



bulletin

International Federation of Psychiatric Epidemiology
Volume 11(2) ■ September 2013



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

Dear members of IFPE!

Several weeks ago we had our IFPE congress in Leipzig, Germany. A large number of researchers from all parts of the world came to the congress and presented their studies. As at other IFPE meetings the lectures and posters were of excellent quality. The titles covered a wide range of topics in psychiatric epidemiology including service research and stigma associated with mental illness. Beside the outstanding scientific program, it was very impressive to listen to the informal, but engaged scientific discussions even during coffee breaks and lunches.

Overall, Leipzig 2013 was a huge success. More than 450 papers and posters had been presented and 500 researchers attended the conference, resulting in the largest congress IFPE ever organized. We all are extremely grateful to Professor Steffi Riedel-Heller and her scientific and administrative team who did an excellent job in preparing and hosting this congress. I would like to express my sincere esteem to the Scientific Program Committee and the International Advisory Board of this congress, who spent a lot of time preparing this stimulating program and encouraging colleagues to submit papers. Nevertheless, we must thank the numerous participants who brought their ideas, their work and discoveries.

Recently, IFPE Committee and IFPE Executive were elected. I am happy that a respectable number of our members joined the General Assembly in Leipzig and voted. Both, during the General Assembly and the meeting of the Committee we had very active and stimulating discussions indicating the sense of responsibility

and engagement of our members. Many thanks to all of you!

I am extremely grateful to Professor Heather Stuart who worked tirelessly for IFPE over the past years as Vice President as did the other members of the Executive, George Patton and Francois Chapiro. Further, our past presidents continued to contribute to the development of IFPE by offering their comprehensive experience. Jens Christoffer Skogen did an excellent job in editing and producing this bulletin. Some of our Committee members had to finish their excellent work as part of the Committee due to IFPE rules. All this work is a profound basis for IFPE's future. Many thanks to all of them!

I am very happy that George Patton and Francois Chapiro offered to serve a further period as Secretary General and as Treasurer of IFPE. We welcome very much Kathleen Merikangas from the United States as new Vice President! Further, we welcome all those who were (re-)elected as members of IFPE Committee. Together with all members of IFPE, I am looking forward very much to work with the new Committee and Executive for IFPE!

Johannes Wancata
President IFPE



Progress and Challenges in the Psychiatric Epidemiology: Lessons from the 2013 IFPE

Kathleen Ries Merikangas, Ph.D.
**Senior Investigator and Chief, Genetic
Epidemiology Research Branch, National
Institute of Mental Health, Bethesda, MD, USA**

This year's IFPE conference demonstrated the growing importance of psychiatric epidemiology worldwide. Dr. Steffi Riedel-Heller and her team, along with IFPE members involved in the planning of the scientific program, deserve our wholehearted congratulations on their organization, planning and successful implementation of a superb meeting. The meeting was successful not only in terms of the excellent scientific level of the program, but also in their recruitment of many non-IFPE members and students to broaden the scope and representation of the meeting. Registrants from more than 30 countries across all continents joined together to discuss the role of psychiatric epidemiology in improving population mental health. The presentations achieved a new level of sophistication in the advances in our understanding of the global burden, distribution, risk factors, and consequences of mental disorders.

Three major themes that emerged from the meeting provide a blueprint for future directions for research and applications of

psychiatric epidemiology that we hope to pursue at future IFPE meetings. First, the research presented at the meeting provided a lifespan perspective through the representation of research ranging from early life through childhood and adolescence, to the changing profile of “old age”. The critical value of long-term cohort studies in understanding differential vulnerability to mental disorders at different life stages and transitions was also evident. Nevertheless, many of these fields have been insular in terms of the methods, measures and domains of risk, and future studies could benefit from greater integration of the now highly sophisticated research within specific periods of the life span. Second, widespread evidence was presented regarding advances in our understanding of broad domains of risk including broad contextual, psychosocial, familial, genetic, experiential and biologic factors. Of particular relevance is the growing integration of “medical” and “mental” disorders that has long been neglected in the conceptualization of psychiatric disorders. For example, several talks focused on the bi-directional associations between cardiovascular risk factors and diseases and mood disorders, as well as the mutual influence of treatments on these conditions. With the increasing life span of people in many parts of the world, closer integration of physical and mental health will be

critical to provide a comprehensive health profile. As the boundaries between medical disciplines become increasingly blurred as exemplified by a shift from cancer subtyping by organ system to the molecular signature of the cancer (1-2), our field will have to broaden the scope of our samples, methods and domains of research to reflect the core physiologic processes underlying disparate mental disorders.

