www.wapr.net *WAPR Bulletin 13(4),December 2001, p1*

President's Report:

PHILIPPINE ASSOCIATION EMPHASIZES PARTNERSHIPS

This year's meeting of the Philippine chapter of WAPR attracted twice as many participants as last year's, about 250. The theme was developing partnerships as the program offered a history of WAPR-Philippines from its founding in 1987, divided into the following phases: organizational, participation in community mental health programs, and the present, with emphasis on several activities. These included training family care givers, destigmatization, disaster and war relief, support of World Health Day (including producing a film that has been shown widely, etc. The program also contained an alerting set of key points about the burden of mental disorders and psychosocial problems with data from around the world and specific studies conducted in the Philippines. There were excerpts from papers presented in different fora and symposia and abstracts of all the plenary session presentations at this year's meeting. The keynote speech was given by Secretary of Education and Culture Raul Roco, who emphasized spiritual and moral values. After a global perspective on psychosocial rehabilitation as a preventive concept (Zebulon Taintor, with thanks to T. Murali, for his presentation on the Erwadi tragedy (see October *Bulletin*)), the first set of partnerships explored was with families (Laureen San Agustin-Conanan and Victor Amantillo), then in promotive and preventive mental health (Sonia Castro-Rodriguez on effective strategies for early detection and prevention; Emma Conception Liwag on promoting wellness through a school mental health program; and Winnie Siao on early detection by the family physician). The first day closed with an open forum in which many comments were made and a raffle.

The second day included a presentation by Board member Javier Jose Calero on the family in rehabilitation and recovery, followed by reports from Aleth Brown on how the family meeting has helped, Lisette Matutina-Espana on the family mental health support group at Philippine General Hospital, Magdalena Isidro-Gonzales on the family care program in Bulacan, and Rodney Dalisay on the family group meetings at the Veterans Memorial Medical Center. After another open forum there were two presentations in which partnerships were explored on an area basis: Mary Antoinette Morales -Reinoso for South Cotabato and Antonio Sison for Cavite. The afternoon session was devoted to the film "Sa lyong PagGising": Chris Pablo on its conceptualization. The film described how a family came to understand and deal with mental illness in one of its members, and Marilou Diaz Abaya presented on media advocacy for mental health. Corazon Alma De Leon gave the vote of thanks, which included the session moderators, WAPR Philippines president Lourdes Ladrido-Ignacio, vice president Brigida Buenaceda, assistant treasurer Rosita Nazal, secretary Sally Bongalonta, Board members Rosanna De Guzman, Eleanor Ronquillo, and Zita Felicitas Soirano as well as Jon Junila.

Highlights of the open fora included a) high prices for medication, with a possible solution of developing a purchasing cooperative from Fr. Lue Moortgat, b) the possibility of an Erwadi-type tragedy as there are some community facilities in which patients are locked in at night with no staff around, with the possible solution of developing partnerships with reputable community providers who could generate accreditation standards, c) loss of

focus of the national mental health plan as those working on it have been dispersed to various hospitals. No immediate solution occurred for the last problem other than WAPR-Philippines and other NGOs and the general public continuing to press for reviving the national policy and planning effort.

The following day was devoted to the WAPR Mini Olympics, with activities ranging from basketball and volleyball and relays to essay writing and drawing (possible logos for: "Out of the shadows ... into the Sunshine."). There were many more participants than last year and many, many medals were earned.

WORLD HEALTH ORGANIZATION LAUNCHES MENTAL HEALTH GLOBAL ACTION PROGRAMME - WAPR TO COLLABORATE

We were delighted with WHO's efforts in 2001, which included several historic achievements. The most visible was the first ever World Health Assembly devoted to mental health in April, followed by the publication in October of the first World Health Report devoted to Mental Health. That report is superb and all WAPR member associations, committees, collaborating centers and other units are urged to take it to heart and disseminate it widely. If you need help in doing this in your country, help is available from the regional vice president or deputy assigned to your country (check the web site listed near top of first page) or from the WHO representative in your country. WHO Geneva has itself a series of introductions of the report and its supporting documents planned for its different regions and some countries. The calendar, report, and supporting documents are available at the WHO web site, www.who.int.

