



PROMOTING MENTAL HEALTH AROUND THE WORLD

*ACTIVITIES OF THE COMMITTEE OF
INTERNATIONAL WOMEN LEADERS
FOR MENTAL HEALTH*

SPRING, 2002



Mrs. Musa spearheaded the formation of a non-governmental organization, the Belize Mental Health Association, replacing the Mental Health Advisory Board to be more proactive in addressing mental health issues. As an NGO, it can manage its own charitable funds.

A project has been prepared to secure funding for:

An acute psychiatric unit
Sheltered housing
A long-term stay hospital

Mrs. Musa was instrumental in securing funding from the Japanese government to build the acute psychiatric unit. This was completed mid-2001 and is now fully operational with the support of the government of Belize. Support for an urgently needed replacement building for the long-term stay hospital is now actively being sought.

On the occasion of World Mental Health Day, Mrs. Musa worked through the National Women's Commission with the Pan American Health Organization in sponsoring a primary school art and essay competition.

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3. Local campaigns to reinforce the links between participants at all levels, whether involved in mental health directly or otherwise (theatre, distribution of a cartoon making mental health less alarming, exhibition of objects d'art, cross generation meetings, etc.).

A global report of these activities is available in French and Dutch. This report can be obtained by e-mailing the request to kfs.frf@skynet.be.

FEDERATIVE REPUBLIC OF BRAZIL

FIRST LADY RUTH CARDOSO

Following a round table discussion, held during the fall of 1996, Dr. Rosiska Darcy de Oliveira, Chair of the National Council for Women's Rights, has taken up the discussion on the relationship between violence against women and epidemic mental disease at the Center of Women's Leadership. This subject has been permanently on the agenda of women leaders' meetings when dealing with the women's statute and women's health in the non-governmental area.

As for the actions within the Ministry of Health responsible for the implementation of public policies, it also has been recognized that violence against women is at the etiology of mental suffering. As a consequence, the subject became one of the four priorities of the Family Health Programme (PSF). To deal

CANADA

FIRST LADY ALINE CHRETIEN

Selected Recent Mental Health Activities

The Government of Canada has pioneered a new comprehensive approach to health research for the 21st Century through the establishment of the Canadian Institutes of Health Research (CIHR). The CIHR *Institute for Neurosciences, Mental Health and Addictions* (INMHA) has the responsibility for mental health research including research into the promotion of mental health which is being addressed within this innovative, collaborative approach to health research.

The January 2001 federal government's Speech from the Throne, which sets out short to mid-term priorities, expressed the Government's commitment to champion community-based health promotion and prevention measures, and specifically to strengthen its efforts in mental health promotion. The federal Department of Health intends to actively pursue the direction set forth in the Speech from the Throne. A population health approach will provide the overarching framework for the strategy, and community-based, population-level components will be favoured.

First Nations and Inuit Mental Health

In the area of First Nations and Inuit mental health, the Government of Canada funds two community-based programs: Brighter Futures and Building Healthy Co

An initiative has been launched by the first lady in an apparently distant area – that of protection and

ARAB REPUBLIC OF EGYPT

FIRST LADY SUSAN MUBARAK

We are proud to present the efforts that have been dedicated for enhancing mental institutions. Many of these achievements commenced only a few years ago. Women have given our society a great contribution by searching for a solution to decrease the numbers of divorces, addiction, spouse abuse, sexual harassment, etc. Although development is undeniably gradual, it is still worth mentioning.

Two new buildings have officially opened in El-Abbassia providing patients with fully equipped units for

Alexandria to develop a comprehensive school mental health program. The different components of the program are:

- Study of the prevalence and pattern of mental health problems in school children (prevalence of depression among school children was found to be 10%, as was anxiety among secondary school children, which rose to 17% in their final year.
- Evaluation of existing mental health services for school children, including skills possessed by teachers and other care providers.
- Development of basic mental health training programs for school social workers and teachers.
- Development of training programs in mental health for school health visitors and nurses (in service training, undergraduate training and training during the final year).
- Development of basic child mental health trai

young children. So far the project has trained about 150 trainers and about 1000 health workers. Recently the scope of the project has been widened to include children in day care.

