



# WORLD FEDERATION FOR MENTAL HEALTH

## Fédération Mondiale pour la Santé Mentale

### NEWSLETTER

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## WFMH ESTABLISHES CENTER FOR TRANSCULTURAL MENTAL HEALTH

**W**FMH has established a Center for Transcultural Mental Health as a major program component within the Secretariat. It will develop information for advocacy, patient/caregiver, and service delivery organizations on transcultural mental health issues and best practices.

The Center will afford WFMH new opportunities to collaborate with national and international organizations working in the area of transcultural mental health, and to broaden understanding about how culture and intercultural issues impact the diagnosis, treatment and delivery of services to individuals and their families in an increasingly complex society.

Ellen Robertson Mercer has been appointed to the position of WFMH's Deputy Executive Officer and will direct the development and operation of the Center. Ms. Mercer previously served for 18 years as the Director of International Affairs at the American Psychiatric Association. She joins WFMH following a five-year tenure as Senior Program Officer at the United States Committee for Refugees and Immigrants, where she headed the Committee's Refugee Mental Health Program.

The work during the first year of the Center will help to establish the framework for the future direction of



*Ellen Robertson Mercer*

the initiative. It includes convening an International Experts Forum to help shape the Center's priorities; developing and maintaining a comprehensive Internet website-based information center and clearinghouse, and organizing a 2007 North American Conference on "*Transcultural Mental Health in a Changing World: Building a Global Response.*" The Center will also be involved in the preparation of the 2007 World Mental Health Day packet of materials that will focus on transcultural mental health.

The Center has received initial funding through two-year grants from Eli Lilly and Company and Boehringer Ingelheim. Additional resources will be cultivated to support ongoing program activities.

### BOARD REDUCES DUES LEVELS FOR MEMBER ORGANIZATIONS

The WFMH Board of Directors has adopted a revised dues structure for Voting Member and Affiliate Member Organizations in the 2007-2008 membership year. In adopting the new dues levels the Board acknowledged the increasing pressure that non-governmental organizations face in fundraising capacity and ever-increasing operating costs, which sometimes make it difficult for them to maintain membership in organizations like WFMH.

The revised levels will become effective January 1, 2007 and will apply to new and renewing Affiliate and Voting Member Organizations. As before, the dues levels will be determined by the reported annual operating budget of the organizations and are for a twelve-month membership period. Special dispensation for a further reduction in membership dues is provided to organizations in developing and low-income countries, and for consumer/service user and family member/caregiver organizations with annual budgets of less than \$50,000.

For information about membership in WFMH and the revised dues structure, please contact Betty Jones at [bjones@wfmh.com](mailto:bjones@wfmh.com)

## MEMBER ASSEMBLY RATIFIES GOVERNANCE RECOMMENDATIONS

The WFMH Voting Member Assembly ratified several important modifications to WFMH governance and structure policies at its October 14, 2006 meeting in Oslo, Norway. The approved policy and procedural changes are the result of a two-year *Organization & Structure Task Force* process to streamline and modernize governance, increase participation of the membership in the election of the Board of Directors, and create a more consistent and workable regional networking and communications structure.

The initial recommendations from the Organization & Structure Task Force were presented to the Board of Directors at its September 2005 meeting in Cairo, Egypt. They were then referred to the 2006 Board to consider and adopt implementation language; submitted to all Voting Member organizations with the Voting Member Assembly Meeting Notice in August; approved by the Board at its October 13, 2006 Oslo meeting; and afterwards ratified by the Member Assembly. The adopted procedures became effective on January 1, 2007.

### Regional Configuration

Changes were approved in the configuration of WFMH's geographic regions. Their number was decreased from 9 to 7 by combining the South America and Mexico, Central America and Spanish Caribbean regions into a single Latin America Region, and by combining the Southeast Asia and Western Pacific regions into a new Asia Pacific Region. The current Regional Vice-Presidents in the affected regions will continue to serve as Co-RVPs through the end of their current terms in August 2007.