A key supporting document is the Inventory of Resources that tabulates what each WHO member state has developed to meet the mental health challenge, ranging from the existence of a national mental health policy to information systems. There are, of course, enormous disparities among countries and the gaps are more or less remediable. But one issue to be pursued is the simple question of whether or not attention is being paid to mental health. Does the national government have an identifiable focus for paying attention to mental health? Note that the WHO question does not stumble over titles or any particular way of organizing, such as a directorate within the ministry, etc. The question could be answered by any sort of focus, yet one third of WHO member states do not have such an identifiable focus in their national government. Developing such a focus does not require any funds, but is instead a product of being convinced that paying attention to mental health is worth some time. WAPR will not be able to get attention paid to severe and chronic mental illness with attention being paid to mental illness overall. Some ministry officials may dismiss mental illness as somehow mythological, yet those for whom WAPR advocates provide the best evidence of the existence of mental illness and resulting disability. Thus WAPR should be in the forefront of advocating an identifiable focus on mental health in each country.

Now along comes WHO to help some more, but there are specifics to which WAPR has been invited to respond by January 30, 2002. The report calls for action, which is being worked out as the Mental Health Global Action Program (mhGAP). It calls for implementation through strategic partnerships with consumer, family, and professional groups, and other nongovernmental organizations (NGOs). The first stage of the program, expected to last five years overall, is drafting a policy and service development guidance package. Per WHO: "A core component of mhGAP is to bring together the latest information on mental health policy and planning, compile it into a guidance package, disseminate it to Member States, and assist with its implementation. The package is designed to provide policy-makers, service planners, and other stakeholders with practical, user-friendly information, which will help them create policies and then put them into practice, which in turn will lead to improved mental health care, treatment, and promotion.

To date, nine modules have been developed (assigned to WAPR committees as noted):

1. the mental health context (Epidemiology)

2. Mental health policies and plans (Work)

3. Financing (Economics)

4. Legislation and human rights (Human rights)

5. The role of advocacy in mental level planning (Advocacy)

6. Quality improvement for stewardship (Quality of Life, Quality Assurance)

7. Organization of services (Developing Countries, Housing, Psychiatric Hospitals) D

8. Planning and budgeting for service delivery (Epidemiology, Housing, Social Security)

9. Quality improvement for service delivery." (Models and Best Practices)

The modules have been developed in WHO regions and member states, and some WAPR members have already had some input (e.g., Dr. Ignacio from the Philippines). The draft documents have come for review and comment but are noted to be drafts, copywritten, but not for citation, copying or distribution, although permission has been granted by WHO for distribution to the committees above. However, WHO has provided an overview, as follows:

WORLD HEALTH ORGANIZATION

MENTAL HEALTH POLICY

PRESS RELEASE

Facts:

- 400 million people experience mental or neurological disorders

around the world. These disorders constitute 5 of the 10 leading causes of disability worldwide, thus creating devastating socioeconomic impact for individuals, families, and governments.

- Mental disorders can be diagnosed and treated cost-effectively

- In many parts of the world, mental health is still not acknowledged as important and remains a low health priority. Access to effective treatments is limited.

What are Mental Health Policies? Why are they Important?

Mental health policies define a vision for the future, which in turn helps to establish benchmarks for the prevention, treatment, and rehabilitation of mental disorders, and the promotion of mental health in the

community. Mental health policies are important because they coordinate, through a common vision and plan, all programmes and services related to these objectives. Without this type of organization, programmes and services are likely to be ineffective and fragmented.

- Mental Health outcomes are optimized when:

- Mental health is an essential component of public health
- Government policies and actions protect and promote the mental health and well-being of its peoples
- Services are appropriate, accountable, accessible and equitable
- People are treated in the least restrictive and intrusive manner

Why have a project focused on mental health policy?

