The World Federation

For Mental Health



An International Non-Governmental Organization in Consultative Status to the United Nations and its Specialized Agencies

Une Organisation Non-Gouvernementale, Ayant un Statut Consultatif Auprès des Nations Unies et de Leurs Agences Specialisées

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### The World Federation for Mental Health

he World Federation for Mental Health is an international membership organization founded in 1948 to advance, among all people and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, the protection of human rights of individuals with mental illnesses, and the promotion of mental health. The Federation is the only multidisciplinary worldwide grassroots advocacy and public education organization in the mental health field. Its organizational and individual membership includes mental health workers of all disciplines, consumers/users of mental health services, family members/caregivers, and concerned citizens. The organization's broad and diverse membership makes possible collaboration among governments and non-governmental organizations to advance the cause of mental health services, research, and policy advocacy worldwide.

#### Governance

The central decision-making and operational units of WFMH are its elected Board of Directors, led by the Federation's President who holds office for a two-year term, and the Secretariat headed by the Secretary General/Chief Executive Officer. The Assembly of voting member associations meets yearly but is most active during the biennial World Congress. An Executive Committee of officers (president, president elect, immediate past president, honorary secretary, treasurer, membership chair and a representative chosen by the Regional Vice Presidents) is

empowered to transact Federation business in the intervals between Board meetings.

### Membership and Organization

WFMH has 72 voting member organizations, which are national or international in scope (see the list on the back cover). The Federation also has non-voting membership categories open to individuals and affiliate organizations.

To promote networking and communication on issues of regional and national concern, the Federation is comprised of nine regions, each having its own Regional Vice-President serving as a member of the Board of Directors. The WFMH regions include Africa; Eastern Mediterranean; Europe; Mexico, Central America and the Spanish Caribbean; North America and the English Caribbean; Oceania; South America; Southeast Asia; and the Western Pacific.

Since 1986 a network of university-based collaborating centers has been formed to provide a scientific basis for advocacy (see page 11). At the present time there are nine of these centers. More recently the Federation has become active in collaborative work to advance promotion and prevention in mental health.

#### Communications

The Secretariat's communications program, including this Annual Report and quarterly newsletters, is supported by generous grants from an anonymous donor. It also receives office support from the Sheppard Pratt Health System, Baltimore, Maryland, USA.

### The WFMH Board of Directors 2003

he Board of Directors of the World Federation for Mental Health has 23 members from 18 countries. There are 9 members-atlarge and 9 regional vice presidents. The outgoing Board met for the last time under the leadership of Pirkko Lahti (Finland) on 20 February 2003 in Melbourne, Australia, just before the Federation's biennial Congress opened. Patt Franciosi, former president of the US National Mental Health Association, began her term as WFMH President at the Assembly of voting member organizations held during the Congress. Shona Sturgeon, senior lecturer

in the Department of Social Development at the University of Cape Town, South Africa, became President Elect. Eight new Board members began two-year terms. The Board held its post-Congress meeting on 27 February.

The Federation expresses its sincere thanks to the Board members whose terms ended in February 2003: Max Abbott (New Zealand); Basheer Al-Rashidi (Kuwait); Sylvia Caras (USA); Hani Mohammed Abdel Khalek (Egypt); Augustin Ozamiz (Spain); Kristina Salonen (Finland); Aart-Jan Vrijlandt (The Netherlands); and Federico Puente (Mexico).