### Regional Advisory Committees to Replace Regional Councils

The newly adopted policy relating to regional communication and networking practice dissolves the Regional Councils as representatives of WFMH in the various regions. They are replaced by Regional Advisory

Committees appointed and chaired by the Regional Vice-Presidents. Each Voting and Affiliate Member Organization in current dues-paid standing will be eligible to name a member to the relevant Regional Advisory Committee. WFMH will create a group e-mail communications network for use by the RVP and the Secretariat to promote increased networking among member organizations in each region. This policy change removes the historical inconsistencies in the composition and operations of Regional Councils in the past, and establishes the Regional Vice-President as the official WFMH representative within each geographic region.

### Nomination and Election of the Board of Directors

The adopted procedures relating to the identification, nomination and election of candidates to the WFMH Board of Directors are intended to increase member participation in the Federation's governance process. The new procedure calls for the submission of candidates to the WFMH Nominating Committee from individual members and from affiliate and voting member organizations in current dues-paid standing. Candidates submitted as a result of the "call for nomination" will be reviewed and qualified by the Nominating Committee (based on published qualification criteria). Once candidates have been qualified for nomination, a ballot will be prepared and submitted to eligible Voting Member Organizations for completion and return. When the election of the requisite number of Directors has been completed and certified, the Nominating Committee will prepare a single slate of Officer nominations for submission to the newly elected Board for consideration. Once the election of Officers has been completed, the new Board and Officers will be announced in advance of the biennial WFMH World Mental Health Congress and installed at the Assembly held in conjunction with the Congress. Regional

Vice-Presidents will be determined as a part of the Officer election process.

### Limitation of Term of Service

The new procedures will limit the term of service by individual board members to a maximum of four consecutive two-year terms.

### Composition of the Nominating Committee

The WFMH Nominating Committee will be elected by the Board at the first meeting following the biennial election from a slate of nominees prepared by the outgoing Nominating Committee. The Immediate Past President will chair the committee and represent the region in which he/she resides. The committee will consist of seven members – one from each of the Regions – and members may be past Board members, or current Board members whose terms are expiring and who are not eligible or have chosen not to stand for re-election.

### Other Adopted Recommendations

Other new or revised policies adopted and ratified include the creation of two new Vice-President positions for the Board – a Vice-President for Constituency Development and a Vice-President for Program Development — and revision of the responsibilities and position description for the Regional Vice-Presidents.

### Conforming Language to the WFMH By-laws Adopted and Ratified

Conforming language to make the WFMH by-laws consistent with the policies and procedures adopted by the Board and ratified by the Voting Member Assembly was submitted to, and ratified by, the Voting Member Assembly on October 14, 2006.

### 33 Members Represented at the 2006 Voting Member Assembly

Thirty-three eligible voting member organizations and Board members were represented at the 2006 Voting Member Assembly, either in person or by proxy. The required quorum for action by the Assembly is 10 members.

# Oslo Conference

There were many outstanding presentations from mental health professionals at the *Fourth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders*, held in Oslo, Norway on 11-13 October.

Two of the most remarkable speeches, however, came from politicians describing personal experiences. In the opening plenary Kent Härstedt, a prominent member of Sweden's parliament, described how he survived the sinking of the car ferry Estonia as it sailed from Tallinn to Stockholm. Out of 989 passengers on the ship, only 137 were rescued in this Baltic Sea disaster in 1994. Later Norway's former prime minister, Kvell Magne Bondevik, who served in that role from 1997 to 2000 and from 2001 to 2005, told the conference about experiencing an episode of depression while he was the country's leader.

In different ways these two speakers showed how mental health can be at risk in unexpected circumstances, and how the right treatment can promote recovery. Their careers as politicians also provided a link to one of the conference's main topics, the need to recognize mental health as an important component in national health policies. This was addressed in a special forum led by Mrs. Rosalynn Carter, Former First Lady of the United States, who is known internationally as an outstanding advocate for improvements in mental health care.

## Major Speakers

In the same part of the program Dr. David Satcher, former Surgeon General of the United States, spoke about the priorities that should be addressed within mental health care policy, with particular concern for disparities in the provision of services. Shekhar Saxena put forward the viewpoint of the World Health Organization on both policy and human rights.