On the other hand, Finland also has been active in enhancing mental health issues at the European Union level, especially in the area of promotion of mental health and prevention of mental health problems. One special aim has been to attain more visibility for mental health issues and to “put mental health on the European agenda.” This has been done by several EU-funded projects that have been coordinated by the Finnish National Research and Development Centre for Welfare and Health. The topics for these projects have been mental health policy, unemployment and mental health, development of mental health indicators, and most recently prevention of depression, anxiety, and related disorders.

REPUBLIC OF GEORGIA

FIRST LADY NANULI SHEVARDNADZE

NGO “Georgian Women for Peace” supports mental health in Georgia

The NGO “Georgian Women for Peace” was created in May 1992. The President of the organization is the First Lady of the country, Mrs Nanuli Shevardnadze, who also edits the newsletter of the association *Peace for Everybody*.

In 1995, Georgia reformed health care started. One purpose was to do all that was possible to rescue the mental health care system. The objectives anticipated by the Federal Program have been fulfilled: national psychiatric service survived. Today, in different regions of Georgia there are psychiatric organizations providing in- and out-patient services for persons with mental illness.

Since 1996 the International Association “Georgian Women for Peace” has backed the above program and supports these organizations as far as possible (as you know financial support frequently faces obstacles) by medicines, food, clothes, linen, even beds. Our support is regular and purposeful.

The NGO is providing support for Psychiatry Institute for Scientific Investigation Joint-Stock Company from 1996 through supply of medicines, second-hand clothes, second-hand shoes, beds, and food. In 1999, Georgian Women for Peace supplied the Central Psychiatric Hospital with anti-epileptic means, and in 2000 and 2001, with second-hand clothes, food, woolen blankets, and vegetable seeds.

The most important support the NGO provides is for the Municipal Psychiatric Hospital. In particular, we assisted with the creation of a mechanized animal farm. It was built by the support of one of the US humanitarian aid organizations. The project included reconstruction of the building, and purchasing vehicles and cattle for the facility. This would provide the hospital with its own milk products. The revenue obtained through sale of surplus product would become a means for fulfilling the hospital budget. At the same time, farm activities are good occupational therapy for the rehabilitation of mental patients.

The above project, with a budget of \$10,000 USD, was implemented in July-August 2001. At present the farm is in operation, it has cows and calves. They purchased the tractor. Everyday, patients receive 400 gal. of milk product (sour cream, curds, cheese). In summer milking increases 80 liters per day.

Georgian Women for Peace assists the Bediani Psychiatric Hospital. The NGO helped them in 2000-2001 by anti-epileptic means (2 times), in 2001 by clothes, and food (2 times). Supported by the same US organization, swine for the farm are being added (11 sows). Patients will work in this farm.

Current situation in Georgia

At present there is severe social and economic crisis in Georgia. Therefore, people with mental illnesses are one of the most vulnerable social strata of Georgia. The majority of them are found without a “means for survival.” They do not get adequate medical and social support. Some of them do not have a place of residence, and some are isolated in mental hospitals or their own apartments. Their employment rate is also very low. The isolation of persons with mental illness from society increases with the extent of their disability. In spite of the fact that there is legislation, which protects the rights of the mentally ill, frequently it is not implemented because of nonexistent relevant agencies.

Measures for overcoming stigma

Leaflets and brochures about mental illnesses are distributed. Recently, Rosalynn Carter’s book, *Helping Someone With Mental Illness*, has been translated and is being prepared for publication.

Celebration of Mental Health Day

Each year World Mental Health Day is celebrated in Georgia. Several NGOs including Georgian Association for Mental Health, Society of Psychiatrists of Georgia, and NDOBA Center of Psycho-social Aid annually celebrate Mental Health Day on 10 October. A meeting, art exhibition of mental patients, concerts, and various street actions are arranged.

On 7 April 2001, the nation-wide event of the World Health Organization (WHO) with the slogan “Stop Exclusion, Dare to Care!” was held. The public participated in these activities and they were covered by mass media. Recently, programs about mental illnesses have been on TV and radio for the education of public.

Public Health Policy

The National Program for the Mental Health in Georgia was endorsed on 1999. The European Regional Bureau of WHO discussed this document, but a large part of actions envisaged by this document cannot be implemented because of the lack of funding. A new version of the National Mental Health Program is in preparation, taking into account the shift in the concept of health, and the priorities of the World Health Organization. The main directions of this Program are:

- De-institutionalization of mental health services
- Broadening of the State Program of Psychiatric Care and gradual increasing of free of charge psychiatric service
- Creating a system of psycho-social aid of patients with mental problems
- Creating a system of psychiatric and psychosocial service of children and adolescents.