Patt Franciosi

President
Patt Franciosi\*
Meguon, Wisconsin / USA

President Elect Shona Sturgeon\* Cape Town, South Africa

Immediate Past President Pirkko Lahti\* Helsinki, Finland

Treasurer Edward Pennington\* Toronto, Canada

Honorary Secretary Janet Meagher\* Engadine, NSW / Australia

#### **Board Members-at-Large**

Paulo Alterwain Montevideo, Uruguay

Ma'an A. Barry Aden, Yemen

Chueh Chang Taipei, Taiwan ROC

Tony Fowke Karrinyup, WA / Australia Brian Howard\* Dun Laoghaire, Ireland

Beverly Long Atlanta, Georgia / USA

Janet Paleo San Antonio, Texas / USA

Richard Studer Elkhorn, Wisconsin / USA

Deborah Wan Kowloon, Hong Kong

#### Regional Vice Presidents

#### **Africa**

Elizabeth Matare Harare, Zimbabwe

#### **Eastern Mediterranean**

Ahmed Abou El Azayem Nasr City, Cairo / Egypt

#### Europe

Leo de Graaf Acquoy, The Netherlands

#### **Mexico and Central America**

Virginia Gonzalez Torres Mexico City, DF / Mexico

#### North America and Caribbean

Cynthia Wainscott Marietta, Georgia / USA

#### Oceania

Peter McGeorge Auckland, New Zealand

#### **South America**

Miguel R. Jorge Sao Paulo, Brazil

#### **Southeast Asia**

Regina de Jesus\* Quezon City, Philippines

#### **Western Pacific**

Kazuyoshi Yamamoto Nishihara, Okinawa / Japan

\*Executive Committee

Honorary President Tsung-yi Lin Vancouver, Canada

Senior Consultant Eugene B. Brody Baltimore, Maryland / USA

## WFMH's International Agenda

The activities of the World Federation for Mental Health in 2003 are arranged in this report under its four mission goals.

### **Goal One**

Public Education

To heighten public awareness about the importance of mental health, and to gain understanding and improve attitudes about mental disorders



At the Melbourne World Congress (from the left): WFMH Board members Tony Fowke (Western Australia) and Cynthia Wainscott (USA) with Isaac Mwendapole (Zambia), President of the African Regional Council.

# 2003 World Congress in Melbourne

he Federation's biennial conference was held in Melbourne, Australia, on 21-26 February 2003. The timing was not auspicious, as the threat of war in Iraq hung over the Middle East, and the Bali bombing in October 2002 affected regional travel. Nevertheless some 600 people from around the world attended, and 47 countries were represented. The Organizing Committee chaired by Prof. Graham Burrows coped remarkably with the challenges to planning posed by the international situation, as



Prof. Graham Burrows, AO, KCSJ, MD, Chair of the Melbourne Congress Organizing Committee

did the host organization, the Mental Health Foundation of Australia headed by Megan McQueenie. They received many congratulations for a well-run meeting with strong programming.

The theme was "Partnerships in Health," with

five sub-themes covering a broad range of research topics and social issues. The value of promotion and prevention in mental health was discussed in an opening plenary by Dr. Shekhar Saxena, Coordinator of Mental Health Evidence and Research at the World Health Organization. Later Professors Beverley Raphael and Helen Herrman, both of Australia, reviewed current developments in this area. The Margaret Mead Lecture by Prof. Donna Stewart of the University of Toronto, Canada, highlighted global initiatives to improve women's health. The last day of the program focused on suicide prevention. Aspects of multicultural and indigenous mental health were woven throughout the program.

In an innovation by the Organizing Committee, a session for the WFMH Collaborating Centers was held before the opening ceremony, permitting four of the Centers to present their work and engage in discussion with the audience. Dr. Max Abbott, Dean of the Health Faculty of Auckland University of Technology, New Zealand, chaired the session. The panel consisted of Prof. Brian Robertson (Department of Psychiatry, Cape Town University, South Africa); Prof. Lorraine Dennerstein (Office for Gender and Health,

Melbourne University); Jorge Aroche and Mariano Coello (Service for the Treatment and Rehabilitation of Torture Survivors, New South Wales); and Prof. John Copeland, (Institute for Human Ageing, University of Liverpool, UK).

As at previous Congresses, consumers participated in general sessions and also organized their own parallel activities. Local consumers had an opportunity to meet those from other countries, including eight from the United States funded by the US Center for Mental Health Services. Six consumers and carers attended the conference thanks to a special grant from Eli Lilly. They came from Brazil, Mexico, South Africa, Sri Lanka, Zambia and Zimbabwe.

