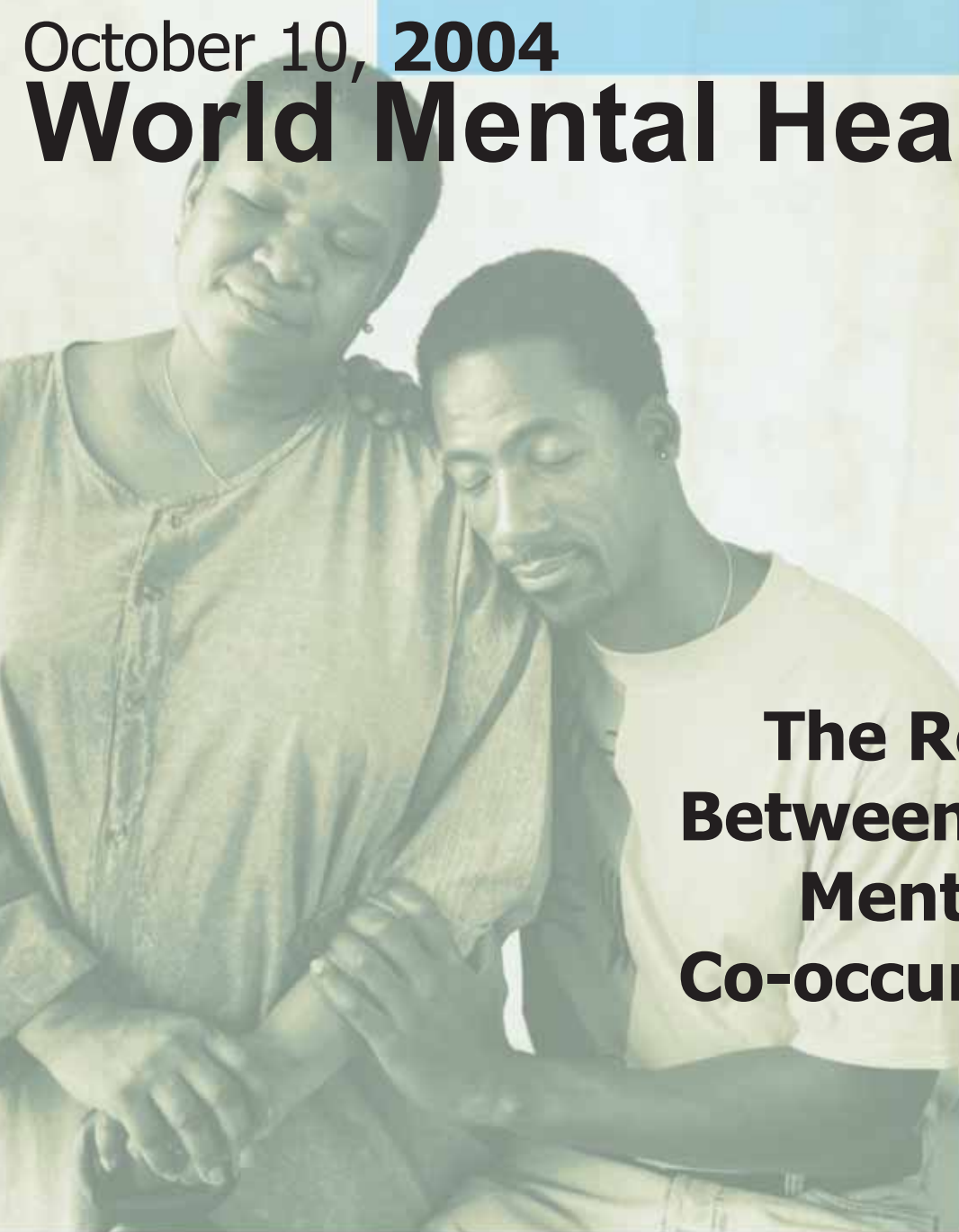


October 10, 2004

World Mental Health Day



**The Relationship
Between Physical and
Mental Health:
Co-occurring Disorders**



World Federation for Mental Health

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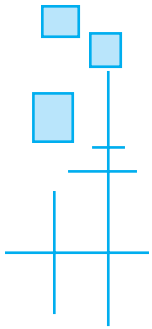
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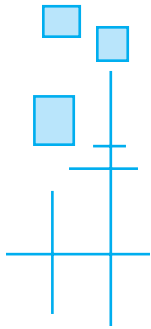
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**From Concept to Program:
Integrating Models, Systems and People**

