



WORLD FEDERATION FOR MENTAL HEALTH

Fédération Mondiale pour la Santé Mentale

NEWSLETTER

6564 Loisdale Court, Suite 301 / Springfield, Virginia 22150-1812 USA Tel: +1 703 313 8680 Fax: +1 703 313 8683

Year-End Message from the WFMH President



*John Copeland
President WFMH*

Dear Friends,

A few weeks ago I examined a promising young rugby player who had received a life-long disabling injury to his leg. He will never play again. The surgeons had given him the expert treatment he needed for his leg but had thought that there might be a psychological problem explaining his failure to return to work. He was profoundly depressed, had no interest in life, seriously neglected his personal hygiene, abandoned his friends, had no appetite, was unable to fall asleep and was seriously considering ways that he might end his life. In spite of our efforts to teach our medical students, why is it that our colleagues still fail repeatedly to diagnose mental illness? A few days ago a man came to repair the television aerial on our roof. He asked me what I was professor of, and then poured out his story of nightmares, flashbacks, irritability and sleep disturbance that he still suffers some years after leaving the army. Why is mental illness so invisible to governments?

There are still great areas across the world with no mental health services, where human rights abuses abound in institutions including nursing homes and prisons, and among native healers. The victims of disasters go untreated. Yet these abuses remain invisible to governments.

What can the World Federation for Mental Health do about these problems? We have tried placing a mental health expert as an employee in the World Bank, and bringing the World Health Organization and the International Labour Organization together to address mental health in the work place. With the help of the Ford Foundation we have set in motion the first stage of an African initiative confronting the bidirectional impact of untreated mental illness on the spread of HIV/AIDS. We have encouraged the formation of Mental Health Associations to press for legal changes in Africa. We have set up a Center for Transcultural Mental Health to improve the understanding and uptake of mental health services by immigrant populations. We have held meetings for a projected new Center to bring together and foster better relations

and advocacy between organizations for consumers of mental health services and family care organizations. We are proposing a Center for Mental Health and Human Rights. Recently in London, with the help of our new Collaborating Center at the Institute of Psychiatry, we staged the second International Forum on mental health issues after disasters. We brought together leaders in the field to address the important issues of regional training in the new Inter-Agency Standing Committee Guidelines, and how we might persuade the major humanitarian organizations to take mental health seriously, to share their monopoly of funds and increase the evidence-base for interventions. But in spite of these steps do we achieve real impact?

When I had the honor of being elected president I was keen that the Federation should continue one of its prime duties, which seems to me to be identifying world mental health problems, convening appropriate leaders, and facilitating solutions while we encourage and monitor their implementation. I believe this is one of the most important duties of the Federation.

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There have been many world health reports on mental health. The Lancet Series on Global Mental Health has provided all the evidence we need to demonstrate the importance of mental health to the world economy and world health in general. Still governments ignore this "invisible" disease. What is the use of a healthy body with an unhealthy mind? Do they not care about the rise in suicide rates?

The mental health community is perceived as disunited and consequently ineffective. This is used as an excuse for inactivity. But there are disagreements in every scientific field; that is how knowledge progresses. And if the funding for research to solve these problems is not forthcoming, ignorance prevails. The Federation is convinced that this disunity is grossly exaggerated. We have set up the "Great Global Consensus for Mental Health" to prove that there are basic principles upon which we all agree and on which

we must press for action. The consensus will involve as many of you as we can contact. I beg you to give it your close attention. We have made it as simple as possible and the questionnaire of the first round is very basic but important. When you receive it by e-mail in the near future please spend a few minutes to complete it and return it. If we cannot unite for action we will not succeed. But how can we increase our visibility?

There are organizations around the world that chose to "march" for World Mental Health Day. We recognize that marching and peaceful demonstrating are forbidden and dangerous in certain countries, but for those of us who lived in democracies this is a serious option. I personally believe it is one of the best ways of making ourselves visible. I would like to see mental-health-related NGOs, the academic departments in universities, consumers and families, the professionals, doctors and nurses and social workers, the planners and administrators, and all

those passionate about mental-health marching together, throwing off reticence, and demonstrating that those who have had mental illness are not ashamed. Think how the gay pride parades have changed public opinion dramatically in many countries. We can do the same for mental health and mental illness. This could be a "call to arms." If we do not stand together united for what we all agree upon—that governments must do more for mental health—we will never advance. But is a world economic recession the right moment? Yes it is. That recession will bring with it more suicides and mental illness among the unemployed. If the disease is invisible then those who care about it must be visible. Let us make an open demonstration of our concern.