# World Mental Health Day 10 October 2003

In 2003 the Federation moved into the second year of its campaign to draw attention to children's mental health needs, which are very often unmet in national mental health policies around the world. The focus in 2002 was on the impact of trauma and violence. The 2003 campaign was expanded to draw attention to the wide range of

mental and behavioral problems that can affect children. These new topics were introduced on World Mental Health Day, 10 October. The Federation prepared a packet of information that was sent out by mail to some 4,000 organizations and individuals in 190 countries to help them organize local public education events and publicize the theme. The packet contained fact sheets about fifteen disorders of childhood and adolescence in a format designed for easy local reproduction. The material was posted on the Internet, and translated into French, Spanish, Arabic and Japanese.

#### **Local Campaigns**

From 6 to 11 October WFMH President Dr. Patt Franciosi and Secretary-General/CEO Preston Garrison visited Argentina and Uruguay to take part in a series of World Mental Health Day activities there. Board member Paulo Alterwain hosted them for a busy program in Uruguay which included a meeting with users of mental health services to encourage patient advocacy. Later in the month WFMH co-sponsored a symposium at the Pan American Health Organization in Washington, D.C., on children's mental health. Also in October Patt Franciosi gave a plenary address at the Third Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions in Taiwan, where a number of World Mental Health Day activities were held throughout the month.

Reports have come in from many countries about educational events promoting World Mental Health Day 2003 and children's mental health, at both the national and local level. United Nations Secretary-General Kofi Annan released a statement to mark the Day. The British Broadcasting Company's web site was one of many Internet sites to carry relevant material. Local events were arranged in many places in Europe. In Australia a nationwide campaign was funded by the Commonwealth Department of Health and Ageing, and organized by the Mental Health Council of Australia, in partnership with beyondblue—the national depression initiative.

#### **ADHD AND DISCRIMINATION**

In connection with World Mental Health Day, Preston Garrison introduced new guidelines for media reporting of Attention Deficit Hyperactivity Disorder (ADHD) at a workshop for international journalists in Paris on 29 September. The purpose was to encourage the media to consider, when reporting on children with ADHD, that considerable stigma attaches to the disorder. Care with the language used could spare children from discrimination and embarrassment. The guidelines have now been translated into French, Spanish and German.

Hong Kong had one of the longest local campaigns, with two core programs taking place from July to September, followed by more than 80 activities scheduled from October to December.

The response in the developing world was particularly noteworthy, as resources there are scarce and the problems are immense.

#### Plans for World Mental Health Day 2004

In July 2003 World Mental Health Day chairman John Copeland traveled from the United Kingdom to meet with staff and with Dr. Franciosi at the WFMH offices to begin planning for 2004's event. The Board approved the relationship between mental and physical health as the theme for 2004. Planning is a year-round activity involving research, fund-raising, preparation of materials and worldwide distribution. Deborah Maguire served as the project officer working to produce the material.

The round of activity which began in July turned out to be the last campaign in which Richard Hunter, the founder of World Mental Health Day, was involved. Mr. Hunter died on 25 February 2004 at the age of 89 after a short illness, and is greatly missed by his many friends.



The WFMH Board of Directors after the
Membership Assembly in Melbourne on
24 February (left to right): top row –
Richard Studer, Regina de Jesus,
Shona Sturgeon, Tony Fowke,
Chueh Chang, Janet Paleo,
Peter McGeorge, Virginia Gonzalez Torres,
Beverly Long;
bottom row – Deborah Wan,
Elizabeth Matare, Patt Franciosi,
Janet Meagher, Pirkko Lahti, Maan Barry.