Recent advances in biological sciences and clinical research are uncovering how the body and mind interact directly in health and disease. It's clear that there isn't only a co-existence or co-morbidity of medical and physical conditions; there is also a primary inter-connectedness of the body and mind in the development of disease states. But for clinicians, health care systems, and patients, this new knowledge and understanding also brings new challenges. We need to implement this knowledge into the daily lives of patients and the clinical care they receive. As we know more, there is more to do. The task at hand is to inform caregivers, patients, and the public of the crucial, far reaching interrelationships between physical and mental illness.

One direct approach is to offer World Mental Health Day programs addressing this year's theme. Educational and informational programmes are an opportunity to reach out to those affected by mental illness and those providing clinical and supportive care. Just as we need to integrate conceptual views of illness and impairment, these programmes will, in like fashion, help to bring together concerned individuals, disciplines, and systems of care.

People, Settings and Systems

The World Mental Health Day theme of the co-occurrence of physical and mental health has meaning for a wide variety of concerned parties, settings of care, and organizational systems. However, those directly affected – patients and clinicians, both psychiatric and medical – often do not function in well defined or even overlapping groups with the advantage of direct, formal communication. Hence, one main challenge in conveying our message is to bring together the numerous groups and foster communication and collaboration around our theme.

Irrespective of one's country, community, or local culture, there seems to be a common first task: to identify the appropriate people, settings and systems for which this co-occurrence of mental and physical illness is so crucial. More specifically, there's a need to identify the relevant stakeholder groups or involved parties, such as the following: mental health clinicians, medical clinicians and other professionals, patients, local system administrators and officials, and the public at large.

1. People with Mental Disorders:

Numerous factors increase the risk of physical illness to the person with mental illness. Some reasons, such as vulnerability to alcohol, smoking and drug use, lifestyle factors like sedentary behavior, and poor diet secondary to illness or poverty, are often tangible and easier to identify. This also applies to the increased risk of developing serious infectious diseases, such as TB and HIV/AIDS. For example, the Zimbabwe National Association for Mental Health estimates that more than half of that country's 300,000 people with psychiatric disorders also have HIV/AIDS, which is frequently secondary to sexual abuse of vulnerable individuals.

We can also easily identify the factors that come directly from treatment itself. For example, the vast improvements in pharmacological interventions are not without a downside. Our current medications have reduced psychiatric morbidity and mortality, but they also cause discrete and serious problems of their own, with documented side effects on hematological integrity, metabolic and endocrine function, and the nervous system.

Hence, a major goal of education programmes for those with mental disorders is to increase their awareness of how associated or independent medical conditions affect their psychiatric

conditions and general well being. And, we need to convey the new and important information about how the often serious and far-reaching side effects of psychiatric medications.

2. People with Physical Disorders:

We now know more about the opposite side of the medical-psychiatric coin, as clinical research tells us how medical illness creates its own burden of mental illness. It is estimated that 40 to 60 percent of heart attack patients, 18 to 20 percent of patients with coronary artery disease, and 25 percent of cancer patients develop depression. For cancer patients, the rate is approximately 25 percent, while the prevalence in neurologic disorders like Multiple Sclerosis, Parkinson's, and organic dementias such as Alzheimer's is even higher. And, from a larger perspective, it's estimated that 5 to 10 percent of medical outpatients and 10 to 14 percent of hospitalized patients have depression.

