



WORLD FEDERATION FOR MENTAL HEALTH

Fédération Mondiale pour la Santé Mentale

NEWSLETTER

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CHALLENGES FOR INDIAN NGOS WORKING IN MENTAL HEALTH

by **Preston Garrison**
WFMH Secretary General and CEO

I recently returned from a week spent in India. There, I worked with one of WFMH's newest member organizations, SEVAC (Sane and Enthusiast Volunteers Association of Calcutta), with former members of the Human Rights Commission, and with leaders of other non-governmental organizations on issues relating to child and adolescent mental health and human rights, and also on the need to improve services and rights protections for prisoners suffering from mental and behavioral disorders. SEVAC is a non-governmental organization based in Calcutta, and is taking an active lead in improving mental health services and human rights protections throughout India. While it is still a small and developing organization, its leaders and members are making great strides in their advocacy, education and service efforts.

While in New Delhi, I met with Dr. Vijay Chandra, the South-East Asia Regional Mental Health Advisor for the World Health Organization, and with Dr. Shridhar Sharma, a distinguished figure in India's mental health sector and currently the President of the World Association for Social Psychiatry. Both of these men are providing important leadership to the mental health movement in their country. They are lending their support and assistance to the work of SEVAC and its collaborating organizations. I also



Left to Right *Dr. Tapas Ray, Honorary Secretary, SEVAC; Mr. Devanand Misra, SEVAC volunteer; Justice Ranganath Misra; and Dr. Prativa Sengupta, Chief Psychologist, SEVAC*

had discussions on human rights issues with Mr. Justice A.D. Mane, Acting Chairperson of the Maharashtra State Human Rights Commission, and Mr. Justice V.S. Malimath, former member of the National Human Rights Commission.

I was able to spend time with Mr. Claudius Tewari, Director of one of India's oldest mental health facilities, the Nur Manzil Psychiatric Centre. Located in Lucknow, Nur Manzil was established in 1950. Its mission is to offer full benefits of modern psychiatry to its clients and to consider the physical, mental and spiritual aspects of the human being. My visit with Mr. Tewari

helped provide a broader understanding of some of the challenges facing mental health treatment programs in the country.

Care in Prison

I accompanied representatives of SEVAC on a visit to Chandigarh to meet with prison officials to promote the training of corrections workers in the recognition of symptoms of mental and behavioral disorders among prisoners, and to encourage greater attention to the mental health needs of these individuals. SEVAC has developed a training manual and conducted

(continued on page 5)

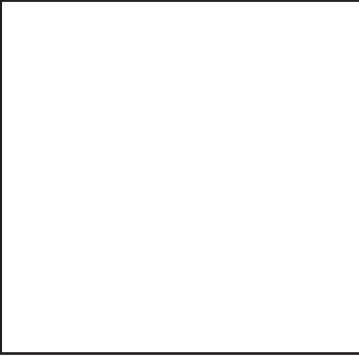
Message from the President

In the past 60 years, we have seen progress towards the goals of ensuring women's fundamental human rights of equity and justice, health care and the elimination of poverty. Policy and legislation have been enacted, platforms have been adopted and voices from the highest levels of governments throughout the world have recognized the inequities of gender-based discrimination. Yet, for millions of the world's women, change has been too slow.

Research has found that women living in poor social and environmental circumstances with associated low education, low income and difficult family and marital relationships are much more likely than other women to suffer from mental disorders. The combined impact of gender and low socio-economic status are critical determinants of mental ill-health. Throughout the world, mental health is a low priority; for many women, access to effective treatment services or prevention programs is non-existent.

Women account for 70% of the world's population living in poverty, even though they make up 45% of the world's work force. World Bank estimates suggest that the number of people who live on less than one dollar a day is 1.5 billion. This is estimated to reach 1.9 billion by 2015. The majority of this number are women and children.

One-sixth of the world's populations is illiterate; two-thirds are women and girls. Research suggests that the years of education women receive is the single most important determinant of their



own health, the health of their children and of their families. Higher levels of education are strongly associated with both lower infant mortality and lower fertility. In poor countries each additional year of a woman's schooling is associated with a 5% to 10% decline in child deaths.

