



WORLD FEDERATION FOR MENTAL HEALTH

Fédération Mondiale pour la Santé Mentale

NEWSLETTER

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MENTAL HEALTH ASSOCIATION OF HONG KONG CELEBRATES 50th ANNIVERSARY

Two hundred members and friends of the Mental Health Association of Hong Kong (MHAHK), along with representatives of Hong Kong governmental and mental health organizations, participated in the association's 50th Anniversary Kick-off Ceremony held on March 31st in Kowloon.

Dr. Mak Ki Ya, Chairman of the Association, Mr. Paul K. W. Tang, JP, Director of Social Welfare for the Hong Kong Social Welfare Department, and Dr. Lo Wai Hoi, President of MHAHK, welcomed the guests, presented souvenirs to the event's invited speakers, and presided over the ceremony.

The event's program included three lectures on the topic of "Mental Health Development: The Past 50 Years and Beyond." WFMH Secretary-General & CEO Preston J. Garrison addressed the audience on "Building a Mentally Healthy World: A Work in Progress," highlighting the accomplishments of such key pioneers in the international mental health movement as Clifford Beers, founder of the International Committee on Mental Hygiene; Dr. Clarence Hincks of the Canadian National Committee for Mental Hygiene; Dr. Brock Chisholm of Canada, the first Director General of the World Health Organization; and Dr. Jack Rees of Great Britain.



Preston Garrison (center of second row) with the Board and staff of the Mental Health Association of Hong Kong

Mr. Garrison also outlined some of the many serious challenges faced by the global mental health movement at the present time, including an increased burden of disease represented by major mental and behavioral disorders, the mental health consequences of the HIV/AIDS pandemic, and the impact of war, violence and trauma that has especially negative effects on the mental and emotional health of children and adolescents. He commended the MHAHK for its long history of leadership in developing and providing mental health services to the Hong Kong community.

Professor Donfen Zhou of the Institute of Mental Health, Beijing University, delivered an address by way of videotape, having been unable to attend the meeting in person due to a last-minute schedule conflict. Professor Donfen, a leading mental health professional in the People's Republic of China, described the current state of mental health care in the country, and talked about changes taking place within the system of services.

"Changes in Mental Health Care Delivery in the Past 50 Years – With a Note on Future Directions," was the subject of MHAHK President Dr. Lo Wai Hoi's lecture, in which he traced

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Message from the President

Seventeenth-century philosopher René Descartes conceptualized the distinction between the mind and the body. He viewed the "mind" as completely separable from the "body." And for almost two centuries, mental health advocates have been trying to put them back together. This separation between so-called "mental" and "physical" health has no real relevance to the scientific understanding of health in the 21st century; yet the myths and misinformation persist. Mental health advocates all over the world have, almost apologetically, said that this false premise should no longer exist and yet their voices continue to go unheard.

Why, with all the evidence to the contrary, do these myths continue? I suggest that systems of health care globally reinforce this prejudice, because to create changes would require major paradigm shifts in policy and the delivery of health services. Mental health care would have to be mainstreamed and the stigma and discrimination born by people with mental illnesses would have to end. There would be no excuses for marginalizing the funding for the delivery of mental health services and we would have to make sure that prevention of mental and behavioral disorders and the promotion of mental health received their fair share of public health resources.

In the best of all worlds, this would have happened long before now. We have missed so many important years of valuable research on the interrelationships of all aspects of the body and mind.



The 2004 World Mental Health Day education campaign will provide a broad overview of this issue. The campaign material includes introductory information on the comorbidity and co-occurrence of specific physical and mental disorders, an overview of current research, and background for relevant policy, public awareness, and advocacy issues. The 2004 campaign will pay particular attention to cardiovascular disease, diabetes, cancer and HIV/AIDS.

Since its founding in 1992 by Deputy Secretary General Richard Hunter, World Mental Health Day has become one of the most important education programs about mental health issues. Each year we mobilize our international network by providing materials and resources to our members who in turn initiate local-level activities such as proclamation signings, education and public awareness activities, workshops, conferences, and advocacy campaigns. October 10th is the official launch day of the campaign, but activities associated with each campaign continue throughout the following year.

