
3rd Quarter 2000

Greetings

The evening of June 26, 2000, the Grand Amphitheater of the Sorbonne in Paris was animated again, as it happened fifty years ago, to commemorate the Jubilee of the World Psychiatric Association. Seated at the presidium were the members of the WPA Executive Committee along with past President Pierre Pichot and Jubilee Organizer Jean Garrabé. Zone Representatives, on one side, and Council members and French Societies, presidents, on the other, completed the stage. On the main floor, Member Society presidents, Section officers, Standing and Operational Committee members, and other invitees participated in this historical event.

This was the opening of a Jubilee Congress rich in moral commitment and intellectual, cultural and social stimulation. The Executive Committee, Board and several Institutional Programs and Committees held productive meetings. The WPA Secretariat distributed an edition of WPA News dedicated to the Jubilee and a special abridged edition in French as well as a commemorative poster celebrating the linguistic and ethnic diversity that our 115 Member Societies represent. Touching our roots was facilitated by the resourceful Henry Ey Foundation. All reflected a widespread feeling that WPA has reached an institutional level that our founders would be proud of and that it is our responsibility to affirm and maintain.

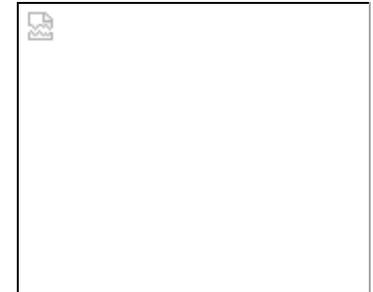


Jubilee Commemorative Ceremony at the Sorbonne Grand Amphitheater

A REPORT FROM THE WPA JUBILEE CONGRESS

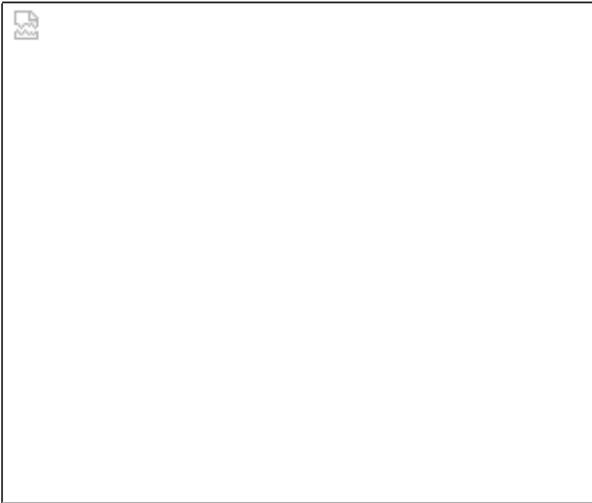
The WPA Jubilee Congress organized by the French Federation of Psychiatry in Paris on June 26-30, 2000 reviewed the considerable progress made by our medical discipline over the past 50 years. The success of the First World Congress organized by Henry Ey under the aegis of Jean Delay prompted the creation of the World Psychiatric Association. Five decades later, the Jubilee Congress has been attended by more than 3,500 delegates, members of approximately a hundred societies, representing over sixty countries, which confirms the growing presence of psychiatrists worldwide with a distribution across continents influenced by demographic and economic factors.

It was imperative for the Congress to design a scientific program which reflected the various facets of psychiatry and embraced the cultural and social diversity which influences the expression of psychiatric illness across the world, without focusing on one particular school of thought. The need for comparative studies of psychopathology enabling psychiatrists to transcend their differences and formulate a common approach to the human condition remains a major challenge for WPA at the dawn of the 21st century. The Congress also offered a diversity of social and cultural activities, including inspiring artistic exhibitions from psychiatric patients, as illustrated adjacently. (Based on a contribution by Prof. Jean Garrabé, President of L'Évolution Psychiatrique and Organizing President of the Jubilee Congress).



*From the Jubilee Congress
Artistic Exhibition*

PROF. PIERRE PICHOT'S ABRIDGED SPEECH AT THE JUBILEE OPENING



Prof. Pierre Pichot finalizing his Jubilee speech, applauded by Prof. J.J. Lopez-Ibor, Jr. (r) and Prof. A. Okasha (l)

In the ancient Judaic religion the jubilee was a solemn ceremony celebrated every 50 years. While today's ceremony has not been summoned by the traditional horn, the yebel, after which the jubilee is named, this meeting commemorates the first World Congress of Psychiatry which opened in this same amphitheater on September 19th 1950. I only owe the privilege to evoke its history to the fact that I am one of the last survivors responsible for its organization and perhaps, because of my participation in the activities of its offspring, the World Psychiatric Association (WPA), as its President from 1977 to 1983.