#### United Nations, New York

WFMH is a strong supporter of the NGO Committee on Mental Health at the UN in New York. As WFMH's Main Representative to the UN, Nancy Wallace was re-elected Chair of the Committee in June 2003. (Earlier, she served two terms in that office after the Committee was founded in 1996.) In February, Ms. Wallace organized a panel on "The Role of the World Health Organization and NGOs in Global Mental Health and Social Development," in conjunction with the annual session of the UN Commission on Social Development. The main speaker was Dr. Benedetto Saraceno, Director of the Department of Mental Health and Substance Dependence at WHO.

Continuing a long history of advocating on behalf of women and mental health, she represented WFMH at the 47th Session of the UN Commission on the Status of Women (3-14 March 2003), together with WFMH representative Ricki Kantrowitz. They helped to organize a major panel presentation during the meeting in response to the Session themes, on "A Mental Health Perspective: Violence against Women and Human Rights; and the Role of the Media." They were also involved in arranging a special Caucus on Women and Mental Health, and in the preparation of a written statement for inclusion in the official documents of the meeting. Board member Chueh Chang, President of the Mental Health Association in Taiwan, also attended the session, together with a group of WFMH members from Asia. Dr. Chang arranged and chaired two panels, on "Emerging Issues in Mental Health for Asian Women," and "Betel Nut Beauties and the Media: Pornography or Young Women's Liberation?" The panels were sponsored by WFMH, and several Federation members participated.

Ms. Wallace represented WFMH at the second session of the Ad Hoc Committee considering proposals for an International Convention on the rights and dignity of persons with disabilities (16-27 June 2003).

She chaired the NGO Committee's annual observance of World Mental Health Day on 9 October. This program on the emotional and behavioral disorders of children included a presentation by Drs. Pamela Cantor and Owen Lewis based on their long-term projects in Eastern Europe, and more recent work for children in New York affected by the World Trade Center disaster. The NGO Committee on Mental Health organizes monthly meetings for its members and the UN community on a variety of topics, many related to current issues on the UN's agenda. It also has working groups on mental health topics which meet regularly. WFMH's volunteer representatives are involved with the NGO Committee on Mental Health, with its working groups, and with other NGO Committees.

**Dr. Ricki Kantrowitz** is active on women's issues, as noted above. Dr. Kantrowitz continues to act as Co-Convenor of the UN NGO Committee's Working Group on Gender Perspectives and Mental Health.

**Richard Donahue** joined the group of representatives in 2003, and served as Co-Convenor of the NGO Committee on Mental Health's Working Group on Lifespan and Mental Health (which covers "cradle to grave" concerns). He helped to organize an important panel presentation in January 2003 on "Death and Dying – Across the Life Span and Culture." In February he represented WFMH at meetings of the UN Commission on Social Development

Dr. Anie Kalayjian served as Secretary/Treasurer of the NGO Committee on Human Rights, and was elected Vice Chair of the DPI/NGO (Department of Public Information/Non-Governmental Organizations) Executive Committee at the UN. This committee acts as a liaison between the NGO community and the UN Department of Public Information, and helps the DPI to organize a large conference for the NGOs each year. Dr. Kalayjian was a member of the Planning Committee for the 56th DPI/NGO conference. It was held on 8-10 September 2003, on the theme "Human Security and Dignity: Fulfilling the Promise of the United Nations."

**Dr. Haydee Montenegro** was a WFMH representative to the NGO Committee on Narcotics and Substance Abuse and the NGO Committee on Crime Prevention and Criminal Justice.



World Mental Health
Day Chairman
John R. M. Copeland
(center) came to the
WFMH Secretariat from
England in July to start
planning for the 2004
campaign with
Preston Garrison and
Patt Franciosi.