*John Copeland, President
World Federation for Mental Health*

*John Copeland MD ScD (Camb.)
is Emeritus Professor of Psychiatry at
the University of Liverpool, UK*

"Keeping Care Complete" Survey

WFMH presented results from a second "Keeping Care Complete" survey on 2 September 2008 in Barcelona, Spain. The first survey in 2006 gathered perspectives from 1082 caregivers of people in eight countries who have serious mental illnesses. The second survey gathered views from 697 psychiatrists in Australia, Canada, France, Germany, Italy, Portugal, Spain, the UK and the USA. Both surveys showed that relapse is a major concern. Eighty-four percent of the psychiatrists said that a lack of adherence to medication is the number one cause of relapse in patients with schizophrenia, and 98% said that complete or partial non-adherence can be a significant barrier to effective treatment for patients with bipolar disorder.

"This study shows that psychiatrists continue to see that medication adherence is a huge challenge for patients," said Deiter Naber, M.D., chairman of the Department of Psychiatry and Psychotherapy at the University of Hamburg, Germany. "All patients are different, which is why

psychiatrists need to know their patients, their attitudes toward treatment and their social conditions to help patients find and stay on the treatment plan that works for them. But, as this survey shows, patients benefit from more than just medication alone—family support, talk therapy, diet, exercise and stable schedules also help patients stay well."

Ninety-six percent of psychiatrists in this survey and 74% of caregivers in the earlier survey said that in addition to medication, family support is a key factor that helps keep patients well. Although a majority of psychiatrists encourage caregivers to participate in support and education programs, 57% reported that less than 10% of the caregivers they interact with actually participate in these programs. When asked about rehabilitation resources, only 19% of psychiatrists believed there were enough resources available in the community for their patients.

The international survey data and relevant factsheets are available at www.wfmh.org. The survey was developed in partnership with Eli Lilly and Company.

2009 WFMH World Congress in Greece

The 2009 World Congress of the World Federation for Mental Health will take place at the Hilton Hotel, Athens, Greece on 2-6 September. Information about this biennial meeting, including the many topics in the Scientific Program, is available on the conference website at www.wmhc2009.com. The Congress Secretariat is provided by ERA Ltd. in Athens. It has arranged various pre- and post-Congress tours and a program for accompanying persons during the conference. These options are described on the website, with prices quoted in Euros.

Abstracts can be submitted via the website or by email to info@era.gr, and should follow the format instructions on the website; the deadline for abstracts is 2 February 2009. Notification of the acceptance of abstracts will be sent out on 15 April. The deadline for early registration is 31 May.

On 2 September 2009 a special pre-conference Forum on the *Lancet Series on Global Mental Health* will take place from 10 am to 6.30 pm, before the Congress opening ceremony and reception that evening. For information about the separate registration for the pre-conference Forum, contact info@era.gr.

The Society of Preventive Psychiatry and the Hellenic Psychiatric Association are organizing the Congress on behalf of WFMH. The Chair of the Organizing Committee is Professor George Christodoulou, President of the Society of Preventive Psychiatry.

For information about conference registration, the pre-conference Forum on the *Lancet Series on Global Mental Health*, sponsorship and exhibition opportunities, hotel and travel arrangements (including the pre- and post-Congress tours)

and the program for accompanying persons, contact the Congress Secretariat and Official Travel Agent:

ERA Ltd.
17 Asklipiou Str.
106 80 Athens
Greece
Tel: 30 210 363 4944
Fax: 30 210 363 1690
Email: info@era.gr
Web: www.era.gr
Conference website:
www.wmhc2009.com

For general information please contact Deborah Maguire at WFMH (dmaguire@wfmh.com).

World Mental Health Day 2009

The WFMH Board has selected "*Mental Health in Primary Care: Enhancing Treatment and Promoting Mental Health*" as the topic for the World Mental Health Day campaign to be launched on 10 October 2009. The campaign will address the significant trend in shifting mental health diagnosis, treatment and care away from traditional separate delivery systems into mainstream healthcare. World Mental Health Day material to be developed by the Federation will summarize the growing body of knowledge about this change, with information for patients/consumers, families and caregivers, and mental health associations.