Third, the growing importance of the general population as both the laboratory and target of research on mental health was evident from new studies across the world that have established cohorts of patients, students, workers, and general population samples. Aside from numerous findings on risk factors and combinations thereof that have emerged from our field, presentations at the meeting also documented several advances in methodologic screening tools and measures, and substantial broadening of the points of identification and service contact. In fact, the IFPE is one of the few organizations that devote significant effort to methodologic developments in terms of both tools and statistical analytic methods. In spite of the growing awareness of the significant burden of mental and drug use disorders, however, there is a large gap in our inability to translate research findings to health care policy makers, funders, and those in need of intervention and

treatment. As mental and substance use disorders have now become the leading cause of non-fatal illness worldwide (3), our organization faces an even greater challenge in reducing the growing gap in the translation of research findings to community interventions. We can help to achieve this goal by facilitating communication of our growing evidence base to the community, policy makers and patients to develop the most effective timing, targets and interventions for mental disorders. It will also be important to institute steps to broaden the representation of developing countries in the IFPE, which is currently dominated by high income countries that have supported our research, in order to ensure that we can truly represent global mental health as our chief priority.

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Report from 14th International Congress of the International Federation of Psychiatric Epidemiology 5 – 8 June 2013 Leipzig, Germany



Soziale_Medizin_in_Leipzig (image section), Fischer Art 2010

The XIV International congress of IFPE took place from June 5 to 8, 2013 in the city of Leipzig, Germany, and was held in cooperation with the German Association for Psychiatry and Psychotherapy (DGPPN) and the German Society for Epidemiology (DGEpi). The congress was a great success and precious experience, not least because the city of Leipzig provides an exciting environment to exchange ideas. The main theme of the congress "The uses of psychiatric epidemiology in improving population mental health" united 450 researchers from 33 different countries worldwide who discussed the latest research across the lifespan such as causes of changes in patterns of psychopathology from child- to

adulthood, challenges of adolescence, aging societies, as well as contemporary themes such as the uses of the latest technologies and new research on stigma, and nevertheless emerging trends in the diagnosis and treatment of mental disorders. Mental health at the workplace and the growing interest of autism spectrum disorders were also timely topics.



Leipzig City, Image source: LTM GmbH

The congress theme explored how epidemiology work can positively impact mental health across various populations. Various societal changes such as increased mobility, new gender roles or economic burden influence people's well-being. Psychosocial risk factors and biological markers as well as their interdependence are essential to understanding the aetiology of mental disorders. Psychiatric epidemiology is the key discipline for assessing and analysing all these developments.

The scientific programme of the congress included an extraordinary amount of high-level

research contributions: 25 plenary speeches, 239 oral presentations and 119 posters, in addition to a pre-meeting workshop (SCAN training short course) and a workshop focused on global mental health assessment training and treatment tools (GMHAT). In addition, 3 young researchers were awarded with poster prizes for their poster presentation.



Plenary Session, IFPE congress 2013

In addition to an exciting scientific program the IFPE congress 2013 gave the opportunity to meet friends and colleagues at the official welcome reception. Another social highlight was the congress dinner within the unique tropical scene of Gondwanaland (in Leipzig Zoo). Congress participants had the chance to follow an exciting trail through the rainforest and to cross paths with animals from three continents.

It was a great pleasure for us to welcome you as guests in our historic city known for its music, art, and politics. Leipzig has had a long tradition

of hosting international visitors as a central location of historic trade routes. Similarly, a tradition of learning dates back over 600 years when the Universität Leipzig was founded. And, in the early 1990s the peaceful political actions here played a central role in the reunification of Germany. Further, Leipzig's residents have included famous composers Johann Sebastian Bach, Richard Wagner, Felix Mendelssohn Bartholdy, and Robert Schumann. Leipzig's thriving contemporary art scene is the home of numerous art galleries and artist studios. Thus, the scientific and social program made this year's IFPE congress a wonderful and unforgettable occasion, underlined by a hospitable, open-minded and sunny city of Leipzig.



