



# WORLD FEDERATION FOR MENTAL HEALTH

## Fédération Mondiale pour la Santé Mentale

### NEWSLETTER

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## Message from the President

# WFMH URGES GLOBAL SUPPORT FOR MENTAL HEALTH NGOs IN COUNTRIES HIT BY SOUTH ASIA TSUNAMIS

## DONATIONS GIVEN THROUGH WFMH WEB SITE UNTIL 31 MARCH 2005 WILL BE COMMITTED TO GRASSROOTS EFFORTS

The world is mobilizing a tremendous campaign to support basic shelter and survival needs of the millions of people in the devastated communities hit by the tsunamis. International health bodies such as the World Health Organization are implementing strategies intended to prevent threats to public health in the aftermath of the death and destruction. At the same time, and usually without media coverage and fanfare, national and grassroots mental health organizations are beginning to provide emotional support and develop strategies and services to address the immediate and long-term mental health consequences that are certain to impact thousands of individuals and families in the weeks and months ahead.

Soon after the disaster WFMH heard from one of its members in Sri Lanka, who reported: **'Sorry for not responding promptly. My family and col-**

**leagues are fine, though my eldest brother escaped with a near to death experience. We have started working in the camps (there are about 150 refugee camps in just the southern province) providing emotional support and care. Tomorrow, I am leaving to Hambantota with 28 mental health professionals from Colombo who will attend to the psychosocial needs of the survivors. I'll be involved in training 40 community leaders to prepare them in taking the lead in providing emotional support and mobilization of the survivors, to face the crisis positively. These days I only slept not more than 2 hours a day.'**

Certainly, the coming weeks and months will bring the greatest challenges, frustrations and heartbreaks many of the grassroots mental health organizations and professionals working in these countries will ever face. WFMH is urging its organization and individual members to do whatever they can to provide encouragement, support and resources that will be of assistance to these organizations – and to the mental health professionals and volunteers who will be working tirelessly to help their fellow citizens cope with the physical hardships and emo-

tional trauma they will be facing as they struggle through this time of crisis.

In an effort to make financial resources available to assist in-country grassroots mental health organizations responding to the mental health consequences of this disaster, the World Federation for Mental Health is encouraging contributions to be made through WFMH's **"DONATE NOW"** button on its website – [www.wfmh.org](http://www.wfmh.org).

**All proceeds received through the WFMH "DONATE NOW" account until 31 March 2005 will be placed in a special fund from which small grants will be made to mental health organizations from the countries affected by the disaster that are undertaking specific programs and services to address mental health consequences in the stricken areas.**

WFMH's Secretary General and CEO Preston J. Garrison stated "This natural disaster will create untold mental health consequences – not just for the survivors who live and work in the communities and villages that were in the tsunamis' direct path. Families from around the world have also

*(continued on page 2)*

## Report from Sri Lanka\*

We print here a list of concerns of tsunami survivors in Sri Lanka, drawn up by a group of mental health professionals who visited the southern part of the island on 4 January in the initial stage of a community outreach program to provide emotional support.

*Issues expressed by children themselves and their parents:*

- *When given papers to draw most of the children expressed their experiences with the tsunami.*
- *The majority of the children feel that this type of disaster could happen again, so they are reluctant to go back to their homes. This is true for many adults too. Looking at different aspects of the problem and then working out different options, the team was able to make them confident that the sea will not do such a thing in the near future.*
- *Understanding the limited sanitary facilities in the camps, parents who have relatives in the nearby districts that are not affected have kept their children at their relatives' places, to prevent them getting infected with diseases . . . some mothers had plans to bring their children back to the camps.*
- *Children who are sitting for A/L exams in March 2005 were worried about lost notes and books and were searching for alternatives.*

- *There were parents still looking for their children with denial that they are dead.*

Team members conducted small group sessions at camps with adults, allowing them to express their grief. Many suffered from post traumatic symptoms. . . . This exercise was also a vehicle to identify immediate problems that they are suffering with:

