



# World Association for Psychosocial Rehabilitation **BULLETIN**

Association Mondiale pour la Réadaptation Psychosociale

Vol. 11, No. 3, December 1999

## President's Message

We are approximately 6 months away from our VII World Congress which will take place in Paris.

The local Organisations Committee and the Scientific Committee are working hard, so that the event can reflect the evolution of the Association.

On the occasion of the Convention, we would like to recognize the importance of the diverse contributions (social, therapeutic, and political) as well as the role of the families for their success in reintegrating the patients. Art is gaining importance as a therapeutic tool, as a mediator for integration, and as a means to change the image of mental illness.

As of now over 500 projects for presentation have been received, and there is still time for workshops or to be added. The second phase of preparation

is under way and it contains a call for presentations on another front.

Rehabilitation is gaining ground everywhere and is becoming a global approach to mental illness; in care, in measures that encourage integration and in promotion of mental health.

Everywhere family associations are regrouping users, and those in charge of organising care are linking up with professionals on the health scene.

Early in December national or regional colloquia have been held (in India, Netherlands, Germany, Italy, China And Athens) with the participation of the World Association of Psychosocial Rehabilitation .

**Jacques Dubuis**  
**WAPR President**



*La réhabilitation  
psychosociale :  
encourager la diversité  
et préserver l'équité*

7-10 MAI 2000  
PARIS (France)

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## Editorial

*The Brazilian team would like to apologize for the delay in delivering this bulletin to you. Due to an astounding workload bestowed upon us this year, we were not able to deliver this and the prior bulletin on time as scheduled, but the proper measures are being taken to remedy the situation. We have divided up the tasks: bulletin preparation to the Brasília team, and distribution to the Campinas team, which we hope will stabilize the timeliness of the issues.*

*To ensure that all members' voices are heard we invite and welcome the national secretaries to send news and information on events occurring in their own countries for next year's February and May issues. We must remember that our bulletin is more than a bureaucratic pamphlet, for it is also the expression of our aspirations. This issue's Facts and Figures contains initiatives from India and Mexico.*

*Many of you will only receive the present bulletin in the year 2000. It is then a good opportunity to celebrate the wish a world with more social justice and the inclusion of the disabled, a productive Congress in Paris in May, and great success for Benedetto Saraceno at WHO in Geneva, P. Deva in the WHO Western Pacific, Gaston Hanois at ILO, and all our friends who make our World Association for Psychosocial Rehabilitation powerful.*

*We wish you the best in all your endeavors and look forward to hearing from you.*

*Happy 2000!*

*ANA PITTA*

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## The International Network of Practical Against Social Exclusion

### Red Internacional de las Prácticas de Lucha contra la Exclusión Social

The International Network of Practical Against Social Exclusion celebrated its 1st anniversary this year.

The Co-ordination Office, founded this year in February is in charge of linking activities, distributing information, technical support, organizing developmental workshops in collaboration with local and international organisations.

A web-site was created: [www.exclusion.net](http://www.exclusion.net) which has been enriched with new material from those who have joined the Network.

As a reminder, the International Network is not a hierarchical organisation; its existence and its development depend only on the support of institutions and individuals who contribute with information, material, proposals of themes for discussion. We ask you, if you have not already done so, to join the International Network through its web-site.

To visit the web-site just choose the language (Italian, Spanish, English, Portuguese, etc.), enter the interactive logo by clicking the dots, choose between "individual agreement" and "institutional agreement", and fill out the agreement form.

The contribution (in the form of texts, messages, and articles) and involvement of the various participants is essential for the improvement of the site to create a vaster connection and to broaden participation in future discussion and actions against social exclusion.

Therefore we ask you to contribute to the supporting campaign, by becoming involved and recruiting others to support THE INTERNATIONAL NETWORK OF PRACTICAL AGAINST SOCIAL EXCLUSION.

Please send messages, articles, etc. to:  
***exclusion@exclusion.net***

La Red Internacional de las Prácticas de Lucha contra la Exclusión Social ha cumplido un año .