Prof. Steffi G. Riedel-Heller (Local Host), Prof. Johannes Wancata (IFPE President) and Prof. Thomas Fabian (mayor of social affairs, Leipzig). Image source: Diana Smikalla

I would like to take this opportunity to thank Prof. Wancata, the President of the IFPE, all members of the Scientific Committee, the

International Advisory Group as well as the Local Organizing Committee, as well as all friends and colleagues for their great and passionate engagement to make the XIV International congress of IFPE 2013 a successful and unforgettable event.

Thanks also to the German Research Council (DFG) for supporting the congress.

Professor Steffi G. Riedel-Heller

Local host



**14th International Congress of the
International Federation of
Psychiatric Epidemiology
5 – 8 June 2013: Poster-prize-
winners**

"Outcomes 10 years after first episodes of psychotic major depression on schizoaffective disorder – depressed type"
Margarete Heslin (UK)

"Life-time psychiatric disorders over half a century in patients with obsessive compulsive disorder"
Isak Fredén Klenfeldt (Sweden)

"Receiving workplace mental health accommodations and the outcome of mental disorders in employees with mood an anxiety disorder"
Carmelle Bolo (Canada)

Congratulations!



The GET UP PIANO TRIAL, a pragmatic cluster randomized controlled trial aimed at translating evidence-based treatments for early psychosis into practice in Italian mental health centres covering a 10 million inhabitants catchment area.

Mirella Ruggeri* on behalf of the GET UP Group (the list of those who contributed in the GET UP Groups is published in the web site: www.psychiatry.univr.it/page_getup)

Psychotic disorders are the most severely disabling of all mental illnesses, leading to great personal suffering for patients and their family members, due to still-persisting social stigma and repeated post-relapse hospitalizations. Most clinical and psychosocial deterioration in schizophrenia has been found to occur within the first 5 years of illness onset, suggesting this phase as a “critical period” for initiating treatment. Thus, the most recent research applications in the field have begun to focus on the aspects of early detection and intervention, with findings now revealing a direct relation between quality of clinical/social response and swiftness of treatment after psychosis onset. International treatment guidelines for first episode psychosis now recommend a prompt and integrated pharmacological and psychosocial approach, including cognitive behavioural psychotherapy for patients and

psycho-educational intervention for their family members. Hence, policy planning must also be based on a combination of these different components in a multi-element perspective. However, there is little knowledge on how these procedures can be best integrated into current clinical practices. The challenge is therefore that of learning how to effectively manage many inter-dependent organisational problems and to concurrently develop and implement intervention programmes that are targeted, effective, and tailored to patients and their family members. Moreover, all of this must be achieved in a context of great (patient, family, clinical, and social-relational) variability.

The Research Programme “**Genetics Endophenotypes and Treatment: Understanding early Psychosis**” (GET-UP, National Coordinator: Prof. Mirella Ruggeri, Verona) has been financed by the Italian Ministry of Health, as part of a *National Health Care Research Programme* conducted by the Academic Hospital of Verona, in Italy. The Programme comprises four partner Projects-PIANO, TRUMPET, GUITAR, and CONTRABASS - which respectively correspond to research conducted with a high degree of synchronisation. The Projects comprehensively aim to test the effectiveness and feasibility in Italian Community Mental Health Centres. for innovative and targeted forms of early

psychosis onset intervention. A further aim is to identify biological, environmental, and clinical outcome predictors.

The project involved 117 Mental Health Centres located throughout a 10 million-inhabitant catchment area, including two Regions (Veneto and Emilia Romagna) and the Bolzano, Florence, and Milan provinces. Specifically, a randomised controlled trial was launched in the frame of the GET UP research Programme and coordinated by the PIANO (Psychosis: Early Intervention and Assessment of Needs and Outcome - Scientific Coordinator: Mirella Ruggeri) GET UP Partner Project. The trial was based on sophisticated epidemiological, clinical, biological, and neurocognitive investigations. Over 300 CSM workers in these catchment areas have been trained in the above-mentioned evidence-based forms of intervention, and up to 500 among clinicians and researchers have contributed to the study in various ways.