We are indebted to our very capable staff and World Mental Health Day committee for all of their efforts to provide us with the best materials possible. It is now up to us to ensure a successful launch and develop regional and local follow-up activities. This year's theme opens many possibilities for mental health advocates from all parts of the world to address with one voice the need for healthcare integration. It sends the clear message that a system of care that separates physical and mental health is no longer consistent with our scientific understanding of health. Furthermore, the separation fosters discrimination against persons with a mental illness, and needless suffering from inadequate diagnosis and treatment.

The time has come to reinforce what we stand for. Mind and body are inseparable: health is the complete state of well-being and "there is no health without mental health."

L. Patt Franciosi, PhD
President

The 2004 World Mental Health Day material is on the Internet in English, French and Spanish at
<www.wmhd.net>.

For information, contact
wmhd@wfmh.com

(continued from page 1)

the history of mental health care and service delivery in Hong Kong, and the role the Mental Health Association has played in the development and implementation of community-based services.

The Mental Health Association of Hong Kong was established in 1954 with the primary objective of promoting mental health education and providing services for the community. Its major service users are people with emotional problems, mental illness or mental handicap.

The Association has set up a comprehensive range of community rehabilitation services over the past 50 years to serve the needs of its service users in rehabilitation, education and social activities. At present, under the direction of its Executive Director, Ms. Kimmy Ho, the Association operates a total of 29 service units, including a center for education, half-way houses, training and activity centers, hostels, supported apartments, sheltered workshops, a social club, supported employment, aftercare services, a special school, an agency-based clinical psychological service, and counseling services. It publishes a wide range of books, journals and pamphlets (including *The Hong Kong Journal of Mental Health*), and produces videotapes concerning mental health and rehabilitation.

The Association provides mental health training to government departments, schools and corporations and arranges education programs such as talks, seminars, workshops, and exhibitions for the general public. It has been a member organization of the World Federation since 1954 and has a long history of significant contributions to the global mental health movement, including hosting the 1968 South East Asia Seminar on "Education for Mental Health" and the first major meeting of WFMH in the Western Pacific region – the 1971 World Mental Health Congress.

WFMH HOSTS INTERNATIONAL PSYCHIATRY FORUM

The World Federation for Mental Health hosted its Second Annual International Psychiatry and Mental Health Forum at the Annual Conference of the American Psychiatric Association in New York City on May 4th. WFMH President L. Patt Franciosi, Secretary-General/CEO Preston Garrison, and WFMH Board Member Richard Studer organized and hosted the session to which presidents of national psychiatric associations, leaders of international mental health organizations, and other leaders in the mental health field were invited.

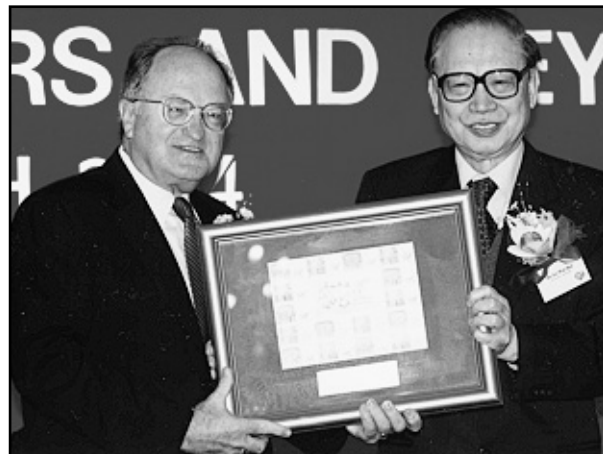
Approximately 50 guests, among them presidents of national psychiatric associations from Canada, Brazil, Ghana, Slovakia, Chile, New Zealand, Egypt, Finland, and the United States, attended the session. The program was intended to expand contacts between WFMH and national and international psychiatry and mental health leaders.

