



# bulletin

International Federation of Psychiatric Epidemiology  
Volume 9(1) ■ July 2011



## **Message from the president** *Johannes Wancata, President*

Dear IFPE members,

A few weeks ago we had our last IFPE congress in Kaohsiung, Taiwan. Despite the terrible disaster in Japan which was reported to threaten countries of the whole region, numerous people from all parts of the world came to the congress and presented their research. As at other IFPE meetings the lectures and posters were of outstanding scientific quality. The titles covered a wide range of topics in psychiatric epidemiology from the effects of the economic crisis to occupational mental health and genes.

Overall, Kaohsiung 2011 was a huge success (more in this issue). We all are very grateful to Professor Mian-Yoon Chong and his team of coworkers who did an excellent job in preparing and hosting this congress. I would like to express my sincere appreciation to the Scientific Program Committee and the International

Advisory Board of this congress. They all have spent a lot of time for preparing this stimulating program and encouraging colleagues to submit papers. And most of all, we need to say 'Thank you' to you, the numerous participants who brought your ideas and discoveries.

Some years ago Glynn Harrison mentioned that IFPE is a rather young organization committed to academic excellence. Nevertheless, among our older individual members we have some who were the mothers and fathers of modern psychiatric epidemiology. Their ideas and basic research of what constitutes a psychiatric case, of screening methods and the tasks and limits of epidemiological research served as a basis for the research methods used nowadays. Without their brilliant ideas and superb work, psychiatric epidemiology would not have been able to perform so many excellent studies.

This knowledge is essential when being committed to academic excellence. It is a treasure we must not lose. IFPE might help to keep this knowledge and make it available and visible to everybody interested in epidemiological research in psychiatry. Beside scientific excellence and rigour, innovative research questions and cutting-edge ideas are needed to provide studies relevant for our understanding of mental illness, for its treatment and prevention. If public mental health is not based on sound epidemiological research, the results will mislead policy makers and planners of mental health services. Thus, we need a combination of the 'old' and the

'new' as contributions to better care and treatment of the mentally ill.

Recently, IFPE Committee and IFPE Executive were elected. I am happy that a respectable number of our members joined this important democratic process and sent their votes. Many thanks to all of you!

I am extremely grateful to my predecessor Professor Glynn Harrison who worked tirelessly for IFPE over the past years as did the other members of the Executive, Mian-Yoon Chong, Heather Stuart and Christina Hultman. The past presidents Brian Cooper and Andrew Cheng contributed a lot to the development of IFPE by offering their experience and wisdom. Further, our thanks go to Jens Christoffer Skogen for his very engaged and distinguished work in editing and producing this bulletin. Their work serves as a profound basis for IFPE's future.

Nevertheless, a federation as IFPE depends on the ideas and contributions of all its members. I would be very happy if you send your ideas and suggestions to me or any other members of the Executive. I am looking forward very much to work with all the members, the new Committee and Executive for IFPE!

**Johannes Wancata**  
President IFPE

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**Report from local host: XIII IFPE  
International Congress  
IFPE: 30 MARCH – 2 APRIL, 2011,  
KAOSHING, TAIWAN**

The XIII International congress of IFPE held in Kaohsiung, Taiwan, from March 30 to April 2, 2011 was a great success.



**Congress venue: The Splendor Kaohsiung**

Over 306 participants from 35 countries attended the conference, with more than 100 absentees of whom many were due to inconveniences of travel because of the ongoing crisis in Japan, or the social unrest and political instability in the Middle East and North Africa. The congress included 15 plenary speeches, 160 oral presentations and 165 posters, in addition to a workshop focused on developing a national mental health program with the systemic illustration of solid data from 3 Asian countries: Pakistan, Singapore and Taiwan. There was active participation in every room, and photographs of the congress are available for download on the congress website ([www.ifpe2011.com](http://www.ifpe2011.com)).