La Oficina de Coordinación, constituida en Febrero de este año ha desarrollado las actividades de enlace, distribución de informaciones, asesoría técnica, organización de visitas de formación en colaboración con organismos internacionales y locales y grupos de intervención.

Ha sido creado el Sitio Web: [www.exclusion.net](http://www.exclusion.net) que en el último mes ha sido enriquecido de material y testimoniansas provenientes de los varios adherentes a la Red.

Recordándoles que la Red no es un organismo jerárquico pero que su existencia y potencialidad depende solo de las adhesiones (institucionales e individuales) y de las contribuciones de informaciones, materiales, propuestas de temas de discusión y de intervención que los participantes y las participantes hacen, les solicitamos, en caso que todavía no lo hayan hecho, de adherir a la Red utilizando el Sitio Internet.

Se necesita conectarse al [www.exclusion.net](http://www.exclusion.net), seleccionar el idioma (italiano, español, etc.) entrar en el logo interactivo presionando los puntos (en el video aparecerá el texto "adhesión individual o adhesión institucional" y llenar la ficha de adhesión. Además, para la ampliación del Sitio y del material de archivo a disposición, es fundamental la contribución y la participación de los (las) adherentes: textos, testimonianzas, mensajes, artículos, etc. de introducir en Red para crear una conexión siempre más vasta y favorecer una participación más amplia a los futuros debates y acciones contra la Exclusión Social.

Entonces les solicitamos, de contribuir a la campaña de adhesión, incorporándose y haciendo adherirse a la RED INTERNACIONAL DE LAS PRACTICAS DE LUCHA CONTRA LA EXCLUSION SOCIAL.

Envíen material por el e-mail de la Red :  
***exclusion@exclusion.net***

## Facts & Figures

### CONTINUING EDUCATION IN INDIA

#### **The Richmond Fellowship** *Post Graduate College for Psychosocial Rehabilitation*

The Richmond Fellowship is the world's largest network of mental health services providers. In the UK the first fellowship was started in 1959 and today Richmond Fellowship Organisations are established in 31 countries providing effective rehabilitation service for people recovering from severe mental health problems. The Indian Fellowship was founded in 1986 in Bangalore.

The RFS (India) occupies a unique position in the country's mental health sector as one of the Non Governmental Organisations providing community based Psychosocial Rehabilitation and training in the field of mental health.

#### **RF Facilities**

The Fellowship has established the following facilities for the rehabilitation of the mentally ill, which are managed by professionals.

1. Vikas: the first half-way home established M.M. Farms, Puttenhalli, J.P. Nagar in 1986 is severe by local transport. Presently, the building is under renovation and residents will be admitted after completing the work;

2. Asha: the model project of the fellowship started functioning from January 1989, and is providing residential programmes for both male (11) and female (11) residents;

3. Jyothi: this group home facility was started in October 1995 to cater to a special percentage of residents who require long term support in order to function in society. This home provides facilities for 12 residents (6 males & 6 females) have completed the programme in a therapeutic community and is located near the "Asha" house;

4. Chetana: this Day Care Centre with vocational training for the rehabilitation of the mentally ill was established in September 1997. The objectives of the centre are to offer training in basic living skills, vocational skills through workshop activities, and a sheltered workshop for clients who cannot find employment in the market place. This centre offers facilities for 45 clients (both men and women);

5. Training: the fellowship has been offering a 6-month training programme since 1989. This programme, the first of its kind in India, was started

to meet the urgent need of trained personnel. Besides, the fellowship also organised short term programmes for professionals and volunteers. The Fellowship homes are also accepted by the University Departments and Institutions for block field placements and orientation programmes. Students from various Institutions are sent for training to the Fellowship Homes.

#### ***The Master in PR Course***

Mental Health Care delivery in India is governed largely by the National Mental Health Programme (NMHP) of 1982. The NMHP emphasises the role of rehabilitation of the mentally ill. India with a population of around 950 million, has 9.5 million people suffering from schizophrenia. Of these, at least 50% would require rehabilitation services. Mental Hospitals and Private Nursing Homes are offering rehabilitation programmes utilising experienced nurses. Many half-way homes and Hospitals require professionals. Unfortunately, the trained and qualified man power available today to look after the needs of the mentally ill is totally inadequate.