Dr. Karen S. Babich, Director of the Office of Global Mental Health at the U. S. National Institute of Mental Health, was the guest speaker for the forum. Dr. Babich outlined the objectives of her recently created office, and described grant opportunities available for international researchers. Nancy Wallace, WFMH's Main Representative at the United Nations in New York, also spoke, providing an

overview of mental health-related activities through the NGO Mental Health Committee and other committees and initiatives. Dr. Franciosi presented a briefing on the programs and activities of WFMH, including the theme for World Mental Health Day 2004.

In addition to representatives of national psychiatric associations, attendees included Professor Shridhar Sharma, President of the World Association for Social Psychiatry; Dr. Zeb Taintor, Immediate Past President of the World Association for Psychosocial Rehabilitation; Dr. Juan Mezzich, President-Elect of the World Psychiatric Association; Dr. Richard Aldersgate, World Health Organization Office at the United Nations; Professor Helen Herrman, University of Melbourne, Australia; and Dr. Miguel Jorge, WFMH Regional Vice President for South America.

The Second Annual International Psychiatry and Mental Health Forum and Reception was supported by Pfizer Pharmaceuticals and Bristol-Myers Squibb, and is part of WFMH's international outreach and development strategy to promote collaboration with national and international professional, patient/consumer, and mental health education and advocacy organizations.



Preston Garrison receiving a 50th anniversary souvenir from Dr. Lo Wai Hoi, President of the Mental Health Association of Hong Kong

The 3rd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders takes place at the Hyatt Regency Hotel, Auckland, New Zealand, on 15-17 September 2004. For the latest information on the program, and for registration and hotel forms, go to www.charity.demon.co.uk (there are also links from www.wfmh.org and www.mentalhealth.org.nz).

New Zealand Conference on Promotion and Prevention

The programming for the 3rd World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders has expanded impressively in recent months. Many distinguished people in the field are on the program, which has as its theme "From Research to Effective Practice."

The conference begins on Tuesday, September 14, with an afternoon powhiri (Maori welcome ceremony) at the Orakei Marae. The Prime Minister of New Zealand, the Right Honorable Helen Clark, has been invited. Former U.S. First Lady Rosalynn Carter, a distinguished mental health advocate and Honorary Chair of the Biennial Conferences, will attend. A Policy Forum will be held after the opening ceremony featuring leaders who direct mental health policy in several countries.

The conference plenaries and symposia follow lifespan tracks, covering newborns and pre-school age children (chaired by Ray DeV. Peters, Ph.D.); school-age children (chaired by Mark D. Weist, Ph.D.); people of working age (Peter McGeorge, MB ChB, FRANZCP); and older people (chaired by John R. M. Copeland, M.D.). A fifth track chaired by Helen Herrman, M.D., includes topics that do not fit easily into these four divisions.

A number of special plenaries broaden the program. Shekhar Saxena, M.D., Coordinator for Mental Health Evidence and Research in the WHO Department of Mental Health and Substance Abuse, will give a plenary presentation about WHO's policy on promotion and prevention. The release of WHO's two new publications on promotion and on prevention has been

timed to coincide with the conference, and the two editors, Clemens Hosman, Ph.D., from the Netherlands and Helen Herrman, M.D., from Australia will speak at this plenary.

Another special plenary will focus on the media, human rights, and promotion and prevention. Speakers include Mrs. Carter, John Francis, a recent Rosalynn Carter Fellow for Mental Health Journalism from New Zealand; Gerard Vaughn, the manager of the New Zealand Ministry of Health's anti-discrimination campaign, "Like Minds, Like Mine"; and Liz Sayce, Director of the Disability Rights Commission in the United Kingdom.

The opening plenary session focuses on indigenous health perspectives. The speakers are Mason Durie, Assistant Vice-Chancellor of Massey University in New Zealand, and Leslie Swartz, Director of Child, Youth and Family Development at the Human Sciences Research Council in South Africa.

In addition to the Foundation, the conference is presented by the World Federation for Mental Health and The Clifford Beers Foundation (UK), in collaboration with the Carter Center, and co-sponsored by the World Health Organization. The host organization, the Mental Health Foundation of New Zealand, has worked hard to give a national flavor to many sessions and activities.