A paradoxical situation is emerging, worldwide. As scientific evidence mounts concerning the cause, course, and consequences of mental disorders, and new treatments are emerging that can make real differences in the lives of sufferers, most people with mental disorders do not receive even the most basic treatment, and suffer from stigma and discrimination. National policies and programmes in mental health are urgently needed to change this situation, yet over 40% of countries have no mental health policy and over 30% have no mental health programme.

The majority of countries' mental health budget constitutes less than 1% of their total health expenditures.

WHO Mental Health Policy Project

A Mental Health Policy Project has been created by WHO's Department of Mental Health and Substance Dependence. The goal of the project is to bring together the latest information on mental health policy and service development, compile it into a guidance package, disseminate it to Member States, and assist with its implementation. The project will help countries to create policies and services and then put them into practice, which in turn will lead to improved mental health care, treatment, and promotion.

Key Areas of Work

- To develop a global evidence-based guidance package for mental health

policy reform

- National level planning and management (stewardship)
- Financing
- Service organization and delivery
- To assist countries in the formulation and implementation of country-specific mental health policies.
- To enhance the capacity of countries to manage mental health policy issues over the long-term.

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Dr. Paul Sidandi, WAPR Vice President for Africa, represented Botswana at the World Health Assembly from which these reports came. Here is his report:

REPORT: 54TH WORLD HEALTH ASSEMBLY GENEVA SWITZERLAND 14 MAY - 22 MAY 2001

I attended the 54th World Health Assembly in Geneva Switzerland from 14-22nd May 2001 as a member of the Botswana Government Delegation accompanying the Minister of Health. The theme this year was 'Mental Health'.

The Assembly was opened by the Director General Dr. Gro Harlem Brundtland and it was addressed by the Secretary-General of the United Nations Mr. Kofi Annan.

Under the heading Mental Health in the Address by the Director-General, the D-G said that the theme of the World Health Day this year was mental health. Many countries and communities marked the theme of 'Stop Exclusion: Dare to care'. The challenge ahead is clear. We must attack stigma and the damage it does. We must work to eliminate the violation of the basic human rights of patients, especially those in large institutions. And we must reduce the tremendous gap between the number of people who are ill and those who actually get the treatment they need.

The message we can bring to the world is that of optimism. Effective treatments are there. Prevention and early detection can drastically reduce the burden. As we will hear today*, families of those who suffer with mental ill-health, and their local communities can play a key role. Given the proper support, they can help patients in the struggle to regain their full mental health and re-establish their role in society.

Our way ahead is one of integrating mental health care and prevention into general health services. Those who need hospitalisation should be able to stay in ordinary hospitals with other patients who suffer physical illness- and not be separated in special institutions, surrounded by ignorance and fear.

This years' World Health Day gave hope to millions who celebrated it in thousands of venues around the globe. Hope based on a sense of change. Change of perceptions and realities. We must keep up this momentum.

Next year's World Health Report is on the theme of 'Risks to Health'. The proposed theme for World Health Day 2002 is '**Fit for Health'**. This will give particular visibility to ways in which individuals and communities can influence their own health and well-being.

* The D-G referred to the address by Diane Froggat Chair Person of **World Schizophrenia Fellowship and Allied Disorders.**

MINISTERIAL ROUND TABLES

Ministers of health engaged in four simultaneous round table discussions on the following areas of concern:

- Mental health services and barriers to implementation

- Stigmatization and human rights violations

- Mental health and socioeconomic factors

- Gender disparities in mental health

The conclusion was that mental health should not be ignored and there is need to put it on the political agenda. Mental disorders are a major public health concern and WHO has set forth a strategy for awareness-raising and advocacy throughout 2001. Ministers of Health explored how their nations may face the challenge of addressing mental health as a public health priority. Dr. J. Lopez-Ibor of **Spain** and Dr. Sylvia Kaaya of **Tanzania** facilitated one of the round tables which was chaired by Mr. Lyonpo Sangay Ngedup of **Bhutan**. The **Botswana** Minister of Health Mrs. Joy J. Phumaphi was one of the participants.

Additional information can be obtained from Mental Health and Substance Dependence (MSD) or Dr. Derek Yack, Executive Director of the WHO Non-communicable Diseases and Mental Health Cluster.

