



# International School



## OFFICIAL PUBLICATION OF INTERNATIONAL SCHOOL FOR MENTAL HEALTH PRACTITIONERS ON UNITED NATIONS AFFAIRS

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This publication is distributed to Missions to the United Nations and to Mental Health Clinics throughout the world on a quarterly basis. Its purpose is to inform all about the work of the United Nations in Mental Health and related activities.

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Editor's Note: This part of our publication tells of the wonderful work of the United Nations in such areas as their fight against human trafficking, getting humanitarian aid to tidal wave victims, getting to the bottom of causes of mental illnesses as they are linked to certain physical conditions, and making sure persons with disabilities and learning disorders as ADHD get the respect and recognition they deserve.



With appreciation to [www.traffickinginpersons.com/voices.htm](http://www.traffickinginpersons.com/voices.htm)

Winter – 2005 – Human trafficking is one of today's most egregious human rights violations. Traffickers prey on the most vulnerable members of society: people burdened with poverty, disabilities and discrimination. Trafficking in persons refers to the illegal trade or "sale" of human beings for sexual exploitation or forced labor through abduction, the use or threat of force, deception and fraud. It knows no gender, race, age, or even boundaries (due to globalization.)

According to the *Trafficking in Persons Report* of the United State Department, 600,000 to 800,000 are traded annually across international borders; most of the victims are women and girls. The number is even more horrific after factoring in domestic trafficking, that is, trading within country borders. However, despite its massive scale, human trafficking will remains unknown to many. This increasingly lucrative industry is often associated with organized crime, hence in 2000 the International community created the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in persons, Especially Women and Children, which supplements the Convention.

For the first time in a legal document, the Protocol specifically defines and criminalizes trafficking in persons. It also urges States to assist and protect victims of trafficking, for example, by stopping their deportation and allowing their repatriation, strengthening border controls and improving the integrity and security of identification documents. Furthermore, States are also urged to try to prevent such trafficking by pursuing research, public awareness campaigns, as well as social and economic initiatives that decrease the vulnerability of victims. In addition to the Protocol, individual countries also have passed anti-trafficking legislation or revised existing immigration and criminal laws since the mid-1990s in an effort to counter this modern-day slavery.

Although many people are unfamiliar with this issue, the anti-trafficking movement is growing, thanks to non-governmental organizations (NGOs) that conduct local, national, and international lobbying and advocacy. From grass-roots organizations which identify victims and provide direct services to advocacy organizations that lobby for anti-trafficking laws and build civil society capacity through networking, training, information-sharing and public awareness campaigns, NGOs are driving the global anti-trafficking movement.

Generally, there are two types of anti-trafficking NGOs: those that work directly with victims, so-called service providers; and the advocacy groups, which do not directly work with the victims, but instead interact regularly with government officials and legislators to promote strong anti-trafficking laws and policies, and monitor the enforcement and implementation of these policies. They also engage in civil society through active networking with other organizations and individuals, thus building stronger alliances in the NGO community and strengthening their advocacy work. As an international NHO that promotes women's rights worldwide, Vital Voices Global Partnership pursues three strategies in its anti-trafficking advocacy work:

#### Raising public awareness

Public awareness is a key to the success of the anti-trafficking movement. Victims are frequently kept in isolation and their rescue often depends on good Samaritans who report trafficking cases to law enforcement. Vulnerable individuals, such as the poverty-stricken, who seek employment abroad, also need to understand the process of human trafficking in order to avoid becoming victims.

Vital Voices raises public awareness first through an electronic newsletter, *Trafficking Alert*, which covers human trafficking issues. Readers include government officials, NGO workers, international organization employees, and scholars from all over the world. The newsletter encourages discussions and debates on the best approaches and practices to counter human trafficking worldwide. Vital Voices also produces in eight languages an anti-trafficking tool-kit for use throughout the United States. The kit contains information on identifying victims in local communities, a summary of United States anti-trafficking laws, a list of national complaint lines to report potential victims, and a fact sheet for health professionals outlining the effects of trafficking on victims' health. Another component of its campaign involves working with the United Nations Office on Drugs and Crime to distribute public service announcements to national and regional television stations. It also conducts active outreach by speaking to different communities, such as at universities, seminars and conferences, about issues related to human trafficking.