Four organizations have decided to hold pre-conference meetings on 13-14 September, covering suicide prevention; indigenous mental health; mental health and physical activity; and promotion/prevention databases. For details, go to the conference web site at www.charity.demon.co.uk

News from the Regions

Africa

WFMH President-Elect Speaks at WASP Africa Conference

Shona Sturgeon, WFMH President-Elect, represented the Federation at the World Association for Social Psychiatry's 1st Regional Congress on Social Psychiatry in Africa held in Johannesburg, South Africa, from 22-26 March 2004. The participants were drawn from a wide range of mental health professionals, and the papers reflected this diversity. There was a strong psychosocial theme evident in many of the papers.

Mrs. Sturgeon presented a paper at a plenary session entitled "The Role of WFMH in Promoting Citizen Advocacy for Mental Health in Developing Countries." The paper presented an overview of the history, structure and work of WFMH around the world, and described the current priorities and program activities of the Federation. These were illustrated with examples of promising practices in grassroots advocacy and community-based interventions in Zambia, Zimbabwe and South Africa.

The paper was supported by three poster presentations on selected mental health programs delivered by the Zimbabwe National Association for Mental Health, the South African Federation for Mental Health, and a program entitled "Empilweni," —a model for Community-Based Mental Health Care for Children and Adolescents—presented by Prof. Brian Robertson and E. Edwards of the WFMH Collaborating Centre at the Department of Psychiatry and Mental Health, University of Cape Town. Mr. Solly Nagato, executive director of the South African Federation for Mental Health, participated in the presentations of the poster sessions on behalf of WFMH.

Thomas Adeoye Lambo

WFMH notes with sadness the death of the distinguished Nigerian psychiatrist Thomas Lambo at the age of 80.

Prof. Lambo contributed much to mental health services in Nigeria, to medical training there, and internationally as Deputy Director General of WHO.

Europe

Mental Health Europe

The *International Conference on Mental Health Education and Promotion*, sponsored by Mental Health Europe (MHE) and hosted and organized by SENT, the Slovenian Mental Health Association, was convened in Nova Gorica, Slovenia, 27 – 29 May. Attended by approximately 250 representatives of MHE member organizations and other mental health education and advocacy organizations from across Europe, the conference focused attention on “Education for Change.” The aim, according to the President of SENT, Vesna Svab, Ph.D., was to compare “study programs in the mental health field in Slovenia with those in other countries, presenting several models of the high-quality education of professionals, and programs developed by users of mental health services and the broader public, while challenging our own experience in the area of mental health education.”

Plenary and workshop sessions held throughout the conference addressed an array of topics including reducing stigma and discrimination; public education and awareness; education of mental health and general healthcare professionals; empowerment of consumers, users and family members and cross-cultural mental health issues. Plenary session topics and speakers included Professor Martina Tomori, Chair of Psychiatry, University of Ljubljana (Slovenia) on “*Potential of the Media in Educating the Public about Mental Illness – A Missed Opportunity?*”; Dr. Jan Pfeiffer, Centre for Community Mental Health Care Development (Czech Republic) on “*Educational Needs in Eastern Europe*”; and José Van Remoortel, Mental Health Europe (Belgium) on “*Harassment and Discrimination faced by people with psycho-social disability in health services: A European Survey*.”

Dr. Matt Muijen (UK), recently named to the post of Acting Mental

Health Advisor for the World Health Organization’s European Regional Office, attended the conference and presented his perspective on the status of mental health issues in Europe, and his desire to focus on increased efforts to develop mental health services, education and advocacy activities in the eastern European countries formerly a part of the Soviet Union. He described plans for the convening of a European Health Ministers’ Conference on mental health to be held in Helsinki, Finland, in January 2005.

Preston J. Garrison, WFMH Secretary-General & CEO, addressed the conference during a plenary session on the topic of “*Mental Health Education: An International Perspective*.”