There is no training centre in India with a particular emphasis on psychosocial rehabilitation of the mentally ill except for a six month's training programme now being offered by the RFS (India).

The RFS Post Graduate College for Psychosocial Rehabilitation is affiliated to Rajiv Gandhi University of Health /sciences, Karnataka, Bangalore, and offers training leading to M.Sc. Degree in Psychosocial Rehabilitation. This is managed and run by the Richmond Fellowship Society (India), a Registered society for a charitable cause.

#### ***Objective of the Course***

a) to impart education and training in Psychosocial Rehabilitation to those who desire a career in the field of Psychosocial Rehabilitation.

b) to develop the knowledge, skills, attitudes and values necessary to work with individuals, groups and communities with the purpose of helping persons with disabilities to help themselves.

c) to promote integration of theory and practice in the field of Psychosocial Rehabilitation.

d) to provide interdisciplinary collaboration for better

understanding of problems services and issues related to persons with disabilities.

e) to promote among students a sense of dedication and commitment to the cause of Psychosocial Rehabilitation.

f) to provide students with opportunities for personal development.

Candidates who successfully complete M.Sc. PSR will have acquired the following potentials/abilities and skills:

i) an understanding of human behaviour in deeper psychological perspective as well as in the context of the patient's cultural and social milieu.

ii) the ability to work with groups and inspire people to cooperate with each other.

iii) essential knowledge in mental health in the context of specific family norms.

iv) experience in treatment approaches to psychiatric disorders.

v) experience in vocational and training programmes.

vi) knowledge on legislation pertaining to psychosocial rehabilitation.

vii) administration and management of skills for rehabilitation centres.

#### **Skills**

i) develop proper interpersonal relationship with patients, families and other professional colleagues.

ii) observe and learn to develop empathy and understanding for others .

iii) develop effective skills to deal with the normal and emotionally disturbed people.

iv) use different intervention techniques in crisis or unpredictable situations.

v) handle various problems of individuals, families, and communities at large with respect to mental illness.

vi) develop special skills to deal with emotionally disturbed/alcoholics/drug dependents/mentally retarded.

vii) skills to deal with distressed families and handle their psychosocial problems as and when they arise.

viii) to pick up cues in dealing with emotionally disturbed.

ix) develop basic research skills in exploratory, descriptive, experimental and evaluative research.

#### **Attitudinal changes & communication abilities**

The grounding in professional ethics, philosophy,

methods, techniques and skills facilitate:

i) understanding of positive and negative attitudes in life and how they heal or create illness.

ii) understanding of the negative attitudes in one self and its role in delaying rehabilitation of the patient.

iii) the use of different techniques and approaches to for personal relaxation and growth to be able to deal with patients and their demands in a mature manner.

iv) the ability to be realistic as to understanding one's personal limitations in dealing with others and with oneself.

v) to be flexible and resourceful in dealing with one's own individual differences as well as team members' and patients'.

#### **Scope**

1) Considering the number of people requiring rehabilitation, the need for such training is tremendous. The course will effectively equip and qualify personnel to pursue careers in this field.

#### **2) Job opportunities**

- Government State Mental Hospitals

- Institutes of Mental Health

- Private Psychiatric Nursing Homes

- Half-way Homes

- Day Care Centres for Mentally retarded

- Alcohol and drug abuse rehabilitation facilities

3) Higher studies to pursue M. Phil., Ph.D. etc.

#### **Duration of the course**

Two Academic years starting September 1. The first group of students has already been selected.

#### **Eligibility for Admission**

A candidate who has a Bachelor's Degree in any one of the following subjects is eligible to seek admission to M.Sc. (PSR) course.

Social work, psychology, sociology, nursing or home economics or others in the behavioural & social science areas.

#### **Method of selection**

a) Candidates will be selected for admission as per the general guidelines provided by the University.

b) Admission to the course shall be through a selection process conducted by a duly constituted Selection Committee.