#### Promoting effective partnerships between Governments and NGOs

Although NGOs are driving the global anti-trafficking movement, Governments remain vital because they are the ones that establish anti-trafficking policies, strengthen law enforcement and fund support for victims. Conversely, effective government policies cannot be made without information from the NGO community, especially those that have direct experience with trafficking victims. Unfortunately, mutual trust or confidence between Governments and NGOs in many countries and channels for both to discuss human trafficking issues are either rare or simply do not exist. In this regard, Vital Voices promotes and facilitates these discussions by identifying and bringing together NGOs and policy makers to create sound anti-trafficking policy.

#### Training and building NGO capacity to counter human trafficking

Recognizing the vital contribution of NGOs, but Governments and financiers worldwide pursue strategies to develop civil society and build the capacity of these organizations. Government offices frequently partner with NGOs in various anti-trafficking activities, such as training about victim protection prosecuting cases and developing methods to prevent trafficking. Vital Voices works with an extensive network of NGOs and uses leadership training to connect with emerging women leaders. The issue of human trafficking is incorporated into such training to encourage anti-trafficking efforts within the network. It also provides training to encourage strategizing about the way that law enforcement, legislators, government officials and NGO workers can best stop human trafficking.



With appreciation to

[www.undoc.org/undoc/en/trafficking](http://www.undoc.org/undoc/en/trafficking)

In addition to advocacy NGOs, other anti-trafficking organizations work directly with victims, and their focus is identifying victims and helping in their recovery. Because these NGOs concentrate more on service provision, they often collaborate with advocacy groups if they want to work on anti-trafficking policy and generally provide social services and legal assistance. Counselors, psychologists and social workers administer counseling and care to help trafficking victims recover from physical and psychological abuse. Medical attention is often needed, especially for victims of sex trafficking, to determine if they have contracted HIV/AIDS or other sexually transmitted diseases. Safe housing is another immediate necessity. These urgent and basic needs are often arranged by non-profit service providers in the community.

Depending on the extent of trauma, recovery may take years, this in addition to emergency assistance, long-term rehabilitation plans are necessary. Service providers also facilitate the reintegration of trafficking victims into society. They provide vocational training, language classes, or basic education in cases where the victims are minors with incomplete schooling. Victims frequently require legal assistance in areas such as immigration law, family law or civil rights. As they often cannot afford to pay legal fees, service providers can refer them to legal professionals who provide pro bono or low-fee counsel and serve as their advocates before government authorities and the court to ensure the full protection of victim's rights.

NGOs are vital in the fight against human trafficking; they have the autonomy and expertise to bring the issue to the public eye, promote policy change and care for victims. Despite differences in strategies or ideologies, the goal of NGOs remains the same: to end human trafficking. Only by collaborating at the level of policy and legislation, as well as the level of direct service provision, can there be comprehensive and lasting solutions to this horrific human rights violation. Human traffickers are organized, and to counter them we need to be united and organized as well.

With appreciation to *Wenchi Yu Perkins*, UN Chronicle, *Vital Voices: Advocacy and Service Work of NGOs in the Fight Against Human Trafficking*, Winter, 2005 at [www.un.org/Pubs/chronicle/2005/issue1/0105p54.html](http://www.un.org/Pubs/chronicle/2005/issue1/0105p54.html)

### European Commission Calls for a Sustained Effort to Help People Affected By the Tidal Waves

January 3, 2005 – European Commissioner for Development and Humanitarian Aid, Louis Michel expressed today to the Sri Lankan people the firm commitment of the European Commission to help them to recover from the unprecedented devastation caused by the tidal wave. During the past two days Louis Michel has visited some of the most affected coastal areas of the island, as well as hospitals and relief camps in Galle (South). Commissioner Michel underlined that “the European Commission was the first donor to provide 3 million euros on the day of the disaster, another 20 million (8 M for Sri Lanka, 2 M for the Maldives and 10 M for Indonesia) by 30 December, 2004. Together with the EU Member States we are committed to spending every single euro that we pledge. Up to now, the European Commission and Member States have committed at least 240 million euros and this figure is likely to be increased in the coming days”. Furthermore, it contributes with civil protection means, under the co-ordination of the Civil Protection Community Co-ordination Mechanism for which Commissioner Stavros Dimas is in charge.



