



# WORLD FEDERATION FOR MENTAL HEALTH

## Fédération Mondiale pour la Santé Mentale

### NEWSLETTER

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## WFMH LEADERS KEYNOTE ARGENTINA CONFERENCE

**W**FMH's President, L. Patt Franciosi, Ph.D., and Secretary-General/CEO, Preston J. Garrison, delivered keynote addresses at the 2003 Congress of the Argentine Federation of Psychiatric Chambers and Associations (FACAP) held in Buenos Aires on October 6–7. Dr. Franciosi and Mr. Garrison were invited to participate in the Congress by Dr. Emilio De Fazio, Vice President of FACAP.

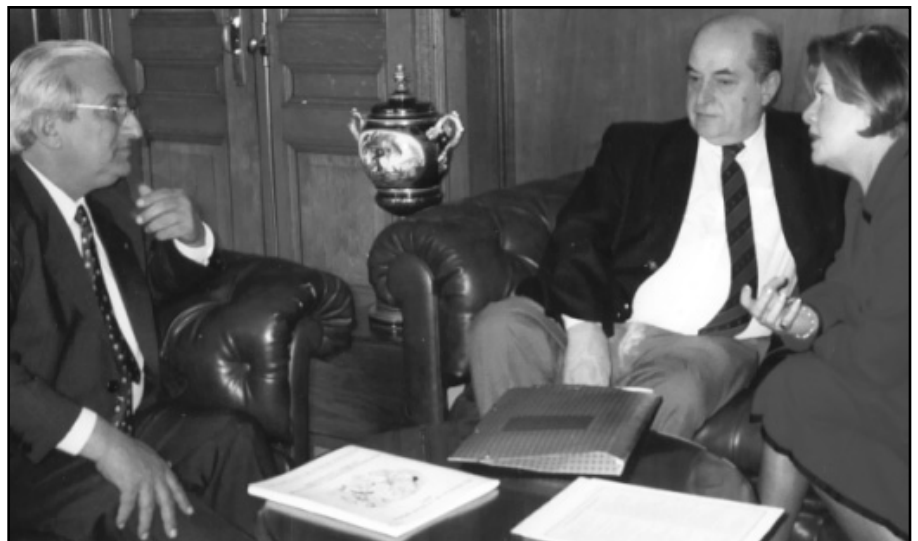
FACAP is a Voting Member Organization of the World Federation for Mental Health, and operates a national public and private network of mental health services. This consists of 189 institutions which utilize multidisciplinary teams of clinicians and professionals to offer a range of services. The 2003 Congress brought together members of FACAP's network, as well as professionals, attorneys and interested individuals from across Argentina. The themes of this year's Congress focused on issues relating to mental health service delivery, public policy, and mental health law.

Dr. Franciosi's keynote address, entitled *"Building Global Partnerships for Children's Mental Health,"* presented an overview of the status of child and adolescent mental health worldwide, including incidence of disorders and current knowledge about treatment, as well as the pressing need for advocacy to encourage govern-

ments to implement national child and adolescent mental health policies. In the introduction to her presentation, Dr. Franciosi stated, *"Across the globe, good mental health of children and adolescents is important – for all cultures and races, from infancy to young adulthood and beyond. Recognizing and treating serious childhood and adolescent emotional and behavioral disorders must be a priority for all countries if all children, and the societies in which they live, are to reach their full potential."*

*"Building a Mentally Healthy World: A Work in Progress"* was the topic of

Mr. Garrison's presentation. He focused attention on the rapid changes taking place across the globe, many of which are being driven by social, economic and cultural conflicts. He discussed how these changes affect the mental and emotional health and well-being of individuals, communities and societies, and the role governments and mental health services have in addressing the problems created. He also provided an overview of how nations are responding to the need to establish mental health policies, programs, financing systems, and strategies to protect human rights.



*WFMH President L. Patt Franciosi visited Argentina, Uruguay and Venezuela in October. While in Uruguay she and WFMH Board member-at-large Dr. Paulo Alterwain met with the Minister of Public Health, Dr. Conrado Bonilla (left). Dr. Bonilla chairs the Committee on Health of MERCOSUR, the Common Market of South America.*

## Message from the President

Dear Friends,

I am writing this newsletter article on the eve of the launching of our twelfth World Mental Health Day global education campaign. This is the second year of our two-year campaign on the mental health needs of children. Last year we addressed the impact of trauma and violence on children. This year we focus on mental and behavioral disorders of children and adolescents. We have received many very positive reports on last year's theme and the numerous public awareness, education and advocacy activities that organizations from around the world conducted in connection with it.

This year's theme was developed partly as a result of the communications we received concerning the lack of available resources for programs and treatment for children, and also as a response to the recent World Health Organization report on the global crisis in child and adolescent mental health.

According to the WHO report *Caring for Children and Adolescents with Mental Disorders: Setting WHO Directions*,

"The magnitude of the burden of disease related to child and adolescent mental disorders is understood by clinicians and parents, but has until recently been difficult to quantify. Now, with world-wide crises involving children impacted by war, exploited for labor and sex, orphaned by AIDS, and forced to migrate for economic and political reasons, the dimensions of the burden of compromised mental health and mental disorders are increasingly evident and quantifiable. Absence from education, underachievement leading to depen-



dency, involvement in criminal activity, the use of illicit drugs, the inability to benefit from rehabilitation, and co-morbid medical conditions are but some of the very many impacts that have an associated cost."

The same report says that:

- there is a worldwide prevalence of approximately 10% to 20% of children and adolescents under the age of 18 with an impairing mental disorder.
- most countries severely underfund mental health care in general; many allocate less than 1% of total health care expenditure to mental health.
- children receive the least amount of allocated funding.
- in almost all countries identifiable, separate national child and adolescent mental health policies are lacking.
- the lack of national policies to support mental health services for children and adolescents is a major barrier to the development of treatment and prevention programs.

WFMH's global education campaign seeks to raise public awareness about these issues through national and local advocacy programs.