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)

The WHO has been involved over the last five years in the revision of a classification of disability and human functioning called the *International Classification of Impairments, Disabilities and Handicaps* (ICDH), first published in 1980. Previously known as the ICDH-2 it was resolved at the WHA that the full name will be the

International Classification of Functioning, Disability (ICF). One of the key concerns in the ICDH-2 revision process has been systematically to examine issues surrounding the impact of Alcohol, Drug and Mental disorders (ADM) as measured by the extent of the disability caused by these conditions. The recent recognition that, if morbidity and disability is taken into account, ADM disorders constitute a major burden on society - far surpassing conditions that kill such as HIV/AIDS and cancer - has catapulted ADM disorders into prominence and reopened the debate on whether there ought to be parity of social response between these conditions and other physical illnesses.

The WHA resolution urged member states to implement the International Classification of Functioning, and Health (ICF).

THE PROPOSED WHO PROGRAMME BUDGET 2002-2003

The budget listed Mental Health as one of the priorities since:

- 5 of 10 leading causes of disability are mental health problems and **major depression** is the fifth contributor to global burden of disease and may be second by 2020.

- Mental health needs greater technical consensus in a highly contested and politicised field, and better epidemiological information; potential for public-private partnerships (new treatments) and public voluntary partnerships (provision of service and continuity of care) all areas in which WHO has advantages compared to other organisations. WHO has budgeted US$ 28 million for mental health and substance abuse. Estimated resources in other areas of work is US$ 10 million giving a total of US$ 38 million.

THE GENERAL PROGRAMME OF WORK 2002- 2005

As an Organization-wide priority **Mental health** is supported not only by its own area of work, but also by activities carried out in other areas. The following table shows the magnitude of those efforts:

AREA OF WORK

NATURE OF CONTRIBUTION

EXTENT OF CONTRIBUTION

Tobacco

Partnerships to address the management of nicotine dependence

Medium

Disability/injury prevention and rehabilitation

Management of mental health consequences of disability or injury

Major

Child and adolescent health

Promotion of healthy child and adolescent development, including reduction of risk behaviour

Major

HIV/AIDS

Partnerships to tackle substance abuse and HIV/AIDS

Major

Nutrition

Partnerships to address mental retardation

Medium

Emergency preparedness and response

Partnerships and mobilization of resources to meet mental health needs in natural or complex disasters

Minor

Essential medicines: access, quality and rational use

Guidance for control and use of psychotropic and narcotic substances

Major

Evidence for health policy

Evidence to allow appropriate distribution of health system resources to mental health

Minor

Organization of health services

Strategies, methods and guidance enabling countries to deliver good-quality mental health services

Minor

Further information can be obtained from the WHO website: http://www.who.int/wha

The result of the Assembly (and a lot of hard staff work) was issued in October as "The World Health Report 2001, Mental Health: New Understanding, New Hope". The report describes a public health approach to mental health, emphasizing scientific and epidemiological findings, the burden of mental illness (especially its contribution as five of the ten leading causes of disability), solving mental health problems, mental health policy and service provision, and ways to move forward. An Atlas, "Mental Health Resources in the World 2001," shows the status, through maps and country listings, of 25 key resources, ranging from the existence of a national mental health policy to the presence of information systems. One third of WHO member states do not have a focus on mental health in their national governments. "Mental Health: A Call for Action by World Health Ministers" provides comments from each country's health minister that brings descriptive narrative to the statistics.

WAPR COMMITTEES

Dr. Johannes Wancata and others asked some questions that apply to all committees:

* Which committees exist within the WAPR?

These are listed now on the membership form at the end of this *Bulletin* and will be listed on the web site.

* Can you give me examples of the activities of some of the other sections? (Are the sections predominantly active by organizing symposia workshops during the WAPR congresses or predominantly doing work in between (e.g. preparing statements, teaching, …)?