With appreciation to [www.unicef.org](http://www.unicef.org)

Commissioner Michel declared: “I was struck by the dimension of the devastation but also by the determination of the Sri Lanka population to stand up and rebuild their country. I told them that they can rely on the European solidarity for this huge task.”

In Sri Lanka alone, more than 40,000 people died, almost 6,000 are still missing and 860,000 are displaced. Damage is running into millions of euros. The human toll could be a lot worse if epidemics occur and aid is not delivered to the victims as rapidly as possible. Louis Michel pointed out that "international aid is being mobilized as quickly as possible, both by international humanitarian agencies and by donors, and the coordination is improving day by day, under an ad-hoc Secretariat set up by the Government".

Mr. Michel and Minister for Development of Luxembourg, who holds the rotation presidency of the EU, Jean Louis Schlitz, met also the representatives of major stakeholders involved in the relief effort in Colombo and in Galle (South Coast), who receive funding from the European Commission via its humanitarian aid department, ECHO.

Commissioner Michel and Minister Schlitz met also the President of Sri Lanka, Ms. Chandrika Bandanaraike Kumaratunga, and noticed with satisfaction her commitment to restart the reconstruction in the shortest delay.

Mr. Michel underlined that "the European Commission participates fully in coordination activities in the field. We have ECHO experts in India, Sri Lanka, Indonesia and Thailand working closely with the United Nations and other donors to ensure the coordination of the humanitarian aid effort on the ground. But it is essential that the United Nations is allowed to fulfill its key role as coordinator of international efforts in the field."

He stressed that "there must be no gap between the initial emergency aid phase and the rehabilitation and reconstruction phase that will follow. From the commission's side, I am working closely with my colleagues in charge of the External Relations, Benita Ferrero-Waldner, who will deal with the reconstruction aid, and President of the European Commission Jose Manuel durao Barroso, to build a comprehensive strategy to avoid this risk. We will submit our ideas to the Member States in Brussels on 7 January, when I will report on my trip to the region and all our international partners, in a meeting taking place in Geneva on 11 January.

He will travel tomorrow to Indonesia (Aceh and Jakarta) to complete his assessment of the immediate and longer term needs. On the 6<sup>th</sup>, he and President Barroso will meet the main donors at the conference organized by the ASEAN and submit a comprehensive report to the EU Development Ministers meeting in Brussels on the 7 January.

### **Key Articles in Draft Disability Treaty approved at UN Meeting**

6 – February 2005 – In a major step forward for persons with disabilities and humanity as a whole, a United Nations negotiating panel has reached agreement on key provisions in a treaty codifying their rights.

The General Assembly committee on a convention on the rights of persons with disabilities forged accord on draft articles addressing access to justice, privacy, independent living, full inclusion in the community and other individual rights.

"This major human right convention represents a shift in the way governments interact with persons with disabilities," the Coordinator of the talks, Ambassador Don MacKay of New Zealand, said at a press conference on Friday at the close of the two-week session. "Many have said that the rights of persons with disabilities are already guaranteed in existing human rights treaties, but the reality is that persons with disabilities have been deprived of those rights."

"Many conventions say that such and such people should not be treated differently from others – but people with disabilities are treated differently from others," Mr. MacKay observed, adding that existing treaties had prescribed equal rights, but had not set out in detail what those rights were.



With appreciation to [www.un.org/photos/disabled.htm](http://www.un.org/photos/disabled.htm)

The Convention would say not only that persons with disabilities had the same rights as those without, but would spell out in detail what those rights were, he said. "We're setting up a new regime, a new way of thinking and a new sort of paradigm."

The Committee Chair, Ambassador Luis Gallegos Chiriboga of Ecuador, told reporters that the negotiations were part of an historic process aimed at integrating 600 million people into society.