For more details, please contact

[rfpgcol@satyam.net.in](mailto:rfpgcol@satyam.net.in)

## CONTINUING EDUCATION IN MEXICO

**Diplomado en Salud Mental y Rehabilitación Psicosocial***Universidad Autónoma Metropolitana - Xochimilco*

La creciente problemática de la salud mental se expresa en síntomas y conductas que comprometen tanto al sujeto como al medio social y a la comunidad. En México, como lo demuestran los estudios epidemiológicos, los profesionales y actores políticos y sociales enfrentan un gran vacío en relación a la comprensión integral de este complejo campo y de acciones institucionales encaminadas a la prevención y abordaje de condiciones productoras de vulnerabilidad subjetiva.

En el campo específico de los padecimientos mentales severos, durante más de tres décadas varios países han desarrollado experiencias que han modificado la conceptualización de la enfermedad y su tratamiento, han transitado del aislamiento cronificante y discapacitante a formas de reintegración social y comunitaria que es necesario analizar para generar cambios en nuestras formas de aproximación.

Una comprensión y tratamiento integral de los padecimientos de la salud mental requiere de la articulación de las diferentes dimensiones comprometidas, por ello, los aportes de la clínica son fundamentales para entender las implicaciones subjetivas de los nuevos aportes y modalidades de atención.

Además de pensar conjuntamente el problema de la psicosis, es importante recuperar una experiencia llena de voluntad para su elaboración y significación en el marco de los aportes de los desarrollos actuales para un tratamiento integral.

En México hace falta la formación de profesionales que puedan abordar estas dimensiones, por ello se integran diferentes instituciones y orientaciones para que los participantes tomen contacto con la complejidad de este campo.

El Capítulo Mexicano de la Asociación Mundial de Rehabilitación Psicosocial y la Universidad Autónoma Metropolitana Xochimilco, preocupados por la necesidad de programas de formación que trabajen el problema de la salud mental, han participado en la elaboración e implementación del

Diplomado en Salud Mental y Rehabilitación Psicosocial, que da respuesta no sólo al problema de rehabilitación, sino también a la producción de la enfermedad, a la promoción y a la prevención de la salud.

**Programa****MODULO I: CONCEPCIONES DE LA SALUD MENTAL***Objetivo General:*

Problematizar el campo de la salud mental, analizando los paradigmas de comprensión de la producción de la enfermedad y sus modelos de intervención.

*Objetivos Específicos:*

1. Discutir los paradigmas y modelos de salud mental y sus condicionantes históricos, sociales, culturales y científicos.
2. Analizar las prácticas que se desprenden de los diversos modelos.
3. Generar nuevas formas de intervención en salud mental comunitaria.
4. Promover propuestas para un desarrollo integral en salud mental.
5. Identificar nuevas categorías en salud mental para una comprensión contextualizada que sustente líneas de investigación.

*Contenidos*

1. Analizar los factores que determinan la transición del modelo médico hegemónico al campo de la salud mental como propuesta integradora.
2. Análisis del modelo clínico y del modelo sanitarista.
  - 3.1 Alternativas de prevención.
  - 3.2 Las estrategias de trabajo comunitario.
4. Redes de intercambio para nutrir nuevas prácticas de investigación.
5. Experiencias institucionales.
6. Procedimientos de trabajo de investigación.

**MODULO II: PROCESOS SUBJECTIVOS Y TRATAMIENTO DE LA PSICOSIS**

*Objetivo General*

Comprender el proceso de enfermar y su articulación con los mecanismos subjetivos para un tratamiento integral de la psicosis.

*Objetivos específicos*

1. Conocer los aportes psicoanalíticos a la clínica de la psicosis.
2. Conocer las concepciones y aportes de la psiquiatría.
3. Articular las diferentes posiciones para un tratamiento integral de la psicosis.