**From Congress Dinner**

Although the theme of the congress was the global recession and mental health, it was however, overshadowed by the recent natural disasters and manmade tragedies. In the press conference which was held at the congress, questions that were raised by the reporters were particularly directed at the mental health

problems related to the recent earthquake, tsunami, nuclear disaster, flooding and mudslides, and none were on the global recession. It may seem that Asian countries have had a better recovery than the Western counterpart in this aspect. The congress was widely reported by the local media, and a television broadcast station (Taiwan Television, TTV) even covered the congress extensively in a documentary film which was aired on May 1, 2011 that included the history and development of IFPE, with much emphasis on the importance of the health aspects of disasters and human tragedies and the contribution of psychiatric epidemiology. Hence, the theme “Mental Health in Populations under Stress” was more relevant than “Mental Health and Global Recession” as it was reflecting the contemporary situation of the world.

Memorial lectures dedicated to Professors John Wing and Tsung-Yi Lin were held during the congress to commemorate their great contributions to psychiatric epidemiology and the world’s mental health work. Both of them died last year, leaving behind their legacies. The lectures were well-attended by their students, friends and those who are directly or indirectly influenced by them. I would like to suggest that in any future congress or academic meeting of psychiatric epidemiology, lectures held in the names of these pioneers of psychiatric epidemiology such as Alexander Leighton, John Wing and Tsung-Yi Lin to be a good way to honor them and pay tribute to their dedication.



**From Plenaries**

As a venue for an international gathering, Kaohsiung is considered as ideal in that it is more economical when compared to other major Asian cities and the weather is relatively stable, with lots of sunshine and warm, hospitable people. The congress would not have been successful without the help of many others, and I would like to thank the Scientific Committee with the high quality of work, the local team and many friends and colleagues that made the congress possible and one worth remembering.

**Professor Mian-Yoon Chong**  
Local host



**From closing ceremony**



### LATEST NEWS:

The next congress of IFPE will be hosted by Professor Steffi Riedel-Heller in Leipzig, Germany. Further information will be provided soon



### New Honorary Member: Andrew Cheng



Born in 1949 in the rural Ping-Tong County, Taiwan, Professor Cheng completed his undergraduate education in the College of Medicine, National Taiwan University in 1974 and his postgraduate training in psychiatry in 1978 in the University Hospital Department of Psychiatry and Taipei City Psychiatric Centre. In 1987, he obtained PhD in psychiatry at the Institute of Psychiatry, London under the supervision of Professor Michael Shepherd with a thesis based on a community study of mental disorders in Taiwan in 1982-85. Since then, he has continued his research in psychiatric epidemiology in Taiwan. In 2003 he obtained a DSc (Medicine) in Psychiatric Epidemiology from University of London.

Over the years, Professor Cheng has been involved in epidemiological studies of mental disorders in Taiwan focusing on aetiological study in both genetic and socio-environmental aspects. He has developed a number of cross-culturally valid and reliable instruments for

screening of common mental disorders (the Chinese Health Questionnaire) and for standardized diagnostic interviewing (the Chinese version of the Clinical Interview Schedule and the Chinese version of the Schedules for Clinical Assessment in Neuropsychiatry), as well as for assessing socio-environmental risk factors (such as a modified Chinese version of the List of Threatening Life Experiences). He established a longitudinal cohort in four major Taiwanese aboriginal groups in 1986-88 with a 4-year follow up in 1990-92 and a recently completed 16-year follow-up.

Professor Cheng conducted the first psychological autopsy study of suicides in a Non-Western country in 1989-91 to demonstrate that psychiatric and psychosocial risk factors for suicide are the same between East and West. He established a Taiwan Bipolar Consortium in 2003 to perform molecular genetic and pharmacogenetic studies of bipolar disorder. A suicide prevention programme among Taiwanese aboriginal groups will be commenced from August 2011 under his leadership.

