

Collaborating Centers, Regional Councils, programs and activities in key areas such as prevention, the elderly, drugs, refugees, mental health advocacy and human rights have been strengthened. Two important factors guide WFMH activities, one demographic and the other epidemiological. First of all, the demographic shift in the world population toward a doubling of the population in areas of the world that are already underserved such as Africa and Asia. Secondly, the fact that most psychiatric illnesses are chronic and relapsing renders prevention imperative. Service and policy development in underserved areas together with WHO as well as worldwide prevention in both developed, underdeveloped countries, are some key WFMH priorities. Specific research and implementation projects in prevention, evaluation of care and the development of a culturally and person sensitive knowledge base will be illustrated. This research and implementations is meant to effectively treat patients as well as being responsive to the local conditions contributing to mental illness and empowering the ill individuals toward seeking solutions to their own mental health.

S27-3

THE CONTRIBUTIONS OF THE WORLD PSYCHIATRIC ASSOCIATION TO THE RESOLUTION OF MENTAL HEALTH PROBLEMS

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The World Psychiatric Association (WPA) is the largest international organization in the field of psychiatry. Its 110 members - psychiatric societies in some 80 countries - comprise more than 150 000 psychiatrists. The WPA's goals include the promotion of mental health and support to programmes of prevention and treatment of mental disorders. In pursuing these goals the WPA is developing educational programmes, organizing international meetings and facilitating international collaboration among psychiatrists worldwide. The formulation of consensus statements, position statements and guidelines on key issues of psychiatry is also a constitutional function of the WPA, usually fulfilled in collaboration with other governmental and nongovernmental organizations. The presentation will describe recent activities of the WPA contributing to the resolution of mental health problems worldwide.

S27-4

TACKLING THE GLOBAL BURDEN OF MENTAL DISORDERS

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The overall pattern of health needs across the world is undergoing very major changes. Non communicable diseases are fast replacing infectious diseases and malnutrition as the leading causes of disability and premature deaths in developing countries. Much evidence in the last few years of the massive global public health burden of mental health and related disorders that already exists has resulted in the launch of an UN collaborative initiative, led by WHO, and involving all UN agencies to improve the mental health of the world's underserved population. This initiative, 'Nations for Mental Health', is raising the awareness of the world's policy makers; supporting countries to prepare and implement mental health policies; and promoting international collaboration and technical support between countries about mental health programmes and services.

This talk will describe the progress so far of the initiative, and will discuss the various elements of overall mental health policy, which are needed to tackle disability and death from mental illness.

S27-5

THE GENEVA INITIATIVE ON PSYCHIATRY

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The Geneva initiative on Psychiatry (GIP) of which I am current Chairman, started life as an organisation campaigning against the political abuse of psychiatry in the Soviet union. In around 1991, it changed to campaigning for education. This was partly because of the cessation of political abuse - although this continues occasionally in various parts of the world - but mainly because 'reformers' were beginning to emerge, initially in Kiev, and these required encouragement and practical support. Our approach - a sort of 'talent spotting' of people working in the broad field of 'mental health work' and using information from professional and personal networks rather than 'official channels' - has continued as it began.

Our first meeting of 'Reformers in Psychiatry', in Bratislava (1993) consisted of 40 people from all disciplines, and included relatives' groups and a voluntary help organiser. Now we have some 250 'reformers' on our books - and most of them from 'East Europe'. We have been fortunate in obtaining funding from many large charities and now have some 200 projects, of various sizes, in operation and planning.

Our main aim has been training, in its broadest sense. It was soon clear that we had to take a very long view, more akin to planting forests than to growing vegetables. In particular, a missionary approach was doomed to failure. We needed to create a partnership, a cooperative enterprise.

Some of our successes, failures and future plans will be discussed.

TC28. ICD-10 advanced training seminar II

Chairs: A Bertelsen (DK), J van Drimmelen (WHO, CH)

FC29. Depression – clinical aspects

Chairs: JK Larsen (DK), T Helgason (IS)

FC29-1

RISK FACTORS AND PSYCHOSOCIAL CONSEQUENCES IN DEPRESSION OF OCTO- AND NONA-GENERIANS — RESULTS OF AN EPIDEMIOLOGICAL COMMUNITY STUDY

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In a two-wave community study of Munich, Germany, a representative sample of 402 people older than 85 years was restudied one year later. In the first cross-section a total of 358 (89.1%)