*Contenidos*

1. Aportes psicoanalíticos a la clínica de la psicosis:
  - a) El lugar de la historia del sujeto.
  - b) El lugar de la familia.
  - c) Mecanismos de producción de la enfermedad.
  - d) La clínica de la psicosis.
2. Las concepciones y aportes de la psiquiatría:
  - a) Desarrollo histórico y propuestas actuales.
  - b) Diferentes posiciones con respecto a la etiología, diagnóstico y tratamiento de la psicosis.
  - c) Intervención en crisis.
3. La clínica y las prácticas alternativas para un tratamiento integral: farmacológico y psicosocial.
  - a) Los psicofármacos en el tratamiento.
  - b) Modalidades para la creación de lazo social.
  - c) Espacios de expresión y elaboración subjetiva.

**MODULO III: APORTES Y MODALIDADES COMUNITARIAS EN EL TRATAMIENTO DE LA PSICOSIS**

*Objetivo General:*

Conocer y analizar los aportes al tratamiento de la psicosis en el marco de las nuevas aproximaciones institucionales y comunitarias, para implementar nuevas modalidades de tratamiento del enfermo mental.

*Objetivos específicos:*

1. Promover la reflexión del sentido de las teorías y prácticas que sustentan la transformación de los tratamientos: del aislamiento a las formas comunitarias de atención.
2. Conocer las articulaciones entre la salud comunitaria y la rehabilitación.
3. Analizar la organización de servicios

psiquiátricos y rehabilitación en las diferentes alternativas que se han desarrollado.

4. Conocer las experiencias sobre el desarrollo del eje laboral en la rehabilitación y analizar sus implicaciones.

5. Reflexionar sobre la importancia de la participación ciudadana y organizaciones de usuarios y familiares.

6. Conocer los elementos básicos y aportes de la epidemiología en salud mental.

*Contenidos*

1. Reseña histórica del trabajo institucional con la psicosis.
2. Del aislamiento a las formas comunitarias de aproximación. Análisis crítico de las experiencias.
3. Modelos de rehabilitación en el mundo.
4. Los ejes de la rehabilitación: organización de servicios psiquiátricos, estructuras intermedias, el eje laboral, vida en la comunidad y vida cotidiana, ciudadanía, organizaciones de usuarios y familiares.
5. Metodología de investigación. Epidemiología.
6. Situación de los derechos humanos.
7. Legislación y normas.
8. Instituciones de encierro y su relación con la locura.

Responsables del Programa:

M<sup>a</sup> Eugenia Ruiz Velasco y Lidia Fernandez Rivas.

Coordinación de Educación Continua

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PLEASE REMEMBER

SEND US YOUR NEWS BEFORE

FEBRUARY 15<sup>TH</sup>, 2000

TO THE EMAIL ADDRESS

[ana.pitta@saude.gov.br](mailto:ana.pitta@saude.gov.br)

## ITALY

## PSYCHIATRIC DAY CARE IN ITALY

During the first decade (1978-1988) after the reform of psychiatric care in Italy and the closure of mental state hospitals, the new community of mental health care system could only count on outpatient facilities and a limited number of beds in general hospitals and private nursing homes. The management of the "new" population of patients suffering from severe mental illness was progressively revealing itself as being inadequate. It has been said that the lack of alternative services (day units, housing, etc.) was the "achilles' heel" of the whole process of reform.

Since the beginning of the second decade, the number of day centres and day hospitals has shown an exponential increase: from about 50 day units in 1987 to 317 in 1992, 589 in 1994 and 738 in 1997. Day Care in mental health in Italy has thus taken on a front-line position in the treatment of new and growing populations of patients with serious mental illness who need long-term treatment and rehabilitation.

In 1991 a Day Care Association, "Coordinamento Centri Diurni in Psichiatria," was born. At the moment this Association is engaged in two important initiatives: a Nationwide Survey of day centres and day hospitals and the 3rd National Congress, which took place in Rome on October 7/9 1999. The Survey will focus on features, models, goals, staff, rehabilitative strategies, relationship with the

community, referral sources, diagnostic, social and demographic groupings, length of stay, and other variables.

