



## PROMOTING MENTAL HEALTH AROUND THE WORLD

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

*SPRING, 2002*

*We must be mindful of opportunities to initiate change. Even if not implemented immediately, the every-day steps we take eventually will have a positive and lasting impact, bringing us that much closer to our ultimate goal – a greatly enhanced state of world mental health.*

***ROSALYNN CARTER***

## INTRODUCTION

The *International Women Leaders for Mental Health* was formed in 1992 to promote World Mental Health Day. Former United States First Lady Rosalynn Carter accepted the invitation of the World Federation for Mental Health (WFMH) to serve as the committee's honorary chair. Since the inception of the committee, Mrs. Carter has corresponded with women leaders throughout the world to invite them to join the committee and participate in activities that will benefit the mental health of their citizens and improve the quality of life for people with mental illnesses and their families. Membership is prompted by the personal interest and concern of the women leaders, and not as a result of official government action. Membership is restricted to spouses of heads of state, members of royal households, and women heads of state. (For information on World Mental Health Day 2002 visit <http://www.wfmh.org>)

During 2001 and 2002, The Carter Center Mental Health Program corresponded with the women leaders to learn about activities that have been initiated in their countries since a similar report was compiled and distributed in 1997.

Global mental health is finally getting the attention it deserves with the release of the first- ever report on mental health by the World Health Organization (WHO) in October, 2001. The report, titled *Mental Health: New Understanding, New Hope*, was the culmination of a year-long effort that included devoting World Health Day to the subject of mental illness, also for the first time in its history. Gro Harlem Brundtland, M.D., Director General, stated "Mental health - neglected for far too long - is crucial to the overall well-being of individuals, societies, and countries and must be universally regarded in a new light." (View the report at <http://www.who.int> and search for *World Health Report*.)

The activities documented in this report reflect the personal dedication and leadership of the women leaders to improve the mental health of citizens in their countries and to address the needs of those who experience mental illness. The women leaders deserve the support and gratitude of all concerned.

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## BELIZE

### *FIRST LADY JOAN MUSA*

In 1998, Mrs. Musa assisted with the opening of the new occupational therapy unit at the Rockview Hospital securing the services of an occupational therapist through Voluntary Services Overseas.

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.

## KINGDOM OF BELGIUM

### *QUEEN FABIOLA*

The Queen Fabiola National Foundation for Mental Health in Belgium was involved in organizing a campaign titled *2001, Mental Health Year in Belgium*. The campaign had four objectives:

1. To raise awareness of the fact that mental health is essential, just as much as physical health.
2. To heighten public awareness of the problems of mental health/mental illnesses.
3. To make known the campaigns and aid initiatives available to improve mental health in the country.
4. To encourage acceptance of "being different" from others.

The organizers worked on three levels to implement the campaign:

1. Publication of a free journal for the year (6 issues) to provide information about mental health, an information brochure, drafting of thematic reports, distribution of an explanatory poster about the scope of care, and various collaborations with the media to inform as wide a sector of the public as possible.
2. National campaigns to arrange meetings between the various communities affected by mental health and mental illness and those unfamiliar with them, by means of information, scientific and educational sessions (meetings, interactive forums, festivities and open days in the health care institutions, etc.).

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](mailto: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 specifically with the problem, "Actions in the Primary Health Care" has been created. This project is to be implemented in the 3000 municipalities covered by the PSF. The main difficulties in running this project are related to shortage of appropriate human resources to carry it out. But training is being provided with a view to giving adequate assistance to psycho-social risk situations, as a consequence of violence, including domestic violence against women.

Last year, Brazil chose to celebrate both World Health Day on the 7<sup>th</sup> April and World Mental Health Day on the 10<sup>th</sup> October with activities that took into account violence against women. In addition, the Ministry of Health was successful in getting Congress to approve the National Mental Health Law, which guarantees to all assistance in this respect, with special attention to its connections with women's health.