Rosalynn Carter (left) and Randi Talseth at the Oslo Conference

Other plenary speakers in the international program included Margaret Barry (Ireland), William Beardslee, Marion Forgatch, Carol Koplan, Irwin Sandler and Thom Bornemann (United States), George Christodoulou (Greece), Helen Herrman and John Wiseman (Australia), Clemens Hosman (The Netherlands), Eva Jané-Llopis (Denmark), Martin Knapp (United Kingdom), Maurice Mittelmark and Terje Ogden (Norway), Shridhar Sharma (India) and YU Xin (China).

The conference, which was organized by the WFMH, The Clifford Beers Foundation, The Carter Center and the Norwegian NGO Voksne for Barn, was supported by the Norwegian Directorate of Health and Social Welfare. The chair of the program committee was Patt Franciosi, Immediate Past President of WFMH. Randi Talseth, Secretary General of

Voksne for Barn, chaired the hard-working Norwegian host committee.

## Other Events

On the day before the conference there was a meeting on mental health in schools, another on support for children of mentally-ill parents, and a network meeting on the same subject. The Global Consortium for Advancement of Promotion and Prevention (GCAPP) held an evening meeting. Its expanded membership consists of the WFMH, The Clifford Beers Foundation, The Carter Center, the World Psychiatric Association and its Prevention Section, the International Union for Health Promotion and Education, the International Alliance for Child and Adolescent Mental Health and Schools, and Educational Development Center, Inc. At the end of the conference WFMH convened a Board meeting.

## 2008 Conference in Australia

The Fifth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders will be held at the Melbourne Convention Center in September 2008. It will be hosted by VicHealth (the Victorian Health Promotion Foundation) and Auseinet (the Australian Network for Promotion, Prevention and Early Intervention for Mental Health). The theme is "Mental Health and Wellbeing: It's everybody's business." For information, contact Irene Verins at [iverins@vichealth.vic.gov.au](mailto:iverins@vichealth.vic.gov.au)



## BREAKING THROUGH BARRIERS CAMPAIGN— RAISING AWARENESS, CALLING FOR ACTION

Despite the best efforts of patient and service user advocates, stigma still surrounds depression. Many people with depression do not feel comfortable talking with their doctor about whether they might be suffering from a depressive disorder; others do not realize that their painful physical symptoms may indeed be associated with the disorder. As a result, even today depression often goes undiagnosed and untreated.

WFMH is pleased to be spearheading the *Breaking Through Barriers* campaign, which we believe will help address the need to provide accurate and up-to-date information about depression in ways that are easily accessible to individuals with symptoms of depression, their family

members and their friends. The campaign aims to improve worldwide standards of care in the diagnosis and treatment of depression and reduce the stigma that surrounds the disorder and serves as a barrier to effective treatment and recovery.

WFMH has been joined in this effort by a number of national and international patient, service user and family member organizations working on issues relating to depression – including Voz Pro Salud (Mexico), ABRATA (Brazil), Association France Depression (France), the European Depression Association (EMA, Belgium), and GAMIAN Europe. The campaign is supported by Eli Lilly and Boehringer Ingelheim.

An important element of the campaign is the Breaking Through Barriers Website at [www.breaking-through-barriers.com](http://www.breaking-through-barriers.com) that became available online in October. It contains comprehensive information and useful resources for people with depression, their families and friends. The material is provided in English, French, German, Spanish and Portuguese.

The *“Breaking Through Barriers”* website, along with additional information regarding the ongoing awareness and advocacy campaign, can also be accessed through the WFMH website at [www.wfmh.org](http://www.wfmh.org)

## YOUNG PHYSICIANS SEE NEED FOR MORE MENTAL HEALTH TRAINING

Nine of ten young primary care physicians (PCPs) believe medical school training about depression – specifically regarding its painful physical symptoms – needs to be improved, according to findings from a multinational survey released in Paris on September 19. Of the 500 PCPs surveyed across five countries – Brazil, France, Germany, Mexico and the United Kingdom – about one-third felt medical school prepared them to diagnose depression on a patient’s first visit (35 percent) or prepared them to treat all symptoms of depression, emotional and physical, to complete remission (31 percent). The PCPs interviewed all had been in clinical practice for three to five years.