#### **Goals Two & Three**

Promotion & Prevention

- To promote mental health and optimal functioning
- To prevent mental, neurological and psychosocial disorders

he Federation has been attentive for a considerable time to the public health approach to mental health represented by promotion and prevention activities. The promotion of good mental health and the prevention of mental and behavioral disorders are closely linked. Promotion refers to strategies that support wellbeing and resilience, strengthen mental health, and empower individuals and communities. Prevention in this context refers to primary prevention and early intervention, before the onset of a diagnosable mental disorder (or in some cases, at the very earliest stage of a disorder). Strategies are targeted at the general public, and also at individuals and groups at a higher than normal risk of developing mental or behavioral disorders.

Preventive strategies have been developed for many circumstances throughout the lifespan. They range from improving the care of infants to programs that benefit school-age children (from improving behavior in early grades, to curbing alcohol and drug abuse, and preventing suicide in teenagers); to reducing stress in the workplace; and relieving depression among the elderly.

Following two successful conferences on promotion and prevention, WFMH and its partners were engaged during 2003 in planning for the third

conference in the series. It will be held in Auckland, New Zealand, in September 2004, hosted by the Mental Health Association of New Zealand. The earlier conferences were at the Carter Center, Atlanta, Georgia in December 2000 and at the Commonwealth Conference and Events Center in London in September 2002. The Clifford Beers Foundation of the United Kingdom partnered WFMH in organizing these events, in collaboration with the Carter Center and with co-sponsorship by the World Health Organization.

The Atlanta and London conference participants expressed strong interest in the establishment of an international consortium of organizations working in promotion and prevention, in order to advance these concepts in the field of public health. This prospect was moved forward through a small international meeting held in Rockville, Maryland, USA on 28-29 April 2003. The Biennial Conference Committee chaired by former WFMH President Beverly Long and consisting of the Carter Center Mental Health Program, The Clifford Beers Foundation and WFMH, organized the meeting. WFMH provided administrative services. The meeting was funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services,

(continued on page 8)

#### **OUTREACH**

In the spring of 2003, to assist its future planning, WFMH sent a survey to the presidents of 23 national psychiatric associations around the world. They were asked to rate major mental health issues in their countries by checking off items on a list of options. All rated as their most serious national mental health problem serious and persistent disorders of adults (depression, schizophrenia). This was followed by disorders affecting children and adolescents. In third place were mental health consequences of war, civil conflict and violence, and the needs of refugees and displaced persons. Twenty-one organizations said that the most pressing unmet need in their country was adequate community-based services. In second place was the need to counter stigma and discrimination.

President Patt Franciosi and Secretary-General and CEO Preston Garrison used the information from the survey to prepare for a Forum on International Psychiatry and Mental Health sponsored by WFMH at the American Psychiatric Association's annual conference in San Francisco in May.



Participants at the April meeting in Rockville, Maryland, USA discussed the possibility of forming an international consortium for the promotion of mental health and prevention of mental and behavioral disorders

(continued from page 7)

with additional support from the National Institute for Mental Health.

The participants came from ten international organizations, from government agencies in Australia, Finland and the United States, and also from the World Bank and the Pan American Health Organization (representing the World Health Organization). The goals of the meeting were to exchange information, to assess interest in finding ways to promote collaboration, and to examine differences in terminology and approach among those present. There was considerable interest in establishing a formal consortium, and the Biennial Conference Committee continued to work on the proposal by conference call throughout the year, with WFMH acting as an informal secretariat for the group.

In September WFMH obtained a contract from the Center for Mental Health Services to prepare the proceedings of the London conference for publication. Work began in the last quarter of the year to review and edit the conference material for publication in 2004, to provide a record of the presentations at that meeting.

### **Goal Four**

Improvements in Care

To improve the care and treatment of those with mental, neurological and psychosocial disorders

# Relations with the World Health Organization

arly in 2003 Dr. Stanislas Flache, ■ WFMH's longstanding volunteer representative in Geneva, announced his intention to retire from the role. Dr. Flache, WFMH President in 1989-91 and a former Assistant Director-General of WHO, has been an invaluable advocate on behalf of the Federation and continues to act as an advisor. Ms. Myrna Merritt Lachenal became senior representative in Geneva, effective 1 July. Ms. Lachenal has extensive public health nursing experience in the Philippines, Laos and Switzerland. She previously served as a WFMH UN representative in 1990-95.