Our hope is that society will begin to build a safety net of care

under this most vulnerable population. The ultimate goal is to ensure, as far as possible, that services become available to every child who needs them in every community and country in the world.

The major objectives for this year's campaign are to reduce the stigma and discrimination so often associated with mental disorders, and to encourage countries to adopt mental health policies for children and adolescents. Integrated health care systems for children should include mental health as a full and equal component.

We are asking that the friends and family of the Federation join together to make this one of our most successful campaigns. Our World Mental Health Day educational materials provide a clear blueprint of the steps needed to create change: from building coalitions and gathering information to planning and implementing action. I urge you to use these materials and to develop your own that we can share with others.

### A closing thought:

It has been said that the measure of a healthy society can be seen in the way that the society cares for its most vulnerable people. I suggest to you that the children of the world and your country are extremely vulnerable and that the time has come to address the mental health needs of children in a serious and proactive way. We cannot continue to ignore the needs of those who represent our greatest hope for the future.

L. Patt Franciosi, Ph.D.

## WMHDAY IN URUGUAY RAISES INTEREST, AWARENESS

**Following their visit to Argentina Patt Franciosi and Preston Garrison joined WFMH Board member Dr. Paulo Alterwain to participate in three days of meetings and activities commemorating World Mental Health Day in the Republic of Uruguay, October 9–11. The President of Uruguay has officially designated October 10 as National Mental Health Day in the republic, and organizations are encouraged to conduct activities to raise public interest and awareness about mental and emotional health as part of the day's celebration.**

Dr. Franciosi and Mr. Garrison participated in a series of roundtable discussion sessions organized by Dr. Alterwain and his colleagues, including meetings with educators, leaders of national disabilities organizations, representatives of leading mental health agencies, and media representatives. These sessions provided opportunities for participants to share their perspectives about the issues and needs facing mental health programs in Uruguay, and to offer ideas on how WFMH could assist through increased communication and information-sharing.

A highlight of the trip was a first-ever public meeting with a group of approximately 100 patients/users of mental health services brought together by a leading patient advocate. Dr. Franciosi, Dr. Alterwain, and Mr. Garrison each were given the opportunity to address the group, and to respond briefly to questions from the audience. Mr. Garrison noted in his remarks that this gathering could serve as a springboard for creating an active and powerful patient advocacy movement for Uruguay. He encouraged those present to get involved by supporting efforts being undertaken by PRAXIS, an organization dedicated to improving mental health services and protecting the human and legal rights of persons with mental disorders in Uruguay.

During their stay Dr. Franciosi and Mr. Garrison had an audience with the Minister of Health, Dr. Conrado Bonilla, who chairs the Committee on Health of MERCOSUR, the Common Market in South America,\* and met with leaders of the Uruguay Red Cross. On October 11, with Dr. Alterwain, they attended a WMHDay symposium sponsored by the Maldonado Regional Department of Health in Uruguay's coastal region, and addressed a special session of the Legislature of the Department of Maldonado.

World Mental Health Day in Uruguay offered a perfect venue for the World Federation for Mental Health to demonstrate its renewed commitment to strengthen support of mental health advocacy, education and organizational growth in developing nations and regions.

*\*MERCOSUR was established by Argentina, Brazil, Paraguay and Uruguay in 1991. Association agreements were signed with Chile and Bolivia in 1996.*



*Patt Franciosi with Dr. Federico Casaretto, President of the Parliament of the Department of Maldonado, Uruguay.*

## New WPA Initiative on Children

In a fortunate alignment with this year's World Mental Health Day theme, Professor Ahmed Okasha of Egypt, President of the World Psychiatric Association, announced a new initiative on global child mental health during his presidential address at the WPA International Congress on October 1–4 in Caracas, Venezuela. Dr. L. Patt Franciosi participated in the Congress, which had as its theme, "Alliances for Mental Health."

In announcing the initiative, President Okasha outlined a three-year program to address children's mental health problems at different levels from varying cultures and with a focus on prevention, development of services for treatment and management, and public awareness. The program is being developed in collaboration with the World Health Organization and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

Professor Okasha's address provided a detailed presentation on the extent of children's mental health problems internationally and the serious inadequacies in current knowledge and services. He challenged the members of WPA to join in a concentrated effort designed to increase awareness of the magnitude and severity of problems related to mental disorders in childhood and adolescence.

One aspect of the initiative's first year is the establishment of alliances with international organizations to work collaboratively with WPA to achieve the program's objectives. In discussion with Dr. Franciosi, Professor Okasha extended an invitation to WFMH to join in collaborating with WPA on the initiative – an offer that was warmly received and accepted. Under Dr. Franciosi's leadership, WFMH looks forward to working in partnership with WPA on children's mental health issues.

# WFMH Releases Guidelines for Journalists Reporting on ADHD

**A**ttention Deficit Hyperactivity Disorder (ADHD) is a complex disorder that is often the subject of controversy or adverse comments in the media. Those who are affected by it can experience stigma starting at a very early age, as the problems it causes are often evident in school. It is one of the most common emotional and behavioral disorders in childhood. In conjunction with the focus of World Mental Health Day (10 October) on emotional and behavioral disorders in children and adolescents, the World Federation has undertaken a special initiative to improve media reporting on ADHD.

On 29 September WFMH launched new international guidelines for media reporters with basic information designed to help them to combat misperceptions about ADHD. The Federation released the guidelines in Paris during the annual conference of the European Society for Child and Adolescent Psychiatry, at a half-day workshop for journalists at which additional information was presented. The health writers who attended included journalists from Austria, Italy, Slovenia, South Africa, Spain and the United Kingdom.

## International Panel

An expert panel gave different international viewpoints about ADHD. WFMH Secretary-General/CEO Preston Garrison introduced the program, which opened with a general overview by Margaret D. Weiss, M.D., Director of the ADHD Clinic at the Children's and Women's Health Center of British Columbia, Vancouver, Canada. Dr. Weiss's extensive research experience covers ADHD in adults as well as children. Kim Diaz, the executive editor of ADDitude Magazine in Houston, Texas, a bimonthly magazine for people with ADHD, spoke about coverage from a health writer's perspective. Leo de Graaf, the President of Mental Health Europe and a WFMH

Board member, spoke from long experience as a child psychiatrist and former director of a community mental health center in the Netherlands. He discussed the different restrictions concerning medication in European countries.