Some committees have been more active than others. *Bulletin* 13(2) had a full report from the Committee on Human Rights. The Models and Best Practices report of two years ago was published separately and is available from the WAPR Collaborating Center at Boston University. The Advanced Institute Committee has organized special institutes and research projects in many developing countries. All committees are encouraged to present at WAPR World Congresses, and the program committees are expected to accept such component presentations.

* Where do committees come from?

Article 6 of the WAPR constitution vests appointments in the president. Of course, such matters are generally discussed with the Board. However, any one may suggest a committee based on individual interest and a sense that the committee's work would help the organization, such as is reported below for telerehabilitation..

* How does one get on a committee?

By volunteering or being suggested by someone else. One must be a member of WAPR, but since membership is open to all and dues are low, the requirement is really for organizations. As national associations go through the annual process of recertification, individual members are reported to the head office. This helps members to

communicate with each other, as addresses, e-mail, etc. are easy to misplace. We hope that committee membership will involve members from many different countries and regions, supplementing the work of national associations. For example, the WHO mhGAP described above requires committees to review it, a global role national associations could not perform.

* Does WAPR plan to have sections as well as committees?

This has not been discussed, but it is easy to imagine that the organization may grow into it, especially as rehabilitation techniques become refined.

TELEREHABILITATION COMMITTEE TO BE ORGANIZED BY SCOTT BIENENFELD As WAPR promotes use of appropriate technology, it is clear that the quality of videoconferencing is improving while costs are going down. Scott Bienenfeld graduated from the New York University residency program in general psychiatry where he developed a telepsychiatry elective under Zebulon Taintor's supervision, providing consultations on female prisoners located in New York State's Bedford Hills Correctional facility. He is a member of AAPR who is interested in helping others use this way of spanning time and space with much more data available than e-mail allows. Scott currently is a forensic psychiatry fellow at Albert Einstein in New York Volunteers for this and any other committee can contact him through WAPR or by e-mail (for telerehabilitation only) at bienes01@med.nyu.edu.

Additionally, the chairs of several committees have fulfilled their terms and new chairs have been appointed:

EPIDEMIOLOGY COMMITTEE TO BE CHAIRED BY JOHANNES WANCATA This committee has not had a well-defined charge, but Dr. Wancata has suggested several important possibilities, including organizing symposia directed to the topic. Epidemiological issues related to psychiatric rehabilitation do not start just with the epidemiology of chronic, severe mental illness, but also with issues related to progression to chronicity. Data on who is getting what sort of treatment are needed for planning services. The January 2002 issue of the *American Journal of Public Health* notes that only 40% of people with serious mental illness in a representative sample in the U.S. received treatment (minimally defined - no rehabilitation) in the past year. We thank Pierre Chanoit for his efforts chairing this committee.

PSYCHIATRIC HOSPITALS COMMITTEE TO BE CHAIRED BY PEDRO RUIZ Although WAPR's emphasis is on community-based psychiatric rehabilitation, there is no doubt that we must remain concerned with psychiatric hospitals: how they are used, what happens or does not happen in them, etc. Psychiatric hospitals remain the main source of treatment in many countries. Some do very well. All have staff who want to be aware of the most recent developments in the field and do the best they can with what they have. Psychiatric hospitals have major resources that will be redeployed as new treatments become available. Pedro Ruiz is a past director of Bronx Psychiatric Center and past president of numerous organizations, including the American College of Psychiatrists and the Association of Hispanic Psychiatrists in America. Currently he is Professor and Vice Chairman of the University of Texas at Houston Department of Psychiatry, President of the American Association for Social Psychiatry, President of the American Board of Psychiatry and Neurology, and Secretary of

the American Psychiatric Association. He is a candidate for Secretary for Meetings in the World Psychiatric Association. We thank Victor Aparicio Basauri for his efforts chairing this committee.

REHABILITATION AND LAW COMMITTEE TO BE CHAIRED BY CARLOS BAR-EL.
This committee is concerned with all aspects of law (both national and international) that are not related to Human Rights (pursued by that committee) of countries. Carlos Bar-el is a forensic psychiatrist and hospital director, past president of the Israeli Psychiatric Association known for his reaching out and working with his Palestinian colleagues. He is fluent in several languages, including Spanish and English. He is a long time member of WAPR and its Board. We thank Claude Louzon for his efforts chairing this committee.