For those with medical illness, we can offer helpful, practical information about the psychiatric symptoms and conditions that commonly accompany physical disorders. People are understandably hesitant to acknowledge psychological symptoms when medically ill, but are often very relieved by open discussions of these common concerns. It can help minimize any shame, stigma, and 'self-blame' for what we know are unavoidable and everyday reactions to medical illness.

3. Systems of Care:

The systems of health care - where and how people receive medical and psychiatric care and support - also play a significant role in the health and welfare of those with mental disorders. However, these factors are often more difficult to identify per se. Health care systems are often fragmented and uncoordinated, with both patients and clinicians unaware of available and appropriate resources. And, in all too many countries and locales, the systems of care are woefully incomplete or absent.

One significant factor is that those with mental illness commonly have decreased access to general medical care, even in industrialized nations where the shift from large in-patient hospitals to community care can leave people with inadequate or distressingly fragmented medical care. When medical care is available, both the stigma and prejudice of mental illness often undermines effective care and follow-up. Added to this is how mental illness often reduces the patient's ability to identify and understand the meaning of bodily feelings of physical symptoms.

In under-developed nations, where systematic care is even less available, care taking for the psychiatric patient often falls more on the extended family rather than a formal medical system of hospitals and community clinics. Here, insufficient resources of time, money, and personnel often mean medical care for the person's physical illness is just not available.

4. Medical Clinicians:

Unfortunately, medical clinicians are often untrained or unequipped to recognize and treat the psychiatric and psychological symptoms of their patients. Or, they are too overwhelmed with their patients' severe medical conditions to attend to the often "more silent" and unreported psychological symptoms of their patients. It's estimated that between 30 to 50 percent of psychiatric illness goes undetected by medical clinicians. This is especially so for mental disorders such as clinical depression, anxiety, and PTSD that often go undetected in a large proportion of medical patients. In terms of depression, medical clinicians are often unaware of the need for adequate and long-term treatment with antidepressant medication and therapy. This is especially important given the troubling issue of suicide in medical patients and the elderly. It is estimated that two-thirds of those who committed suicide in the U.S. have seen their medical physician within a month of their death.

Mental health clinicians and advocates can help medical professionals care for the psychological needs of their patients via our expertise in recognizing and treating psychiatric illness. This can take the form of educational programmes for primary care clinicians focused in one's community. Such "bridge-building" programs also have a secondary benefit of creating direct and on-going liaison connections between mental health and medical professionals.

5. The Public:

The issue of the relationship between medical and psychiatric disorders should also reach the general public. It is important to raise awareness for the public about, for example, how depression and anxiety influence general quality of life parameters, and more “silent” risk factors, including the relationship between anxiety disorders and hypertension. Even for “healthy” people without acute or chronic medical illnesses, there are preventive measures of screening and education for the subtle but significant effects of common psychiatric disorders on their physical well being and longevity.

Ideas for Programs and Interventions

In considering specific programmes for World Mental Health Day, there are numerous options for raising the awareness of the relationship between mental and physical illness and bringing together concerned individuals. Given the far-reaching breadth of the issue, choices for a specific focus and audience would depend on the relevance to one’s locale and community.

1. For Patients, Families, the Public:

- One opportunity given our Mental Health Day theme is educating those with mental illness and their families, and the public in general, about the increased risk of medical illness. This could include a programme addressing lifestyle issues, how to use the local medical system and clinicians, and, the medical side effects of psychiatric medications.
- A programme for patients, family members, and mental health advocacy associations could include talks and discussions by both mental health and medical clinicians, including nurses and nutritionists. Relevant topics include the following: proper diet and nutrition; the medical effects of lithium, anti-depressants, anti-psychotics, and mood stabilizers; medical risks of alcohol, tobacco, and sexually-transmitted diseases; the importance of regular medical check-ups; how to obtain medical care within the respective communities and systems; and, basic discussions of medical illnesses common in psychiatric patients, such as diabetes, hypertension, and pulmonary disease, and how to recognize them.
- The Internet is another rich venue for disseminating information. Where available, the Internet and web-based programs offer access to those lacking access to information in their communities or concerned about the stigma of attending programs on mental disorders.
- Specifically, the elderly in many countries are growing more comfortable with the Internet for information and support, including the psychological and medical aspects of growing older. For example, web sites for the elderly in China have become popular and useful. Given the growth in the elderly in many countries, many of whom are homebound or with limited community resources, the Internet can be an effective way of reaching large groups of people.