"The owners of the convention are the people with disabilities; they are the actors who are moving forward the convention," he said. "They are

the ones who tell us what their problems are, and how to address them.”

The Committee on a Comprehensive and Integral International Convention on the Protection and Promotion of the Rights of Persons with Disabilities agreed on a text providing that States parties should take all measures to ensure that persons with disabilities can exercise their right to freedom of expression and opinion, including the right to seek, receive and impart information on an equal basis with others.



With appreciation to [www.un.org/photos/disabled.htm](http://www.un.org/photos/disabled.htm)

That provision calls on States parties to facilitate the use of sign language, Braille, and augmentative alternative communication.

The agreed draft text also stipulates that persons with disabilities shall not be subjected to arbitrary or unlawful interference with their privacy and correspondence.

There was broad support for committing States parties to take measures to enable persons with disabilities to live independently and as full participants in the community, including the right to choose one's place of residence and living arrangements.

A separate draft article was proposed on protection of the home and family, which would ensure the rights of persons with disabilities to decide freely and responsibly on the number and spacing of their children on an equal basis with other persons.

With appreciation to UN News Centre, *Key Articles in Draft Disability Treaty Approved at UN Meeting at* [www.un.org](http://www.un.org)

### **International Call to Action for Improved ADHD Care Launched**

The World Federation for Mental Health has opened a new stage of its campaign to improve the diagnosis and treatment of children with attention deficit/hyperactivity disorder. Research has shown that the prevalence of ADHD is consistent across countries, affecting 3% -8% of school-aged children.



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The initiative coincides with publication of a report by WFMH, that presents results from a survey of 938 parents of children with the disorder in Australia, Canada, Germany, Italy, Mexico, the Netherlands, Spain, the United Kingdom and the United States.

The survey showed that on average children with ADHD wait just under two years for diagnosis (although there are significant discrepancies among the countries surveyed). Among parents, 88% said they experienced stress or worry about their children's disorder, and 57% of the parents said their children had been excluded from activities by peers. Two-thirds (69%) of the parents surveyed recognized the symptoms in themselves. Research shows that ADHD is a highly hereditary disorder.

Professor Russell Barkley, Professor of Psychiatry at the Medical University of South Carolina, US, who has been closely involved in the development of the report, commented: "ADHD can have a pervasive, adverse impact on major life activities, affecting every facet of a child's life at home, at school and at play. If not diagnosed and treated effectively it can limit an individual's potential into adulthood."

According to recent research, individuals with ADHD are more likely to hold less skilled jobs, with 75%-95% never completing college. Evidence shows that they are also involved in 3-to-4 times more car crashes than those who do not have the disorder. Research also shows that many adolescents with ADHD are involved in teen pregnancy.



With appreciation to [images.google.com/images](http://images.google.com/images)

The cornerstone of the Federation's new initiative is a pledge campaign to bring parents and physicians together in a unified approach to increase education about the disorder and knowledge about treatment. "We ask all parents and physicians who are concerned about the potentially serious consequences of ADHD, for both children and their families, to make a pledge to take a few simple actions to address some unmet needs of ADHD diagnosis, as identified in the parent survey," urged Preston J. Garrison, WFMH's Secretary General and Chief Executive Officer. They are asked to learn all they can about ADHD to support their children, meet regularly with child's physician and teachers, recognize that there are places they can go to for support, and to become advocates for their children and for other families diagnosed with ADHD.

WFMH hopes that the pledge initiative, together with the new report, will encourage physicians educators, the media and parent support organizations to work together to ensure that the necessary assistance is in place for children with ADHD and their families.

Details of the pledge initiative and copies of the full report are available on the WFMH website at [www.wfmh.org](http://www.wfmh.org), and results of the initiative will be released later this year.

With appreciation to World Federation for Mental Health, *International Call to Action for Improved ADHD Care Launched, Winter, 2005* at [www.wfmh.org](http://www.wfmh.org)

### **The President of Chile and the WHO Director-General Launch Global Commission to Tackle the "Causes Behind the Causes of Ill-Health"**

March 18 – Today the President of the Republic of Chile, His Excellency Mr. Ricardo Escobar and World Health Organization Director-General, Dr. LEE Jong-wook launched the Commission on Social Determinants of Health, a new body to spearhead on the social causes behind ill-health.