As a matter of fact, the 1950 meeting was also a jubilee since in 1900 at the occasion of the Exposition Universelle, an international congress chaired by Valentin Magnan was held in Paris. This is why at the end of World War II, Professor Jean Delay and Dr. Henry Ey, who together combined the academic and clinical communities of Paris, came up with the idea to bring together, once again, psychiatrists from all over the world to evaluate the evolution of mental medicine over the past 50 years.

I remember how all of us involved with the preparation of the Congress were driven by a great confidence in the future of our discipline and were eager to reestablish the contact with our foreign colleagues which had been lost because of the war. The physical, political and socio-economic conditions were still very adverse five years after the end of the world conflagration, with escalating East-West antagonism and with a war in Korea exploding three months before the Congress.

In his opening speech, President Jean Delay compared the 1900 Congress, dominated by the fatalist dogma of the fixedness of constitutional morbid species, to the 1950 Congress which opened under the sign of therapeutics. The assessment of this profound change was the guiding force behind the selection of the Congress topics, the organization of the proceedings, and the choice of the speakers.

(After presenting a lively summary of the development of the debates and the participation of outstanding figures of our field, he concluded as follows). The Congress met perfectly the goals its promoters had set. Its most significant result was the presentation of an accurate and exhaustive panorama of mental medicine and the awareness on the part of psychiatrists of all nations of the profound unity of their approach in spite of the diversity of schools and trends. On the 24th of September a General Assembly confirmed the decision made a few days before by 39 delegates from psychiatric societies coming from 29 countries to organize similar congresses periodically. The next one took place in Zurich in 1957 and at the third one, in Montreal, the International Society to Organize World Psychiatric Congresses formally became the World Psychiatric Association.

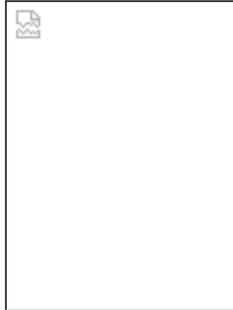
The seed sowed in Paris in 1950 grew into a vigorous tree and after half a century its limbs have branched out and its fruits diversified. But the Association remains today faithful to the noble spirit of its origins: to bring together all the psychiatrists of the world to fight the diseases of the mind and promote mental health.

THE PRESENCE OF HEALTH AT A UNITED NATIONS SPECIAL SESSION

A Special Session of the United Nations General Assembly in June 2000, following up the work of the Copenhagen Social Summit of 1995, placed health centrally in a intergovernmental strategy to reduce global poverty.

While the 1995 Summit saw health simply in terms of supply of basic services as part of a wider safety net, health policy is now regarded as a core instrument for poverty eradication.

WHO is engaged in developing a more comprehensive agenda for health in development. In the words of Dr. Gro Harlem Brundtland, its Director-General, "it is essential for each nation to strengthen its health services, specially in developing countries, but under-funded and overwhelmed by millions of sick women, children and men, they simply cannot cope alone".



Dr. Gro H. Brundtland

In spite of plans and undertaken actions, poverty in the world has not declined. A World Bank report based on interviews with 40,000 poor people in 23 countries, *The Voices of the Poor*, illustrates that the diverse health problems the poor suffer affect tremendously their family economy in a such way that to recover it is practically impossible or it takes them many years to make it. "Health must now be at the heart of all developmental programs" said Dr. Brundtland. (Statement WHO/2, 23 June, 2000).

THE WORLD HEALTH REPORT 2000

While all WHO annual health reports tend to be interesting, this year's report is particularly important. The World Health Report 2000 breaks new ground in the way that it helps understand the goals of health systems and presents for the first time an index of national health systems' performance. It is posited that progress towards them depends crucially on how well systems carry out four vital functions: health care behaviors, service provision, financing and stewardship. Frequent failings of health systems noted in the Report are summarized in Table 1.