Lastly, the workshop heard from Knut Bronder, the Assistant Secretary General of the Norwegian ADHD Foundation, a trained psychiatric nurse, the parent of a son diagnosed with ADHD, and a person who has himself been diagnosed with the disorder. He gave an "inside" view of what it is like to deal with the disorder. Mr. Bronder is engaged in a variety of educational programs in Norway on behalf of those with ADHD, and also in research projects that survey outcomes and experiences in various settings.

## Need to Combat Stigma

The purpose of the new guidelines is to make media reporters more aware that how they portray the disorder and the language they use can have an impact on the stigma often associated with ADHD. "When stigma is associated with a disorder," said Preston Garrison, "many people do not receive the treatment they deserve and need in order to lead normal, healthy lives." He commented that too often, the media only portrays the disorder in a negative light.

The symptoms of ADHD can include both hyperactive/impulsive behaviors and deficits in attention. Generalizing symptoms is inaccurate, as not all symptoms are the same in all people and they can exist in varying combinations and degrees of severity. The guidelines refer to the hereditary aspects of the disorder, emphasize that bad parenting is not the cause, and note that it often coexists with other disorders. Reporters were urged to learn the facts about ADHD, which affects between 3 and 7 percent of school-aged children, and to respect the right to privacy, especially for those

under the age of 18. Up to 60% of affected children continue to have significant symptoms as adults.

The guidelines were prepared as part of WFMH's World Mental Health Day campaign on emotional and behavioral disorders of children and adolescents. They were developed with the support of an unrestricted grant from Eli Lilly and Company. The WFMH web site at [www.wfmh.org](http://www.wfmh.org) contains both the guidelines and a related press release dated September 29.

## World Mental Health Day 2004 (10 October 2004)

The theme for World Mental Health Day next year is "The Relationship of Physical and Mental Health: Co-Occurring Mental and Physical Disorders." WMHDay Chairman John Copeland traveled from England to spend three days at the WFMH Secretariat, 14-16 July, to begin planning the new campaign with President Patt Franciosi and Secretary-General/CEO Preston Garrison. A campaign information package will be developed in the coming months, and information will also be posted on the Internet.

## 2003 Campaign Reports

Many organizations observed World Mental Health Day on 10 October 2003 with local activities, and the WFMH Secretariat appreciates receiving reports of these events. They are compiled in an annual report which is the record of the year's campaign. Photos, newspaper clippings and other local material are especially welcomed.

Please send your reports by email to [wmhday@wfmh.com](mailto:wmhday@wfmh.com), by fax to 703 519 7648, or by post to Deborah Maguire  
WFMH  
P.O.Box 16810  
Alexandria, VA 22302-0810 / USA



# United Nations World Health Organization

## WHO Regional Committee for Europe

The WHO Regional Committee for Europe held its 53rd session in Vienna on 8-11 September 2003. Prof. John R. M. Copeland, chair of World Mental Health Day, attended as the Federation's observer. In a detailed report to the Board he said that "mental health occupied about a third of the time of the conference – possibly the first time it has been so openly debated by this committee. Those of you from outside Europe may be surprised that Europe also has substantial problems."

A document produced for the meeting by WHO's Regional Office for Europe (EUR/RC53/7) reported that in Eastern European countries 60% of all patients are still treated in large institutions, in some of which there are high mortality rates (up to 40% a year) due to unacceptable conditions. In some Western European countries there is "an unacceptable neglect and abandonment of severely mentally ill people," with up to 50% of homeless persons in some capital cities "found to be psychotic." Suicide rates attracted attention, in part because of the extreme variability of trends among European countries. A sense of helplessness and loss of identity and social cohesion were found in some countries. Alcoholism is a significant issue. Throughout the region the continuing problems of stigma, discrimination and social exclusion were noted.

Broader social issues were included in this overview. There is a difference of more than 30% in life expectancy among countries, to a large extent "related to societal stress, mental ill-health and destructive lifestyles." The effect of poverty was recognized, as "both a major cause of poor mental health and a potential consequence of it." Repercussions on mental health from man-made and natural disasters were mentioned as requiring more analysis.



*WFMH observers at the World Health Organization Regional Meeting for the Western Pacific: (from left to right) Po Tsuen Yu, Chueh Chang, Myrna Lachenal, Regina de Jesus, Shu Yu Lyu and Eugene Yu Chang Peng.*

The WHO European Region urged its member states "to rethink the concept of public health and acknowledge that mental health is the most important part of public health." The Region will work towards a WHO Ministerial Conference in 2005 which will review the status of European policies for mental health, set a priority agenda, and suggest evidence-based solutions that could be shaped into common and sustainable policies.

Dr. Copeland read a statement on behalf of the World Federation for Mental Health to the meeting:

"The World Federation for Mental Health congratulates the WHO Regional Office for Europe on its report (EUR/RC53/7 and EUR/RC53/Cont.Doc2), its significant achievements and its proposal for a Ministerial Conference in 2005. However, the Federation notes the few references in the report to the participation of consumer and family organizations. The Federation would wish to emphasize its view that consumer and family organizations should in all countries be partners in the planning and evaluation of services, thus ensuring that services are relevant and culturally acceptable to consumers and families. It would wish to see stated, in future, which countries have such active participation, and for those which do not, what plans are envisaged for implementing such participation."

## WHO Regional Committee for the Western Pacific

The WHO Regional Committee Meeting for the Western Pacific was held at WHO Regional Headquarters in Manila, Philippines, on 8-12 September 2003. The new Director-General of WHO, Dr. Jong-wook Lee, gave an address about priorities in public health. The meeting's agenda covered regionally important diseases such as HIV/AIDS, tuberculosis, and Severe Acute Respiratory Syndrome (SARS), but did not include mental health.