2. For Mental Health Clinicians and Providers:

- Providers of mental health services could organize a programme for their clinical staff about the significance of medical conditions in their patients. Programmes for clinicians without a medical background, such as social workers and case managers, would be especially helpful, as they are often the patient’s sole contact with clinical services and are crucial for coordinating non-psychiatric care for their patients.
- These talks could be given by medical clinicians, including physicians, nurses, nutritionists, and pharmacists, with emphasis on relevant medical conditions, what to look for in their patients, and when and how to refer within the local medical community.
- Relevant topics would be as follows: common medical illnesses associated with psychiatric disorders; physical and neurologic symptoms secondary to psychiatric medications such as sweating, dry mouth, akathisia, tremor, etc; issues about diet, substance abuse, unprotected sex; and, risks of medications with pregnancy and breastfeeding.

3. For Medical and Ancillary Clinicians and Caregivers:

- Analogously, mental health staff could offer programmes for medical colleagues in their communities, especially with whom they share patients. These programmes would serve two important purposes: a forum for education, and, an opportunity to build cross-discipline working relationships bridging the gap between the medical and mental health care systems.
- Programmes could include an “open house” with invitations to other medical professionals such as dentists, midwives, nursing home staff, chiropractors, medical social workers, alternative medicine providers, etc., all of whom are confronted with the psychological burden of illness in their patients.
- Clinicians from social work, psychology, and psychiatry could offer educational seminars on the diagnosis and treatment of common psychiatric conditions. The first step would be to contact the relevant primary providers of medical care such as the family doctor or primary care clinic, or the appropriate professional organization for medical clinicians such as medical societies or government agencies.
- Educational programmes for primary care physicians and nurses can offer useful updates on current psychiatric knowledge and practice. For example, the Massachusetts Psychiatric Society initiated a continuing medical education evening seminar on psychiatry in primary care for the Massachusetts Medical Society that has grown into a popular annual program. Talks by well-known psychiatrists within the community are focused on practical psychiatric topics and delivering care within the local managed care systems.
- Topics could include how to screen for depression, anxiety, psychotic disorders, and suicidality. There could also be a focus on the psychology of aging and psychiatric symptoms common to the elderly.
- Another relevant topic is the prevalence and presentation of psychiatric conditions in women, including post-partum depression, the risks of psychiatric medication, tobacco, alcohol and drugs during pregnancy and nursing, and, the effects of hormonal changes on mood before, during, and after menopause.
- In locales where the paradigm of indigenous knowledge plays a vital role, mental health staff should consider working with alternative and spiritual healers. We need to involve all-important members of a community, especially when the culture of an American or European “psychological approach” is less relevant to underlying belief systems and values.

4. For Health System Administrators and Officials:

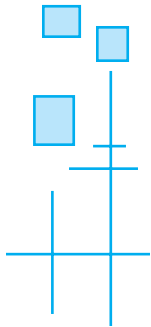
- The theme of the interrelationship of mental and physical disorders could be an opportunity to reach out to and work with medical system administrators and local government officials to help coordinate the care of patients in their community. Beyond direct clinical issues, recognizing the interplay of psychiatric and medical illness would also serve to maximize efficient and economic use of resources.
- Programmes could include an “open house” that introduces the resources of a mental health clinic or agency to interested parties in the community. Administrators could invite a wide variety of professionals aside from doctors and nurses, such as dentists, midwives, nursing home staff, chiropractors, medical social workers, alternative medicine providers, etc., all of whom are confronted with the psychological burden of illness in their patients. This could also include representatives from religious institutions or indigenous healers in one’s local community.