Table 1.
Main failings of
health systems

Health ministries focus on the public sector and often disregard the frequently much larger private sector health care.
Physicians work simultaneously for the public sector and in private practice.
Governments fail to prevent a black market in health

care, with widespread corruption and other illegal practices.
Health ministries fail to enforce regulations created by themselves.

Over the past decades, health analysts have been devising indices of health that aim at summarizing a population's health. A valuable health measure is one that can be used to compare the levels of health enjoyed by different populations, to monitor changes in a population's health, to quantify health inequalities within a population, and to assess the impact of non-fatal health problems on a population's overall health. The health systems performance measure proposed in this year's World Health Report, attempts to achieve the following desirable features: measure the best attainable average level of health (goodness) as well as the smallest feasible difference in health among individuals and groups (fairness), responsiveness to the expectations of the population, and fairness of financial contribution. The specific measures of health systems performance presented in the Report are outlined in Table 2.

Table 2.
Measures of health
systems performance

Overall level of health or life expectancy.
Health fairness or life expectancy measured across various populations within a country.
Responsiveness or how well people rated performance of their health care system.
Fairness in responsiveness among different groups in the same country.
Fairness in financing among different groups, which looked at what proportion of income is devoted to health care.

The measurement of health systems performance highlighted in the Report allows policy-makers, health providers and the population at large to see themselves in terms of the social arrangements they have constructed to improve health. Illustratively, it is shown that European health systems are generally performing best and that the United States is lagging behind, largely because of inequal distribution of health care services.

While the proposed method to measure health systems performance may be considered still experimental, it is pointing the way to more comprehensive approaches that take into consideration, in addition to standard measures, the perceptions of the users and the fairness of the health system.

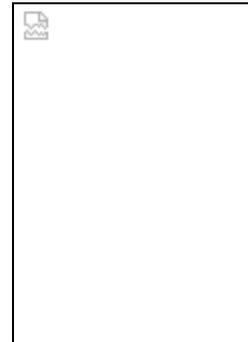
OBITUARIES



Professor Mohammed Rashid Chaudry

On August 13, 2000, Professor Mohammed Rashid Chaudry of Lahore, Pakistan, passed away. He was a member of the WPA Committee between 1977 and 1989 and a revered psychiatric innovator and leader. His contributions to the rehabilitation of the mentally ill and the mentally handicapped as well as his dignified figure and wise advice will remain with us. (note contributed by Profs. V. Varma and A. Javed).

This past August, Professor Michel De Clercq of Louvain, Belgium, and Co-chair of the WPA Section on Emergency Psychiatry, died in an accidental tragedy. He was president of the International Association for Emergency Psychiatry. His warmth and collegiality touched many people around the world. (note contributed by Prof. P.M. Furlan).



Professor Michel De Clercq

THE WORLD FEDERATION FOR MENTAL HEALTH AND THE NEED FOR PARTNERS

Authoritative international reports have made it abundantly clear that mental health problems are a major and rising worldwide disease and economic burden. For WFMH and WPA, armed with know-how and backed by compelling equity, epidemiological and economic arguments, this is a time for concerted action. No single organization, however, can respond adequately to overcoming the barriers to global mental health (see adjacent table).

Over the last 10 years, the interaction among consumers, professions, industry and governmental agencies has become increasingly important for ensuring high quality and ethical distribution of care and prevention. This interactive process should continue, and indeed, be intensified.

In 1998 in Maastricht and London, WFMH began to tackle the problems for a new century with vigor by asserting its historical role of maintaining a trusted, facilitating umbrella organization for promoting exchange and interaction among the various components of the

mental health community. Founded in 1948 at the same time as the WHO, WFMH consults all major agencies of the UN.

The current activities of the Federation, presided by Dr. A. Abou El Azayem of Egypt, include: The Federation's World Mental Health Day, which occurs yearly on October 10 and addresses the problems of creating public awareness and transforming it into action. For 2000 and 2001 it is "Mental Health and Work". WFMH also is raising public health awareness by its Prevention and Health Promotion Conference (December 5-8, 2000) at the Carter Center in Atlanta.

The Biennial Congress of the WFMH will take place in Vancouver in 2001 from July 22 to 27, and will address the need for public involvement.