A group of six WFMH observers attended, including Regional Vice President Regina de Jesus, Executive Director of the Philippine Mental Health Association; Board member-at-large Dr. Chueh Chang, chair of the Mental Health Association in Taiwan; and Myrna Lachenal, the new WFMH representative to UN agencies in Geneva. Ms. Lachenal felt that attending the meeting improved her understanding of regional matters and was very helpful for her representation of WFMH to WHO Headquarters in Geneva. Other WFMH observers were Mr. Po Tsuen Yu, Dr. Eugene Yu Chang Peng, and Dr. Shu Yu Lyu.

Although mental health was not included in the meeting's agenda, the WFMH group was able to meet with the WHO Regional Advisor for Mental

*(continued on page 6)*

WHO (continued from page 5)

Health, Dr. Wang Xiangdong, and discussed relevant issues. Ms. Lachenal, Dr. Chang and the other observers also visited the Philippine Department of Health, the National Center for Mental Health (a psychiatric hospital), the offices of the Philippine Mental Health Association and one of its centers for disadvantaged women.

## UN New York

### NGO Committee on Mental Health

The NGO Committee chaired by WFMH Main Representative Nancy Wallace held a special program on 9 October to mark World Mental Health Day. Drs. Pamela Cantor and Owen Lewis, both child psychiatrists, spoke about their eight-year project in Eastern Europe, supported by the Soros Foundation during the 1990s, to establish training programs and NGOs to combat child abuse. They described how the skills they had learned from the project became relevant to work in New York when they were asked to develop a program to help children affected by the attack on September 11, 2001.

Their work in New York showed that many children affected by September 11 had earlier experience of trauma, and that children in the Dominican community were disproportionately affected. They have developed multi-disciplinary teams to work with selected schools in Washington Heights.

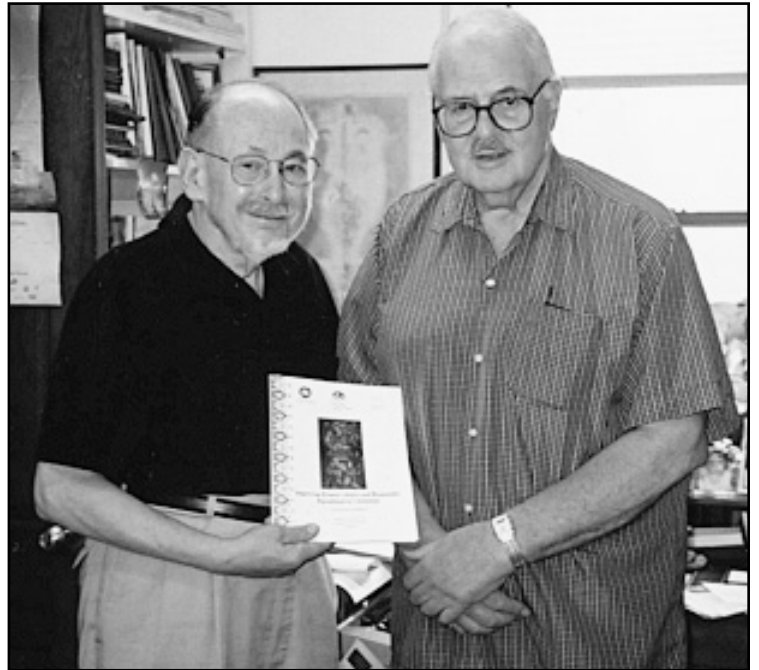
Dr. Cantor is on the Advisory Board for this year's World Mental Health Day campaign, and is a founder of the Children's Mental Health Alliance ([www.cmhalliance.org](http://www.cmhalliance.org)).

The presentation by Drs. Cantor and Lewis was followed by one from Clarence Pearson, a former senior advisor at the WHO Office in New York. He discussed recent developments at WHO and at its New York office.

The meeting also heard a report on the UN Department of Public Information's annual conference for NGOs, where the NGO Committee had sponsored two workshops. All the presentations from this meeting are now on the Internet at [www.un.org/dpi/ngosection/56conf.htm](http://www.un.org/dpi/ngosection/56conf.htm)

# Report on Uzbek Seminars on Responsible Parenthood

*Henry David delivering a copy of the Uzbekistan seminar report to Gene Brody at his Baltimore office.*



Under the auspices of the WFMH Committee on Responsible Parenthood, the Transnational Family Research Institute (USA) and Trust Center "Sabr" (Uzbekistan), a report has been printed of the international seminars on improving women's rights and responsible parenthood in Uzbekistan, held from 26 September to 2 October in Tashkent, Samarkand and Bukhara. Dr. Henry P. David and Professor Gulnara Kuzibaeva of the Uzbek Sociology Center "Sharh va Tavsiya" were co-editors. An anonymous foundation supported the printing and mailing costs. The same foundation supported the editing, preparation and dissemination of the Committee's report on its Yemen seminar in 2000.

The Uzbekistan report addresses a broad range of issues concerning reproductive health and parenthood, and covers the attitudes of men as well as women. Drs. David and Kuzibaeva provide an overview of the country's reproductive health services. Former WFMH Secretary General Eugene B. Brody, M.D.,

writes from a global perspective about men's behavior in relation to women's status and reproductive health. Dr. Amir H. Meyryar discusses men and family planning from an Islamic perspective, and reviews the success of Iran's family planning campaign. A chapter by Oral A. Ataniyazova, M.D., Ph.D., links environmental factors with reproductive health in the highly polluted Aral Sea region. This cotton-growing area has experienced the use of exceptionally high levels of pesticides and herbicides, and polluted drinking water is a major problem.

In keeping with WFMH goals, the report comes from an international as well as an interdisciplinary group. It is presented in English and Russian (Russian is widely read in Uzbekistan). The contributors to the seminar program were from Iran, Mexico, Russia, the United States, and the Geneva office of the World Health Organization, in addition to Uzbekistan. The report is now being disseminated in Uzbekistan, and also in Russia by the (Russian) Association of Women Journalists.