Professor Cheng joined IFPE in 1993. He was elected into the IFPE Committee in 1996 and served one term as Secretary General (1999-2002), two terms as President (2002-2007), and two terms as Honorary Scientific Advisor (2007-2011). He hosted the 1999 IFPE Congress in Taipei, Taiwan to extend IFPE activities from Euro-America to other parts of the world, becoming truly an international non-governmental organization in psychiatric epidemiology. In the 1999 IFPE congress, he created “best poster award” to raise the quality of posters, and the “travel fellowship” to support young investigators around the world and colleagues from low-income countries to attend IFPE congress. Both of them have been maintained as a standard practice hitherto. He also initiated the publication of IFPE Bulletin with the invaluable contribution from IFPE vice-president Professor Heather Stuart as the first

Editor from December 2002 to July 2008, succeeded by the current editor Jens Christoffer Skogen.

In recognition of his contribution to the field of psychiatric epidemiology and his work in the development and promotion of the IFPE, Professor Cheng was awarded Honorary Membership of IFPE at the IFPE General Assembly during the 13th IFPE Congress in March-April 2011 at Kaohsiung, Taiwan. He will continue to provide his invaluable advice and help to the Federation.



## Introducing the Executive

### **Professor Heather Stuart (Vice President)**

Heather Stuart is a full professor in the Department of Community Health and Epidemiology at Queen's University, Kingston, Ontario, Canada with cross appointments to the Department of Psychiatry and the School of Rehabilitation Therapy. She is the Director of the Masters of Public Health Program in the Department of Community Health and Epidemiology and teaches health policy and program evaluation. Her main substantive areas of research have been on mental health related stigma and discrimination, and in mental health services research and evaluation. She is the current Chair of the World Psychiatric Scientific Section on Stigma and Mental Disorder, the founding Editor-in-Chief of a new journal, Stigma Research and Action, and the Senior Consultant to the Mental Health Commission of Canada's Opening Minds anti-stigma initiative. Dr. Stuart is the current Vice President (second term) of IFPE and has served as the Editor of the IFPE Bulletin.

### **Professor George Patton (Secretary General)**

Professor George Patton holds the Chair of Adolescent Health Research in the Department

of Paediatrics at the University of Melbourne. He is a Senior Principal Research Fellow with Australia's National Health and Medical Research Council. He trained in Child and Adolescent Psychiatry with spells in both the UK and Germany. His group has undertaken epidemiological studies that range from large scale surveys to document community patterns of child and youth development, long-term cohort studies of adolescent mental health and cluster randomised trial of preventive and early intervention in community and primary care settings. He has advised the World Health Organization and the UN over the past decade on child and adolescent health and development. He chairs the Australian Institute of Health and Welfare advisory groups on 'A Picture of Australia's children' and 'Young Australians, their health and well-being'.

### **Francois Chapireau (Treasurer)**

Francois Chapireau is a practicing psychiatrist and a part time researcher. He has worked as an associate researcher at the National Institute of Health and Medical Research (INSERM) from 1993 to 2000, and then as a counsellor at the Department of Research and Statistical studies (DREES) of the Ministry of Health from 2000 to 2006, and as associate researcher the National Institute of Demographic Studies (INED) from 2006 to 2010.

He has worked on the WHO International Classification of Functioning, Disability and Health (ICF), on several French national surveys about health and disability and on mental hospital statistics. He has been a member of IFPE since 1999 and a member of the committee since 2003.