Following directives formulated in The National Plan to Fight Violence, an integration of different projects that deal with violence against urban women and mental health is being carried out. This is already operational in Rio de Janeiro, São Paulo, Recife, and Vitória.

Within the scope of action of the National Council for Women's Rights, a National Programme to Fight Violence Against Women was created in 1996. This programme, under the responsibility of the Executive Secretary of the Council, aims at reducing violations against women's rights. Its implementation shows a clear change in attitude towards victims of violence. Besides making the issue visible in our Brazilian society, it coordinates the construction and maintenance of "shelter-houses" for women who run imminent life risk as a consequence of domestic violence. It is a confidential and temporary service, but women are allowed in these houses with their children for as long as needed to be able to return to their normal daily lives. While in the "shelter-houses", women benefit from psychological, pedagogical, and legal support. Furthermore, they are entitled to attend professional training to enhance their possibilities when they leave. At the moment, there are 47 "shelter-houses" in 22 different states.

## 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 21<sup>st</sup> 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 Communities. The mental health components of these programs include support for mental health crisis intervention, training for community members in dealing with traumatic situations, and aftercare services to support individuals and families.*

The Government of Canada is also seeking recommendations for mental health service reform from two advisory groups. In the fall of 1998, the Government of Canada coordinated the establishment of the National Mental Health Working Group, which is made up of First Nations, Inuit, and Government of Canada representatives, to examine mental health programs and services being provided under the Brighter Futures and Building Healthy Communities funding envelopes. The working group is finalizing a Comprehensive Culturally Appropriate Framework for Mental Wellness. In the fall of 2001, the Government of Canada established the Suicide Prevention Advisory Group to make recommendations on preventing youth suicide among First Nations and Inuit. This expert advisory group is also in the process of finalizing their recommendations.

#### *Women's Mental Health*

In 1999, the Minister of Health released Health Canada's Women's Health Strategy which invites collaboration with other federal departments in accordance with the considerable role that social and economic factors play in determining health. The Strategy indicates that one of the areas of greatest difference between men and women is their respective profiles of mental health disorders.

The Women's Health Bureau at Health Canada has been funding five Centres of Excellence for Women's Health over six years (1996-2002). The Centres are multi-disciplinary and operate as partnerships among academics, community-based organizations and policy makers. Their major aim is to inform the policy process and narrow the knowledge gap on gender and health determinants. The Centres are implementing a number of projects related to women's mental health:

- "Hearing Women's Voices: Mental Health Care for Women", M. Morrow with M. Chappell

- “Listening to Latin American Women”, A. Dorigani
- “Effects of Stable, Safe Housing on the Physical, Emotional and Mental Health of Low Income Women in the Vancouver’s Downtown Eastside”, D. Culhane, R. Batemen
- “The Stories of Women with Depression”, J. Hughes
- “An Exploration of the Stress Experience of Mi’Kmaq Female Youth in Nova Scotia”
- “Off-Reserve First Nations Women’s Mental Health: A Proposed Exploration”
- “Barriers to Care and Issues of Ethnic/Gender Match”, M. Weinfield, B. Vissandjée, L. Kirmayer and C. Lam
- Impact de la violence sur la santé mentale des femmes latino-américaines immigrées à Montréal”, G. Bibeau, D. Pederson, C. Rojas-Viger
- “À la vie, à la mort”, L. Giguère et al.
- “The Effect of Social Isolation and Loneliness on the Health of Older Women”, M. Hall, B. Havens
- “Social Support and Women Living with Serious Mental Illness”, W. Chernomas

## REPUBLIC OF CHILE

### *FIRST LADY LUISA DURAN DE LAGOS*

Over the past ten years, Chile’s health policies have given top priority to mental health care by allocating increased resources, implementing a national and local planning policy and including innovations and experience gained from the Psychiatric Care Reform in the Americas supported by the Pan American Health Organization, and now re-edited in the 2001 World Health Organization’s World Report.