Legislative Framework

FORMER FIRST LADY MARY DE F

Fortifying the school lunch program with food products containing micronutrients and folic acids for a healthy diet and to prevent infections diseases and possible malformation of the fetus in those young women who have reached adolescence and become pregnant.

Dental brigades

School vegetable gardens for health eating habits

Parasite worming every three months

Vision testing

Identification of serious health problems to be admitted to a public health care hospital or attention from a USA medical team

Character Counts Program, Lubbock, Texas

REPUBLIC OF HUNGARY

FIRST LADY DALMA MADL

In Hungary there is a well established, traditional system of psychiatric outpatient services. Some of them also develop community-based activities.

Background

The Health Act of 1997 contains a comprehensive chapter on patients rights, including indications to mental health. A new Health Act, which passed the Parliament in 1998 came into effect in 1999. This Act contains an entire chapter on mental disorders and treatment, including hospitalization and regulations on compulsory measures. The legislation referring to mental health issues, the protection of human rights of mental patients, harmonizes with EU requirements.

The basic legislation was enacted in 1997, the latest modification being adopted with more precision on coercive measures in 2001.

Public Health Policy

A mental health policy constitutes an important chapter of the National Public Health Program voted by the government and to be submitted for the Parliament as an inter-governmental issue.

An interdisciplinary substance abuse policy was formulated in 2000 and is already implemented.

A new version of the National Mental Health Programme is in preparation, taking into account the shift in the concept of health, and the priorities of the World Health Organization.

A National Therapeutic Drug Policy/Essential List of Drugs is present, formulated in 2000.

The country has specific programmes for mental health of vulnerable groups, such as refugees, elderly, minorities, and children.

Mental health is an integral part of the society's health. In order to supplement the legislation in force with missing norms in the field of human rights, a draft law on psychiatric aid and a draft law on health protection have been worked out and submitted to the Cabinet of Ministers for review in 2001.

On the 6th of March 2001, the Society's Health Strategy was accepted by the Cabinet of Ministers. One of the goals of this strategy is to improve inhabitants' mental health until the year 2010, as well as provide access to qualitative medical care service of mental health.

Mental health care in treatment offices is carried out within the framework of state-guaranteed health care and is financed from the special health care budget. On 21st July 2000, the Ministry of Welfare confirmed the strategy of psychiatric aid for the period of 2000-2003 year, which has been worked out taking into account the recommendations of the World Health Or

Fellowships for Mental Health Journalism provide grants to journalists to study a selected topic regarding mental health or mental illnesses. As of 2001-2002 the six US Fellows were joined by two Fellows from New Zealand. To view their completed projects to-date visit

[HTTP://WWW.CARTERCENTER.ORG/MENTAL_HEALTH/MHFELLOWSHIPARCHIVES.HTML](http://www.cartercenter.org/mental_health/mhfellowshiparchives.html)

REPUBLIC OF PALAU

FIRST LADY DEBBIE M. REMENGESAU

Palau's Mental Health Council has new membership and the officers have enlisted the support of First Lady Mrs. Debbie Remengesau for promotional and educational activities. She has been extremely active in several events such as the observance of World Mental Health Day in October, 2001, and the patient Christmas party this past year. She and her husband were both present at the annual candlelight vigil as well as participating in other special activities the week of October 10th. She has been a very keen participant at our council meetings, planning sessions, and a great advocate.

Palau's entry for the WHO global essay contest last year was chosen as the global winner and Ms. Bibbie Kumangai read her winning essay at the World Health Assembly in Geneva last year. We held several promotional events in observance of World Health Day in April, 2001 in addition to the art/essay contest.

There is ongoing mental health research taking place in Palau that includes a substantially funded genetics research grant that was started in 2001. The aims of the youth at risk project are designed to comprehensively assess Palauan adolescents (14 to 18 year of age) with a battery of clinical psychosocial and neurocognitive measures and follow them up over a 5 to 10 year period for the development of a psychotic illness in order to: 1) describe psychotic illnesses in their developmental stages to facilitate early detection and intervention, and 2) determine how genetic influences, environmental factors, and individual traits interact to cause schizophrenia and other psychotic disorders.