# REMEMBERING EDITH MORGAN, WFMH PRESIDENT 1985-1987

## A Personal Reminiscence

Edith Morgan had a wide circle of friends and her organizational involvements were extensive. This memoir, requested by the current WFMH leadership, can acknowledge them only in passing. It is highly personal and reflects our work together within the context of the World Federation for Mental Health. By the time we first became colleagues in 1979 she had retired from a productive career with the UK's national mental health association and, as a volunteer, was devoting her redoubtable energies to European mental health affairs.

The first memories which float to the surface after absorbing the news of her passing, are of Edith in her office at home, in her cottage on Swain's Lane in north London where she spent so many happy years with her well-loved husband, Bill, himself a tireless worker for human welfare who preceded her in death. There, in Swain's Lane, we first shared some of the personal histories that led us, in our separate ways, to a mutual commitment to the Federation's mission. She spoke, especially, of the impact of having been a coal miner's daughter on her feeling for human rights and social justice. I came to see in her the bright, ambitious young woman whose talents, energy and persistence had taken her, against significant odds, through Oxford and the London School of Economics to a career as a professional social worker, a superb organizer, and a highly effective volunteer. In every instance her work was influenced by her strong personal views on the importance of social justice for socially excluded persons, including women, the economically deprived and those defined as mentally ill.

She was justifiably proud of having been instrumental in bringing the disparate European mental health associations together to form what became the European Regional Council of WFMH, the predecessor of Mental Health Europe. In a retrospective letter to me, written in 1996, she looked back to 1977 when she became the Federation's Vice President for Europe.



*Edith Morgan*

She had concluded, then, that "the time had come" to form a single overarching international mental health organization in Europe. But she also believed that the "European effort [should be] incorporated into the world movement," requiring her European colleagues "to give priority to WFMH."

This global perspective was an important component in her life of service recognized by the award, in 1995, of the Order of the British Empire. She had spent 20 years as a staff member and Deputy Director of the national mental health association, later known as MIND; had directed the International Hospital Federation's Good Practices in Mental Health project from 1977 to 1984; and was one of the first members of the Mental Health Act Commission in 1984 and a member of its Policy Committee. Many details of her work to develop the organization of European mental health are documented in the 50th anniversary history of WFMH.

Memories of Edith include her critical gaze which kept me on my toes as her colleague. My first view of her as a leader of an opposition was at the tempestuous pre-Congress Board meeting

in Salzburg in 1979, my very first such meeting. In the name of more representative democracy she fought a motion to convert the unmanageable 40-person Board to a smaller one. After I had voted in favor of the motion which she opposed, she commented that a WFMH leader whom she knew to be my friend represented "the worst in international psychiatry!"

But I soon grew to appreciate Edith's organizational talents, achievements and abilities as a "take charge" person. I realized that I needed her help. During the summer 1982 Board meeting in Washington, the second which I chaired as President, I was taken aback by the abrupt resignation from the Board, via telephone from Vancouver, of the Immediate Past President. In the face of this blow I had to take quick action. Edith Morgan with her long experience and demonstrated competence was my immediate choice to replace him on the Executive Committee. I left the meeting and called London by pay phone. To my vast relief she answered the phone at Swain's Lane and accepted without hesitation. Before the year was out I had placed her name in nomination for President Elect. She was voted in at the Assembly during the 1983 Washington, D.C., Congress to take office as President during the 1985-1987 term. Her position as WFMH president clearly reinforced her influence in the final formation of the European Regional Council (ERC/WFMH) during the 1985 World Congress in Brighton. In early May 1990 the ERC awarded her the title "Founder President," later to become "Honorary Founder."

There is no room here to say more about Edith's work as WFMH President and beyond. She didn't slow down. In September 2002 she attended a Board meeting in London, then chaired the session of the WFMH Assembly which followed. With her death on August 21, 2003, at the age of 82, we have lost one of our memorable leaders.

Eugene B. Brody, M.D.  
WFMH Senior Consultant  
Past President (1981-1983)  
Past Secretary General (1983-1999)



# News from the WFMH Regions

## Africa

### ARCMH President visits Botswana



Isaac Mwendapole, the President of the WFMH African Regional Council for Mental Health, based in Zambia, visited Botswana from 17 August to 10 September. The

purpose of the visit was to strengthen the ARCMH's ties in the country and to learn more about the tremendous social problems associated with the country's high HIV/AIDS rate. Arrangements for his visit were made by the Zambia High Commission office in Gabarone.

Mr. Mwendapole called on the WHO Country Representative for Botswana, Dr. Jean Kalilani, and the UNAIDS Country Coordinator, Dr. Kwame Ampomah. The HIV/AIDS epidemic is at the forefront of their work. Although 81% of the population of 1.6 million are HIV/AIDS free, the HIV prevalence rate in the 15-49 age group is 36%. Because of this, life expectancy at birth has fallen from 67 to 47 years and is expected to fall further. By 2010, the projected orphan population will be about 20% of all children in the country. Dr. Kalilani emphasizes alcohol and drug abuse as significant factors in the transmission of HIV/AIDS, especially among young people. She is active in promoting awareness of mental health issues and HIV/AIDS.

On another courtesy visit the Minister of Health, Dr. Lesego Motsumi, said that human rights was a priority on her mental health agenda, together with HIV/AIDS and its relationship to mental health. The Health Ministry and the WHO office participate in a broad HIV/AIDS program which involves many other government ministries, UN agencies, foreign partners, and NGOs. Mr. Mwendapole discussed health promotion activities with the Health Minister, and outlined the work of ARCMH in supporting national mental health associations in the region. Dr. Motsumi and Dr. Kalilani both praised

World Mental Health Day as a way for the WHO office and the Ministry of Health to work together to promote public education in all districts of the country.