Apart from providing guidelines for intersectoral actions in support of mental health promotion and prevention, the National Mental Health and Psychiatric Plan, officially adopted in 2000, places emphasis on the following programmatic priorities: children’s attention deficit disorder and hyperactivity; mental health disorders associated with violence; depression, particularly in women; severe psychiatric disorders; alcohol and drug abuse and dependence, and senile dementia.

In the past two years, significant progress has been made in two areas: the inception and development of a national program for the treatment of depression, especially directed toward women and focused on primary health care - providing effective care to 12,000 women between January and October, 2000, covering 23 out of the 90 most densely populated cities in the country; and the establishment of 24 new day healthcare hospitals throughout the territory, demonstrating a rapid change in the treatment of patients with serious mental health disorders.

An initiative has been launched by the first lady in an apparently distant area – that of protection and rehabilitation of oral health in women ~ mainly aimed at enhancing self-esteem and allowing greater participation of impoverished women in active social life. This program, called “Women’s Smile,” is thus a protective element for women’s mental health.

## REPUBLIC OF CYPRUS

### *FIRST LADY LILLA-IRENE CLERIDES*

The Mental Health Services of the Ministry of Health of the Republic of Cyprus covers all of the non-occupied territory of the island with inpatient and outpatient facilities.

The policy for the provision of services is in line with the principles and ideas promoted by the World Health Organization and the European Union based on the respect for the human rights for citizens. Therefore, the Mental Health Reform, intensified the last decade, is oriented toward stopping the exclusion of mental patients and combating prejudice and stigmatization. In practice, this is applied through the establishment of community-based mental health services and the avoidance of prolonged hospitalization and the consequent institutionalization. In this effort, collaboration with non-governmental organizations is encouraged, along with the gradual inclusion of mental health in primary health care.

While problems still exist, especially in the staffing of services with a sufficient number of professionals (such as clinical psychologists, occupational therapists, and child psychiatrists), diagnostic and therapeutic work is carried out in a multidisciplinary way as close to the community as possible.

The progress made can be expressed by the following:

The number of patients hospitalized in the Athalassa Psychiatric Hospital has dropped to 150 (from 800 in 1980).

The psychiatric hospital will be restructured to become a National Mental Health Center that will house facilities for the psychosocial and vocational rehabilitation of patients and the in-service training of personnel, etc.

The psychiatric clinics in general hospitals will be reinforced to respond to the demand for short-term hospitalization.

The therapeutic unit for substance dependent persons is moving from the Nicosia General Hospital to a separate facility.

A number of hostels and semi-protected housing for patients in different towns are programmed.

New community facilities and programs are programmed to enrich the existing day centers, community mental health centers, centers for vocational rehabilitation and centers for the prevention of substance abuse.

## 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 investigation and management. One of these buildings is dedicated for women's mental health. A part of that covers the issue of addiction, a service that is relatively absent in most of the specialized institutions. To help women overcome their psychological problems, give them a sense of worthiness, ambition, social importance, and a positive outlook towards life, these new departments have promoted extracurricular activities designed for rehabilitation programs created for women and are currently active. One of these activities is handcrafting, such as knitting and sewing. As a reward, patients get paid for their efforts. Art therapy also is present. Patients gather and express their thoughts through drawings that are then exhibited in galleries. Furthermore, music therapy allows patients to participate and present music through concerts.

In the past, addictive women wore a shield to conceal their addiction from the surrounding community since only males sought help. Realizing the increase of male and female addicts in Egypt, the Ministry of Health and Population decided to allow patients to converse through a hotline, which recently was launched, helping women to get the assistance they need through the phone without revealing their identity.

Moreover, the Ministry recently opened 18 laboratories detecting the consumption of addictive substances in the rural areas such as Qena, Manoufia, Ismailia, and Marsa Matrough. Furthermore, some non-governmental organizations (NGO's) that cover women's activities concentrated on problems related to violence, and spouse and child abuse.

Egypt is feeling optimistic about these recent improvements. We hope in the immediate future more significant accomplishments to improve the quality of life for a better tomorrow.