Capacity Building in Early Psychosis

Treatment. The first step to be achieved in the GET UP Project thus consisted in the capacity building process among professionals of routine service not previously trained in specific interventions for early psychosis. Main aims were ascertaining if a short, intensive training implemented in routine clinical practice

professionals was sufficient to build capacity in administering CBT for early psychosis, and to assess the impact of trainee's individual characteristics (age, profession, clinical experience, cultural background) on the acquisition of competence. Specific CBT training program has been delivered to 131 mental health professionals (psychiatrist or psychologists) working in 64 Community Mental Health Centers (CMHCs) participating in the experimental arm of the GET UP Trial .The CBT training program was devised with the contribution of Anna Meneghelli and her collaborators running an Early Psychosis Centre (Programma 2000) in the city of Milano. It has been developed as part of a post-graduate course promoted by the University of Verona, with the involvement as teachers of the international leading experts in the field. It consisted of 112 hours of teaching and 30 hours of supervision in small groups and three months of practice training. Mental health professionals' competences were measured at baseline and at the end of the course, using multi-choice questionnaires, case reports analysis and supervisors' judgments. Professionals' satisfaction towards the course has been also evaluated by an ad hoc questionnaire. A total of 127 mental health professionals (out of the 131 who begun) completed the training successfully. Competence on CBT developed during the

training was good to excellent in the vast majority of subjects, with no major differences due to the individual trainees characteristics. Questionnaires on professionals' satisfaction, focused strengths and limits of the training program, with an overall medium to high satisfaction and good subjective perception of utility of the course in providing the basic skills to intervene with patients affected by psychosis. In conclusion, the high participation and engagement, and the competencies acquired in the CBT training proves the feasibility and utility of implementing specific training programs that build capacity in mental health professionals that work in everyday practice.

The Cluster Randomized Controlled Trial. The GET UP PIANO trial had two overarching aims: 1) To compare, at 9 months, the effectiveness of a multi-component psychosocial intervention with that of treatment as usual (TAU) in a large epidemiologically based cohort of patients with First Episode patients (FEP) and their family members recruited from a 10 million-inhabitant catchment area; 2) To identify the barriers that may hinder its feasibility in real-world routine clinical settings and patient/family conditions that may render this intervention ineffective or inappropriate. Primary outcomes were considered symptom reduction, increased social functioning, lower inpatient admission rates.

Participants were recruited from community mental health centers (CMHCs) operating for the Italian National Health Service and located in the above mentioned 10 million-inhabitant catchment area. The PIANO trial had a pragmatic cluster randomized controlled design, which compared the effectiveness of TAU plus a multi-element psychosocial treatment for patients with FEP and their family members, versus TAU alone. The experimental additional treatment comprised : 1) cognitive behavioral therapy for psychosis (CBTp) for patients; 2) family intervention for psychosis (Fip); and 3) case management. It was expected that an optimal number of 20–30 CBT sessions per patient would be delivered during a time frame of 9 months, with weekly sessions held during the first 3 months and fortnightly during the subsequent 6 months. Family intervention consisted of an optimal number of 10–15 sessions over 9 months with each individual family: 6 sessions in the first 3 months, and at least 1 session/month during the subsequent 6 months. Every patient/ family had a case manager who coordinated all planned interventions.

Based on previous estimates, it is known that in Italy there are 18 incident cases of psychosis/100.000 adults/year. Supposing that 75% ask for treatment in public MH services, about 700 incident cases/year were expected in the GET UP catchment area. A total of 626

patients were identified in the GET UP Project: 172 patients in control condition and 272 patients in experimental condition, and thus the GET UP Cohort might be considered representative of FEP patients attending CMHCs. The intervention lasted 9 months. At baseline, the socio demographic characteristics of the patients did not differ between groups. One hundred and 89 patients have completed 10 or more CBT sessions and had their relatives complete 2 or more FI sessions. One hundred and 38 patients have completed over 20 CBT sessions; 24 people did not participate in the CBT treatment due to various reasons that included: withholding consent to treatment (13 patients), attrition before the start of CBT (3 patients) and others. Concerning Family Intervention, the largest group (n=121) have participated in 10-19 FI sessions; 52 patients' relatives did not participate in FI due to various reasons such as: no relatives available (17 patients), patient refusal to grant consent to contact relatives (7 patients), no consent to CBT (13 patients), relatives not giving consent (7 relatives) and others.