During the conference, Mental Health Europe’s Board of Directors met to review a draft strategic development plan for the organization, address the major impact on the organization of changes in European Union funding procedures, and to elect officers and board members. Claude Deutsch (France) was elected President of the MHE Board, succeeding Dr. Leo de Graaf. Other officers elected were Malgorzata Kmita (UK), Vice-President; Pino Pini (Italy), Secretary; and Colette Prins-Versporten (Belgium), Treasurer.

Eastern Mediterranean

2005 WFMH Congress in Cairo

The 2005 World Mental Health Congress will be held on 4-8 September 2005 at the Intercontinental Hotel Semerames in Cairo, Egypt. The theme is “Equity and Mental Health.” The Congress is being organized by the Giza Mental Health Association and the Eastern Mediterranean Regional Council of WFMH, in cooperation with the World Islamic Association for Mental Health and the Arab Federation of NGOs for Prevention of Substance Abuse. The Honorary Chair of the Congress is Her Excellency Mrs. Suzan Mubarak. Dr. Ahmed El Azayem, Past President of WFMH, is Chairman of the Congress Host Committee.

Abstracts will be accepted until 30 April 2005. Among the areas of interest are:

- Heightening public awareness about the importance of equity in mental health
- Promotion of mental health and optimal functioning
- Prevention of mental, behavioral and psychosocial disorders
- Improved care and treatment of those with mental, behavioral and psychosocial disorders
- Cultural and societal mental health issues

For further information go to the Congress Website at www.medical-design.net/mentalhealth2005 (or contact info@wfmh.com).

South America

Suicide Prevention

In response to a serious issue in South America, the First International Meeting on Suicide Prevention took place in Uruguay on 27-29 May 2004. Some 350 people participated from public and private organizations in Argentina, Brazil, Chile, Colombia, Mexico and Uruguay. Uruguay’s Ministers of Education and Culture, Interior and Health attended.

The program addressed suicide prevention from various perspectives, reviewing strategies used in different parts of the world. It was recognized as a complex matter for which a psychiatric approach alone is not enough. Socio-cultural issues play an important role, and quality of life often receives insufficient attention. Government health departments were urged to adopt national plans on the subject. Experts at the meeting recommended that prevention should be considered not only as an urgent public health matter, but also a matter concerning educators at all levels.

WFMH Regional Vice President Paul Alterwain, M.D., participated in planning the meeting, and reports that it resulted in Uruguay setting up a National Committee for Suicide Prevention. The meeting was supported by WHO, the Pan American Health Organization, WFMH, and the World Psychiatric Association, together with a number of universities and associations in the region.

In the United States— Mental Health System Needs a Lifeline

This opinion article was originally published in the May 29, 2004 edition of *The Washington Post*

By Thomas H. Bornemann

At a time when the United States leads the world in almost every mea-



asurable category, and when its defense budget is greater by far than that of any other nation, it's sad to note that there is

one major area in which we continue to lag behind other industrialized nations: the provision of health care to our people — especially care for people with mental illnesses.

Last summer a presidential commission on the subject declared in its final report that the American mental health system is “fragmented and in disarray . . . leading to a host of problems including disability, homelessness, school failure and incarceration.” Nearly a year later, as Mental Health Month draws to a close, little has changed. Many people with mental illnesses lack access to affordable, adequate services or avoid treatment because of the stigma associated with their illness.

From the work of the commission — as well as from the 1999 surgeon general's report on mental health and a 2001 World Health Organization report — we know a great deal about the magnitude and burden of mental illness. We know that when suicide is included, mental illness accounts for more than 15 percent of the burden of

disease in industrialized countries — more than the burden inflicted by all cancers. We know that almost 34 million Americans — 21 percent of people between the ages 18 and 64 — will have a mental illness over the course of a given year. We know that nearly 70 percent of people suffering from mental illness are not getting the help they should, and that 79 percent of U.S. children with mental health problems severe enough to indicate a clinical need for evaluation do not receive either evaluation or treatment.

Too often, when symptoms reach the point of crisis, which many will, the most expensive services are required through emergency rooms and inpatient treatment. In many cases, jails and detention centers have become the front-line providers of mental health services, causing a much greater financial burden than if prevention and community-based resources were readily available and affordable to everyone.