The next meeting was with the National Mental Health Program Coordinator, Mrs. Virginia Chakalisa, who arranged a visit to the country's main psychiatric hospital, and to the National Psychosocial Rehabilitation Center. Mr. Mwendapole also met with Dr. Paul Sidandi, the Senior Consultant Psychiatrist at the Ministry and Vice President for Africa of the World Association for Psychosocial Rehabilitation.

Mrs. Chakalisa discussed current difficulties faced by the local mental health association, including funding problems. Mr. Mwendapole described some funding strategies the mental health association in neighboring Zimbabwe has found helpful, and hopes that the mental health association can resume a more active role.

### ZIMNAMH

ZIMNAMH, the Zimbabwe National Mental Health Association, has a grant from the International Social Science Council in Paris to develop its farm-based Tirivanhu Therapeutic Community, a model rehabilitation program. The grant was obtained with help from WFMH. The work plan for the project is being co-ordinated by a New Zealand Agricultural Technical Advisor from that country's Voluntary Service Abroad initiative. The Parliamentary Portfolio Committees of Health, and Child Welfare and Social Welfare, have visited the farm. ZIMNAMH is trying to raise public awareness of its work to provide basic agricultural training and strengthen social skills for people with mental illnesses. According to ZIMNAMH Executive Director and WFMH Board member Elizabeth Matare, the model of care "encompasses the holistic approach of incorporating traditional medicine, scientific treatment and culturally structured and acceptable best practices in mental rehabilitation."

## Eastern Mediterranean

### Egypt

Pirkko Lahti, Immediate Past President of WFMH and Executive Director of the Finnish Association for Mental Health, opened the First Pan Arab Con-

ference for the Care and Rehabilitation of the Handicapped in Cairo on 1 October. The Eastern Mediterranean Regional Council of WFMH collaborated in organizing the meeting, and Regional Vice President Ahmed El Azayem was Vice President of the conference.

### Yemen

The Yemen Mental Health Association, chaired by WFMH Board member Dr. Maan Barry, held a three-day conference on 8-10 October on Child and Adolescent Mental Health. The Faculty of Medicine at Aden University supported the meeting, which celebrated the fifth anniversary of the Mental Health Association, and World Mental Health Day. The main themes of the meeting focused on children's mental health, and a number of sub-themes covered additional issues such as women's mental health, reproductive health, social integration of handicapped people, and mental health law. Dr. Barry and the Yemen Mental Health Association collaborated to translate this year's World Mental Health Day materials into Arabic.

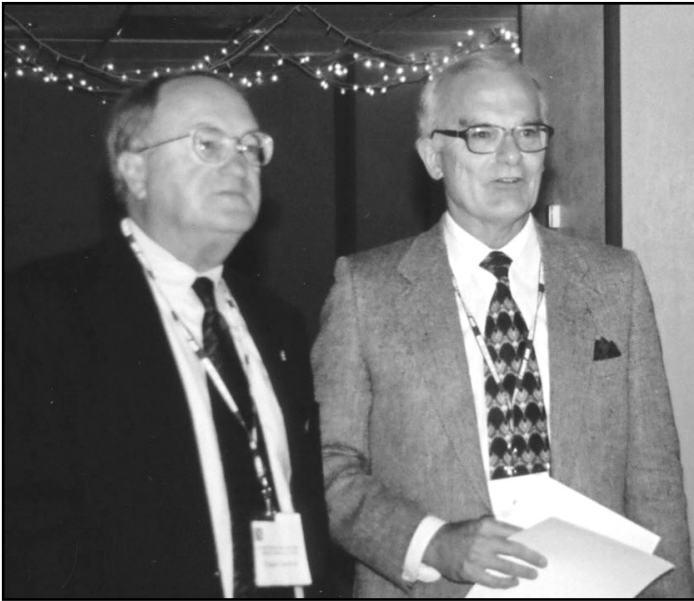
## North America

### Canadian Mental Health Association

The Canadian Mental Health Association held its annual national conference at Yellowknife, the capital of the Northwest Territories, on 18-21 July. The meeting was the last one for Edward Pennington as General Director of the CMHA National Office before his retirement on 31 October. Secretary General and CEO Preston Garrison gave an address at the meeting and made a presentation to Mr. Pennington on behalf of the Federation. Ed has been a WFMH Board member since 1999 and will continue to serve as Treasurer.

Yellowknife, an isolated town with a population of just over 18,000, is a mining, transportation and administrative center on the north shore of Great Slave Lake. Kathryn Youngblut, the President of CMHA's Northwest Territories Division, writes that although there was some concern about the high cost of travel to the area from southern Canada, "it was really not a case of persuading the National Office to hold our national conference in Yellowknife, but rather one of considering





*Preston Garrison (left)  
and  
Edward Pennington  
at the CMHA annual  
conference in  
Yellowknife.*

was unable to attend. This year's conference, sponsored by the Indonesia Psychiatric Association, was unusual in that, for the first time, non-psychiatric and non-clinical issues were included on the program, and participants included professionals from a variety of different health professions.

In her presentation, Mrs. de Jesus congratulated the Indonesian Psychiatric Association on including a commemoration of World Mental Health Day as part of the conference.

She encouraged the conference participants, the organizations they represented, and the government of Indonesia to undertake and support efforts to

- Prevent violence and trauma from occurring
- Intervene quickly and effectively when children are exposed to violence and trauma
- Promote the development and implementation of national child and adolescent mental health policies that support a framework for adequate, appropriate and accessible mental health services for young people, and
- Educate families and communities about the mental and emotional health needs of young people, and the need to reduce the stigma and discrimination that prevent many who experience mental health problems from seeking the help they need.

and convincing ourselves in the Northwest Territories that we had the facilities and the personnel to pull it off."

The Northwest Territories Division wanted to educate other CMHA members about the special problems that exist in the vast, lightly populated areas of the north. According to Ms. Youngblut, "it's not that the problems are any different, although the incidence is higher than the rest of Canada. It's the overwhelming lack of resources in many of the communities. We are convinced that the 'raw' talent resides in the communities, but how do you develop this when faced with cultural differences (primarily language – there are eight different official languages in the north), stigma, and no long-term financial commitment from the authorities to stay the course on mental wellness? It is gratifying to see that all levels of government are beginning to see the mental illness issue as a huge and burgeoning national loss."