Conclusion:

Optimal care of patients requires integration of divergent concepts about health and disease, as well as people and providers across numerous disciplines. For both the treatment and prevention of illness, we need to overcome the understandable tendency to see medical and psychiatric conditions as separate and unrelated. World Mental Health Day gives us an opportunity to reach out to and bring together patients, medical clinicians, health care systems, and the general public. We can help by providing concrete information to individuals and clinicians about the interplay of mental illness and physical illness, and attempting to coordinate and integrate the existing systems that provide this care.

**ROBERT M LEVIN, MD, MPH
DEPARTMENT OF PSYCHIATRY
HARVARD MEDICAL SCHOOL**

Publicizing Your Event



The following material will help you prepare information for the media on World Mental Health Day 2004. We are providing you with sample letters and tips on how to understand and work with the mass media. By establishing and maintaining good working relationships with your local media, you will ensure that mental health issues are covered with accuracy and sensitivity.

I. Understanding the News Media

The three most important elements in a good story are action, people and substance. Match the media's needs with your message and ensure that the information is provided to them in a timely manner. In order to develop appropriate media activities and messages, ask yourself:

- What goal(s) do you want to accomplish in your WMHDAY event?
- Who is your target population?
- What messages must be developed and conveyed to influence your target audience to make the desired changes?
- What role do you want the community at large to have?
- What types of media outreach would be efficient and cost effective for accomplishing the above?

II. Tips for Success

- Look for ways to tie your local event in with a national observance or campaign.
- Remember to provide information in a way that the general public will understand. Avoid using professional terms that may be confusing to your audience.
- Know facts about WMHDAY and the year's theme and have them readily available to discuss and FAX to the reporter or other interested parties.
- Consider having a radio or TV station co-sponsor your event, which would highlight the station's commitment to the community and generate free publicity for your event.
- Use the WMHDAY Theme to attract both media and public attention. Use it on all publicity related material, from invitations to fax sheets, letterhead, media kits and banners.

Keep in touch with your media contacts even after the event is over. Thank them for covering your story. Keep them informed of new issues and new information. Remember, you are trying to build long-term relationships with the media, making their job easier by keeping them up-to-date.

SAMPLE NEWS RELEASE

FOR IMMEDIATE RELEASE

For Information Contact:

Contact Person:

Phone:

Email:

WORLD MENTAL HEALTH DAY 2004 FOCUSES ON THE RELATIONSHIP BETWEEN MENTAL AND PHYSICAL HEALTH

_____ announces plans to commemorate World Mental Health Day 2004 by (describe your planned event here)

The theme for World Mental Health Day 2004, *The Relationship between Physical and Mental Health: Co-occurring Disorders*, focuses worldwide attention and concern on the identification, understanding and treatment of co-occurring disorders. World Mental Health Day is a global mental health education project of the World Federation for Mental Health and is distributed in over 180 countries and territories.

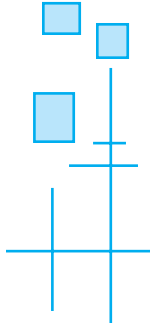
The selection of this theme reflects the need to increase the awareness of viewing health as a whole body concern. The prior US Surgeon General, David Satcher, in the 1999 Report on Mental Health states that even today, everyday language encourages a misperception that mental health or mental illness is unrelated to physical health or physical illness. In fact, the two are inseparable, he says. The World Health Organization also states, that mental health is as important as physical health to the overall well-being of individuals, societies and countries.

The programs and activities planned by the _____ to commemorate World Mental Health Day in _____ will help bring attention to the general public and medical communities for the need to address all aspects of health and the complete treatment of co-occurring disorders.