The burden of mental illness goes beyond the fragmented service system and into the business sector.

It is in the interest of corporations to provide adequate mental health coverage as part of their employee benefits. Research shows that untreated depression costs firms \$31 billion a year in lost productivity.

Today more is known about the causes of mental illness than ever before, and through groundbreaking research we finally can provide treatments that work. About 80 percent of patients with depression can recover now, and 74 percent of patients with schizophrenia can live without relapses if early intervention is made. Recovery is possible.

A presidential commission on mental health during the Carter administration focused on developing a network of community-based services and supports. In many ways, the challenges that were present 25 years ago remain, despite remarkable scientific advances since then. And be assured, the advances are real. When I was trained in the early 1970s, we never

envisioned that recovery was possible. Now it is often expected.

One would think this progress would bring about a drastic change for the better in the provision of mental health services. But since the latest commission reported last summer, mental health services have been cut in almost every state, and the prospect of more restrictions looms. The reductions have been so massive that in some cases people with serious mental illnesses have gone without even the most basic services.

In addition, a bill to require full mental health parity for insurance has failed to move in Congress in the two years since President Bush expressed his support for the legislation. Parity would not only make mental health services affordable for the great majority of Americans, it would recognize that mental illnesses are treatable and as common as other medical conditions.

Until legislation acknowledges and legitimizes mental health parity, and policymakers provide adequate resources for treatment and support services, mental illnesses will remain stigmatized, and people will be reluctant to seek treatment. Suicides will continue to be the greatest cause of violent deaths — more than homicide or war-related deaths — and expensive emergency services will be the primary source of treatment for many.

Mental illness affects everyone, be it through a family member, friend or personal experience. We all need a transformed mental health system that envisions recovery for everyone suffering from mental illness.

The writer is director of the Mental Health Program at the Carter Center in Atlanta.

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DICK HUNTER

A PERSONAL REMINISCENCE

Dick was introduced to the world of global mental health by Hilda Robbins in 1979 at the WFMH Congress in Salzburg, Austria. He was 66 years old, a relatively recent widower, retired as the U.S. National Mental Health Association (NMHA) Deputy Director, and feeling a little rootless. It was in this phase of his life, when he was making his first trip outside of continental North America, that we first met. On the face of it we couldn't have been more different. But we did have one thing in common — we were both new to WFMH. It was his first exposure to a Congress and only my second.

Still, just two years later, at the Manila Congress in 1981 when I became the Federation's new President, I was able to recruit him to be my closest WFMH associate. Thus began 16 years of an intimate working relationship and a significant friendship. How did this come about?

The unsurprising answer is that underlying our surface differences there were fundamental similarities and values. It didn't even come as a surprise when we learned that we had both been Eagle Scouts, sharing the youthful idealism of that organization. As adults we shared the conviction that mental health was too important and encompassing to be approached only through organizations of specialized professionals, but required the attention of a broad-based coalition of citizens.

But first Dick had to be recruited. The NMHA agreed to be the primary sponsor of a 1983 World Congress in Washington D.C. and, in lieu of financial support, suggested that I bring Dick aboard to help me organize it. However, he was a reluctant dragon. It required constant talks during the entire week of the Manila Congress to overcome his skepticism. Eventually, though, he acknowledged that he still had organizational competence which he wanted to use. Then, as he finally accepted my invitation to work together, he revealed that as a result of his experience in Salzburg and Manila he had already been captivated by the idea of a world-wide voluntary mental health association. The mutual trust and confidence which we developed during that week of intense talks sustained us both through the very considerable effort required to fund and carry out the Washington Congress, and then, after 1983, to establish the Washington-Baltimore Secretariat. Indeed, our mutual trust persisted and was strengthened during the ensuing years. By 1999 when I had decided that it

was time to transfer authority to new leaders he made the opposite decision: to remain active in the Federation's administration until he was terminated, as he put it, "by Mother Nature or whoever the new leaders might be."