“It’s important that doctors quickly recognize and consider physical symptoms – such as fatigue, vague aches and pains and sleep disturbances – as possible signs of depression,” said Shona Sturgeon, President of WFMH, one of the sponsors of the survey. “A delayed or missed diagno-

sis prolongs a depressed person’s suffering and may decrease the likelihood of a full recovery.”

Young PCPs agree (48 percent) or strongly agree (39 percent) that medical school training about depression needs to be improved, and the majority agree (52 percent) or strongly agree (34 percent) that training specifically about the painful physical symptoms of depression needs to be improved.

“As a result of the survey findings, WFMH is calling for an improvement of medical school education regarding depression and painful physical symptoms,” said Professor Sturgeon. “As such, the WFMH will be implementing an international advocacy outreach initiative to encourage curriculum improvement. The intent of the program is to increase PCPs’ expertise regarding the role of both emotional and painful physical symptoms in diagnosis and treatment of depression, in the hope of improving worldwide diagnosis, treatment and recovery rates.”



Shona Sturgeon

Complete information on the survey results can be found on the WFMH website at [www.wfmh.org](http://www.wfmh.org)

The *Testing the Medics* survey is part of the WFMH’s Breaking through Barriers depression awareness campaign, a public education initiative designed to overcome the stigma of depression and improve the worldwide standard of care in depression. It is co-sponsored by Eli Lilly and Company and Boehringer Ingelheim.

## International Caregiver Survey

**Keeping Care Complete**, an international survey of 982 family caregivers of individuals with schizophrenia, bipolar disorder and schizoaffective disorder, reveals the devastating consequences of relapse (defined as worsening of symptoms after apparent recovery). It also sheds light on a desire by caregivers for doctors to focus on long-term care rather than managing crisis situations.

"More than 50 million people suffer from serious mental illnesses worldwide. When you consider all of the parents, siblings, spouses and children connected to them, you see how far the shadow of serious mental illness is cast," said Preston J. Garrison, WFMH Secretary General and CEO.

Asked about cases of relapse, many caregivers reported that the family members they cared for were unable to work, were hospitalized, or in worst cases attempted suicide or were imprisoned. Also, caregivers said their own mental and physical health and financial situation deteriorated after the relapse. Of 502 caregivers whose family members stopped taking their medication, 91% reported that the person relapsed after discontinuation. Out of 455 caregivers who said the family member's medication had been changed, 56% reported that relapse was experienced after the change.

Efficacy of treatment was the primary concern of family members. In addition to effective medication, caregivers cited the value of family and social support, talk therapy, exercise, having responsibilities and a stable schedule among key factors that help keep their family member well.

Most caregivers say physicians should focus on long-term management of their family member's mental illness rather than managing crisis situations: sixty-six percent of the caregivers surveyed said that they

are frustrated by a doctor's approach to set very low goals for long-term improvement of the relative's illness.

*Keeping Care Complete* was developed by the World Federation for Mental Health and Eli Lilly and Company. The survey was conducted by independent market research companies Ipsos-Insight and All Global Ltd. in Australia, Canada, Germany, France, Italy, Spain, the United Kingdom and the United States. Data from the survey is available on the WFMH web site at [www.wfmh.org](http://www.wfmh.org), together with fact sheets on schizophrenia, schizoaffective disorder and bipolar disorder.

### KEEPING CARE COMPLETE SURVEY MATERIALS AVAILABLE

WFMH is currently producing a printed packet of advocacy materials to compliment the *Keeping Care Complete* international survey of caregivers of family members living with serious mental illnesses. The packet will provide mental health associations and grassroots support groups for caregivers with additional information, to help them promote awareness of the needs and perspectives of family member caregivers, and to develop advocacy strategies in their local communities.

The materials are being prepared for WFMH by the GCI Group, a New York-based healthcare communications firm, and will contain summary fact sheets of survey results from each of the countries included in the project, a brochure summarizing frequently asked questions about the survey, and an introductory letter from WFMH President Shona Sturgeon.