## Membership of IFPE: Become a Member or renew your membership

Our Association welcomes any researcher in mental health epidemiology who holds a clinical or non-clinical faculty position and has publications within the field to apply for Individual Membership. Since IFPE has a major goal to inspire and develop young scientists, persons who are still students/trainees or do not have sufficient research experience in this field, may apply for an Associate Membership. In due course, Associate Members may be approved for full membership. We also have a Corporate Membership for any association, society or other constituted body whose aims are in conformity with psychiatric epidemiology. To become an Individual Member, Associate Member or to renew your membership, simply contact directly our President of the Federation, Professor Johannes Wancata via e-mail:

johannes.wancata@meduniwien.ac.at

### Membership fee

Annual current dues are as follows:

- *For Individual Members from high-income countries, 40 Euros per year (100 Euros for 3 years paid in advance).*
- *For those from low-income countries, 15 Euros per year (40 Euros for 3 years paid in advance).*
- *For Associate Member there are no membership fees.*

### Benefits of becoming a member

Besides being a part of a stimulating professional, scientific, and interdisciplinary association with a clear mission to facilitate research and growth within psychiatric epidemiology, benefits of becoming a member

include a reduced registration fee at our meetings, and the right to vote.

### How to pay

At the moment IFPE uses the account in Vienna, but our treasurer is working on a new bank account. The name of the present IFPE account in Austria is:

*'Dr. Johannes Wancata - i.G.'*  
*(International Bank Account Number AT 542011128426815700) at the following bank 'Erste Bank der Oesterreichischen Sparkassen AG' (Bank Identifier Code GIBAATWW).*

Within the Euro area no fees have to be paid. Please assure that your bank mentions your name.

If you have any questions, do not hesitate to contact our treasurer.

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## Brian Cooper: Economic recession and mental health: an overview<sup>a</sup>

In 2008, a major economic crisis struck many developed industrial countries. By April 2009 the International Monetary Fund estimated that banks and finance houses across the world had lost four trillion ( $4 \times 10^{12}$ ) US dollars in the value of their holdings. Growth in developing nations declined to only 2% per annum, or to zero if China and India were omitted. The World Bank estimated a consequent rise of around 30 millions in global unemployment, mainly in developing countries, and an increase of from

55 to 90 millions in the 'extreme poverty' class of those subsisting on US\$ 1.25 daily or less.

The global economic downturn and its consequences are thus of profound significance for the health and wellbeing of populations, especially in low-income and transitional societies. As yet, however, there is too little information regarding the effects on mental health to assess the world-wide consequences for psychiatry, which will emerge only slowly in the years ahead. Yet some broad inferences can already be drawn if the recession itself is considered, not as some kind of 'big bang' singularity from which a new universe is emerging, but rather as one phase in a continuing process. In medical terminology, what we are faced with today can best be understood as an acute exacerbation of a chronic condition. There is good evidence that, in many countries, labor markets were already shrinking, food prices rising and income inequality on the increase, long before this crisis broke. In Europe, for example, unemployment among young adults had been running at up to 20% even in the years of growth and prosperity. There is thus already a fund of information about the influence on population health, not only of major crises, but also of lesser fluctuations in trade and the world economic order more generally.

#### Mortality and health statistics

With regard to the wider background of mortality and general health, the picture is far from simple. The effects of recession, it seems, are complex and sometimes even paradoxical<sup>1</sup>. While age-specific mortality followed a generally downward trend throughout the twentieth century, the decline slowed down in boom periods and speeded up again during slumps. In the developed industrial world, rates

of death due to all causes may rise in times of economic growth and decline during recessions. This can occur if increase in causes of death positively associated with economic activity more than outweighs the reduction in those causes associated with unemployment and indigence.

The public health impact, moreover, has varied from one economic slump to another<sup>2</sup>. In the Great Depression of 1929-1932, international trade fell by 50%; unemployment rose steeply and so did the number of homeless persons. Yet in the U.S. mortality rates fell in those years by around 10%. On the other hand, following the break-up of the Soviet Union in 1991 a different pattern emerged in the new republics. In the resulting collapse, inflation soared and peoples' savings were wiped out. In this instance, mortality rates rose by up to 20%, corresponding to around three million excess deaths. Responsibility for the disaster has been attributed to over-hasty restructuring of the national economies, combined with unhealthy life-styles in which almost one-quarter of all men could be defined as heavy episodic drinkers<sup>3</sup>.