Dr. Flache monitored the WHO Executive Board session in January

2003. Dr. Flache, Ms. Lachenal and Immediate Past President Pirkko Lahti attended WHO's annual World Health Assembly held in Geneva in May. Six WFMH observers attended the annual session of the WHO Regional Committee for the Western Pacific in Manila, Philippines, on 8-12 September 2003. They included Myrna Lachenal and two Board members, Regina de Jesus, Director of the Philippine Mental Health Association and Dr. Chueh Chang, from the Mental Health Association in Taiwan. During the Regional Committee session they met with the WHO Mental Health Advisor for the Western Pacific, Dr. Wang Xiangdong.

John Copeland, former Board member and currently chair of World Mental Health Day, represented the Federation at the WHO Regional Committee for Europe meeting in Vienna, Austria, on 8-11 September 2003. Dr. Copeland presented a statement noting the WHO Regional Office's plans for a health ministers' conference in 2005, and urging that that all countries should involve consumer and family organizations as partners in the planning and evaluation of services.

Former WFMH President Ahmed El Azayem attended the annual meeting of the WHO Regional Committee for the Eastern Mediterranean, held in Egypt.

Myrna Lachenal (left), WFMH's new representative to the World Health Organization in Geneva, and Board member Regina de Jesus, President of the Philippine Mental Health Association, at the meeting of the WHO Regional Committee for the Western Pacific in Manila (September 2003)



#### National Mental Health Policies for Children and Adolescents

In support of the World Health Organization's concerns about the lack of services for children and adolescents. WFMH included in its campaign material for the 2003 World Mental Health Day a "Citizen's Guide to Advocacy for Creating a National Child & Adolescent Mental Health Policy." The Guide highlighted the need for countries to adopt specific child health policies as part of their overall mental health policies, in order to foster funding allocations and structures for services, training and efficient delivery of services. Often human rights legislation to protect children sets the appropriate framework for health policies. Ignoring children's mental health needs affects overall health and educational outcomes.

The Citizen's Guide drew on material from the World Health Organization, the Department of Health in South Africa, the Victorian Health Foundation (VicHealth) in New South Wales, Australia, and two organizations in the United States, the National Mental Health Association and the Federation of Families for Children's Mental Health. It provided information on desirable services that can be included in a policy package, alternative ways to deliver them, planning and budget issues, and strategies for advocacy in individual countries.

# Promotion of Mental Health and International Exchange of Information

At the WFMH Congress in Melbourne the Federation's Board met with Dr. Shekhar Saxena, Coordinator, Mental Health Evidence and Research in the WHO Department of Mental Health and Substance Abuse. Dr. Saxena encouraged the Board to collaborate with WHO by collecting information about mental health promotion programs for a joint WHO/WFMH publication. Through the Federation's international contacts, project officer Deborah

Maguire gathered 59 case studies from 27 countries. These were reviewed by a WFMH panel and forwarded to WHO, which selected 42 of them for follow up in its consideration of the publication's contents.

#### Severe Acute Respiratory Syndrome (SARS) and Mental Health

In the first half of 2003 a number of countries experienced outbreaks of SARS. An inter-city SARS prevention forum to review medical and mental health lessons from the outbreak was held on 27-28 September in Taiwan. That country was particularly hard hit by the illness and the conference organizers were concerned about the need to provide mental health support as part of large-scale quarantine programs. Four WFMH Board members from affected areas attended: Prof. Chueh Chang, coordinator of the SARS Mental Health Action Alliance in Taiwan (and an organizer of the meeting); Edward Pennington, General Director, Canadian Mental Health Association; Regina de Jesus, Executive Director, Philippine Mental Health Association; and Deborah Wan, Executive Director, New Life Psychiatric Rehabilitation Association, Hong Kong.