World Mental Health Day 10 October 2008

World Mental Health Day 2008 had as its theme "*Making Mental Health a Global Priority: Scaling Up Services Through Citizen Advocacy and Action.*" The event was observed at a high level internationally. The Secretary General of the United Nations released a message for the Day. The World Health Organization launched a new *Mental Health Gap Action Program* to draw attention to the need to scale up care for people with mental illnesses, particularly in low- and middle-income countries. The Pan American Health Organization, in its capacity as the WHO Regional Office for the Americas, launched a *Regional Mental Health Gap Action Program for the Americas* at a symposium at its headquarters in Washington, D.C. WFMH Secretary General/CEO Preston J. Garrison, Treasurer Charles Ray, and World Mental Health Day coordinator Deborah Maguire participated.

In New York the UN Department of Public Information/NGO Relations arranged a three-hour program in UN Headquarters in collaboration with the NGO Committee on Mental Health. More than 200 people were present. Nancy Wallace, WFMH Main Representative at the UN and former chair of the NGO Committee, helped to organize the program and gave the opening remarks.

Similar formal events were arranged at venues around the world, and there were also many less formal activities that spread messages for public mental health education in a different way. Among the latter were the programs arranged by the Agrawal Neuro Psychiatry Centre in Kota, Rajasthan, India, where a parade of vehicles carrying mental health slogans through town on 10 October featured some 50 cars, several buses,

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many motor cyclists, various tractors and horse-drawn carts – and two elephants. Elsewhere in Kota a large yellow helium balloon with World Mental Health Day on it was released at a fair during a rally of 300 boy scouts. Tethered to the ground, it flew there for ten days, visible to all attending the fair.

In Cape Town, the South African Depression and Anxiety Group and other mental health organizations took advocacy to Parliament on 10 October. They set up colorful stands in the three main Parliament office buildings with banners, balloons and posters, and handed out infor-

mation brochures to Members of Parliament and their staffs. A major goal was to educate the Members of Parliament about budget needs (“More Money for Mental Health”). Many people also stopped to discuss personal mental health problems or those affecting friends or family members.

Deborah Maguire, the coordinator of World Mental Health Day, received additional early reports from Cyprus, Czechoslovakia, India (Kottayam and New Delhi), Indonesia (East Java), Liberia, Malaysia (a public awareness walk with 1,500 participants), Martinique, Pakistan, Singapore, St. Kitts and Nevis, and Tunisia.



Elephants in the World Mental Health Day Parade held in Kota, Rajasthan, India

TOOLKIT ON “UNDERSTANDING GENERALIZED ANXIETY DISORDER”

WFMH published a toolkit in November 2008 to provide information about generalized anxiety disorder (GAD) for those affected, their families and physicians. GAD is a fairly common condition that is often misunderstood. It is a syndrome of ongoing excessive anxiety and worry about everyday matters that can be accompanied by physical symptoms such as fatigue, difficulty concentrating, irritability, headaches and sleep disturbance, and also by depression or by other anxiety disorders. It has a substantial negative effect on quality of life and on work productivity. Misdiagnoses can include normal stress and hypochondria. A major focus of the toolkit is to reduce the stigma associated with GAD.

The toolkit is available on the Internet at www.wfmh.org. It was produced by WFMH with the support of an unrestricted educational grant from AstraZeneca.

Are You a WFMH Member?

This number of the Newsletter is going to many friends of the Federation. If you wish to continue receiving it please be sure that your membership is up-to-date. If you are not yet a member, join us now! We need you and you need an NGO (non-governmental organization) accredited as a mental health consultant at the U.N. Fees for individual membership: developed countries, \$35; OECD developing countries, \$15; life member \$500; and library \$35 (U.S.). Your inquiries or check should go to: WFMH, 6564 Loisdale Court, Suite 301, Springfield, Virginia 22150-1812, USA.

Tel: +1 703 313 8680, ext. 201.

Fax: +1 703 313 8683

Email: info@wfmh.com

Web site: www.wfmh.org

Name and Preferred Title

Postal Address

Email Address

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The WFMH Newsletter is published by the World Federation for Mental Health for its members.

Editor: Elena L. Berger, D. Phil.

Editorial Office:

Sheppard and Enoch Pratt Hospital

P.O. Box 6815

Baltimore, Maryland 21285-6815

Telephone 410-938-3180

FAX: 410-938-3183

Email: eberger@wfmh.com

Web site: www.wfmh.org



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