Within the National Congress, entitled "Psychiatry and Mental Health in the Community: Limits and Contexts in Progress," we have planned 4 plenary sessions:

- Continuity of Care and Multiplicity of the Contexts;
- The Promise of Day Care. An International Perspective;
- Long-term Care and Saturation of MH Services: Strategies to Start External Resources;
- Evidence-based Procedures in the Treatment of Severe Mental Illness.

There were many parallel sessions in which other important topics were discussed, amongst them, the following questions:

Are the day care units centres of intermediation and transition, or places of long-term care management?

Is there an appropriate utilization of the units resources? Is the early intervention privileged?

Are there enough links between day care units and the social network?

*Antonio Maone <maone@tin.it >*

## UNITED STATES OF AMERICA

## Approved Legislation in favor of Mental Health

Washington, D.C. - The International Association of Psychosocial Rehabilitation Services (IAPSRs) applauds the long-awaited action by the House Ways and Means Committee to approve legislation that will make it easier for people with mental illness to receive rehabilitation services, return to work, and keep their much needed health care. IAPSRs represents thousands of individuals and agencies that help people with mental illness recover, return to work, and lead fuller, more productive lives. IAPSRs is a leader in the effort to pass this critical legislation.

"This legislation today contains all the policy ingredients that will significantly improve the ability of people with mental illness on SSI and SSDI to lead better lives," said Ruth Hughes, IAPSRs CEO. According to her, this legislation includes all of the policy necessary to significantly improve the lives of people with mental illnesses.

The bill includes the following policy provisions:

- Six-year extension of Medicare;
- Two State Medicaid Options that allow beneficiaries to buy-in to Medicaid, along with authorization for state incentive grants to help states implement the buy-ins;

- Authorization for a State Medicaid Demonstration program that allows states to provide healthcare to people with severe disabilities who are likely to become beneficiaries;

- The Ticket to Work that allows current beneficiaries to choose the rehabilitation provider of their choice;

- A one-year Expedited Reentry for SSDI beneficiaries who complete their 36-month Extended Period of Eligibility; Work Incentive Planning Assistance Program that will provide beneficiaries with the latest information on work incentives. This program provides for both community-based Planners and planners in Social Security field offices;

- A Work Incentive Advisory Panel to provide input to the Social Security Administration regarding SSA's implementation and administration of work incentives;

- A protection and advocacy provision to help beneficiaries receive the benefits provided under SSA's work incentive rules.

**IAPSRs**  
*ruthhughes@iaprs.org*

## LITHUANIA

Ten years ago, Lithuania, which is situated near the Baltic Sea, celebrated the restoration of its independence. With difficulty, Lithuania is now reforming its health care system. Part of these important reforms have been in the sphere of mental health. Mental health care centers are being established where teams of specialists, usually consisting of a psychiatrist, a psychologist, a social worker and a nurse, treat outpatients. Depending on the kind of specialists on site, the patients can receive financial aid for their treatment. Various types of services are being set up in mental hospitals, such as psychosocial rehabilitation, occupation therapy, art therapy, and former patient clubs. Subdivisions of the social aid area perform legal duties for the patients.

A very well organized community of parents of mentally deficient children called "Viltis," was formed ten years ago. Viltis still provides social rehabilitation for mentally retarded persons. Other associations also concerned with the rehabilitation of mentally deficient people have recently become more active.

The Association of Psychosocial Rehabilitation was established at the end of 1998 with the mission of linking the activities of specialists, social organizations, and the NGO. The Association, at the moment, is working on a project called "Consensus." This project's objective is to survey the present state of specialists and consumers in the mental health care field, and their visions for the future.