At the 9 month follow-up subjects in the experimental group had significantly lower PANSS Total Score, lower GAF and Hamilton Score (treatment effect estimates based on random effects linear regression models) and lower number of days of admission. A first result of this study is thus that it is possible to

apply evidence based interventions for early psychosis also in routine CMHCs, with an improvement – obtained with a treatment lasting for a short time – in clinical and social outcomes. Interventions proved to be acceptable to the vast majority of patients and their families.

Subjective and Objective perception of

Outcome in Early Psychosis. Subjective and objective assessments can offer distinct but complementary outcome variables. Thus, the views of service users are an important target of the efficacy evaluation. The meaning that patient attaches to having a psychiatric problem depends on two appraisal processes: how the illness is conceptualized (i.e., subjective illness beliefs) and what that means for the person experiencing it (i.e., subjective self-beliefs). Patients may be more likely to experience demoralization if they believe that their illness is chronic, impedes subjectively significant social roles, is beyond control, accompanied by social discrimination, and turns them into dangerous, incapable and worthless individuals. Another aim of the GET UP study was to test whether a multi-element approach can produce effect on subjective appraisal of positive symptoms, disability and functioning in early psychosis. Subjective appraisal of symptoms (measured by PSYRATS), global functioning (measured by GAF) and disability (measured by

WHO-DAS II) variables were taken both at baseline and at 9-month follow-up. Results show that there were significant post-treatment improvements on the PSYRATS. Specifically, the experimental treatment seems to play a crucial role for total delusion score and for the items regarding cognitive and distress levels. Significant improvements in global and social functioning and on disability in the items about relationship with partner and friction in social contact were also observed.

Conclusions. Knowledge produced by the GET UP Project is to date unique in this field and might greatly contribute to bridge the gap between research and clinical practice in the area of early interventions. This initiative is moreover expected to produce information useful to activate a virtuous circle to foster the dissemination of early prevention and intervention practices - not only for psychoses, but also in other mental health spheres.

*Section of Psychiatry
Department of Public Health and Community
Medicine
University of Verona, Italy
Mirella.ruggeri@univr.it



Obituary: Professor Norman Kreitman, 1927-2012

Prof. Kreitman, for 30 years a leading figure in psychiatric epidemiology, died at his Edinburgh home in Dec. 2012. After graduating from King's College Medical School, London in 1949 and clinical experience in general medicine, he trained in psychiatry at the Maudsley Hospital. From 1959 he worked for the Medical Research Council, first at the Clinical Psychiatry Research Unit under Peter Sainsbury and then from 1966 onwards at the Unit for Epidemiological Psychiatry in Edinburgh, where he served as Director until his retirement. Here his research group built up a solid reputation for population-based research, in particular on suicide and suicidal behaviour more widely (for which he coined the term 'parasuicide'); on alcoholism and on social factors of depressive illness.

Norman was for many years chief editor of the journal *Social Psychiatry* (later *Social Psychiatry and Psychiatric Epidemiology*) and also served a long stint as Secretary of the W.P.A. Section of Epidemiology. In these duties he was so consistently hard-working, punctilious and unflappable, that it was a pleasure and a privilege to work with him.

Following his retirement from psychiatry in 1990, Norman turned his creative drive to other interests. Despite his own wry comment on 'how little time there is between the end of one's paid employment and just the end', he had two more decades of active life in which to produce a study on the psychology of metaphor as well as volumes of poetry. Always a kind and generous friend and colleague, he will be much missed.



**New individual member: Professor
Vera Anne Morgan**

I am a psychiatric epidemiologist focusing on the aetiology and epidemiology of schizophrenia and other psychotic disorders. I take a cross-disciplinary approach to my research, melding epidemiological, psychiatric, criminological and sociological perspectives on aetiology, course and outcome for people burdened with a psychotic illness to help unravel its complex aetiology. I am based in Perth, Western Australia where I am head of the Neuropsychiatric Epidemiology Research Unit and Deputy Director (Epidemiology) of the Centre for Clinical Research in Neuropsychiatry, both within the School of Psychiatry and Clinical Neurosciences at The University of Western

Australia. My professional roles have included: President of the Australasian Society for Psychiatric Research, Vice-President of the Australasian Epidemiological Association, Chair of the Research Committee of the Mental Health Council of Australia, and Member of the University of Western Australia Senate.