The Republic of Palau's first nationwide comprehensive survey "Youth Tobacco Survey 2001" reveals that Palau is not immune from the tobacco epidemic and tobacco's global toll. Over half of the students surveyed are current tobacco users, and Palauan youth are using tobacco at overwhelmingly higher rates than American youth, due largely to the practice of chewing betelnut with tobacco.

REPUBLIC OF POLAND

FIRST LADY JOLANTA KWASNIEWSKA

Mrs. Kwasniewska strongly believes that prejudice can be "unlearned" given the right environment. She created such an environment in Warsaw in August 2001 at camp *Rainbow Bridge*, to help young people from various countries chip away at cultural prejudices and promote tolerance.

The concept for the camp was first introduced in September 1999, in Warsaw during the "Keep Children Smiling in the New Millennium" conference organized by Mrs. Kwasniewska and her foundation "Communication With Barriers." This marked the 10th anniversary of the UN General Assembly's

adoption of the Convention on the Rights of the Child. During the conference, first ladies from 16 countries identified intolerance as the chief cause of much of the distress that affects children throughout the world.

The *Rainbow Bridge* camp in Poland in the summer of 2001, brought together 73 young people from 20 countries. Participants lived in small “villages” that served as the forum for experience sharing. They took part in psychological workshops conducted in the mornings by a team of experienced psychologists. Each “village” represented an international mix, which enhanced the value of the young peoples’ experience and focused the discussions on the issues related to diversity, national and cultural identity, as well as the causes of conflicts and methods of conflict resolution. After the psychological sessions, young people from each “village” interacted with the others in artistic workshops to stimulate personal expression, develop creativity, and allow for further communication through a variety of means – movement, voice, image, and sound.

Community service played an important part of the *Rainbow Bridge* camp – the young people acknowledged that they function in a larger community with which they could share their experiences and to which they could contribute their gift of peace and tolerance.

(Additional information can viewed at: <http://www.j.kwasniewska.aid.org.pl>.)

PORTUGUESE REPUBLIC

FIRST LADY MARIA JOSE RITTA

- § The National Council for Mental Health was created in October 2000, under the Mental Health Act. It dispenses specialist opinions and issues recommendations and proposals.
- § Psychiatry departments and pedopsychiatry units are gradually being opened in general hospitals.
- § In April 2001, the Psychiatry and Mental Health Hospital Referral Network was published. It provides an overview of the current situation of the services and foreseeable developments till 2006 and rationalises access issues and complimentary connections.
- § In November 2001, a Psychiatric Census was carried out covering in-patient, outpatient, and emergency units in all official and private psychiatry and mental health services. The analysis of results is still in progress.

S A I N T L U C I A

GOVERNOR GENERAL PEARLETTE LOUISY

The Mental Health Association of St. Lucia, a non-profit organization dedicated to promoting mental health, increasing public awareness on mental health and mental illnesses, and to assisting persons with mental health problems, was formally launched in October 2000 under the distinguished patronage of Her Excellency Dame Pearlette Louisy, Governor-General of St. Lucia.

For the past eighteen months the Association has been focusing on the following:

Structuring the organization through bylaws and election of officers
Public Education Activities as part of World Health Day and World
Mental Health Day;
Facilitating training of health care providers and other individuals.

The Governor-general has always offered her support to persons involved in mental health care. Prior to the official launch of the Association, she was consulted and did highlight to the Planning Committee some of her concerns relating to mental health issues in St. Lucia. Her Excellency also participates in the annual World Mental Health Day public education campaign by reading the Proclamation. As Patron, she regularly delivers addresses at the Mental Health Association's annual Fund-raising drives.

R E P U B L I C O F S L O V E N I A

FIRST LADY TEFKA KU AN

I. Background information

Mental health indicators are relatively unfavorable for Slovenia with one of the highest suicide rates in the

with Mental and Physical Disabilities Act (OG SRS 41/83); the Non-litigious Civil Procedure Act (OG SRS30/1986) defines the hospitalization procedure in psychiatric establishments for persons with mental disorders deprived of their liberty. According to this Act the psychiatric institution should inform the local court of the detention within 48 hours, the court representative must pay a visit and interview the patient during the next 3 days. The court decides on the duration of the commitment, which cannot be longer than 1 year. Slovenia has not yet adopted a comprehensive mental health act. In 1997 the Ministry of Health prepared a draft Mental Health Act that has been in public consultation. A draft Patients Advocacy and Protection of Human Rights in the Field of Mental Health Act of a more limited scope has been proposed to the Parliament. Currently a group of experts has been established by the Ministry of Health to amend and update the texts proposed. A new alcohol action plan and legislation aiming at reducing alcohol consumption is under preparation.