Violence against women is an egregious human rights violation. It takes many forms and is pervasive in all parts of the world. Violence results in multiple short- and long-term physical and psychological effects. There is a complex relationship between violence, depression and a number of other psychological disorders. In the *Global Burden of Disease* report (Murray & Lopez, 1996), three conditions were noted that severely threaten women's mental & emotional well-being: depression, violence, and self-inflicted injury.

It has been reported that 20% to 50% of women globally have experienced domestic violence. Domestic violence is the leading cause of injury among women of reproductive age in the United States. In Peru, 70% of all crimes reported to the police involve women beaten by their husbands.

The escalation of HIV/AIDS in the developing world is a major physical and mental health risk that disproportionately affects women and girls who are socially, culturally, biologically and economically vulnerable. According to the *Report on the Global HIV/AIDS Epidemic 2002*, 18.5 million of the 37 million adults (aged 15 to 49) living with HIV are women. In North Africa and the Middle East, 54 per cent of the HIV positive adults are women. The ability to demand safe sex is an education and empowerment issue for women globally.

Each year millions of women are trafficked into sex slavery or forced labor. It is estimated to be a 4 billion dollar industry that is active in every region of the world. Despite laws and legislation to prevent it, such networks are reported to be expanding and the number of women affected is growing.

In 2005 the United Nations will hold its ten-year review of the Fourth World Conference on Women, held in Beijing in 1995. A number of WFMH representatives attended that memorable event. As we approach the ten-year anniversary, advocates for women's mental health will consider not only the huge gaps that exist in treatment and care, but the overwhelming burden of social circumstances faced by women in many countries.



L. Patt Franciosi, Ph.D.

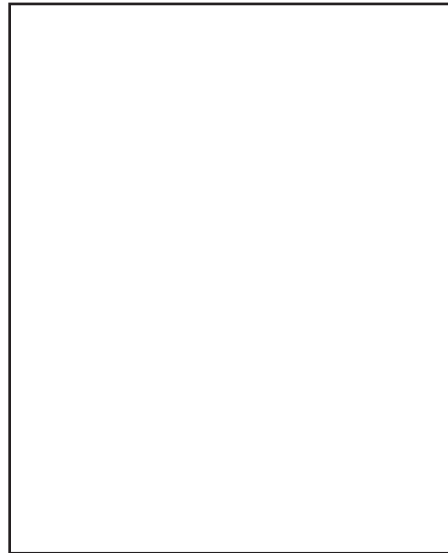
WFMH mourns the loss of Dick Hunter, mental health reformer and advocate. He made an enormous contribution, not just to WFMH, but to the entire mental health movement. – Patt Franciosi

RICHARD C. HUNTER 1914-2004

Richard C. Hunter, 89, died on 25 February 2004 at the Fairfax Nursing Center in Fairfax, Virginia, USA, as a result of two strokes. His career in mental health reform and advocacy began as a World War II conscientious objector and impacted the wellbeing of people nationally and internationally in the following 60 years. He will be remembered with respect and great affection by his many friends at the World Federation for Mental Health.

Dick was born on 9 March 1914 in Browns Valley, Minnesota, where his father was employed as a railway mail clerk. He earned a law degree from the University of Minnesota Law School in 1938, and was employed by the Hennepin County Welfare Board in Minnesota from 1938 until his induction in June 1941 into the Civilian Public Service program, established by Congress in 1940 to provide for alternate public service by conscientious objectors to military service. He was one of approximately 3,000 conscientious objectors who spent their alternative service working in the nation's public and private mental hospitals.

Following his release from the CPS program at the end of World War II, he continued to serve at Marlboro State Hospital as a paid employee in the Social Service Department until he joined the staff of the National Mental Health Foundation in Philadelphia, in October 1946. He served as NMHF's Executive Director from 1948 until its merger with the National Committee on Mental Hygiene and the Psychiatric Foundation to form the National Association for Mental Health in October 1950 (now the US National Mental Health Association, NMHA).