After 1983 as the new Secretariat and our respective roles became stabilized the need for frequent face to face visits became less. However, we talked by phone several times weekly and my wife, Marian, and I would often meet Dick for dinner in Georgetown. We began to notice an apparent evolution in his eating habits. At first he was a strictly white bread and meat-and-potatoes eater. But in Baltimore he weathered his introduction to steamed crabs (along with some of the international members of the Board) and by the end of our professional association was willing to engage in exotic culinary adventures.

He also joined us on our sailboat on Chesapeake Bay, seeming especially to enjoy gliding across the water in a dark moonless night illuminated only by starshine.

Over time we rediscovered our shared mid-Western roots including many of the places of his childhood, known also to Marian since her late father like Dick had come from Minnesota. He spoke repeatedly of his late wife, Mary Margaret, and the circumstances of her last illness which remained on his mind. It seemed probable that if she had still been there to share his life he might not have chosen to invest so much time and energy in the Federation.

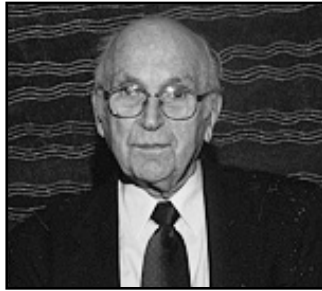
As time went on Dick looked to the future. After Marian and I gave him an 80th birthday party at the Cosmos Club in Washington he commented on several occasions that we were both getting older, becoming a gerontocracy. Despite his personal wish to remain in the decision-making group he agreed that we should think of volunteers who might be willing to succeed us in ensuring the Federation's survival.

It wasn't until we had known each other for a long time that he confessed that my being a physician had initially made him uneasy and that I was the only doctor with whom he had ever been able to sustain a close friendship. By then we were looking forward to his 90th birthday.

*Eugene B. Brody, MD
Past President (1981-83) and
Secretary General (1983-99) WFMH*

WFMH ESTABLISHES THE RICHARD C. HUNTER MEMORIAL FUND AND WORLD MENTAL HEALTH DAY AWARD

The Board of Directors of the World Federation for Mental Health, meeting in Dublin, Ireland, April 14-15, 2004, officially established the Richard C. Hunter Memorial Fund. The



Richard C. Hunter

Fund, created with the approval of his family, will sustain the memory and contributions of Mr. Hunter, former Deputy Secretary General of WFMH, who died on 25 February 2004 as the result of two strokes.

In establishing the Fund, the Board expressed its strong desire to recognize Mr. Hunter's efforts to build the World Mental Health Day global mental health education campaign into a premier public awareness project – one that focuses widespread and concentrated attention on the unmet mental health needs of children, adolescents and adults throughout the world.

Dr. L. Patt Franciosi stated "The WFMH Board of Directors has directed that proceeds from the fund will be used for an annual **Richard C. Hunter Award for Excellence for World Mental Health Day Programs**. The award will be given each year to the organization judged

to have conducted the most comprehensive and effective campaign on the annual WMHDay theme in its community, province/state, or country, based on application forms

and support material submitted. Through this recognition of excellence for programming, WFMH will help to build on the pioneering and insightful work that Dick Hunter started when he envisioned this project more than 15 years ago."

The first award will be given for the 2004 World Mental Health Day theme, **"The Relationship Between Physical and Mental Health: Co-occurring Disorders,"** to be launched on 10 October. It will be presented during the 2005 World Mental Health Congress in Cairo, Egypt, September 4–8, 2005.

Contributions can be sent to: RCHunter Memorial Fund, WFMH, Post Office 16810, Alexandria VA 22302-0810 USA. To make a contribution to the Fund using a credit card or bank transfer, contact Betty Jones at the WFMH Secretariat (bjones@wfmh.com), or 1-703-838-7525.

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 Website: www.wfmh.org

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*Alison Taylor,
Executive
Director, Men-
tal Health
Association of
New Zealand
Chairs*



*MHE Board of Directors Meeting in Slovenia:
(from the right) Kovac Nace, Brian Howard and
John Henderson.*