Further, WFMH has added consumers and carers to its Board, has improved its communication capacity and is developing new programs such as Mental Health Watch and the Consortium Center for Public Mental Health. WFMH is revitalizing, and WPA is undergoing similar growth. To extend their impact, every organization, working together, could contribute its specific skills. Both could join in partnership on projects such as training mental health workers worldwide and combating stigma. The success of our efforts will depend on the broad alliances we are able to form.

(Abridged contribution from Prof. Marten de Vries of the Netherlands, Secretary General of the WFMH, a NGO with which WPA maintains collaborative relations.)

Overcoming Barriers to Global Mental Health

Barriers	Solutions
• Recognition and awareness	Mental health promotion; education; evaluation of solutions
• Implementation	Developmental health services, training; and best practices
• Sustainability	National, inter-governmental and NGO coordination
• Resource limitations	Tax; industry; human; World Bank and others

THE WFMH AND THE USER/SURVIVOR MOVEMENT

Before there was an international, voluntary mental health movement some survivors of mental illness were passionately impelled to improve the lot of those who had suffered similar difficulties. One of the best known was Clifford Beers (1876-1943). His account of his illness and punishing hospitalization, *A Mind that Found Itself*, was published in 1908. Its aims were mental hospital reform, access to treatment, and the prevention of mental illness. It sparked the formation of the first world-wide congress of mental hygiene in Washington D.C. in 1930. This gathering was the cradle of the International Committee on Mental Hygiene, which, 18 years later in 1948, at the Third International Congress on Mental Hygiene in London, was transformed into the World Federation for Mental Health (WFMH).

The new prominence of human rights issues, led to growing concern about the compulsory hospitalization and treatment of people defined as mentally ill patients. A central value for patients was that of individual choice and autonomy. This opposed the value for professionals of "health", i.e. symptom removal, as a justification for coerced treatment.

WFMH leadership began to consider the value of bringing psychiatric survivors into its work on an international basis. On pragmatic grounds we believed that those who had "been there" as patients would have much to contribute as colleagues to the development and supervision of treatment programs. We also realized that collaboration in meaningful work, on a peer basis, might be an effective way of reducing the stigma of mental illness.

Beginning in 1983 each of the biennial WFMH World Congresses has included user/survivors in its programs. Since that time there have been other user/survivor Board members and it is now accepted that such representation is important to the WFMH mission.

Today, the user/survivor movement is reaching beyond the industrial democracies to foster new organizations in other parts of the world. University departments of psychiatry are studying the effectiveness of former patients as staff members. User/survivor participation in the operation of treatment programs is being recognized as a significant advance in psychiatric care. The vision of user/survivor Clifford Beers, articulated nearly 100 years ago, has been realized in our global, voluntary, and ecumenical federation. (Prof. Eugene Brody, WFMH President (1981-1983) and Secretary General (1983-1999) as well as Professor and Chairman of Psychiatry Emeritus, University of Maryland, contributed this statement).



Professor Eugene
Brody

WPA SOUTH ASIAN ZONE: AN ENCOURAGING EFFORT

The South Asian Zone is one of the largest regions in the WPA Zonal structure both in terms of population (1.35 Billion) and land (6000 km from West to East). It comprises 7 psychiatric societies in 6 countries, i.e. India, Thailand, Malaysia, Singapore, Indonesia and Philippines. The contrasts in economic development among these countries as well as the disparity within a country are striking. The number of ethnic groups and languages in the Zone are enormous.

With less than 4500 psychiatrists, the Zone faces critical problems among which one can mention the following: acute shortages of occupational therapists, clinical psychologists and social workers; the underdevelopment of psychiatric services and the very low priority that is accorded to the subject of psychiatric curriculum in medical schools. A further problem is the stigma associated with mental illness in the minds of professionals in medicine as well as the lay public which makes all mental illness synonymous with psychosis. The vast majority of anxiety and depressive illnesses seen in primary care are missed by primary care providers who are not adequately trained to detect or treat these conditions. In the 10 months since the XI World Congress in Hamburg, Professor M. Parameshvara Deva, the Zone Representative (ZR), has had fairly frequent contacts with almost all the Member Societies in the Zone at regular national meetings as

well as ASEAN and other international congresses. The ZR plans to visit the Indian Society for Social Psychiatry and the Indian Psychiatric Society in early 2001 to establish better links and at the same time conduct a workshop on curriculum reform in the teaching of psychiatry at the undergraduate level. The first electronic newsletter has already been sent out and more are planned.