- *There were people who have taken bank loans or loans from micro-finance institutions like SANASA and SEEDS for building houses or improving enterprises, and worry about how to repay the loans, having lost their livelihoods as well as their property.*
- *Pregnant women ready for delivery have no way to organize the required things for the child to be delivered.*
- *Disability and hopelessness are barriers to re-starting occupations.*
- *People are unable to make surviving children understand that their loved ones are dead.*
- *People fear that this kind of disaster will happen again, so they are not ready for resettlement.*
- *Having nobody to be with is a major issue faced by adults who lost everyone. They feel guilty for their survival.*
- *People who lost everything have no place to go.*

- *Children's safety and security in the camp environment cause concern.*

- *One mother whose husband was caught in the tsunami was found helpless with a child who had been recommended for a heart surgery scheduled for January 14, and costing Rs. 100,000/-. All her savings and property were lost.*

Survivors living with relatives and friends (who are also poor) and those who provide refuge to them were suffering too, due to many reasons:

- *No relief services reached them as in the case of those in camps.*
- *They are not eligible for support services like health care, food and clothing provided to those in the camps, as people consider that as taking advantage of the situation.*
- *No allowance or rations have been set aside to support the families supporting survivors.*
- *Relief and psychosocial workers are unaware of them to provide support.*

\*This report is adapted from one sent to WFMH Secretary General/ CEO Preston J. Garrison by Chintha Munasinghe, country program manager for the NGO BasicNeeds in Sri Lanka (and a scholarship recipient to the WFMH World Congress in Melbourne in 2003). She described the start of a mental health program involving professionals from several hospitals, NGOs like BasicNeeds, and community leaders.

(continued from page 1)

lost loved ones and relatives, and few people who witnessed the death and devastation through television reports will be emotionally unaffected. This is truly a global natural and human disaster. Yet the major and continuing task to address the disaster's aftermath will fall on volunteers and professionals living and working in the countries directly affected. Their jobs will remain the most difficult and most wrenching, long after the television news teams

are gone and the world's attention moves to new events and occurrences. Mental health professionals and volunteers, of all the relief workers, have some of the hardest and longest lasting work ahead of them. The global mental health community should do everything possible to support and assist them in that work. WFMH is committed to that end.

**For further information, and to offer ways in which you or your**

**organization can help, contact Deborah Maguire, Director of Programs, World Federation for Mental Health, at <dmaguire@wfmh.com>.**



L. Patt Franciosi, Ph.D.  
President

## UN NY – NGO Committee on Mental Health

## Emerging Complex Emergencies



Jan Egeland  
UN Emergency  
Relief Coordinator

The NGO Committee on Mental Health is a coalition of diverse organizations and individuals working in New York with the UN and its specialized agencies to draw attention to mental health issues. It arranged a program on

18 November 2004 with three outstanding presentations on "Emerging Complex Emergencies." The speakers were Jan Egeland, UN Under-Secretary-General for Humanitarian Affairs; Jack Saul, Director of the International Trauma Studies Program at New York University and Co-Convenor of the NGO Committee's Working Group on Trauma; and Petra Miczaika, Senior Stress Counselor working in the office of the UN Security Coordinator (UNSECOORD). Nancy Wallace, Chair of the NGO Committee and WFMH's Main Representative to the UN, headed the planning group and moderated the program.

Jan Egeland, the UN's Emergency Relief Coordinator, whose face is now familiar around the world from TV news coverage about the South Asian tsunamis, spoke about the mental health problems that arise from newly emerging complex emergencies. He addressed diverse themes, many of them related to the consequences of war, including sexual violence in warfare, child abduction, and youth violence. Noting the social and psychological problems caused by displacement and the separation of families, he deplored the poor living conditions often found in displaced persons' camps and the failure to provide primary education for children living there.

Turning to the problems that occur in natural disasters, he said it was

"inevitable that we will need to address and respond to more frequent and larger natural disasters. The recent experience in the Bam earthquake demonstrated that while the initial collective national and international response was excellent, major mental and psychosocial problems emerged after the immediate response when all of the international support had left. We must therefore find solutions that support local mental health and social services. This is an important area which we cannot afford to ignore." He said it was critical to draw the attention of donors to the need for resources devoted to mental and psychosocial support.