#### Suicide and homicide rates

When the focus is narrowed to suicide mortality, the pattern of associations becomes more clear-cut. Well before the current recession, levels of unemployment were known to be predictive for suicide frequencies in European countries. Over the 1970s and '80s, when median rates for suicide in young males increased by over 40%, annual rates for most countries were highly correlated with the previous year's unemployment figures<sup>4</sup>. In a recent analysis of European Union data for the past 30 years, Stuckler and others<sup>5</sup> found that each 1% rise in unemployment was associated with an overall proportionate increase in suicide

rates for under-65 year olds, as well as a somewhat smaller increase in homicide cases.

Similar trends were reported after the monetary crisis which hit the Asian 'tiger' economies in 1997, leading to currency devaluations and great loss of trade. Suicide deaths, which had been declining for some years, now rose sharply<sup>6</sup>. Male suicide rates in 1998 were higher than those for the preceding year by 39% in Japan, 44% in Hong Kong and 45% in South Korea, corresponding to a total of over 10,000 additional suicide deaths. Increases were smaller in Taiwan and Singapore, where the economic impact on populations was less severe.

#### Mental illness and substance misuse

This effect on suicide risk should perhaps be seen as the tip of a psychiatric iceberg. The specialist literature leads us to expect that each recession, at least as measured in terms of unemployment, will be accompanied by increase in mental health service utilization and reported prevalence of depression, anxiety and alcohol-related disorders, the latter in turn being linked to levels of domestic violence.

Here, however, one should note that much of the epidemiological research on this topic has serious weaknesses. Urban ecological studies mainly rely on 'second-hand' data; that is to say, on administrative indices and service contact rates. Area prevalence surveys do supply 'first hand' data, but as a rule these will be valid for only short cross-sections in time. Lifetime prevalence estimates, on the other hand, will be of little relevance in trying to establish the health consequences of economic fluctuations.

Fortunately, some light is now being thrown on this question by findings from longitudinal and

cohort studies. In Canada, for example, serial health survey data could be compared with changing economic indicators over a 25-year period (1985 – 2009)<sup>7</sup>. One-year prevalence estimates for depression and anxiety, assessed using standardized methods, were found to have risen during economic downturns and then declined as the markets recovered.

In the United States, a large-scale respondent survey of alcohol consumption over an 11-year period concluded that frequency of binge drinking, among employed persons as well as those out of work, increased strongly with economic downturn<sup>8</sup>. Compton and Gfroerer<sup>9</sup>, analysing data from the U.S. National Survey on Drug Use and Health, found that reported frequency of illicit drug use among unemployed persons was twice as high as that for those in work. With the coming of the present recession, the estimated total of unemployed drug users rose from 1.3 to 2.5 million within the space of two years.

#### Impact on mental health services

For persons with severe mental illness, specialist referral and treatment may be crucial in determining outcome. Today, however, there is growing evidence that budget cuts are affecting psychiatric services adversely just as economic stressors are raising the levels of need and demand in affected populations. In the United States the National Alliance on Mental Illness, in a systematic check of public expenditure over the past four years, found that 32 states faced with budget deficits had stripped a total of \$1.8 billion from their mental health services<sup>10</sup>. In Arizona, where an untreated mentally ill man ran amok early this year, killing six people and wounding 13 others, the state had cut mental health budgets by \$57

million over the previous two years. Because virtually all U.S. Medicaid-funded mental health services are optional, states with continuing deficits are thought likely to cut down further on these facilities.

In Britain, where psychiatric admissions are now rising for the first time in five years, the National Health Service has to make £20 billion in 'efficiency savings' over the next four years, and this will entail the loss of an estimated 50,000 workers, including doctors and nurses, over that period<sup>11</sup>. Here also there are fears that mental health units will suffer disproportionately.