#### **New CMHA General Director**

Penelope (Penny) Marrett has been appointed as General Director of the National Office of the Canadian Mental Health Association, effective 3 November 2003. She has extensive experience in association management, having worked in leadership posts in the past fifteen years for the Arthritis Society, the Coalition of National Voluntary Organizations, the Health Charities Council of Canada, the Schizophrenia Society of Canada, and the

Canadian Hemophilia Society. WFMH wishes her well in her new position.

#### **Southeast Asia**

##### **Regina de Jesus Addresses Indonesia's National Mental Health Conference**

Regina de Jesus, WFMH Regional Vice-President for Southeast Asia, attended the Indonesia National Mental Health Conference in Jakarta, October 9–11. She gave the opening address when the President of Indonesia, Megawati Sukarnoputri, who was scheduled to open the conference,



*At the Indonesian Psychiatric Association's National Mental Health Conference, Jakarta: (from right to left) Dr. G. Pandu Setiawan, SpKJ, Mrs. Regina G. de Jesus, Dr. Suryo Dharmono, SpKJ, and Dr. Albert Maramis, SpKJ.*

## Western Pacific

### SARS Conference in Taiwan

Taiwan, which was hard hit by the Severe Acute Respiratory Syndrome (SARS) pandemic earlier this year, held a conference on 27-28 September to review medical and mental health lessons from the outbreak. The island experienced more than 600 cases of the disease, and many people were affected by rigorous home quarantine regulations. Fear of the illness among the general population was widespread.

The 2003 Asia Pacific Inter-City SARS Prevention Forum was hosted by the Bureau of Health, Taipei City Government. Board member-at-large Prof. Chueh Chang played an active role in both the Organizing and Scientific Committees, and the mental health track was arranged by the Mental Health Association in Taiwan, a WFMH Voting Member Organization. A pre-conference roundtable on mental health issues was held on 26 September.

More than three hundred people attended the meeting, including 22 representatives from nine countries affected by SARS. The contingent from abroad included three WFMH Board members: Regina de Jesus, Philippines; Edward Pennington, Canada; and Board member-at-large Deborah Wan, executive director of New Life Psychiatric Rehabilitation Association, Hong

Kong. Ed Pennington, from Toronto, and Deborah Wan came from cities badly affected by the outbreak. The Federation's UN Main Representative, Nancy Wallace, also attended the conference.

Dr. Chang arranged a WFMH regional roundtable meeting afterwards to provide an opportunity to explore other issues of interest to the Federation group, and Shane Wang, the President of the Mental Health Association in Taiwan, hosted them at a banquet.

### Democratic Pacific Assembly

UN Main Representative Nancy Wallace addressed the 2003 Democratic Pacific Assembly, held in Taipei, Taiwan on 19-21 September. This meeting, attended by representatives of many Pacific Rim countries, discussed issues concerned with the economic and social development of the region.

## Member Organizations

### Compeer

The Mental Health Association of Rochester/Monroe County, New York State, USA, is celebrating the 30th anniversary of a program which developed into Compeer, a national – and now international – organization that provides social support in the community for people with men-

tal illness, usually through volunteers on a "one-on-one" basis. Bernice Skirboll, recruited to head the program in 1975, has been responsible for its exceptional success and was honored at a luncheon given by the mental health association on 29 September. For information on starting a Compeer program locally call 800 836 0475 or visit the web sit at [www.Compeer.org](http://www.Compeer.org)

### Postpartum Support International

This organization provides support for women who experience postnatal depression by providing assistance through networks in 19 countries, and in many parts of the United States. Its next annual meeting will be in Chicago in 2004 (*date to be announced*). Two helpful books are now available, "Step by Step: A Guide to Organizaing a Postpartum Parent Support Network in Your Community," and "I'm Listening: A Guide to Supporting Postpartum Families," both by PSI founder Jane I. Honikman (US \$16.00 for each; US \$28 for the set; US \$3.50 per copy postage and handling).

For information, contact:

Jane Honikman, M.S.

Postpartum Support International

927 N. Kellog Avenue

Santa Barbara, CA 93111

Tel: 805 967 7636

Email: [jhonikman@earthlink.net](mailto:jhonikman@earthlink.net)



*Shane Wang, President of the Mental Health Association in Taiwan (front row, third from the right), was the host of a banquet after the SARS conference. WFMH Board members pictured here are Deborah Wan (top row, far left), Chueh Chang (top row, far right), Regina de Jesus (front row, third from the left), and Edward Pennington (front row, second from the right). UN Main Representative Nancy Wallace is in the front row at the right.*

# WFMH SURVEYS NATIONAL PSYCHIATRIC SOCIETIES

The World Federation for Mental Health distributed a brief survey form to presidents of national psychiatric associations in the spring of 2003 to seek input on national and international mental health issues. The survey was conducted in preparation for the Forum on International Psychiatry and Mental Health sponsored by WFMH at the American Psychiatric Association's annual conference in San Francisco in May. The WFMH survey and forum were sponsored through a grant from Pfizer Pharmaceuticals Group.

Responses were received from twenty-three national psychiatric associations.\* The survey asked three primary questions, requesting respondents to check off items from a list of options.