This keynote presentation was followed by one from Jack Saul on "Large Scale Interventions: A Comprehensive Clinical & Community Mental Health Approach." He described in some detail a well recognized approach to disaster interventions. Lastly, Petra Miczaika spoke about "Providing Mental Health Services on the Ground," providing a perspective on the support being offered internally to UN aid workers assisting in emergency situations. Mr. Egeland also referred to the topic, noting that aid workers are often witness to disturbing events and are affected by them, and in countries such as Afghanistan are sometimes targeted because of their role.

The presentations were followed by an excellent group discussion, prompted by perceptive questions from the audience (some members of which had considerable expertise in the field). The NGO Committee is producing a DVD of the program that will be accompanied by the text of the speeches. It should be available shortly. For information contact <mentalhealthngo@earthlink.net>.

The program was developed with the help of Richard Alderslade, Senior External Relations Officer at the WHO

office in New York. The well-attended event was hosted at the New York University/Bellevue Hospital Center Department of Psychiatry through the good offices of one of WFMH's UN representatives, Gary Belkin, M.D., Ph.D.

### NGO Committee January Meeting

Following the tsunamis in South Asia, and further developing the theme of the November meeting, the Committee replaced its scheduled January program with one on helping children and families cope with disaster.

### Upcoming Activities at the UN

In late January Nancy Wallace and Gary Belkin will represent WFMH at the fifth session of the *Ad-Hoc Committee on a Comprehensive and Integral Convention on Protection and Promotion of the Rights and Dignity of Persons with Disabilities*.

The *UN Commission on Social Development* meets in New York on 9-18 February. This session marks the tenth anniversary of the UN conference on social development in Copenhagen. Dr. Belkin is arranging an NGO Committee panel discussion on mainstreaming mental health into the three themes of the session: poverty, employment, and social integration.

The *UN Commission on the Status of Women* will hold its annual session from 28 February to 11 March. This session provides an opportunity to review progress in implementing the Platform for Action from the UN Conference on Women held in Beijing ten years ago. WFMH is organizing two panels for the NGO section of the program: mainstreaming mental health into the agenda for critical emerging issues, and an Asian women's panel on mental health interventions. WFMH UN Representative Ricki Kantrowitz is organizing a panel for the NGO Committee on gender perspectives and mental health.



## WFMH HOLDS OUTREACH ACTIVITIES IN KOBE, JAPAN

Members of the Board of Directors, in collaboration with the Federation's senior advisors in Japan, used the World Association of Social Psychiatry (WASP) World Congress in Kobe to conduct several member and constituency outreach activities during October 2004. Board President Dr. L. Patt Franciosi, Honorary Secretary Janet Meagher, Board member Dr. Chueh Chang, and Western Pacific Regional Vice-President Kazuyoshi Yamamoto, M.D., along with Preston J. Garrison, Secretary-General/CEO, represented WFMH at the WASP Congress.

With the assistance of Senior Advisors Kunihiro Asai, M.D., and Shimpei Inoue, M.D., the WFMH delegation presented a mental health media seminar, sponsored a special leadership dinner for key representatives of major national mental health professional and citizen organizations in Japan, and presented a major symposium during the WASP Congress. WFMH also hosted a reception attended by WFMH members from Japan and by international mental health organization leaders participating in the Congress.

The principal objectives of the initiative were to enhance WFMH's presence and visibility in Japan, both among its members and with other mental health-related organizations, patients, family members, professionals and policy makers, and to raise public and media awareness about the impact of mental health and mental illnesses in the overall health of Japanese society.

### ***Symposium on "The Role of Citizen Advocacy and Public Awareness in Reducing Stigma and Discrimination Around Mental and Behavioral Disorders"***

The WFMH Board members were joined by Professor Inoue to present a WASP Congress symposium on the work of WFMH in promoting and supporting grassroots citizen advocacy for improved mental health services, pol-

icy, education and the protection of the human rights of persons with mental disorders. The presentations emphasized the importance of developing and implementing effective mental health public awareness and education strategies. Speakers targeted the manner in which stigma and discrimination affect people with mental and behavioral disorders, and the way they serve as barriers to the improved care and treatment of these disorders.