An international conference called "Psychosocial Rehabilitation: Present Actualities and Future" took place in the Siauliai Mental Hospital in September of

1999. The conference was held in commemoration of the hospital's 25th anniversary. M. Dr. W. Rutz, from the World Health Organization, regional office for Europe, was among those who participated in the conference. His report "Destigmatization activities in Newly Independent States seen from the Perspective of WHO Europe" was a thorough consideration of the situation in the world. M. Dr. R. Persson from the East Europe Committee, Health and Welfare National Board (Sweden) also participated in the conference. His report was on "Rights and responsibilities of persons with psychiatric dysfunctions." Some of our colleagues from Riga and Jelgava (Latvija) also made reports, including the president of the patients' club and the chairwoman of the patients' relatives club. They shared their experience with the workers of Siauliai Mental Hospital - the administrator L. Mikeleviciene, the head of the social aid department R. Brijunaite, and others interested in mental health problems. Also participating actively in the conference were scientists from Vilnius University. The Siauliai branch of the Association of Psychosocial Rehabilitation invited members of various associations as well as others who are interested in the subject. There were about 260 participants.

In conclusion, these facts show there is a great deal of interest in the prospects of psychosocial rehabilitation in Lithuania.

*E. Mikaliunas*

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## Call for Nomination WAPR Board of Directors 2 0 0 0 - 2 0 0 2

In accordance with article 7A (Vol. 10, No. 1 January 1998) of WAPR's Constitution, the Board of Directors must make recommendations to the membership of the Nominations concerning officers to be elected at the next World Congress in Paris in May 2000.

Nominations are therefore requested and should be sent directly to M. P. Deva. Nominations for awards to be presented at the General Assembly are also expected.

### DEAD LINE

*JANUARY 31st 2000*

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*50603 Kuala Lumpur, Malaysia*

*Fax: 60-3-7562253/7573661*

*[jmpdeva@pop.jaring.my]*

**MEMBERSHIP APPLICATION FORM**  
**FORMULAIRE D'ADHÉSION**  
**SOLICITUD PARA HACERSE MIEMBRO**

*Please type or print legibly and mail this application form to:  
Veuillez écrire lisiblement ou dactylographier et faire parvenir le formulaire d'adhésion a:  
Por favor, escribir claramente o dactilografar e enviar este formulario a:*

**WAPR Head Office**  
**Dr. Michael Stark, Treasurer, WAPR**  
**St. Petersburger Str. 1**  
**20355 Hamburg - Germany**

**Tel: +49 - (0) 40 35692246**  
**Fax: +49 -(0) 40 35692269**  
**e-mail: wapr-office-hamburg@cch.de**

**Hamburgische Landesbank**  
**Account No.: 228130/004**  
**Route No.: 200-500-00**

Name / Nom / Nombre \_\_\_\_\_  
Address / Adresse / Dirección: \_\_\_\_\_  
\_\_\_\_\_  
Telephone / Téléphone / Telefono: \_\_\_\_\_ Fax / Telecopieur: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Position or Occupation / Profession ou fonction / Profesión o ocupación  
\_\_\_\_\_

*Check type of membership for which you are applying  
Cochez la classe d'adhésion appropriée  
Marque que tipo de miembro desea usted ser:*

- Regular / Ordinaire / Ordinario (\$50. US)
- Sponsoring / Parrainage / Padrinazgo (\$1,000. US)
- Organization / Organisation / Organización (\$150. US)
- Students, Consumers, Families / Étudiants, Usagers, Familles / Estudiantes, Consumidores, Familias (\$25. US)
- Reduced Fee / Cotisation réduite / Cuoto reducida (enclose letter with rationale / inclure lettre d'explication / inclure carta explicativa) Amount / Montant / Cantidad (US\$): \_\_\_\_\_
- Donation / Don / Donacion (Amount / Montant / Cantidad) (US\$): \_\_\_\_\_

*Interest in Psychosocial Rehabilitation:  
Centre d'intérêts en réadaptation psychosociale:  
Area de interes en rehabilitación psicosocial:*