Perth has been described as the most isolated capital city in the world. However it has proven to be a very rich and rewarding environment for conducting research into psychotic illness.

There are two arms to the research undertaken by the talented and multidisciplinary research team within the Neuropsychiatric Epidemiology Research Unit.

First, Perth is blessed with an elaborate network of longstanding, whole-of-population administrative health registers, including a psychiatric case register covering inpatient admissions and outpatient/ambulatory contacts since 1966. Mechanisms have been put in place to enable linkage across the registers for research purposes, under strict ethical protocols. We have been able to exploit this valuable resource to build a "high risk" electronic birth cohort of 15,486 children born 1980-2001 to mothers with a psychotic illness and 467,945 comparison children born over the same period to mothers with no known

psychiatric history.¹ Using linkages to the midwives register, we have measured exposure of these children to obstetric complications in utero and at the time of their birth. Through linkages to other registers, we have collected data on other exposures along the life course, as well as outcome data including mortality, birth defects, intellectual disability, psychiatric illness, among others. (See Figure 1).

Developing constructs is always a challenge. We have supplemented data on individual obstetric complications with summated scores from a computer algorithm that we have written to apply the McNeil-Sjöström Scale for Obstetric Complications to our half a million electronic midwives records. However, one of the biggest challenges for us has been to draw out measures of stress and adversity using register data. This work is still ongoing but, to date, we have been able to utilise data on parental hospitalisation and death, parental criminal offending, reported abuse of the child, as well as socio-structural data on neighbourhoods to inform this component of our work.

Other record linkage projects have enabled us to examine criminal offending in people with schizophrenia and other mental illness, including the temporal relationship between offending and illness onset, and to study the

overlap between intellectual disability and schizophrenia.

The second arm of our program of research is survey work. Our Unit has been responsible for leading and coordinating Australia's two national psychosis surveys, in 1997-98 and 2010. The most recent survey in 2010 interviewed 1825 people with psychosis across Australia and, uniquely for a national survey, included a brief cognitive assessment and a physical health examination including blood tests. Survey questions covered: psychopathology; utilisation of mental health and other services; treatments; perceived need; cognition; education, employment and income; living circumstances; activities of daily living; family responsibilities; social and other functioning; support networks; physical health including nutrition and physical activity; smoking; and drug and alcohol use.²

Recently, we received funding to reinterview 600 people with psychosis from the national psychosis survey in order to better understand impediments to cardiometabolic disease risk modification in people with psychotic illness. Our aims are: to determine factors associated with improvement and deterioration in cardiometabolic profiles in people with psychotic illness; to examine impediments to the uptake of interventions for cardiometabolic