### ***Media Reporters/Writers Seminar on Accurate Portrayal of Mental Illnesses and People Who Experience Mental and Behavioral Disorders***

A highlight of the Japan Outreach Initiative was one of the first mental health media seminars to be held in Japan for journalists, editors and science writers. This seminar, attended by 24 journalists and editors representing major newspapers and publications,

also focused on the reduction of stigma and discrimination. It introduced a set of suggested guidelines, "Opening Minds-Opening Doors: How to make a difference when reporting on mental health issues," to promote accurate reporting about mental illnesses, their treatment, and about people who experience mental and behavioral disorders. The objective of the seminar was to increase interest among health writers and journalists to write more about mental health, mental illnesses, and people with these disorders in an accurate, informed and sympathetic manner – thus helping to increase public awareness and acceptance of people with mental illnesses.

The WFMH Japan Outreach Initiative was supported through an unrestricted educational grant from Otsuka Pharmaceutical Co. Ltd.



*WFMH leaders at the WASP Congress in Kobe, Japan (left to right): Regional Vice President for the Western Pacific Kazuyoshi Yamamoto, former Honorary Secretary Kunihiro Asai, President Patt Franciosi, and former Regional Vice President Shimpei Inoue. Dr. Asai has been a longtime leader in psychiatry in Japan, and headed the organizing committee of the memorable WFMH Congress in Chiba in 1993, one of the largest Federation Congresses. It was attended by more than 4,000 registrants from Japan in addition to 550 from other nations.*

# “Call for Abstracts” for the 2005 WFMH World Congress

## Grand Hyatt Hotel, Cairo, Egypt 4-8 September 2005

The “call for abstracts” deadline for workshop and poster sessions at the 2005 WFMH World Congress for Mental Health in Cairo, Egypt, is 30 April. The abstract form can be filled out online and is on the conference web site, [www.medical-design.net/mentalhealth2005](http://www.medical-design.net/mentalhealth2005). The overall Congress theme is “Equity and Mental Health,” which will be reflected in plenaries, workshops, and special training tracks. The Patron of the Congress is Her Excellency Mrs. Suzan Mubarak, wife of the President of Egypt.

The Congress Chairman is former WFMH President Ahmed Gamal Abou El-Azayem, M.D. The Secretary General is Fekry Abdel Aziz. The Giza Mental Health Association and the Eastern Mediterranean Regional Council of WFMH are the lead organizers, in co-operation with the World Islamic Association for Mental Health and the Arab Federation of NGOs for the Prevention of Substance Abuse. The sponsors are the Carter Center, the Ministry of Social Work, the Ministry of Health and the Ministry of Youth.

Special lectures include the George Albee Lecture, the Margaret Mead Lecture, the Mary Hemingway-Rees Lecture, and the Gamal Abou El-Azayem Memorial Lecture.

Among the sub-themes are equity in the allocation of health

care resources between physical and mental health; equity in mental health care across the life span; equity of user/consumer and family/caregiver involvement in mental health planning; and equity in the availability of the most effective psychiatric medications and other therapeutic interventions for those who need them.

The workshop topics for which abstracts are invited include:

- Heightening public awareness about the importance of equity in mental health
- Promotion of mental health and optimal functioning
- Prevention of mental, behavioral and psychosocial disorders
- Improving care, treatment and rehabilitation of those with mental, behavioral and psychosocial disorders
- Cultural and societal mental health issues, including mental health and victims of trauma and war; the mental health needs of refugees and displaced persons; mental health and HIV/AIDS; and mental health and physical disability.