According to _____ of the _____ organization, World Mental Health Day is an important event in our community because it helps all of our fellow citizens learn more about mental health issues and encourages them to support improved services regarding full body health and co-occurring disorders. We urge everyone to participate in this year's World Mental Health Day events.

More information about the origins of World Mental Health Day and to receive a copy of the global campaign materials can be obtained by contacting the World Federation for Mental Health at www.wfmh.org and wmhday@wfmh.com. For local information please contact _____.

Proclamation



Whereas the World Federation for Mental Health has designated “The Relationship between Physical and Mental Disorders” as the primary focus of World Mental Health Day 2004.

Now, therefore, in support of World Mental Health Day 2004, I urge all citizens of _____ to

- Participate in efforts to increase public awareness and understanding of the correlation between mental and physical health issues,
- Support advocacy efforts to encourage medical and psychiatric clinicians to work together for better health care,
- Reinforce the need for more equal treatment and funding for mental health services in public health resources.

In recognition of the pressing needs to increase public awareness of the importance of total body health, treat co-occurring disorders for complete health and well being, and the need to improve the availability and quality of mental and physical health services,

I, _____, _____
(name) (title)

Hereby proclaim October 10, 2004

WORLD MENTAL HEALTH DAY

In _____
(country)

And urge all my fellow citizens to take part in the activities designed for the observances of this day.

signature

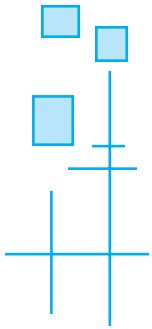
date

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2004 world mental health day

October 10, 2004

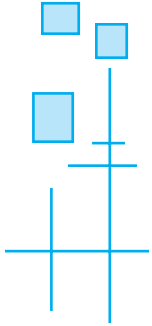
Some Tips for celebrating World Mental Health Day



- Assemble your planning group immediately to allow maximum time for planning an event.
- Review the contents of this global education packet; begin outlining your World Mental Health Day program.
- The proclamation page provides suggested wording for your community's commitment to mental health advocacy. Before it is given to your president, prime minister, governor or mayor for signing, it should be carefully reviewed by local administrators to determine how appropriately it reflects the needs of your citizens. You are free to modify the words to suit your situation.
- You may wish to have your proclamation printed on fine quality paper for the official signature. A local attorney can help you produce an attractive formal document.
- Companies that have provided funding for World Mental Health Day are listed in the packet. Identify and communicate with your local representatives of these companies. Let them know that event planning is in progress. Ask if there are ways in which they would like to participate, such as hosting a reception, paying for the printing of your material, or sponsoring workshops, or an exhibit, or whatever your ideas are.
- Carefully consider any time-sensitive activities involving data gathering and/or compiling material for reports. Coordinate your deadlines so that publicity announcements can be released and published in time for your event.
- Begin organizing public events early enough to secure the location and the people you want for your program.
- Consider putting together printed material to hand out - such as brochures or flyers or combine the fact sheets into a small document with your organizations information included.
- To help publicize WMHD, put a link on your Website to www.wfmh.org so others may find out about WMHD and the activities of the World Federation for Mental Health. Find other ways to 'spread the word'.
- After your event, please complete and return the Report Form along with newspaper clippings, photos and other materials produced in connection with your World Mental Health Day activity.
- After your event, call your planning group together to review what was successful, what could have been improved, and what will be beneficial to do next year.

Ideas, Plans, Notes

Membership Application



If you are not yet a member of the World Federation for Mental Health, why not join NOW and take advantage of our *special membership enlistment rate* with this form only! Join and become a part of the worldwide mental health movement to help improve the mental and emotional well-being of people around the world! The rates below are acceptable with this form only and expire on October 10, 2004! Send back your membership form, save on your first year of benefits and be a part of the only international, multidisciplinary, grassroots advocacy and education organization concerned with all aspects of mental health!