For low-income and transitional societies even small reductions in health service budgets may be very damaging. International disparities are now being exacerbated by a growing failure of recruitment to psychiatry in high-income countries<sup>12</sup> and a corresponding increase in the 'brain-drain' of psychiatrists from the developing world<sup>13</sup>: a trend likely to be exacerbated by the current recession.

#### Mitigating the consequences of recession

Government policy can modify the consequences of economic downturn for a nation's mental health. Crucially, proactive fiscal policy will be called for to encourage trade, stimulate new growth and reinvigorate the labor market. In addition, however, the impact will be less severe in those countries which already have well-established social safety nets in place. A much-cited example is the contrast between Spain, where rising unemployment in the 1970s and 1980s was accompanied by a corresponding increase in suicide risk, and Sweden, whose own banking crisis in the 1990s likewise threw many people out of work, but where the suicide rate actually

declined in that period. This marked difference has been ascribed to the protective effect of the Swedish welfare state<sup>5</sup>.

Here, resources in five key areas of social policy are considered to be important<sup>14</sup>.

- Active labor market programs
- Family support programs
- Regulation of alcohol prices and availability
- Community health care for high-risk groups
- Debt relief programs

Although in this field substantive cost-effectiveness or other evaluative studies are still few in number, evidence in favor of such programs is gradually accruing. Findings to date are most clear-cut with respect to suicide risk, which provides a sensitive monitor of population distress. Data from European Union (EU) countries indicate that rise in unemployment did not increase suicide risk where annual spending on welfare programs was above \$190 a head<sup>5</sup>. The average association observed in these countries for a 1% rise in the unemployment rate among people under 65 years is a 0.8% rise in the suicide rate. Here, each additional US\$100 per person spent annually on active labor market programs reduced this effect on the suicide rate by 0.4 percentage points, while each US\$ 100 per person spent on family support reduced the corresponding effect by 0.2 percentage points.

#### Discussion

On the available evidence, some basic postulates can be derived which bear on the global recession's significance for mental health.

1. In a globalised world, human health, including mental health, is more and more influenced by man's economic activities and their consequences.
2. Economic recession raises population levels of unemployment, poverty and distress, which in turn tends to increase suicide rates and the prevalence of psychiatric disorders.
3. In general, the consequences will be most severe for poor developing countries and for the poorest groups in all societies.
4. The impact will be greatest where public hardship grows rapidly and social safety nets are lacking. Social support programs, on the other hand, can mitigate the mental health consequences of recession.

The implications for psychiatry and the related professions are far-reaching and extend well beyond the scope of psychiatric - or indeed of medical - competence. Here, epidemiological principles may nonetheless provide a useful starting point. They remind us that mental illness is a major public-health burden; that in the last analysis psychiatry must be seen as a public-health discipline and that mental health care could be more economically and effectively delivered if services were planned to meet the needs of defined area populations, a purpose for which population-based research will be essential. The logistics teach, moreover, that advance in this direction will require mental health principles and methods to be more widely diffused throughout medical practice, preferably with the aid of regular clinical contacts through liaison and primary care psychiatry.

Finally, experience underlines the growing importance of international networking and information exchange. Psychiatrists and other groups who are committed to the cause of public mental health may suffer from a degree

of professional isolation in their own countries and can be greatly helped by the sense of solidarity afforded by internet contacts, information exchange and research collaboration with colleagues across the world.

<sup>a</sup>Based on a presentation at the 13<sup>th</sup> Congress of the international Federation of Psychiatric Epidemiology, Kaohsiung, Taiwan, April 2011. The full version will be published in the journal *Neuropsychiatrie*.