Great emphasis is required with regard to the epidemiology of mental illnesses for understanding the different perspectives of mental illnesses and to provide a basis for future planning.

Community services are deficient in our country and thus, it is of utmost importance to develop multidisciplinary teams of qualified psychiatrists, nurses, psychologists, and social workers. Community psychiatry services are already initiated at the El-Abbassiya psychiatric hospital to serve chronic patients at their homes following their discharge from the hospital. Regular visits are planned to examine them and give proper management.

### *School Mental Health Program*

School mental health programs provide the best opportunity for promotion of mental health and prevention of mental disorders. In Egypt nearly half of the population are children. The school mental health program is an important initiative in Egypt. Systematic efforts have been made in the governorate of

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 training programs for school health physicians.
- Advanced training courses for school physicians in order to develop more skills for dealing with child and adolescent problems properly.
- Organization of training for school physicians to expand child mental health.
- Mental health and child development orientation for parents of preschool children.
- Psychological development orientation for adolescents and promotion of their mental health through directly meeting with them and discussing their emotional problems.
- Organization of special clinics for mental health care at the district level to provide better services.

The program also has developed manuals, teaching aids, and health education materials to support the program. Systematic research was focused on the impact of the training programs in a pre and post-training study of longer-term clinics. All of these studies have shown positive findings supporting the program's utility.

## REPUBLIC OF FINLAND

### *PRESIDENT TARJA HALONEN*

Mental health issues have been a priority in Finland during recent years. Also the government has taken a more active role in this respect. One effort by the government to strengthen its guidance of the municipalities by information is the new governmental Goal and Action Programme for Social Welfare and Health Care 2000-2003, launched in 1999. Mental health has been chosen as one of the eight priority areas in this strategy document. The most important actions, suggested by the document in the field of mental health and include the following:

- every municipality must establish a plan for seamless and comprehensive mental health care in which special emphasis should be laid on mental health promotion and prevention of mental ill-health, including prevention of suicides
- quality criteria for local and regional mental health work must be developed
  - special emphasis should be focused on the mental health care of children and young people
- the municipalities must develop 24-hour service homes for the severely mentally ill, responding to 0.2 places per 1,000 population
- the municipalities and CSO`s are encouraged to develop telepsychiatric facilities and telematic counselling services

The successful realisation of these targets needs special emphasis on multi-sectorial co-operation, and an integrated mental health service system in every municipality as well as at the regional level.

The actual discussion in Finland for the moment is whether the governmental guidance by information is enough to ensure the needed development of mental health services or whether some return to the earlier normative guidance is needed. One sign of this dilemma is that the Parliament of Finland decided at the end of 1999 to provide an ear-marked extra money of 70 million FIM (12 M Euro) for the year 2000 for the development of mental health services for children and young people. Corresponding money was included in the 2001 state budget.

Finland has a rather long and successful tradition in enhancing mental health issues with large-scale national research and development programmes. Earlier such programmes have been carried out in developing the integrated care of people suffering from schizophrenia, the National Suicide Prevention Project, and the national depression programme "Keep Your Chin Up!" One of the most recent national research and development projects in the field of mental health in Finland has been the 'Meaningful Life' programme, which is one practical example of increasing multi-sectorial co-operation. This nation-wide programme, the aim of which is to improve the quality of life for people suffering from or living with the threat of mental disorders, operates both at the national, regional and local levels. It really has a multi-sectorial approach as almost all ministries have participants in its steering group, such as the Ministry of Environment, Ministry of Education, Ministry of Labour, Ministry of Defense, Ministry of Interior, Ministry of Finances, as well as many important public actors, the social partners, and all relevant mental health CSO`s.

The programme deals with the fact that mental health is not just a matter for social welfare and health authorities. It is much more, and the role of these authorities often may be just marginal. People, including people with mental health problems, need homes, education, work, free-time activities and so on. Therefore, *The Meaningful Life!* programme has been set-up to invite all actors and stake-holders.