TYPES OF MEMBERSHIP

- Individual membership, for any individual who would like to join WFMH
- Affiliate membership, for organizations that would like to be affiliated with WFMH
- Voting membership, for national or international organizations that would like to help with the matters related to WFMH, both internally and externally. Applications are available upon request.

MEMBERSHIP BENEFITS

- Opportunities for networking and collaboration with colleagues in other parts of the world with common interests and concerns
- Quarterly newsletters – bringing you timely information on global mental health issues
- Annual reports of WFMH's activities
- Reduced rates at some WFMH events including regional seminars and conferences as well as the Biennial World Congresses.

MEMBERSHIP FEES

<u>Individual membership</u>		<u>Special Rate</u>
Regular member (developed countries)	\$35	\$25
Developing country member (designated by OECD)	\$15	\$10
<u>Affiliate membership</u>		
Libraries	\$40	\$30
Annual budget below \$100,000	\$50	\$40
Annual budget of \$100,000-\$999,999	\$150	\$125
Annual budget of over \$1 million	\$300	\$250

Application on other side

Please circle the type of membership you are applying for:

Individual membership

Regular \$25
Developing country \$10

Affiliate membership

Library \$30
Budget below \$100,000 \$40
Budget of \$100,000-\$999,999 \$125
Budget over \$1 million \$250

Please provide the following information:

Organization name (only if applying as an affiliate member) _____

Main contact person _____

Title _____

Address _____

Telephone _____ Fax _____

E-mail _____

Payment:

Please charge my Visa or MasterCard (*circle one*)

Credit Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

Check, bank draft or money order enclosed (payable to WFMH)

Please return this form along with your payment in US Dollars to:

**World Federation for Mental Health
P.O. Box 16810
Alexandria, VA 22302-0810
USA**

Report Form



How Did You Celebrate The Day?

Here is your chance to let us know about your World Mental Health Day events and help us improve future education packets. The strength of this project lies in the effect it has in the field - therefore we urge you to send in a report of your 2004 activities. We hope everyone will join in, not only doing something to 'spread the word' but by letting the rest of the world know what you are doing by writing back to us! Every event - no matter how large or small - is important to us. And all pictures, news articles, and promotional materials are welcome. Most of the prominent activities, if received by January 27, 2005, will be in the World Mental Health Day Summary Report, which is compiled, published and distributed each year to friends of WFMH around the world. We look forward to hearing from all of you!

(PLEASE PRINT ALL INFORMATION)

Name _____

Organization _____

Address

Phone _____ Fax _____

Email _____

1. Overall, how satisfied were you with the World Mental Health Day Educational Material? (circle one)

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

2. Do you have any helpful suggestions on information that could be useful for future planning material?

3. Please circle the materials within the planning kit that you feel are useful for World Mental Health Day.

Introduction

Fact Sheets

Mental & Physical Disorders

Mind & Body Connection

Impact of Physical Health for Persons
with Severe Mental Disorders

From Concept to Program

Publicizing your Event

Resources

4. What Special Events did you hold to observe World Mental Health Day?

5. If you were to choose the one outcome that you are most proud of accomplishing through your World Mental Health Day Event, this year, what would it be? (Use additional pages, if needed)

Do you know of anyone who would be interested in obtaining a copy of future World Mental Health Day Educational Material? Please **PRINT** their name and address below:

Name _____

Organization _____

Address _____

Phone _____ Fax _____

Email _____

Please return this form by mail to:
World Federation for Mental Health
P.O. Box 16810
Alexandria, VA 22302-0810
Fax: 703.519.7648

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The World Federation for Mental Health would like to thank the following Sponsors of this year's World Mental Health Day project. Their assistance has been instrumental in the production and distribution of this publication. If you found this document helpful, we encourage you to send a brief thank you note to the Sponsors through the following contacts:

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Debra Kaufmann
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ORGANON INTERNATIONAL

Thomas Schrooyen
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For more information on World Mental Health Day or to obtain further information about the World Federation for Mental Health, contact:

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