Richard C. Hunter

He served on the staff of the newly formed organization as Assistant to the President until 1952, when he was appointed Executive Director of the Mental Health Association of Southeastern Pennsylvania. He held that position until 1967 when he returned to the NMHA national staff. With his wife Mary Margaret and children Robert and Donetta, he moved to the Washington area in July 1971 when the national headquarters of NMHA relocated to Virginia from New York City. From September 1977 until September 1978 he served as Interim Executive Director, and retired from the NMHA staff in March 1982.

Following his retirement from NMHA, he became engaged in the work of the World Federation for Mental Health. After managing the WFMH 1983 World Congress in Washington, D.C., he accepted the voluntary position of Deputy Secretary General. In this role he served as

the chief operating officer for the Federation's Secretariat until October 2002, continuing to work as Senior Advisor for Programs at the Alexandria office until January this year. He was a member of the Board of Directors of the National Mental Health Association up until his death.

In 1992 Dick Hunter designed and created the WFMH World Mental Health Day project, a global education campaign to focus worldwide attention on a major mental health issue each year. World Mental Health Day has expanded rapidly since its inception to gain recognition as the premier global public awareness program in the mental health field. Its annual campaign material is now distributed in many countries, where outreach activities provide information to thousands of people.

He was an active member of Emmaus United Church of Christ in Vienna, VA, for over thirty years. He personally supported and enabled Emmaus to "adopt" a school close to Monrovia, Liberia, which had been named in his honor.

Above all, he will be remembered for his humble lifestyle, kind heart, integrity and his dedication to helping others. His memory will live on in the numerous good deeds he did throughout his life.

According to his own wishes and those of his family, donations can be sent in his memory to any of the following: Emmaus United Church of Christ, the National Mental Health Association, the Fellowship of Reconciliation, or the World Federation for Mental Health. The WFMH Alexandria office can provide all of the addresses or phone numbers (email info@wfmh.com; tel. 703.838.7543; fax 703 519 7648).

The Third Biennial World Conference Auckland, New Zealand 15-17 September 2004

The Promotion of Mental Health and Prevention of Mental and Behavioral Disorders

Abstract deadline, early registration fee extended

Updated information on the program and plenary speakers can be found on the Internet at www.charity.demon.co and www.wfmh.org (abstract submission forms and registration forms are also available online). The abstract deadline has been extended, and submissions are now being considered on a "rolling" basis as they are received. The "Early Bird" registration fee is available until 31 May.

The program for the *Third Biennial World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders* will bring together experts in research, practice, policy, advocacy and training to examine new developments in the field, including the release of two new reports commissioned by the World Health Organization.

The conference will take advantage of its location by having a Maori welcoming ceremony (Powhiri) at the Maori Orekei Marae overlooking Auckland's beautiful harbor, and the program will feature some of the research, national mental health policies, and practice in promotion and prevention relating to indigenous populations.

The social program includes a reception, a conference banquet with entertainment arranged by the New Zealand Organizing Committee, and other activities including walks around Auckland and Tai Chi before and after the program each day.

Plenary Sessions include the following:

- Research Worldwide – Focus on Indigenous Health Perspectives
- WHO Update on Prevention and Promotion Worldwide: Release of Two Reports
- Evidence-based Programs, Policies and Principles: Critical Components of Successful Policies and Programs
- International Exchange and Cultural Variation
- The Media, Human Rights, and Prevention and Promotion in Mental Health
- Advocacy, Policy Making and Organization

New Zealand Planning

The Biennial Conference Committee met on 24-25 January with the New Zealand program planning committee chaired by Thomas Bornemann at the offices of the Carter Center Mental Health Program in Atlanta, Georgia, USA. In addition to the conference, the agenda included plans to form a new Consortium on the promotion of mental health and prevention of mental and behavioral disorders.