WAPR History (an occasional series by Martin Gittelman, past president)

It is important that our history, the history of WAPR, be known. In this occasional series, I shall attempt to trace our antecedents and recall the many individuals who early saw the need of an advocacy group to advance the cause of persons with mental illness and disability. In this article I would like to draw attention to the first International Conference on psychosocial rehabilitation. It was at the close of this Conference, 30 years ago, that called for the formation of our association. The conference was held in Helsinki, Finland in October 1971 and the proceedings have been published in Excerpta Medica in1973. The meeting was supported by a grant obtained by the president of the International Committee Against Mental Illness, Nathan Kline. Rather than use the term rehabilitation the meeting used the term "productive participation" to express a more active involvement of persons with mental disability in vocational activities. Irving Blumberg was the prime mover behind the meeting. It was Irving's vision shortly after the passage of the Community Mental Health Center's Act in 1963 that persons with mental disability would need more than treatment. They would be free to participate in society as equal citizens. He had early on initiated a newsletter devoted to psychosocial rehabilitation and it was through the medium of the newsletter that we gradually assembled world leaders interested in the field. I met Irving in 1967 when he participated with us in a traveling Seminar to study advanced programs serving persons with mental illness in Europe. Formed by myself with Carl Fenichel, Bob Miller and Howard Kremen, the Advanced Institute was designed to permit American mental health specialists to study programs suggested by the WHO as especially innovative. Imagine our surprise when we learned that it was not only a few fine programs but that the mentally disabled were served in most of Europe by national systems of health and mental health insurance and serviced on a neighborhood basis. Participating in the Helsinki meeting were leaders from Africa, Tolani Asuni (who later served as president of the African Psychiatric Association). Pierre Bailly Salin, Roger Amiel, Franco Basaglia and his wife Franca, Alan Miller, Commissioner of the Department of the New York Mental Health System (Dr. Miller following the meeting helped to assemble family groups at each of New York's psychiatric centers. Organized by Max Schneier, this group with Irving's assistance and key family leaders, such as Sascha Garson and Belle Starr, was to lead to the formation of the NAMI. Dr Frank Bartlett, Bert Black, Jim Garrett and Douglas Bennett -- the foremost British advocate with John Wing - who had helped to found the Schizophrenia Fellowship.

Next article: What we discussed and proposed.

CALENDAR

February 21-23, 2002

Indian Chapter of WAPR -- First National Congress of India

Psychosocial Rehabilitation: Global Perspectives"

Bangalore, India

For information, email: tmurali@nimhans.kar.nic.in

4th-7th April 2002 International Conference on Mental Health & Psychiatry, Hotel Taj Samudra, Colombo, Sri Lanka. Please visit www.sahanaya.lk for more details.*

26-30 May 2002 ARAPDIS (WAPR cosponsored): II Congres Internacional: La rehabilitacio psicosocial integral a la comunitat i amb la comunitat. Barcelona, Spain. Associacio ARAPDIS - Centre Documentacio, Docenia i Recerca C/ Providencia, 17, 08024 Barcelona. Tel ++ 93 415 46 17 (24h) Fax ++ 93 218 9307 e-mailcongres2002@arapdis.org www.arapdis.org/congres2002*

30-31 May: WAPR Slovenia: Second Slovenian Congress on Psychosocial Rehabilitation: Community Psychiatry in Slovenia, CANKARJEV DOM, Ljubljana contact Vesna Svab vesna.svab@guest.arnes.si *

6-8 June 2002 WAPR Regional Conference: Psychiatric Rehabilitation Challenges and Controversies Rome, Italy. **

From the conference organizers, Drs. Angelo Barbato and Antonio Maone:

"We want to discuss some ***hot*** topics:

Atypical antipsychotic drugs: are they cost/effective ?

- •*Evidence-based rehabilitation: does it exist ?*

Schizophrenia: is this definition still useful ?