Registration fees are US\$350 for WFMH members before 1 March, and US\$400 after that date. For non-members of WFMH, the fee is US\$450 before

1 March, and US\$500 afterwards. For citizens of developing countries, the fee is US\$250 before 1 March, and US\$300 afterwards. For consumers and family members, the fee is also US\$250 before 1 March, and US\$300 afterwards. For full-time students, it is US\$100 before 1 March and US\$150 afterwards. There is a one-day registration for local residents of US\$70. (All rates are increased by US\$50 if hotel bookings are made outside the Congress hotel group.)

The rate for accompanying persons is US\$150. See the Congress website at [www.medical-design.net/mentalhealth2005](http://www.medical-design.net/mentalhealth2005) for details of the accompanying persons package.

Information about registration and hotels can be obtained from the Congress Secretariat:

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Egypt

Tel: 202 414 8089  
Fax: 202 418 3175

Email:  
[conference@medical-design.net](mailto:conference@medical-design.net)

Web sites:  
[www.wfmh2005.com](http://www.wfmh2005.com) and  
[www.medical-design.net/mentalhealth2005](http://www.medical-design.net/mentalhealth2005)



## WFMH President Visits Uruguay, Attends Launch of National Suicide Prevention Program

WFMH President L. Patt Franciosi, Ph.D., spoke at the opening session of the Latin American Psychiatry Association's 23rd Congress (APAL2004) in Punta del Este, Maldonado, during a visit to Uruguay on 16-21 November 2004. Later in the conference she gave a lecture on child and adolescent mental health, and participated in a number of panels and events with Juan Mezzich, M.D., President-Elect of the World Psychiatric Association (WPA), and regional leaders in psychiatry.

Those attending the meeting numbered more than a thousand and came from all over South America. The program reflected the characteristics of many different cultures across the continent.

The meeting provided an opportunity to consult with WFMH's two Board members from South America, Miguel Jorge, M.D., of Brazil and Professor Paulo Alterwain of Uruguay. Professor Alterwain arranged for Dr. Fran-



*WFMH President Patt Franciosi and World Psychiatric Association President-Elect Juan E. Mezzich at a special meeting for WPA Latin American members during the APAL2004 conference in Uruguay.*

ciosi to take part in other activities in Montevideo concerned with promoting the empowerment of consumers, building social competency in youth, and addressing mental health issues in the workplace.

Her major engagement in Montevideo was to participate in the launch of a new national suicide prevention

program, where she spoke about the importance of suicide prevention work that focuses on high-risk populations. She also attended a retreat in a rural location outside Uruguay for parents who had lost children, some through suicide and some through other causes.



*At the opening ceremony of the APAL2004 conference in Uruguay (Patt Franciosi is second from the left; José-Miguel Caldas de Almeida, M.D., Ph.D., Chief of the Mental Health and Specialized Programs Unit at the Pan American Health Organization is third from the right, and Inge Genefke, M.D. Denmark, Chair of the WPA Section on Psychological Consequences of Torture and Persecution, is second from the right).*

## London Conference Proceedings Published

The proceedings of the Second World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders (London, 2002) have been published by the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

"Developing Partnerships: Science, Policy and Programs Across Cultures" documents the Second World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders, held in London in 2002. The carefully constructed program, building on the inaugural conference at the Carter Center, Atlanta, USA, in 2000, dealt with a wide range of issues in international public mental health. The contents of the proceedings cover the plenary addresses and also include the abstracts of the symposia sessions.

Among the outstanding presentations recorded in the book are those by J. David Hawkins, Ph.D., on the use of prevention policies at the community level; by David Racine, Ph.D., on interventions at the stage of pre-natal care through early childhood; by Richard H. Price, Ph.D., on workplace mental health; and by Vikram Patel, MRCPsych., on the relevance of prevention in developing countries. Maurice B. Mittelmark, Ph.D., gave a concise presentation about ways to develop a workforce for mental health promotion.

Mrs. Rosalynn Carter led a panel presentation on prevention in relation to violence and trauma on the opening day of the conference, the first anniversary of the September 11 attacks in the United States. The other speakers were Beverley Raphael, M.D., of Australia and Dusica Lecic-Tosevski, M.D., Serbia and Montenegro.