The Meaningful Life Programme is a pure development project where the main emphasis is on the local level. Its main activities have included the evaluation of the Finnish mental health services and subsequent recommendation to develop the services, enhancement, and support of different local activities, training of the professionals in different sectors on mental health issues, awareness raising by public campaigns, etc. The programme has its network based on voluntary persons interested in mental health work. It has a web site in Finnish and its own information and publication activities.

Another important undertaking since 1997 has been the programme to support the early interaction between infant and parents in our well-baby clinics. This project is part of an international project (European Early Promotion Project). This is mainly a training project in which health nurses in primary care are trained to enhance the early recognition and prevention of psychosocial problems in families with

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***

Since 1995, the Law on Psychiatric Aid has been in operation in Georgia. The existing legislation is largely declarative. At present, work is going on to make amendments and additions in this Law.

### *New Developments*

Mental health NGOs have begun gaining strength recently with their programs funded largely through grants from abroad. The Ministry of Health in Georgia assists them from time to time.

It is the fourth year since the support of the foreign donor CORDAID NL and the Ministry of Health of Georgia and the NGO Georgian Association for Mental Health have been implementing the Psycho-Social Rehabilitation Center, where modern methods of psychosocial rehabilitation were introduced. Training medical staff by foreign experts is arranged on a regular basis. In the near future, other professionals working in psychiatry in Georgia will get training in psychosocial rehabilitation at the Center.

With the purpose of involving the users of psychiatric services, Georgia Association for Mental Health is implementing the projects of "Users Advocacy" and "Users Club," also the "Users Employment" project is in the process of preparation. Through the assistance and support of the Georgia Association for Mental Health, the independent NGO "Users and Ex-Users Union of Georgia" was founded.

The international organization Geneva Initiative on Psychiatry, Hamlet Trust UK, and the Open Society Institute have provided technical training, workshops, conferences, and seminars, as well as financial assistance for different mental health NGOs in the involvement of users of mental health services in Georgia.

By the initiative of the M. Asatiani Psychiatry Institute for Scientific Investigation and federal funding, the Children Psycho-social Rehabilitation Center was founded (the Center is located several kilometers from the capital in a resort area). The work of the Center will be directed to social and psychological support for children with deviant behavior.

### *International Conferences*

In 2001 the International Conference on the issues of reform in psychiatry was held in Georgia. The conference was organized by the Geneva Initiative on Psychiatry, World Psychiatric Association, and Georgian Association for Mental Health.

### *Publications*

Since 2001 two new magazines, *Psyche* and *The News of Georgian Psychiatry* have been published in Georgia. These magazines are dedicated to the timely issues of modern psychiatry, psychology, and narcology. The *News of Georgian Psychiatry* is a magazine published by the Society of Psychiatrists of Georgia, while in the edition of *Psyche*, the Georgian Association for Mental Health is taking an active part.

REPUBLIC OF HONDURAS

*FORMER FIRST LADY MARY DE FLORES*

*National Congress*

Ratified domestic violence as a public crime, overturning its previous reference as a private crime.

*Institute of the Woman*

Was established and the office has a cabinet rank.

*Celebration of Mental Health Day*

Actions taken:

Programs for women who have suffered abuse.

Support for rural women to have their own businesses and incomes.

Study of NGO Shoulder to Shoulder from Cincinnati Medical University sponsored by Pfizer Pharmaceutical Company. It is estimated one in four suffer rural women suffer from depression.

*Health*

Programs against non-violence

Police working with communities against domestic violence

Self-esteem courses and program *Character Counts*

*Support groups for victims of:*

Cancer

Diabetes

Childhood Cancer

Breast Cancer

Violence

Rape

Land mine victims

Handicap

95% coverage immunization program for children, which relieves the worry of parents having to face serious infections and diseases

Investigative program to develop hookworm vaccine, the silent killer of the immune system and a cause of mental retardation

Distribution of 165 wheelchairs and 84 prosthetic limbs for the disabled to improve the quality of their lives and self-esteem

Consistent publicity concerning the rights of children

Consistent messages of the church and government to have only the number of children a family can support

AIDS awareness and prevention programs

Importance of being in a faithful relationship

*Health/ Schools*

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.