Left to right: *Thomas Bornemann, director of the Carter Center Mental Health Program; Elena Berger, WFMH Communications Director; Karen Babich, Director, Office of Global Mental Health, US National Institute for Mental Health; Michael Murray, executive director of The Clifford Beers Foundation, UK; Alison Taylor, executive director of the New Zealand Mental Health Association; Patt Franciosi, WFMH President; Beverly Long, Chair of the Biennial Conference Committee; Prof. Clemens Hosman, Nijmegen and Maastricht Universities, The Netherlands; Paul Brounstein, Senior Public Health Adviser, US Center for Mental Health Services, SAMHSA/DHHS; Katherine Acuff, Senior Policy Consultant to the Carter Center.*

- New Frontiers: Neurological Development, Social Environment and Behavior
- Linkage of Mental Health, Physical Activity, Public Health
- Development of Training and Expertise
- Wrapping Up and Planning for the Future

Speakers include:

Right Honorable Helen Clark, Prime Minister of New Zealand; Rosalynn Carter, Honorary Chair of the Conference; Charles G. Curie, Administrator, Substance Abuse and Mental Health Services Administration, USA; Thomas G. Insel, Director, National Institute of Mental Health, National Institutes of Health, USA; and Janice Wilson, Deputy Director General, Ministry of Health, New Zealand

Pre-conference meetings

Several pre-conference meetings are being arranged by other organizations for 13-14 September to complement the conference program, and details will be posted on the conference web sites noted on page 4. Topics so far confirmed are suicide prevention, human rights, indigenous mental health, and mental health in schools (Intercomhs meeting). Separate registration is required.

Indian NGOs

(continued from page 1)

numerous educational sessions for corrections personnel throughout India. The officials with whom we met showed willingness to work with SEVAC to train workers on these topics. There is great promise when an NGO like SEVAC can build collaborative relationships to improve care and treatment for prisoners suffering from mental health problems. This is truly "advocacy in action."

Services for Children

The final two days of my stay in India were spent participating in a seminar on the topic of "Child and Adolescent Mental Health: Growing Concerns," organized by SEVAC in collaboration with the Child in Need Institute (CINI), a national non-governmental organiza-

tion focusing on the welfare of India's youngest citizens. The seminar was organized under the patronage of India's leading human rights advocate, former Chief Justice and Member of Parliament, the Honorable Ranganath Misra.

This meeting brought together for the first time representatives of mental health, child welfare, and human rights interests to consider strategies for improving access to quality mental health services for children and adolescents throughout India. Very few such specialized services currently exist, while a growing need for them is readily apparent. From this seminar — filled with thoughtful presentations, rich discussion and lively debate, and exciting presentations by a group of youth peer counselors — came an official resolution outlining the need for action and containing a list of strategies around which continuing collaboration among the participating organizations would be based.

I left India with the sense that progress and good works will result from the activities I witnessed. I share this experience with you to stress how important the collective and collaborative work is that SEVAC, CINI and the other non-governmental and governmental organizations are doing in their country — just like the work that WFMH's members are doing throughout the world.

This is where advocacy and action connect, and from which meaningful change takes place — whether it is in reducing discrimination and stigma, helping public sector institutions such as prisons recognize that good mental health promotes rehabilitation, or creating the public will that can influence government officials to enact national child and adolescent mental health policies. There is a great need for adequate services to treat young people who experience emotional and behavioral problems.

Spending a week working with and sharing in the experiences of the dedicated volunteers from SEVAC and their colleagues only served to enhance my recognition of the important role WFMH has to encourage this kind of informed action and advocacy.

United Nations New York

Commission on the Status of Women

WFMH volunteer representatives were active during the 48th session of the UN Commission on the Status of Women (1–12 March). The thematic issues of this year's session were:

1. *The role of men and boys in achieving gender equality.*
2. *Women's equal participation in conflict prevention, management and conflict resolution and in post-conflict peace-building.*

WFMH sponsored two workshops on these topics. Nancy Wallace, UN Main Representative for WFMH, chaired a workshop on "Perspectives on Mental Health and Gender Partnerships." The panelists were WFMH Secretary General Preston Garrison, Prof. Donna Stewart, University Health Network Women's Health Program, University of Toronto, Canada; Dr. Chueh Chang, WFMH Board member-at-large; and Dr. Heng Dar Bih, Board member of the Taiwan Gender Equity Education Association. The panel on conflict issues was chaired by Dr. Ricki Kantrowitz, WFMH UN representative and a professor at Westfield State College in Massachusetts, USA.