The World Health Organization's special session at the conference was presented by the head of its Department of Mental Health and Substance Abuse, Benedetto Saraceno, M.D., together with Shekhar Saxena, M.D., and Helen Herrman, M.D.

Clemens Hosman, Ph.D., head of the Scientific Program Committee for the London conference, contributed an article with Eva Jané-Llopis, Ph.D., on a WHO project to survey evidence-based programs and policies related to the onset of mental disorders.

The book was prepared by WFMH under a contract from the Center for Mental Health Services. Elena Berger, WFMH Director of Communications, edited the material with associate editor Irene Saunders Goldstein.

Copies can be obtained by contacting <info@wfmh.com>.

## African Regional Council for Mental Health

The African Regional Council for Mental Health/WFMH was granted observer status with the African Commission on Human and Peoples' Rights at the Commission's 36th ordinary session (Dakar, Senegal, 23 November-7 December 2004). The African Union (formerly the Organization of African Unity) established the Commission to monitor human rights violations. It has headquarters in Banjul, The Gambia, West Africa.

The African Regional Council for Mental Health will submit a report to the Commission in November 2005 about human rights violations involving persons with mental and emotional disorders, and has started to gather information from its members.

Isaac Mwendapole, Chairman of the Council, played a leading role in organizing World Mental Health Day activities in Kabwe, Zambia, on 10 October

which were attended by representatives of the Ministry of Health, the WHO office in Zambia, and the Users Network of Zambia.



*At a World Mental Health Day event in Kabwe, Zambia (left to right): Eddie Limbambal, M.D., representing the WHO office in Zambia; Ben Chirwa, M.D., Director General of the Central Board of Health; Isaac Mwendapole, President, African Regional Council for Mental Health/WFMH; and Sylvester Katontoka, President, User Network of Zambia.*

## WFMH INITIATIVE FOR PSYCHOSOCIAL RESPONSE TO DISASTERS

The Indian Ocean earthquake and tsunamis resulting in more than 160,000 deaths, and leaving millions homeless and exposed to trauma and disease, gave a powerful example of the psychosocial impact of disasters. The overwhelming nature of that event drew attention away from the floods and mudslides claiming thousands of lives in the Philippines a short while before. Meanwhile, some aid organizations worried that there would be less support provided for the continuing crisis in the Darfur region of Sudan and for other emergencies in Africa.

In the aftermath of the current disasters, and in recognition of other continuing crisis situations, the WFMH Board of Directors has authorized the establishment of a formal "WFMH Initiative for Psychosocial Response to Disasters" through which the Federation can address current and future disaster-related mental health emergencies. This initiative will have as its primary objectives:

- Developing the organization's capacity as a source of information about the mental health consequences of natural and manmade disasters
- Informing and educating grassroots mental health NGOs – particularly WFMH Member Organizations – about how to respond appropriately to the mental health consequences of disasters in their countries
- Providing both material and financial support to mental health NGOs that are undertaking effective service responses to disaster situations at the grassroots level.

A key element of this initiative will be the development of a dedicated website through which up-to-date, evidence-based disaster response information and education materials will be disseminated on an ongoing basis and which will provide easily-accessible links to organizations specializing in trauma and disaster research, education and program development. The website will also be utilized to solicit contributions to be dedicated to supporting small grants to mental health NGOs providing mental health disaster response services at the grassroots level.

## IASP 2005 Congress

The XXIII Congress of the International Association for Suicide Prevention (IASP) will take place at the International Convention Centre, Durban, South Africa, on 12-16 September 2005.

The Congress chairman is Professor Lourens Schlebusch, Department of Behavioral Medicine, Nelson R. Mandela School of Medicine, Private Bag X7, Congella 4013, South Africa.

For information, contact the Congress Secretariat:

InterAction Conferencing  
IASP 2005  
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IASP2005@ukzn.ac.za  
Website:

[www.interaction.nu.ac.za/IASP2005](http://www.interaction.nu.ac.za/IASP2005)

## 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](mailto:info@wfmh.com) Website: [www.wfmh.org](http://www.wfmh.org)

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