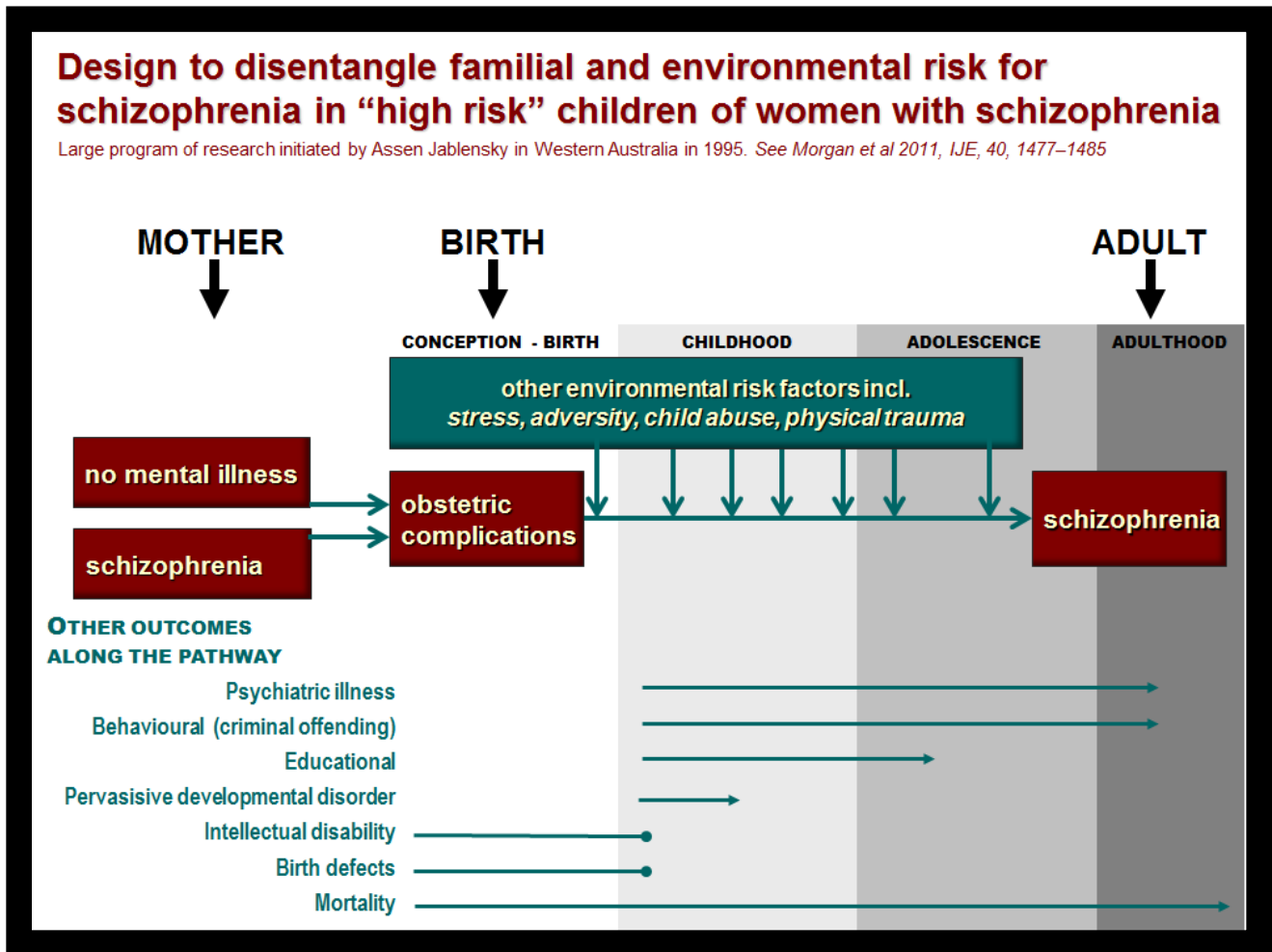
disorders by people with psychotic illness; and to work with services towards the development of a clinical service model for the implementation of targeted interventions within mental health services.

When I came to Perth at the end of 1994, I was fortunate to obtain a position working with Assen Jablensky who took up his Chair in Psychiatry in the early 1990s. I have been very privileged to be able to build on the program of epidemiological research established by him, with his support and mentorship. I am also very lucky that my work has allowed me to work closely with many of the best Australian psychosis researchers, as we developed and implemented the two national survey protocols and as, together, we continue to analyse and write up the findings of the second survey. I have an amazing and very cheery team of researchers in the Neuropsychiatric Epidemiology Research Unit, including Maxine Croft, Giulietta Valuri, Sonal Shah, Patsy Di

Prinzio and Kate Brameld working mainly on the record-linked data and Anna Waterreus and Jenny Griffith mainly managing the clinical and survey program of work. We are well looked after by our wonderful administrative officer, Stephanie Gee.

Unfortunately, I was unable to attend the biennial meeting of IFPE this year, but hope to meet many of you at the next meeting in two years' time, if not beforehand, maybe in Perth. Perth is a lovely place to live in or visit. It has a balneaire ambiance, edged as it is by very beautiful beaches with soft white sand, and traversed by a large river. Overlooking the river, a little more than a kilometre from the centre of the city, 400 hectares (1000 acres) of bushland abound with native flora and fauna. Much further away is a wild and rugged coastline, amazing gorges and striking red desert. The days are flooded with bright blue skies and sunshine, summer and winter. You might like to come and drop in on us some day!