*The homeless people represent a special group in need of mental health services, which are widely provided by churches, NGO's, and social workers.*

### **General Issues**

The country has a data collection system/epidemiological study on mental health. Annual reports are collected at the public mental hospitals and outpatient services.

Health and related issues are gradually receiving a value generally accepted by the majority of the population. This also was reflected in the extremely successful nation-wide events of WHO 2001, having the slogan "Stop Exclusion, Dare to Care!"

*Hungarian experts participated in the meeting of the European Network of Mental Health Counterparts and the European Alcohol Action Plan Conference.*

## **REPUBLIC OF KOREA**

### ***FIRST LADY LEE HEE-HO***

Since the enforcement of the Mental Health Act in 1997, Korea's mental health system underwent a structural change, from institution-oriented mental health service to community-based service. As a result, the Ministry of Health and Welfare now supports sixteen mental health centers and the mental health projects led by forty-eight health centers. The Ministry also has established and operates eight social rehabilitation facilities to help mentally ill patients return back to society.

In order to provide mental inpatients with efficient medical service, and at the same time enhance their quality of life, regulations are stipulated regarding the number of patients for each inpatient room and the size of hospitals. Also, there has been a stepwise increase in the proportion of open and day wards in the mental institutions. In addition, mentally ill patients in Korea since the year 2000 have been categorized as a subgroup of "the disabled," becoming entitled to governmental support.

As part of efforts to elevate the social status of women in Korea, the Ministry of Women's Affairs was established in January, 2001 as a central policy agency.

First Lady Lee Hee-ho, taking her role as the honorary president for Health Fair 2000, National Sports Festival for the Disabled, and Celebration of the Day for Disabled People, encouraged mentally disabled people and their families. She underscored that more care should be taken to protect the disabled and help them participate equally in every activity. She has been playing an important role in reducing the widespread social prejudice against mentally ill people, and thereby furthering social solidarity.

## **REPUBLIC OF LATVIA**

### ***PRESIDENT VAIRA VIKI-FREIBERGA***

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 6<sup>th</sup> 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 21<sup>st</sup> 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 Organization, which are included in the National Program for the integration into the European Union. The realization program of the strategy provides numerous activities for the improvement of psychiatric aid, gradually diminishing the density of stationary aid and developing alternative patients' care in the level of primary health care, in specialized out-patient reception, in day stationary, in crisis centers, in psycho-social rehabilitation establishments, and employment centers.

## NEW ZEALAND

### *PRIME MINISTER HELEN CLARK*

Building strong community-based mental health services has been one of the government's top health priorities. *Moving Forward*, the national mental health plan for more and better services, was released in 1997. This plan set the strategic direction for mental health services development.

In 1998 the Mental Health Commission issued the *Blueprint for Mental Health Services in New Zealand* to provide specific detail on the types and levels of services needed for a comprehensive community-based mental health service.

Tremendous progress has been made with improving mental health services, largely because of a 100 percent increase in government funding in the last decade. For example, in just four years the number of clinical staff working in child and youth community mental health services has grown from 323 in 1998/99 to 679 in 2001/02 (a 110 percent increase). Adult community clinical staff numbers have grown from 885 in 1993/94 to 1636 in 2001/02 (an 85 percent increase). An additional \$50NZ million is being invested in mental health services over the next two financial years.

The *Like Minds, Like Mine* destigmatization campaign moved to phase II in February 2002. Phase II of the campaign is supported by a new set of advertisements to assist in eliminating the unjustified stigma that people with mental illness experience every day. Phase I, in 2002/01, involved well-known New Zealanders speaking out publicly about their mental illness. Phase II involves famous friends reflecting on the experiences of their friends featured in the first phase. The nationwide media campaign is supported by a series of local consumer-led initiatives.

