

Presentations by Robert van Voren, Chief Executive, Global Initiative on Psychiatry (GIP) at the conference **“Double Stigma-Double Challenge”: Putting Mental Health and HIV/AIDS on the International Agenda** (The Hague, Nov 9 2007)

Opening Comments

Ladies and Gentlemen,

It is a great pleasure and an honor to welcome you here at this international conference on Mental Health and HI/AIDS. Today we are gathered here to see and discuss the first results of a four-year project to develop expert centers on mental health and HIV/AIDS in South-Eastern Europe, the Caucasus and Central Asia. We are also here to discuss the issue with regards to the situation in other parts of Eastern Europe, and on other continents where the HIV/AIDS epidemic has raged over the past two decades, with often catastrophic results.

In discussions about HIV/AIDS, the mental health aspects are often forgotten, and when Global Initiative on Psychiatry decided to embark on this project and apply for funding from the Thematic Co-financing program of the Dutch Ministry of Foreign Affairs, only few experts were available that could help us in developing the proposal, in describing the mental health aspects in a evidence-based and constructive manner and help formulate the goals of the project.

What we want to show you today is what we managed to do and what others are doing. But we also want to tell you the story of what has not yet been done, and what should be made a priority for development aid. It is wonderful that combating AIDS has become an international priority and is generally accepted as such. But without taking into account the mental health aspect of the disease and addressing this as effectively and globally as the rest, we lose sight of something that is crucial to our survival: our mental health. No health without mental health – that also counts for HIV/AIDS.

I am very pleased that Arend Jan Heerma van Voss agreed to facilitate the conference. Mr. Heerma van Voss is a well known and respected figure in Dutch mental health and has, among very many other things, been an editor in chief of the Dutch Maandblad Geestelijke Gezondheidszorg.

In the interests of time, I would now like to ask Dr. Vladimir Poznyak of the World Health Organization in Geneva to open this conference.

Vladimir Poznyak is Management Coordinator of the Substance Abuse Team at the Department of Mental Health and Substance Abuse of the World Health Organization (WHO). Before joining this Department in 2000, he worked as Medical Officer at the Regional Office for Europe of WHO in the Alcohol and Drugs Unit.

Dr. Poznyak was trained at the Belarus State Medical University in Minsk and was later actively involved in teaching at this University. He has also been engaged in a wide array

of research and publications activities in the area of psychiatry and substance abuse. He has been for many years active in projects related to Global Initiative on Psychiatry, among them various training programs for the young generation and our Russian language journal “Review of Contemporary Psychiatry”, of which he was editor in chief for many years.

Thank you very much for coming here to join us in these discussions.

Panel Presentation

The theme of this conference does, in my view, not only deal with the interface of HIV/AIDS and mental health, but actually also with a much wider issue.

In general terms, the link between mental health and development aid seems to be often absent. Mental health is usually not seen as a priority issue, but rather something that affects rather small parts of society and should be dealt with at a later stage, when basic health issues have been addressed and there is time to look further. One tends to forget that mental health issues affect us all, that one out of four persons will suffer from a mental illness at least once in their life-time, and that it makes no difference whether one lives in London, New York, Dushanbe, Kinshasa or somewhere in the middle of nowhere in Asia. Mental health is in that sense very democratic, knows no boundaries, and does not differentiate in classes or levels of income.

And yet when we see any form of mental health care delivery in the Third World, it is often in the form of post-conflict assistance, specialized care of traumatized populations, and usually not linked to an attempt to develop or strengthen regular mental health care services in the countries concerned. The result is that when a disaster, natural or man-made, happens somewhere else in the region, aid organizations move their operations to these new disaster areas, and services in the original places of operation dwindle and eventually disappear. The absence of a link with regular mental health care services, or with an attempt to establish these in order to integrate the post-trauma care into such regular services, has often a disastrous effect on their sustainability.

Also in the case of the delivery of care and support to those infected with HIV/AIDS, the mental health aspects tend to be overseen or forgotten in the ocean of misery. And yet when one comes to think of it, this is rather strange. The message that one has become infected with HIV/AIDS, in particular in countries where medical services and access to treatment are not up to par, it must invariably have a devastating effect. It is for some a death warrant; life is about to come to a rather abrupt and often very unpleasant end. And it is a message that is often surrounded by suspicion and stigma, as well as questions like how will it affect my loved ones? The shock of the message and its consequences inevitably lead to serious psychological problems, and often to mental illness such as depression, suicidal tendencies or even worse. And this not only affects those who become infected. The environment goes through a very uncertain period, who knows who

else is infected and how, and what happens when mother, father, or both die, who will take care of me?

And thus the mental health issues should, in fact, be a priority issue. We are talking about millions of people under severe mental stress, whose lives have fallen apart and who need psychological support. They need a mental health care system that can respond – and which often is not there.

In the countries GIP worked, and continues to work, within the framework of this project, there is a mental health care system. It is often insufficient, outdated, surrounded by stigma and fear, but at least there is a system that can be adapted and improved, with professionals who can be trained. That is what our expert centers in the nine countries have been doing.