The instruction for implementation of preventive health care activities at the primary level (OGRS19/98) regulates mental health promotion for all age groups and integrated care and systematic monitoring of children with developmental and behavior disorders.

National Health Care Programme of the Republic of Slovenia – Health For All By 2004 adopted by the National Assembly (OGRS 49/2000) defines the policy, strategy, priority areas, guidelines, and criteria for creating a network of public healthcare service, information, monitoring and audit systems, as well as the responsibility levels for the implementation of the national healthcare programme. Mental health activities mainstreaming mental health promotion and community services, as well as integrated care of vulnerable groups, are included under priority areas. The programme takes into account strategic guidelines of the World Health Organization, the state of health of the population of Slovenia, conditions for implementation of the health promotion policy aiming at a reduction of the differences in the health status of various population groups, and strengthening personal responsibility for health.

Slovenia has ratified a number of international conventions for the protection of human rights in the field of health. By the ratification procedure they are directly applicable within the national jurisprudence framework, (European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, Convention for the Protection of Human Rights and Dignity of the Human Being with

the primary level within the health centres as well as a national detoxication centre at the University Psychiatric Clinic of Ljubljana. Within the national project of Health Promoting Schools the Ministry of Health and the Ministry of Education, Science and Sport closely collaborate prioritizing mental health education and promotion. At the primary level and in the community the WHO CINDI programmes are implemented for identification of risk factors, prevention, early diagnosis, treatment, and rehabilitation of chronic diseases, including mental disorders. Health and safety at work is covered by specific legislation. For elderly persons suffering from mental disabilities a variety of services is being put in place (day centres, home help, services in protected housing, etc.) Non-governmental organizations are becoming very active in the field of mental health and promote the concept of voluntary work. The role of volunteers in the improvement of children's psychosocial quality of life, psychosocial development, and learning achievements is broadly recognized, training and supervision of volunteers is organized.

At the secondary level at present Slovenia (a country with almost two million citizens) has six regional psychiatric hospitals. The largest is the University Psychiatric Hospital of Ljubljana that covers more than one third of mental health needs and also serves as a tertiary level referral centre. In 1999, there were 1,537 psychiatric beds, 10,917 patients, with a bed occupancy rate of 91%, the average length of stay was 46.8 days. In 1999, there were altogether 153,289 (or 78 per population of a thousand per year) curative or preventive attendances at the general practices or other outpatient psychiatric services. Of these, 86,883 attendances (or 44/1000/year) at general practices were due to mental health disorders. In terms of hospital staffing, there were 1,259 persons employed in psychiatry hospitals in 1999. Of these, 776 were hospital health care workers, 137 medical doctors, 517 nurses, and others. Altogether, there are just above 150 psychiatrists in Slovenia, each of them potentially covering a population of 13,000. The University Psychiatric Hospital of Ljubljana has wards for adolescent psychiatry, drug dependency, and psychotherapy. A child psychiatry ward for children below 14 years is within the University Children's Hospital of Ljubljana. The needs of north-east Slovenia are met by the general pediatric department of the Children's Hospital in Maribor.

IV. New Developments

Although considerable changes have taken place in Slovenia since its independence in 1991, psychiatric services face further challenges for the future. Among these, the main priorities are mental health promotion and citizens' empowerment, further legislative developments to ensure the respect and protection of human rights and dignity of the person, and the fulfillment of mental health promotion, treatment, and rehabilitation activities according to the law, as well as further developments towards the implementation of community-based integrated care of persons with mental disorders. Priority areas and activities by age groups and diseases are set out in the National Health Care Programme of the Republic of Slovenia; mainstreaming outpatient treatment and rehabilitation of children and young people with mental and physical developmental problems as an integrated part of primary healthcare activities, as well as integrated services for elderly persons. Further developments towards community-based services will provide

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REPUBLIC OF TRINIDAD AND TOBAGO

FIRST LADY PATRICIA ROBINSON

Trinidad and Tobago has a long history of providing care for the mentally ill. St. Ann's Hospital is a large mental hospital with approximately 900 beds. It opened in 1900 and provided custodial care until the 1950s. The estimated number of patients at St. Ann's Hospital just prior to 1950 was 3,045.