Prof. Kantrowitz was instrumental in arranging a Caucus on Mental Health during the session, which joined with the NGO Committee on Mental Health's Working Group on Gender Perspectives to present a statement to the UN Commission. The statement urged the inclusion of mental health in all levels of policy and program development within a broad range of concerns; condemned discrimination against people with psychiatric disabilities; and asked for appropriate mental health care to be made available. The final recommendation read as follows: *Educational mechanisms that change socialization and raise awareness of men and boys about violence and gender equality should be developed. Promotion of gender equality will improve the state of mental well-being for all men, women and children.*

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We are most appreciative of the response to the 2003 year-end annual appeal.
Thank you for your generosity.

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News from WFMH Collaborating Centers

The Collaborating Centers have been engaged in diverse activities in the past year covering refugees, children and adolescents, women's mental health, and ageing. Here are brief notes based on their recent reports to the Board of Directors.

– Max Abbott

*Senior Advisor for Collaborating Centers
Dean, Faculty of Health
Auckland University of Technology,
New Zealand*

University of Missouri International Center for Psychosocial Trauma, Columbia, Missouri, USA

In 2003-04 the Center's trauma team traveled to Kuwait, Pakistan, Palestine and Turkey to train mental health professionals and teachers to work with war-traumatized children and their families. The project in Pakistan involved working with refugees from Afghanistan. The project in Turkey trained professionals from Chechnya and Ingushetia to work with refugees in Ingushetia (the team was denied visas to do the training on site). The training curriculum included a discussion of commercial sexual exploitation of children as a complication of armed conflicts, and participants were encouraged to form watch groups to monitor the problem.

Harvard Program in Refugee Trauma, Cambridge, Massachusetts, USA

HPRT provides community-based clinical care to torture survivors residing in Massachusetts. This led in 2003 to a new national health promotion initiative for refugees resettled or entering the United States. Following the September 2001 attacks in New York and Washington, D.C., a Toolkit for Primary Care Providers was developed, named "Healing the Wounds of Mass Violence." It is now being adapted for use abroad in the countries that participate in a new HPRT program to disseminate a mental health curriculum for primary care (Afghanistan, Bosnia, Cambodia, Chile, Colombia, Iraq, Macedonia, Rwanda, Spain and Uganda). A completed community mental health services project in Bosnia will serve as a model program

for the Ministry of Health. Work in Cambodia is continuing.

New Post-Conflict Initiative

Following a meeting of Ministers of Health from six post-conflict countries in Sarajevo in 2003, HPRT is involved in organizing a meeting in Rome for 50 Ministers of Health from post-conflict countries (3-4 December 2004). It will participate in on-site consultations in 2005.

Department of Psychiatry and Mental Health, Cape Town University, South Africa

The Department's director, Prof. Brian Robertson, and Prof. Alan Flisher compiled the *South African Policy Guidelines for Child and Adolescent Mental Health*. These have now been officially adopted. Last year Prof. Robertson organized a meeting on domestic violence for the Centre for the Study of Violence and Mental Health. He also worked to help a community child and adolescent mental health care project, started ten years ago as part of the university's outreach, to become independent. A student in the Department examined whether community psychiatry clinics were providing care of an acceptable standard, and found that the safety levels for clinic nurses were very low. From May to September Prof. Robertson was at Nagoya University, Japan, lecturing at the Center for Developmental Psychology and Child Psychiatry.

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

Members of the Women's Health Program were lead authors of two large government reports last year, one on the health of women in Ontario, and the other a national Women's Health Surveillance Report which covered mental disorders as well as physical conditions. The Program also prepared an evidence-based literature review on postpartum depression for Toronto Public Health, and is a partner in developing a booklet on best practices in the treatment of depression associated with childbearing.

The head of the Program, Prof. Donna E. Stewart, chaired the World Psychiatric Association's Section on Women's Men-

tal Health and was scientific program chair of the 2nd World Congress on Women's Mental Health held in Washington, D.C., in March 2004. At the Congress she became President of the International Association for Women's Mental Health.

Office for Gender and Health, Department of Psychiatry, University of Melbourne, Australia

The Office for Gender and Health continued its research into reproductive aging. Projects included research on early cognitive changes in relation to Alzheimer's Disease; effects of hormone replacement therapy on women's brain functioning in midlife; and a population-based study of post-menopausal depression.