Figure 1: Risk factors for schizophrenia



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**Announcement:
17th meeting of the Section of
Epidemiology and Social Psychiatry
of the European Psychiatric
Association (EPA)**

It is our honour to host the 17th meeting of the Section of Epidemiology and Social Psychiatry of the European Psychiatric Association (EPA) in Ulm and Neu-Ulm from May 21-24, 2014. The conference will cover both current research on the disease burden, i.e. on the epidemiology of mental disorders and the repercussions this has on mental health service planning and delivery. Plenary lectures will be combined with both parallel sessions presenting innovative research and pre-conference courses focusing on methodology. Space will be provided to the research areas that are currently relevant in mental health services research.

It is our aim to provide a forum for all current research in the field, and we are confident that the Danube and Ulm (and the Medical Faculty of Ulm University) will provide a background to the conference that reflects tradition, culture, high-quality science and cutting-edge commercial and industrial activity inviting you to explore both the history of an old urban centre and current life on the Danube. We hope you will follow our invitation and look forward

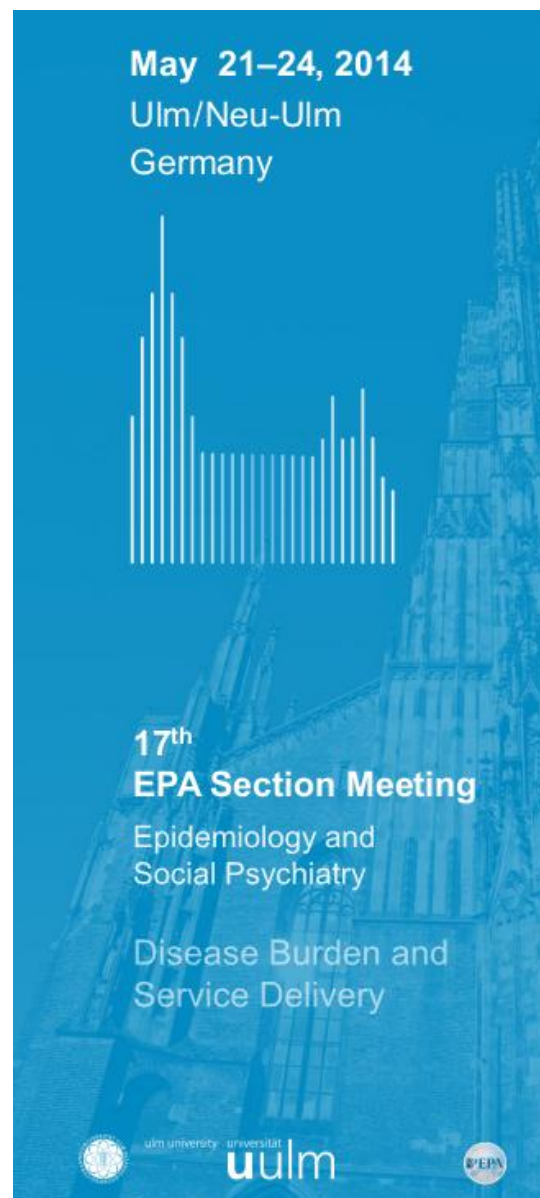
to a meeting combining scientific excellence, hospitality and a spirit of international collaboration and exchange.

Please visit our website at

<http://www.epa2014ulm.eu/> for updates.

We look forward to welcoming you to Leipzig, Germany!

Prof. Dr. Thomas Becker & Dr. Markus Kösters



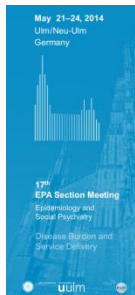

Calendar of Events



**Verona, Italy
October 3-5, 2013**

European Network for Mental Health Service Evaluation (ENMESH)

More information:
<http://www.enmesh.eu/>



**Ulm and New-Ulm, Germany
May 21-24, 2014**

17th meeting of the Section of Epidemiology and Social Psychiatry of the European Psychiatric Association (EPA)

More information:
<http://www.epa2014ulm.eu/>



**Nara, Japan
October 16-18, 2014**

WPA Section on Epidemiology and Public Health - 2014 Meeting.

More information:
<http://www.wpaepi2014.umin.jp/>


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