The Zone's Member Societies participated at an international meeting in Kyoto towards the development of a WPA consensus statement on the use of second generation anti-psychotic medication. Several of these Member Societies plan to follow up with national consensus meetings.

The ZR represented WPA at the 51st WHO Western Pacific Regional Meeting in Manila this September and presented a statement commenting on the neglected state of psychiatry and mental health in the region and offering WPA expertise to countries interested in this. He emphasized the prevalence of non-psychotic mental disorders as well as tobacco and alcohol addiction and their relationship to many general medical illnesses.

Finally, the ZR continues to work to recruit unrepresented national psychiatric societies to join WPA.



Prof. Parameshvara Deva (r) teaching young psychiatrists in Malaysia and congratulated by the WPA Secretary General visiting the Zone

THE WPA GENERAL SURVEY 1999-2002

The WPA General Survey, as applied in the past triennium, demonstrated to be a highly informative and useful tool. The high response rate that was obtained revealed the readiness of Member Societies and other WPA components to participate in the construction of WPA. Its results led to the preparation of a mid-period Executive Committee Action Plan and facilitated the development of the pioneering WPA Strategic Plan presented to the latest General Assembly.

Among the most significant results of the General Survey stimulating action proposals were the following ones: need for more frequent reports and transparency in financial matters, improvement of communication within each Society and with WPA, greater accessibility to Educational Programs and their distribution through Member Societies, more information on the Sections work, Section interaction with other WPA components, inter-Section collaboration, and upgrading WPA publications.

The 1999-2002 General Survey questionnaire, built on the preceding version and with a structure covering the various areas of WPA activity will allow comparisons across triennial periods. The first wave of questionnaires was distributed to all components of the Association in August 2000. As in the preceding period, a detailed analytic report will be produced in due course and distributed widely.

The objective of advancing the institutional strength of WPA through a process of consultation that looks for critical and constructive suggestions deserves from all for us the prompt completion of the questionnaires, if not already done!

SPECIAL RECOGNITIONS

WPA News is pleased to report that Professor Ahmed Okasha, WPA President-Elect (Vice-President) has been recently awarded in Egypt the State Merit Prize for Creativity in Medicine for year 2000. This is the first time that such a high prize is bestowed on a psychiatrist.



**Professor
Ahmed
Okasha**

The first Geneva Foundation Prize for Human Rights in Psychiatry has been awarded to the Dutch-based "Geneva Initiative on Psychiatry" for its work to improve mental health care in Eastern Europe.

UPCOMING WPA CONGRESSES AND MEETINGS

Secretary for Meetings, Professor Driss Moussaoui, coordinates these events and welcomes initiatives for new ones.
Fax: (212-2) 965-125, E-Mail: psych@casanet.net.ma

October 20, 2000, Meeting of the WPA Section on Psychiatry and Religion, New York, USA.
Contact: Prof. J. English, Fax: (1-914) 493-1015. E-mail: jtevalley@aol.com

October 25-27, 2000, WPA Regional Meeting, Rio de Janeiro, Brazil, Psychiatry: Clinical Experience and Scientific Evidence.
Contact: Prof. M. Jorge, Fax: (55-11) 252-5994, E-mail: miguel.jorge@psiquiatria.epm.br

November 8-12, 2000, WPA Co-Sponsored Meeting, Cairo, Egypt, The Globalization of Psychiatry: Perspective for the New Millenium.
Contact: Prof. F. Antun, Fax: (961-9) 211-734 or 899-218, E-mail: antun@cyberia.net.lb

November 11-12, 2000, Meeting of the WPA Section on Addiction Psychiatry, Cairo, Egypt,
Contact: Prof. N. El-Guebaly, Fax: (1-403) 67-02-056, E-mail: nady.el-guebaly@crha-health.ab.ca

November 17-19, 2000, WPA Cross-sectional Conference on Mass Media and Mental Health in the 21st Century, organized by the WPA Section on Mass Media and Mental Health, New York, USA.
Contact: Prof. M. A. Materazzi. E-mail: cultura@geba.com.ar

November 30-December 2, 2000, WPA Co-Sponsored Meeting, Lyon, France, Schizophrenia: From Prediction to Prevention.
Contact: Prof. J. Dalery. Fax: (33-4) 3791-5102. E-mail: jean.dalery@ch-le-vinatier.fr

March 13-17, 2001, WPA Co-Sponsored 13th World Congress of the World Assciation for Dynamic Psychiatry, The Relevance of Groups for Illness, Health and Healing. Munich, Germany.
Contact: Maria Ammon, Fax: (49-30) 313-6959.

