancouver, Canada  
Jody Harmon, Corvallis, Canada  
Phil Schulman, Support Coalition International, USA  
Timothy Heisler, Unity Housing – Outreach, Canada  
Nicolas Akkaous, Vancouver, Canada  
Albert Tan, Mensa International, Canada  
Adrianna MacKenzie, Nova Scotia, Canada  
Melodie Downey, Dartmouth, Canada  
Joan Edwards-Karmazyn, Council of Initiatives, Bracebridge, Canada