In 1958, a comprehensive report was prepared by the then Superintendent Physician. This and other reports as well as the global movement in psychiatric care led to the establishment of general hospital units and provision of a limited amount of out-patient services.

In 1975, Trinidad and Tobago adopted what has been generally known as its sectorization plan and also passed legislation (Act No. 30 1975; chapter 28:02 of the laws of the Republic of Trinidad and Tobago). In essence, these two developments signaled the beginning of community psychiatry in earnest. Some specialist services are available in forensic psychiatry, child psychiatry, occupational therapy rehabilitation, and social work.

In the 1990s Trinidad and Tobago embarked upon Health Sector Reform that emphasized health promotion and primary care. The Ministry of Health is in transition and hopes to eventually become a purchaser of services from four Regional Health Authorities that have been established for the provision of health services. This Health Sector Reform is being facilitated by a loan from the Inter-American Development Bank (IADB).

Because of the increasing awareness both locally and internationally of the growing burden of mental illness and increasing awareness of the need to revise mental health plans and legislation, Trinidad and Tobago adopted a new Mental Health Plan in March of 2000 and is in the process of reviewing legislation.

The objectives of the plan are:

- To educate the population on mental health and promote healthy lifestyles.
- To reverse negative perception of mental disorders.
- To reduce mortality associated with specific mental disorders.
- To provide adequate and appropriate primary, secondary, and tertiary care for persons with mental health problems, with emphasis on primary care.
- To integrate mental health with general health services as far as possible.
- To develop linkages with other governmental and consumer organizations, for improvement of mental health.
- To undertake evaluation, research, and training for improvement of mental health services.

New organizational structures are being put in place. Mental health has been recognized as an important component of total health and has been placed high on the agenda of the Ministry of Health.

A national committee has been established and a national coordinator has been identified who is a member of the Management Team of the Ministry of Health.

Some highlights of mental health in Trinidad and Tobago are as follows:

- Cabinet adopted a new mental health plan in March 2000.
- The vision for mental health is that care will now be provided in four health regions with emphasis on primary care and health promotion.
- A national mental health committee has been established. Two regional mental health committees are already functioning and the two other health regions are in the process of establishing regional committees.
- A legislative review is currently taking place and a draft bill is being circulated for comment.
- A draft of the Mental Health Promotion Plan is before a group of technical advisors and is soon to be put to the National Mental Health Committee.
- A committee has been established by the chief Medical Officer to look at the future of St. Ann's Hospital and care for the chronically ill. The intention is to reduce the number of beds and return as many patients as possible to the community.
- Forensic psychiatry is also being reviewed and a young psychiatrist is pursuing a fellowship in forensic psychiatry in Canada.
- A "train the trainers" program for twenty-seven members of the Protective Service has been completed. This program enables them to identify mental conditions and do the initial intervention in psychiatric emergencies.
- Canadian International Development Agency (CIDA), along with the Ministry of Health and Tristar Company from Nova Scotia have completed a program of training emergency medical technicians and emergency room staff to manage psychiatric emergencies.
- A wide range of therapeutic drugs is available in the country.

More work is needed in child and adolescent psychiatry and in geriatric psychiatry.

Trinidad and Tobago has a fairly high rate of alcoholism and drug use and a moderate suicide rate. At the Ministry of Social Development, the National Alcoholism and Drug Abuse Programme is the lead agency for demand reduction. There is agreement in principle to establish a task force to deal with the problem of suicide.

The Mental Health Association was established in 1958.

Trinidad and Tobago observes World Mental Health Day each year.

The Carter Center
Mental Health Program
One Copenhill
453 Freedom Parkway
Atlanta, Georgia USA 30307
Phone: 404-420-4165
Fax: 404-420-5158
Email: ccmhp@emory.edu

World Federation for Mental Health
1021 Prince Street
Alexandria, Virginia USA 22314
Phone: 703-838-7544
Fax: 703-519-7648
Email: wfmh@erols.com