Organizations wishing to receive a copy of the *Keeping Care Complete* packet can request it by contacting WFMH at [info@wfmh.com](mailto:info@wfmh.com)

## UNITED NATIONS AD HOC COMMITTEE AGREES ON DISABILITY RIGHTS/DIGNITY CONVENTION

Culminating nearly two decades of work by the United Nations to mobilize support for the dignity, rights and well-being of disabled persons, negotiators at UN Headquarters have agreed on the final version of a historic convention on protecting the rights of persons with disabilities. Together with an optional protocol, it has been forwarded to the General Assembly for adoption.

The Assembly's Ad Hoc Committee, which has been working since 2001 to craft a comprehensive, legally binding United Nations Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities, wrapped up that task by adopting its final report (document A/AC.265/2006/L.7 and Corr.1), containing the full text of the 50-article draft treaty and optional protocol. It also approved a draft resolution (document A/AC.265/2006/L.8/Rev.1) by which the Assembly would adopt the instruments and open them for signature at United Nations Headquarters from 30 March 2007.

Those decisions were immediately hailed by representatives of civil society attending the meeting, with a speaker for the International Disability Caucus declaring that, with the elaboration of a comprehensive convention, the United Nations had engineered a decisive shift in the 20-year war of ideas which had until now cast persons with disabilities as charity cases rather than rights holders.

The new treaty would require countries to guarantee freedom from exploitation and abuse for the disabled, while protecting the rights they already have, such as ensuring voting rights for blind persons and providing wheelchair-accessible buildings.

## WFMH BOARD ADOPTS POSITION ON MENTAL HEALTH AND HIV/AIDS

### **Mental health is being insufficiently addressed in current HIV/AIDS interventions in low-income countries.**

A Position Statement adopted by the Board of Directors at its October 13, 2006 meeting in Oslo contends that lack of mental health care for persons infected or affected by HIV/AIDS in low-income countries is causing undue suffering and loss of quality of life, and undermining the effectiveness of Highly Active Anti-Retroviral Treatment (HAART) and other crucial HIV/AIDS programs

The WFMH statement notes that whereas people infected or affected by HIV/AIDS in higher-income countries have access to a wide range of mental health services, such services in low-income countries are generally lacking, or under-utilized due to ignorance or stigma associated with mental illness. In this position statement, WFMH calls for recognition of and response to the impact of this deficiency in care.

WFMH recognizes that access to HAART and preventive programs are fundamental to controlling the pandemic, and this access in itself has a major impact on the mental health of those infected or affected by HIV/AIDS. However WFMH wishes to reiterate that the mental and physical elements and consequences of HIV/AIDS are interrelated, and that a large proportion of the population in many low-income countries is at high risk for mental health problems. Given the concentration of the epidemic in those countries and their rising burden of mental illness, WFMH calls upon the international community to advocate for:

- Urgent closure of the resource gap which is depriving those infected or affected by HIV/AIDS from receiving adequate mental health care, and from benefiting fully from HAART, psychosocial support and other HIV/AIDS programs.
- The integration of mental health care into HIV/AIDS interventions in low-income countries.

WFMH Board member Professor Brian Robertson of South Africa served as the principal author of the statement adopted by the WFMH Board. The complete text of the WFMH Position Statement on Mental Health and HIV/AIDS can be found on the WFMH website at [www.wfmh.org](http://www.wfmh.org)

## 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 at 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, 6564 Loisdale Court, Suite 301, Springfield, Virginia 22150-1812, USA.

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**WFMH World Mental Health Congress  
19-23 August 2007, Hong Kong SAR, China  
Web site: [www.wmhc2007.com](http://www.wmhc2007.com)  
Email: [info@wmhc2007.com](mailto:info@wmhc2007.com)**

The 2007 WFMH World Congress will be held at the Jockey Club Auditorium in the Hong Kong Polytechnic University. The theme of the program is "The Impact of Culture on Mental Health: East Meets West." The keynote speakers are Professor Anthony W. Bateman, Visiting Professor at University College London, UK, and Professor Wen-Shing TSENG of the University of Hawaii, USA. Program tracks include the importance of the environment related to mental health; cultural issues; advances in care and treatment; and promotion and prevention in mental health. The postal address for the Secretariat is:

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FOR MENTAL HEALTH**