*Note: Journalists in all forms of media play an increasingly important role in shaping public understanding and debate about health care issues. As part of an international effort to reduce stigma and discrimination, the Rosalynn Carter*

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 10<sup>th</sup> 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 KUJAN*

#### **I. Background information**

Mental health indicators are relatively unfavorable for Slovenia with one of the highest suicide rates in the world, more than 30 suicides per 100,000 inhabitants per year in the past decade. Considerable variations of regional suicide rates can be noted and are best predicted by the prevalence of alcohol-related psychiatric disorders. There are more than 30 deaths per 100,000 per year due to liver disease, which is more than double the European rate, resulting from high alcohol consumption, one of the highest in Europe. In a recent study, adjusted for population density, age group and year, the yearly suicide count in males was estimated to be 3.58 times that of females. Adjusted for population density and gender, the yearly suicide count for the older age group was estimated to decrease by 1.15% each year, whereas the suicide count in the younger age group was estimated to increase by 3.09%. Due to these unfavorable trends, the Ministry of Health of the Republic of Slovenia formulates a national mental health strategy and priorities including investing into mental health promotion and integrated care at all levels, especially for the most vulnerable and disadvantaged groups of the population.

#### **II. Legislative Framework**

Slovenia was among the first European countries to introduce laws and regulations in the social security field, including public health. The organisation of the health care system reflects the pattern of partnership ensuring active participation of citizens who are universally covered by a public health insurance scheme. The present health legislation enacted in 1992 is based on three acts: the Health Care and Health Insurance Act, the Health Activities Act, and the Pharmacy Activities Act. The rights of persons suffering from mental disorders, especially as involuntary patients, are defined in Article 49 of the Health Activities Act. Detention of persons with mental disorders can be performed when his/her life or life of others is endangered and/or when great damage is done to himself/herself or others. Article 45 regulates the professional and ethical dimensions, the respect, protection and fulfillment of Constitutional and other legal rights. Societal care for persons in dependent situations is regulated by the Societal Care of Persons

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 Regard to the Application of Biology and Medicine, conventions regarding data protection, etc.)

### **III. Services Provision**

Health care programmes and services defined by law are provided within the system of compulsory and voluntary health insurance scheme and allow for equal and equitable access for all citizens. Mental health services are provided at the primary level (within health centres also providing specialized child mental health services and in developmental units and psychiatric services for the adult population), at the secondary level (comprising specialized outpatient and hospital services), and at the tertiary level for the activities of the university medical departments and institutes. General practitioners are responsible for the provision of comprehensive health care to their patients and the referral, when necessary to specialized outpatient/hospital services at the secondary and tertiary levels. Access to mental health services at all levels can be direct. Patients suffering from disabling mental health disorders have special rights within the obligatory health insurance scheme, meaning that no co-payments are necessary. At the primary level Counselling Centres for Children, Adolescence and Parents (the one in Ljubljana is a WHO collaborating Centre for Child Mental Health) also provide integrated care of children with learning disabilities, behavioral and developmental problems, as well as other mental health disorders like alcohol dependency and drug addiction. Due to the rapidly raising incidence of young persons suffering from addiction disorders the Government of the Republic of Slovenia has set up special programmes and intersectoral bodies to fight illicit drug abuse. The Ministry of Health has established a network of addiction prevention and treatment centres at

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 for a variety of services to respond appropriately to the complex needs of persons with mental disorders in all age groups. Special attention is paid to social cohesion aspects. Efforts are made to increase the patient/citizen's participation in the decision-making processes affecting health care and priority is given to developing and implementing quality improvement systems at all levels of care, an issue of paramount importance in psychiatric services. Intersectoral co-operation at national and local levels will be further developed in order to improve mental health promotion and the quality of life of persons with mental disorders. In the period of its integration into the European Union Slovenia will follow basic common goals of the community's new public health policy and will harmonize its health legislation with that of the EU.

## 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.

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