Prof. Lorraine Dennerstein, director of the office, is President of the International Society for the Study of Women's Sexual Health for 2004.

Institute of Human Ageing and the International Centre for Mental Health of Older People, Department of Psychiatry, University of Liverpool, UK

The Institute is collecting data from the ASIADEP consortium on levels of depression among samples of older people in Asia. A similar collaboration in Europe, EURODEP, has turned its attention to risk factors for depression, and heard preliminary findings at a November meeting in Amsterdam chaired by Professor John R. M. Copeland. The ASIADEP and EURODEP studies are being supplemented by additional studies in Egypt and the United Arab Emirates.

The Institute's guidelines for identifying dementia in communities with low formal education were published in *The Lancet* and are being used for research in many countries. A model primary care tool for computerizing recognition and management of mental disorders in older people is now being piloted. The model is designed for use in areas where there are few primary care physicians and psychiatric support teams. Another part of the Institute's initiative is a study on recognition and management of dementia in developing countries, led by Professor Martin Prince at the Institute of Psychiatry, London.

News from the Regions

Africa

South Africa

WFMH President Elect Shona Sturgeon spoke at the first African regional conference of the World Association for Social Psychiatry in Johannesburg, 22–26 March. Brian Robertson, head of the Department of Psychiatry at Cape Town University, a WFMH Collaborating Center, and Solly Nagato, Executive Director of the South African Federation for Mental Health, a voting member organization, participated in poster sessions.

Zimbabwe

As a result of a strong advocacy effort by the Zimbabwe National Association for Mental Health, mental health services have received a specified amount in the budget for the first time, and the final draft of a new mental health policy document is now being reviewed in the Ministry of Health.

Eastern Mediterranean

Egypt

The Egyptian Association for Mental Health and the Eastern Mediterranean Regional Council of the World Federation for Mental Health joined with the Mental Health Nursing Department of Cairo University to present a program celebrating the national day for women's health (16 March 2004). The event was also the launch of a national campaign for women's liaison mental health services. Former WFMH President Ahmed Abou El-Azayem was a co-chair of the meeting.

Yemen

With financial support from the British Council, the Yemeni Mental Health Association (YMHA) recently produced a manual in Arabic and English for its Hotline Service for Psychological Aid. The service was introduced three years ago under the leadership of WFMH Board member Ma'an A. Barry Qasem, president of the YMHA. It was given an office by the Faculty of Medicine at Aden University; the World Islamic Association for Mental Health and Oxfam helped to equip it; and staff training was provided in Cairo.

The new manual notes that 70% of the clients are women. It suggests that women in conservative Arab societies particularly value phone counseling for its convenience and confidentiality. Men are less likely to seek help as they are "not eager to speak about their problems. Complaining about psychological disorders is considered a weakness in Yemeni culture." Callers prefer to have counselors of the same sex, and as the number of staff members on duty is limited this is an inherent problem for the service.

Soon after the telephone counseling service began, it became apparent that a referral service was needed. A behavioral counseling clinic was opened at Aden General Hospital to provide more assistance.

North America

United States

WFMH President Patt Franciosi took part in the opening plenary session of the Second International Congress on Women's Mental Health, held in Washington, D.C. on 17-20 March. Immediate Past President Pirkko Lahti, Executive Director of the Finnish Mental Health Association, took part in the program, speaking in a symposium on women and aging. WFMH member Dr. Unaiza Niaz, from Pakistan, spoke in a symposium on violence against women. Nancy Wallace, UN Main Representative, took part in a pre-conference consultation.

South America

Uruguay

Board member Janet Meagher's book about consumer empowerment, "Partnership or Pretence," was well received in Australia and has been translated into Japanese through the initiative of a former WFMH Board member, Shimpei Inoue. Now Board member Paulo Alterwain has arranged for its translation into Spanish as "Déjanos Ser. Por una participación auténtica." Dr. Alterwain expects its publication in Uruguay to stimulate the growing consumer/user involvement there. The family organization "De La Esperanza," the consumer/user group "Amanecer," and Praxis Institute, representing both consumer/users and their families, all supported the project.

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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