#### Human Rights

Stanislas Flache and Myrna Lachenal attended the 59th Session of the UN Commission on Human Rights in Geneva in March, where Ms. Lachenal presented a statement on behalf of the Federation on 27 March on human rights issues related to mental health.

WFMH Secretary/General and CEO Preston Garrison was a speaker at a conference in London on 8 December on "Children, Mental Health and Human Rights." The event was arranged jointly by the Institute of Mental Health Law and the National Youth Advocacy Service in the UK, and co-sponsored by the Federation. The conference reviewed proposed new mental health legislation for England and Wales.

#### Responsible Parenthood

A report of international seminars held in Tashkent, Samarkand and Bukhara, Uzbekistan, on 26 September-2 October 2002 was published in August 2003 by the Transnational Family Research Institute (USA), the WFMH Committee on Responsible Parenthood, and Trust Center "Sabr" (Uzbekistan). The seminars in the three cities covered a range of topics related to improving women's rights and responsible parenthood. The speakers included Henry David, director of the Transnational Family Research Institute, former WFMH Secretary General Eugene B. Brody, Amir Mehryar of the Iranian Ministry of Science, and Igbal Shah, manager of the Research Group on Social Sciences in Reproductive Health at WHO. The local organizer of the program, Gulnara Kuzibaeva of the Uzbek NGO "Sharh va Tavsiya," edited the volume with Dr. David.

# Community Care and Consumer Representation

Janet Meagher (Australia) and Janet Paleo (USA), consumer members of the WFMH Board, were invited speakers on community care at the First Asian Pacific Conference on the Psychiatric Community-based Model of Empowerment for Persons with Mental Illness, held at Soochow University, Taipei, Taiwan. Other speakers came from New Zealand, Singapore and South Africa. The WFMH representatives also flew to Kaohsiung to visit a program for cancer patients which addresses mental health aspects of the disease, and to speak at a seminar on fighting cancer and depression.

Janet Meagher is an internationally recognized advocate on consumer issues. In the second half of 2003 WFMH Board member Dr. Paulo Alterwain arranged to have her well-regarded book on consumer advocacy, "Partnership or Pretence," translated into Spanish and distributed in Uruguay as "Déjanos Ser. Por una participatión auténtica."

#### INDEPENDENT AUDITORS' REPORT

To the Board of Directors of the World Federation for Mental Health

We have audited the accompanying statement of financial position of the World Federation for Mental Health (the Federation) as of December 31, 2003, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Federation's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Federation's 2002 financial statements, which were audited by us, and in the report dated March 5, 2003, expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the 2003 financial statements referred to above present fairly, in all material respects, the financial position of the Federation as of December 31, 2003, and the changes in its net assets and its cash flows for the year ended in conformity with U.S. generally accepted accounting principles.

PENAN & SCOTT, P.C.

Certified Public Accountants and Financial Consultants

March 17, 2004 6001 Montrose Road • Suite 805 • Rockville, MD 20852 (301) 881 3220 • FAX (301) 881 8097

Kum & Scott PC

FINANCIAL SUMMARY	2003
CURRENT ASSETS Cash and Cash Equivalents Grants Receivable Prepaid Expenses Total Current Assets	\$212,974 12,500 5,285 <b>230,759</b>
Investments Furniture & Equipment, Net of Accumulated Depreciation of \$59,028 and \$55,236, Respectively	11,350 4,285
TOTAL ASSETS	\$246, 394
CURRENT LIABILITIES Accounts Payable & Accrued Expenses Funds Held for Others Total Current Liabilities TOTAL LIABILITIES	\$13,156 13,593 <b>26,749</b>
	26,749
NET ASSETS Unrestricted: Undesignated Board Designated Total Unrestricted Temporarily Restricted	(163,889) 275,059 111,170 108,475
TOTAL NET ASSETS	219,645
TOTAL LIABILITIES AND NET ASSETS	\$246,394
REVENUES AND SUPPORT Grants and Contributions Donated Services & Office Space Membership Dues Investment Income Total Revenue and Support	\$325,096 7,000 39,801 2,397 <b>374,294</b>
EXPENSES	,
Program Services: Education and Advocacy WMHDAY Newsletter, Annual Report Prevention and Promotion Total Program Services	187,029 114,504 66,421 51,141 <b>419,095</b>
Supporting Services: General and Administrative Fundraising Total Supporting Services	83,446 16,702 <b>100,148</b>
TOTAL EXPENSES	\$519,243
Change in Net Assets	(144,949)
Net assets, beginning of year	\$364,594
Net assets, end of year	\$219,645