#### References

1. Bezruchka S Effect of economic crisis on population health. *Canasian Medical Asociatio. Journal. 181: 281-283* (2009)
2. Stuckler D, Basu S, Suhrcke M, McKee M The health implications of financial crisis: a review of the evidence. *Ulster Medical Journal. 78: 142-145* (2009)
3. Pomerleau J, McKee M, Rose R, Haerpfers CW, Rotman D et al. Hazardous alcohol drinking in the former Soviet Union: a cross-sectional study of eight countries. *Alcohol and Alcoholism 43: 351-359* (2008)
4. Pritchard C Is there a link between suicide in young men and unemployment? A comparison of the UK with other European Community countries. *British Journal of Psychiatry, 160: 750-756* (1992)
5. Stuckler D, Basu S, Suhrcke M, Coutts A, McKee M Public health effect of economic crisis and alternative policy responses in Europe: an empirical analysis. *Lancet 374: 315-323* (2009)
6. Chang SS, Gunnell D, Stern JA, Lu TH, Cheng AT Was the economic crisis 1997-1998 responsible for rising suicide rates in East / Southeast Asia? *Social Science and Medicine 68: 1322-1331* (2009)

7. D'Arcy KC , Kou C, Meng, FX *Prevalence and trends in mood disorders among Canadians in the context of economic fluctuations, 1985-2009*. 13th IFPE Congress: Global Recession and Mental Health, Kaohsiung, Taiwan, 2011.
8. Dee TS Alcohol abuse and economic conditions: evidence from repeated cross-sections of individual-level data. *Health Economics 10: 257-270* (2001)
9. Compton W, Gfroerer J (2011) *Unemployment and illicit drug use in the U.S: changes during an economic recession*. 13th IFPE Congress: Global Recession and Mental Health, Kaohsiung, Taiwan, 2011.
10. Wyatt K (2011) State budget cuts decimate mental health services. *Washington Post*, 9 March 2011.
11. Ramesh R (2011) NHS to lose 50 000 jobs, including doctors and nurses. *Guardian*, 23 Feb 2011.
12. Katschnig H Are psychiatrists an endangered species? Observations on internal and external challenges to the profession. *World Psychiatry, 9: 21-28* (2010)
13. Jenkins R, Kydd R, Mullen P, Thomson K, Sculley J et al International migration of doctors, and its impact on availability of psychiatrists in low and middle income countries. *Public Library of Science One 5 (2): 9049*.doi:10.1371journal.pone.0009049 (2010)
14. WHO Regional Office for Europe *Impact of Economic Crises on Mental Health* Copenhagen: WHO, 2011

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## Calendar of Events



**IXth ENMESH International Conference**  
June 23 – 25, 2011  
Ulm, Germany

[http://www.enmesh.eu/index\\_enmesh\\_conference\\_2011.html](http://www.enmesh.eu/index_enmesh_conference_2011.html)



**Buenos Aires, Argentina**  
September 18-22, 2011

World Psychiatric Association, World Psychiatry  
2011: Our Heritage and Our Future, the 15<sup>th</sup> World  
Congress of Psychiatry  
More information:  
<http://www.wpanet.org/meetings/internationalcongress/2011ArgentinaCongress.pdf>



**Copenhagen, Denmark**  
November 10-12, 2011

European Public Health Association, the 4<sup>th</sup> joint  
European Conference on Public Health  
Website:  
[http://www.eupha.org/site/upcoming\\_conference](http://www.eupha.org/site/upcoming_conference)



**São Paulo, Brazil**  
March 14-17, 2012

WPA Section on Epidemiology and Public Health –  
2012 Meeting. The theme of the conference is  
“Mental disorders and urbanization: Challenges of  
societies in transformation”.

More information:  
<http://wpaepi2012brazil.com/>



**Maastricht, Netherlands**  
2012

European Psychiatric Association: Consequences of  
Mental Health: 16<sup>th</sup> EPA Symposium Section for  
Epidemiology and Social Psychiatry



**Leipzig, Germany**  
2013

International Federation of Psychiatric Epidemiology  
2011: The 14<sup>th</sup> International Congress of IFPE

More information will be provided soon



**Editor of IFPE bulletin**



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