### 1. "What are the major mental health problems in your country?"

The responses to question 1 were as follows:

<i>Serious and persistent mental disorders of adults (depression, schizophrenia)</i>	23
<i>Emotional and behavioral disorders among children and adolescents</i>	14
<i>Mental health consequences of war, civil conflict and violence</i>	8
<i>Mental health needs of refugees and displaced persons</i>	8
<i>Mental health consequences of HIV/AIDS and other medical conditions</i>	4
Other (Please list):	
<i>Mental health problems related to alcohol consumption</i>	3
<i>Mental health problems related to SARS</i>	1
<i>Mental health problems related to ageing</i>	1

### 2. "What are the most pressing unmet mental health service and treatment needs in your country?"

The responses to question 2 identified an array of similar unmet needs across the responding countries:

<i>Inadequate community-based mental health services</i>	21
<i>Stigma and discrimination</i>	18
<i>Lack of government funding to support cost of appropriate mental health treatment</i>	17
<i>Unmet mental health needs of children and adolescents</i>	14
<i>Lack of private health insurance that provides coverage for mental health treatment</i>	12
<i>Lack of a national mental health policy to provide support for the development of a comprehensive continuum of mental health services and funding</i>	12
<i>No effective citizens' mental health advocacy organization (national mental health association, consumers/family group) to promote improved policies and services</i>	10
<i>Not enough trained mental health professionals to meet the current need</i>	9
<i>Inadequate in-patient psychiatric beds</i>	8
<i>Lack of available and affordable medications</i>	5
<i>Inadequate policies and safeguards to protect the human rights of persons with mental disorders</i>	4
<i>Unmet mental health needs of persons with HIV/AIDS and their families</i>	3
Other (please list)	
<i>Mental health response to major natural disasters</i>	1
<i>Over-dependence on chemical therapy</i>	1

### 3. "Would any of the following WFMH services and activities be of benefit to you and your members?"

Question 3 was asked in order to assist WFMH in planning and providing beneficial information and networking services to its current and potential members. Respondents rated the relative usefulness to them of some of WFMH's current services:

<i>Receiving the WFMH quarterly newsletter</i>	18
<i>Receiving periodic reports on WFMH's activities in conjunction with the World Health Organization and the United Nations NGO Committee on Mental Health</i>	16
<i>Receiving a copy of the annual World Mental Health Day campaign materials packet</i>	14
<i>Linking to the WFMH website and the dedicated World Mental Health Day website</i>	13
<i>Attending or presenting at the WFMH Biennial World Mental Health Congress</i>	13
<i>Attending or presenting at the Biennial World Conference on the Promotion of Mental Health and Prevention of Mental Disorders</i>	11

WFMH expresses its thanks to the presidents and other officers of national psychiatric associations for taking the time to complete and return the survey form. WFMH's leaders will utilize these results as they plan future program and member service initiatives. For more information, contact WFMH's Secretary General/CEO, Preston J. Garrison, at [pgarrison@wfmh.com](mailto:pgarrison@wfmh.com)

\* Among those responding were associations in Azerbaijan, Brazil, Czech Republic, Ecuador, Greece, Hong Kong, India, Iran, Japan, Kenya, Mongolia, Nigeria, Papua New Guinea, Philippines, Slovenia, Turkey, United Kingdom, and Venezuela.

## 3rd World Conference Promotion of Mental Health and Prevention of Mental and Behavioral Disorders

### Auckland, New Zealand, 15-17 September 2004

The 2004 conference in Auckland, New Zealand, is the third in the biennial series on mental health promotion and prevention that began at the Carter Center, Atlanta, in December 2000 and continued in London in September 2002. The conference is being organized by the World Federation for Mental Health, The Clifford Beers Foundation, and the Mental Health Foundation of New Zealand, in collaboration with the Carter Center, and co-sponsored by the World Health Organization.

The Auckland conference, like the two before it, will focus on the following areas, stressing the need for linkage between them:

- Research and development
- Knowledge exchange
- Advocacy and partnerships
- Policy-making, and organizational structures
- Training a competent workforce.

### Programs

Dr. Thomas Bornemann, chair of the Program Committee, intends to carry forward the work of the Atlanta and London conferences to show the development of the promotion/prevention field. "The first two meetings characterized the state of the art as we know it, and presented some of the challenges," he said. "We hope to add to that body of work in powerful ways."

The themes of the meeting, around which sessions will be based, are promotion and prevention for four groups – pre-school, school age, working age, and older people. A fifth "open" theme accommodates papers cutting across these four themes, such as mental health promotion for families, or public health approaches to relevant issues.

### Submission of Abstracts

The deadline for the Call for Papers is 28 February 2004. Instructions for the submission of abstracts, and the submission form, are available at the Clifford Beers Foundation web site,

[www.charity.demon.co.uk](http://www.charity.demon.co.uk)  
(or by email from  
[conference@charity.demon.co.uk](mailto:conference@charity.demon.co.uk)).

### Registration

The early registration fee of \$NZ 670 is available until 31 December 2003. The regular registration fee is \$NZ 780, available until 31 May 2004. Registration after that date is \$NZ 895. (All prices are in New Zealand dollars and include 12.5% Goods and Services Tax.) The Mental Health Foundation of New Zealand has provided for online registration at [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz), and for email enquiries at [conference@mentalhealth.org.nz](mailto:conference@mentalhealth.org.nz)

Please also check for conference information on the web site of the World Federation for Mental Health at [www.wfmh.org](http://www.wfmh.org)

### Secretariat E-mail Addresses

WFMH is phasing out the e-mail address [wfmh@erols.com](mailto:wfmh@erols.com), and has a new e-mail address for general information. Please keep the following contact list for individual staff members in your Address Books.

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## Are You a WFMH Member?

This number of the Newsletter is going to many friends of the Federation. If you wish to continue receiving it please be sure that your membership is up-to-date. If you are not yet a member, join us now! We need you and you need an NGO (non-governmental organization) accredited as a mental health consultant to the U.N. Fees for individual membership: developed countries, \$35; OECD developing countries, \$15; life member \$500; and library \$35 (U.S.). Your inquiries or check should go to WFMH, P.O. Box 16810, Alexandria, Va. 22302-0810, USA. Telephone (703) 838-7525. Fax: (703) 519-7648. Email: [info@wfmh.com](mailto:info@wfmh.com) Website: [www.wfmh.org](http://www.wfmh.org)

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Name and Preferred Title

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Address

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Please send payment in U.S. dollars or other internationally exchangeable currency. Payment by credit card is preferred.



The WFMH Newsletter is published by the World Federation for Mental Health for its members four times a year.

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