# World Federation for Mental Health Collaborating Centers

#### University Health Network Women's Health Program, University of Toronto, Canada

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#### STARTTS (Service for the Treatment and Rehabilitation of Torture and Trauma Survivors), New South Wales, Australia

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#### International Center for Psychosocial Trauma

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# Voting Member Organizations

Federacion Argentina de Camaras y Assn Psychiatricas

Australian National Association for Mental Health

Mental Health Foundation of Australia

Mental Health Council of Australia

Sane Australia

Austrian Federation for Mental Health

Fédération des Institutions Hospitalières de Wallonie, Belgium

Vlaamse Vereniging Voor Geestelijke Gezondheitszorg (VVGG), Belgium

Canadian Mental Health Association - National Office

The College of Registered Psychiatric Nurses of Manitoba

Canadian Federation of Mental Health Nurses

New Life Psychiatric Rehabilitation Association, China

Czech Association for Mental Health

SIND - Danish Association for Mental Health

Egyptian Association for Family & Social Conflict Resolution

Finnish Association for Mental Health

International Association for Suicide Prevention, France

Ligue Française pour la Santé Mentale

Fédération Française de Santé Mentale

Georgian Association for Mental Health

Deutsche Akademie für Psycho-analyse (DAP), Germany

Mental Health Association of Hong Kong

Richmond Fellowship of Hong Kong

Icelandic Mental Health Association

The Advocacy and Mental Health Association of Iceland

Mental Health Ireland

Israel Psychiatric Association

Responsible IseRDiP, Italy

Asai Hospital, Japan

Japanese Federation for Mental Health & Welfare

Japanese Association for Mental Health

Japanese Association of Psychiatric Hospitals

Malaysian Mental Health Association

Asociación Mexicana de Psicoterapia Psicoanalitica AC

International Federation of Psychoanalytic Societies,

Mexico

Sociedad Psicoanalitica de Mexico

COMECTA, Mexico

Vereniging GGZ Nederland, The Netherlands

Mental Health Foundation of New Zealand

Organisasjonen Voksne for Barn, Norway

Mental Helse Norway

Fountain House, Pakistan

Mental Health Foundation of Papua New Guinea

Philippine Mental Health Association

Portuguese Association for Mental Health

South African Federation for Mental Health

Asociación Española de Neuropsiquiatriá, Spain

Swedish National Association for Mental Health

Swiss Foundation Pro Mente Sana

Mental Health Association in Taiwan

Occupational Therapy Association of the ROC, Taiwan

Taiwan Public Health Association

Taiwan Association of Clinical Psychology

Mental Health Association of Thailand

MIND, The Mental Health Charity, United Kingdom

National Mental Health Association, USA

National Psychological Association for

Psychoanalysis, USA

American Psychoanalytic Association

American Psychological Association

International Council of Psychologists, USA

Compeer, Inc., USA

Institute for Victims of Trauma, USA

Postpartum Support International, USA

Caribbean Federation for Mental Health, USA

International Society for Adolescent Psychiatry, USA

The Madness Group, USA

GAMIAN, USA

SPAN USA

Yemeni Mental Health Association

Yemen Neuro-Psychiatric Association

Yemen Psychological Association

Zimbabwe National Association for Mental Health