Early intervention in psychoses: road to recovery or dangerous illusion ?

Empowerment of consumers/empowerment of relatives: conflicting goals ?

The Conference program will include: lectures, plenary sessions, discussion groups, workshops, poster sessions, and satellite symposia. The Conference languages will be Italian and English with simultaneous translation in the plenary sessions.

Registration fees

	Before 30/4/2002	**After 30/4/2002**
Doctors/Psychologists, non-WAPR members	150 º	180 º
Doctors/Psychologists, WAPR members	120 º	150 º
Others, non-WAPR members	90 º	120 º
Others, WAPR members	60 º	90 º

Conference venue: Centro Studi e Ricerche ASL Roma, Piazza Santa Maria della Pietà 5, Roma. Information: Tel ++39-06-85232453; ++39-02-64442512; e-mail: maone@tin.it or dirba@tin.it All contacts are for registration and program submissions. See the WAPR web site for more details.

The conference will be held in a congress center on the grounds of the former Rome Mental Hospital, which has ben closed in 1998. Accommodation for all the participants is available in the residence attached to the congress center. The nice location in a beautiful park adds to its symbolic meaning. We will be able to offer very low-cost rates: about 50 EUR for a single room and 75 EUR for a double room. Moreover, we will have a number of dormitory-style rooms with shared bathrooms as low as 20 EUR per person.

This regional meeting will be WAPR's major meeting in 2002. The WAPR Board will have its annual meeting in Rome in conjunction with the meeting.

WAPR South Africa*

August 1-2, 2002

National Conference: Psychiatric Rehabilitation

Port Elizabeth, South Africa

For information, Email: uys@nu.ac.za

WAPR cosponsored with World Psychiatric Association Section on Rehabilitation*

presentations at World Congress of Psychiatry, August 24-29, 2002

Yokohama, Japan details on WPA web site, http://wpanet.org. Section chair is Robert Cancro: rc31@nyu.edu

WAPR Hungary*

September 28-29

Pomaz, Hungary

contact Dr. Ida Kosza at kosza@mail.datanet.hu

WAPR Philippines*

November 28-30

Manila, Philippines

contact Dr. Lourdes Ignacio at ignacio@ibahn.net

*WAPR president will participate **WAPR International Board meeting

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MEMBERSHIP: Join your national chapter of WAPR (see list on website http://wapr.net), or use this form:

MEMBERSHIP APPLICATION FORM -FORMULAIRE D'ADHESION-SOLICITUD PARA HACERSE MIEMBRO

Please type or print legibly and mail this application form to:

Veuillez ecrire lisablement ou dactylographier et faire parvenir le formulaire d'adhesion a:

Por favor, escrebir claremente o dactligrafar e enviar este forumulario a:

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Check type of membership for which you are applying

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[ ] Sponsoring/Parrainage/Padrinazgo ($1,000. US)

[ ] Students, Consumers, Families/Etudiants, Usagers, Families/Estudiantes, Consumidors, Familias ($25. US)

[ ] Reduced Fee/Cotisation reduite/Cuoto reducida (enclose letter with rationale/inclure lettre d/explication/incluir carta explictiva) Amount/Montant/Cantidad (US$): ______________

[ ] Donation/Don/Donacion (Amount/Montant/Cantidad) (US$): ___________________

Interest in Psychosocial Rehabilitation:____

Centre d'interets en readaption psychosociale:_____________________________________

Area de interes en rehabilitacion psicosocial:_______________________________________

Committee interest:

Committee choices:

__Advanced Institute

__Advocacy and Policy

__Aging

__Cognitive Rehabilitation

__Culture

__Developing Countries

__Editorial

__Education

__Epidemiology

__Housing

__Human Rights

__Liaisons

__Mental Illness, Work & Employment

__Models & Best Practices

__Neurological Disorders

__Psychiatric Hospitals

__Psychoeducation

__ Psychotherapies

__Quality of Life

__Quality Assurance

__Rehabilitation & Law

__Rehabilitation & Economics

__Scientific & Research

__Social Security & other support

__Telerehabilitation