March 27-31, 2001, WPA Co-Sponsored First World Congress on Women's Mental Health, Berlin, Germany,
Contact: Prof. M. Lanczik, Fax: (49-9131) 853-65-92, E-mail: m.lanczik@uni.de

April 24-28, 2001, WPA Regional Meeting, Antalya, Turkey.
Contact: Prof. Rasit Tukul, Fax: (90-212) 631-24-00, E-mail: rtukul@superonline.com or peykan@turk.net

May 31-June 2, 2001, WPA Co-Sponsored VIII Pan Arab Congress of Psychiatry, Tunis, Tunisia, Women and Mental Health.
Contact: Prof. S. Douki, Fax: (216-1) 601-555. E-mail: saida.douki@gnet.tn

June 20-23, 2001, WPA Co-Sponsored Meeting, Leipzig, Germany, Reducing the Stigma of Mental Illness.
Contact: Prof. M.C. Angermeyer, Fax: (49-341) 972-4539. E-mail: schb@medizin.uni-leipzig.de

June 27-30, 2001, WPA Co-Sponsored IVth Congress of the European Family Therapy Association, Budapest, Hungary.
Contact: Prof. T. Kurimay, E-mail: familyth@matavnet.hu

July 7-13, 2001, WPA Regional Meeting, London, UK, 2001: A Mind Odyssey.
Contact: Prof. J. Cox, E-mail: mkerby@rcpsych.ac.uk, Website: www.rcpsych.ac.uk/2001

July 22-27, 2001, WPA Co-Sponsored Congress of the World Federation for Mental Health, Vancouver, Canada, Respecting Diversity and Participation in Mental Health in a Changing World.
Contact: Prof. J. Arboleda-Florez, Fax: (1-613) 547-1501. E-mail: ja9@post.queensu.ca

August 30-September 2, 2001, WPA Co-Sponsored International Conference on Suicidality and Psychoanalysis, Hamburg, Germany.
Contact: Prof. P. Gotze, Fax: (40-42) 80-34-949, E-mail: tzs@uke.uni-hamburg.de, Website: www.suicidology.de/congress

September 9-12, 2001, WPA Co-Sponsored 3rd International Conference on the Synthesis between Psychopharmacotherapy and Psychotherapy, Tel Aviv, Israel.
Contact: Prof. S. Tyano, Fax: (972-3) 925-8361, E-mail: styano@post.tau.ac.il

September 30-October 3, 2001, WPA European Congress, Madrid, Spain, New Commitments for Psychiatrists.
Contact: Pr. J.J. Lopez-Ibor, Fax: (34-91) 316-2749. E-mail: wpa-europeancongress@tilesa.es

October 27-31, 2001, WPA Co-Sponsored 17th World Congress of Social Psychiatry, Science, Psychiatry and Society: Search for Synergy, Agra, India.
Contact: Prof. S. Sharma, Fax: (91-11) 229-9227, E-mail: wasp_congress@vsnl.com Website: www.17thwaspcongress.com

November 16-20, 2001, WPA Regional Meeting, Cancun, Mexico.

Contact: Asociacion Psiquiátrica Mexicana, Fax: (52-5) 652-5516. E-mail: apm@psiquiatras.com

March 21-23, 2002, WPA Thematic Conference, Budapest, Hungary, Psychological and Pscychiatric Consequences of Violence.

Contact: Prof. I. Bitter, Fax: (36-1) 210-0336 or 303-2352, E-mail: bitter@psych.sote.hu

August 24-29, 2002, XII World Congress of Psychiatry, Yokohama, Japan, Partnership for Mental Health.

Contact: Pr. J. Suzuki, Fax: (81-3) 3814-2991 or (81-3) 545-640-77, E-mail: wpa_sec@c-linkage.co.jp

September 2005, XIII World Congress of Psychiatry, Cairo, Egypt.

Contact: Prof. A. Okasha, Fax: (20-2) 348-1786, E-mail: aokasha@internetegypt.com