\_\_\_\_\_

*Dates for your diary*

Cuba	Peru
<p><b>PRIMER CONGRESO DE PSIQUIATRÍA INFANTO JUVENIL</b>  <i>23 al 24 de junio del 2000 - La Habana</i></p> <p><b>Objetivo</b>                      Promover el intercambio de experiencias entre especialistas nacionales y de otros países sobre promoción y prevención de la salud mental de niños y adolescentes así como los enfoques terapéuticos actuales.</p> <p><b>Temáticas:</b>                      Salud Mental en la atención primaria                      Educación sexual y sexualidad                      Toxicomania                      Enfoques Psicoterapéuticos actuales                      Psiquiatría biológica                      Organización de la atención                      Formación de Recursos humanos                      etc.</p> <p><i>Fecha límite para la recepción de resúmenes:</i>                      31 de Marzo del 2000                      No debe exceder de 250 palabras.                      Preferiblemente por el e-mail:  <b><i>crisobalmartínez@yahoo.com</i></b>                      Fax (537)336444</p>	<p><b>Asociacion Psiquiatrica de America Latina</b>  <b>Asociacion Psiquiatrica Peruana</b>  <b>XXI Congreso Latino Americano de Psiquiatria</b>  <b>LIMA, 20 – 23 DE SETIEMBRE DEL 2000</b></p> <p><i>20 de Setiembre:</i>  <i>Balance y Perspectivas de la Psiquiatría y la Salud Mental en Latinoamérica.</i>  <i>Coordinador: Dr. José Alva</i></p> <p><i>21 de Setiembre:</i>  <i>Sociedad y Salud Mental : los Trastornos Emergentes.</i>  <i>Coordinador: Dr. Ricardo Bustamante</i></p> <p><i>22 de Setiembre:</i>  <i>Mitos y Realidades de la Psiquiatría Biológica.</i>  <i>Coordinador: Dr. Aitor Castillo</i></p> <p><i>23 de Setiembre:</i>  <i>Dimensiones de la Personalidad y sus Trastornos en el Nuevo Milenio.</i>  <i>Coordinador: Dr. Dante Warthon</i></p> <p><b><i>e-mail: gargolov@netverk.com.ar</i></b></p>

United States of America

<p>The <b>American Psychiatric Association's</b> next annual meeting will be held in Chicago, on May 13-18, in the year 2000.</p> <p>More information on the APA's web site at  <b><i>http://www.psych.org</i></b></p> <p>If you have any questions concerning the submission form or how to participate in the 2000 Annual Meeting, feel free to contact the Office of the Scientific Program at (202) 682-6170, or write the American Psychiatric Association, 1400 K Street, N.W., Washington, DC 20005.</p>	<p><b>25th Annual Conference of the International Association of Psychosocial Rehabilitation Services</b>                      May 22 - 26, 2000                      Washington, D. C.</p> <p>Topical Areas are:                      Services and Clinical Issues                      Administration and Management                      Empowerment/REcovery                      Research and Evaluation                      Managed Care</p> <p>For more information:  <b><i>http://www.iapsrs.org</i></b>                      e-mail:conferences@iapsrs.org                      phone 1 410 7307190</p>
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## PARIS 2000

*web site: [www.rehabilite.org](http://www.rehabilite.org)*

The Congress will focus daily on the following major themes:

**May 8:**

deinstitutionalization and rehabilitation;

**May 9:**

family, users, and health professionals:  
diversity and equality;

**May 10:**

Art, Culture, and rehabilitation.

There will be **several concurrent workshops** on alternative resources, assertive community treatment, assessment and classification in psychosocial rehabilitation, autism, becoming independent, case management, child and adolescent, citizenship, community psychiatry, coping, costs and financing, developing countries, disease and handicap, dual diagnosis, the elderly, empowerment, evaluation of treatment, family therapy, fighting stigma, early intervention, homelessness, housing, information systems, nursing care, outcome, overcoming chronicity, politics and rehabilitation, prevention and primary health care, program implementation, promotion of mental health, psychoeducation, quality of care, quality of life, rehabilitation and everyday life, research, satisfaction, stigma, training, transcultural aspects, treatment guidelines, violence, vocational rehabilitation, etc.

REGISTRATION AND ABSTRACT SUBMISSION SHOULD BE SENT TO

Docteur G. Vidon  
Hopital Esquirol, 57  
rue du Marechal Leclerc, 94413  
Saint-Maurice cedex, France  
Fax +33 1 43 60 11  
e-mail: [g-vidon@imaginet.fr](mailto:g-vidon@imaginet.fr)