The new Commission includes leading global experts on health, education, housing and economics. Commissioners will work to recommend the best ways to address health's social determinants and safeguard the health of poor and marginalized populations, and to break the 'poverty equals ill health' cycle.

"Social standing plays a big part in whether people will live to be 40 or 80, whether they will be treated for a curable disease, and whether their children survive their fifth birthday. People should not die young because they are poor. This commission, will assist countries, no matter how rich or poor, to implement strategies that will help people who are poor and marginalized live longer, healthier lives." said Dr. Lee at the official launch in Santiago, Chile. "This effectively places the needs of the disadvantaged first on the health agenda in the 21<sup>st</sup> century."

Social determinants are the conditions in which people live and work. They are the "causes behind the causes" of ill-health. They include poverty, social exclusion, inappropriate housing, and shortcomings in safeguarding early childhood development, unsafe employment conditions, and lack of quality health systems.



With appreciation to

[www.who.int/mediacentre/news/releases/2005](http://www.who.int/mediacentre/news/releases/2005)

The core of the Commission's work will be to identify, evaluate, adapt and distribute effective strategies to address social determinants, with the aim of supporting governments to scale-up interventions. The Commission will operate for three years from this month.

“A great share of health problems is attributable to social conditions, and this is why the poor carry the greatest burden of ill-health. On a global scale, we must ensure that health policies move beyond exclusively disease-focused solutions and include the social environment,” said Commission chair Michael Marmot. “I am honored to be working with Commissioners of such high caliber. We will arm policymakers with the best evidence to ensure that poverty does not sentence a person to a shorter, unhealthy life.”

Social determinants are intrinsically linked to inequities in health. They help to explain why poor and marginalized people get sick and die sooner than people in better social positions. There are significant reasons behind the world’s vast difference in average life expectancy, which ranges from 34 years in Sierra Leone to 81.9 in Japan. Social determinants also account for the majority of health inequities within countries. In Indonesia, under-five mortality is nearly four times higher in the poorest fifth of the population than in the richest fifth. In England and Wales, the latest data shows a 7.4-year gap in life expectancy between men in professional occupations and men in unskilled manual occupations.

Some countries- such as Chile, Sweden, and the United Kingdom – are already advancing innovative health programs that address social determinants through a comprehensive inter-sectoral approach. For instance, social welfare programs with benefits conditional on children’s school attendance, regular medical check-ups, and other health-promoting actions are helping to reverse the “poverty equal ill-health” trend. Health inequity assessments resulting in the declaration of “health action zones” and health promotion campaigns targeting disadvantaged people are also safeguarding the health of vulnerable groups.

The Commission will identify successful strategies now underway in countries. It will work with national authorities to determine ways to replicate success in other countries and settings. Whereas, to date, the greatest progress in tackling social determinants has occurred in high-income countries, the Commission will focus especially on identifying and promoting policies applicable in developing countries, where the adverse health effects of social determinants are greatest. Overcoming these social barriers represents a prime opportunity to reduce global health inequalities and ensure that health gains are sustainable over time.

The Commission will focus the attention of the world’s top experts and researchers on specific social determinants such as urban settings, social exclusion, and employment conditions. These “Knowledge Networks” will push the limits of current information to better define the links between social determinants and health, particularly in developing countries.

The Commission on Social Determinants of Health will work with national authorities to incorporate social determinants approaches into efforts to meet the Millennium Development Goals (MDGs). The MDGs recognize the interdependence of health and other social conditions, and present an opportunity to promote health policies that tackle the social roots of unfair and avoidable human suffering.

With appreciation to World Health Organization, The President of Chile and the WHO Director-General Launch Global Commission to Tackle the “Causes Behind the Causes of Ill-Health”, March 18, 2005 at [www.who.int/mediacentre/news/releases/2005/pr13/en/print.html](http://www.who.int/mediacentre/news/releases/2005/pr13/en/print.html)