ICP 2019, Human Rights, Dignity, and Justice: From Knowledge to Action, has been the major focus over the winter. It will be held in Cadiz Spain, June 12-13 at the University of Cadiz.

We have put together an exciting program. Plenaries include working with street youth in Brazil, and topics of gender and violence in Europe. Migration and refugee concerns, human trafficking, global mental health, international leadership constitute a sample of the presentations scheduled. Presenters hail from Japan, Malaysia, Pakistan, India, Europe, and North South America. The program can be found in this newsletter and accessed at https://www.conftool.org/icp2019/index.php?page=browseSessions&path=adminSessions

Ana Guil, President-Elect of ICP has coordinated the local conference committee. They have planned some incredible outings that will give us a taste of this beautiful region of Spain. It is not too late to plan to come to Cadiz, a destination featured by the New York Times.

Elections for ICP officers are underway. Jean Lau Chin and the nominating committee (Past President Chin; Janel Gauthier; Roswith Roth; plus, ExOfficio: Pres.Natalie Porter; SG M. Bullock) put together an outstanding slate of candidates for President-Elect and Members-at-Large. You may access the candidate statements and election ballot via the ICP website. ICPWEB.ORG

Conferences that address international human rights and well-being are crucial in the aftermath of tragedies such as Cyclone Idai and mass violence witnessed in New Zealand and Mali. Since the last newsletter, in this 3-month period, we have witnessed several humanitarian crises from natural disasters to horrific violence. The UN has named Yemen, the Democratic Republic of Congo, and South Sudan as the top 3 countries most at-risk for catastrophic outcomes this year. Following them are Afghanistan, Venezuela, the Central African Republic, Syria, Nigeria, Ethiopia, and Somalia.

These risks are the result of natural disasters such as droughts, floods, and famine as well as armed conflict and economic collapse. The UN posits that 132 million people in more than 42 countries will require assistance in 2019.

It is essential that we raise our collective voices to combat the growth of nationalism & authoritarian leadership around the world. We can join with other organizations in providing moral leadership. ICP may be a small organization, but our coming together across borders and boundaries contributes to a vision of a more peaceful world.
# 77th Annual Board Meetings and Scientific Program

## Overview

<table>
<thead>
<tr>
<th>Date: Tuesday, 11-Jun-2019</th>
<th>Date: Wednesday, 12-Jun-2019</th>
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<tbody>
<tr>
<td><strong>9:00am - 5:00pm</strong></td>
<td><strong>9:00am - 9:55am</strong></td>
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<tr>
<td><strong>Board 1:</strong> ICP Outgoing Board Meeting</td>
<td><strong>PL-1:</strong> Plenary 1: Dr. Blanca Rodriguez</td>
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<tr>
<td>Session Chair: Natalie Porter, Alliant University, Emerita, United States of America</td>
<td>Session Chair: Natalie Porter, Alliant University, Emerita, United States of America</td>
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<tr>
<td><strong>Seminario 1</strong></td>
<td><strong>Aula Magna</strong></td>
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<tr>
<td>Outgoing Board Meeting for ICP, Inc.</td>
<td><strong>10:00am - 10:55am</strong></td>
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<tr>
<td>Members are welcome to attend with prior notification to the secretariat (<a href="mailto:icpincinfo@gmail.com">icpincinfo@gmail.com</a>)</td>
<td><strong>PL-1:</strong> Plenary 1: Dr. Blanca Rodriguez</td>
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<tr>
<td><strong>7:30pm - 8:25pm</strong></td>
<td><strong>Aula Magna</strong></td>
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<tr>
<td>Opening: Opening Ceremony</td>
<td><strong>10:00am - 10:55am</strong></td>
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<tr>
<td><strong>Aula Magna</strong></td>
<td><strong>PP-1:</strong> Paper Panel: Sexual Violence: Causes and Consequences</td>
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<td><strong>ICP2019</strong></td>
<td><strong>Aula 13</strong></td>
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<tr>
<td>Session Chair: Natalie Porter, Alliant University, Emerita, United States of America</td>
<td><strong>10:00am - 10:55am</strong></td>
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<tr>
<td>Session Chair: Ana Guil Bozal, Universidad de Sevilla, Spain</td>
<td><strong>W-1:</strong> Workshop: Disaster Interventions</td>
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<tr>
<td><strong>8:30pm - 10:00pm</strong></td>
<td><strong>Aula 14</strong></td>
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<tr>
<td>Welcome: Welcome Reception</td>
<td><strong>11:00am - 11:25am</strong></td>
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<tr>
<td>Join ICP Conference organizers and participants for cocktails and snacks. Following the Opening Ceremony</td>
<td><strong>Morning Coffee Break</strong></td>
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<tr>
<td><strong>Courtyard</strong></td>
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<td>Pos1: Poster Session</td>
<td><strong>Hallway</strong></td>
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<td>Posters will be hanging in the hallway the entire day. Authors will stand by their poster during the morning and afternoon break.</td>
<td><strong>11:30am - 12:25pm</strong></td>
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<tr>
<td><strong>Aula 13</strong></td>
<td><strong>PP-2:</strong> Paper Panel: Stress and Burnout in Professional Contexts</td>
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<td><strong>11:30am - 12:25pm</strong></td>
<td><strong>Aula 14</strong></td>
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<tr>
<td><strong>S-1:</strong> Symposium: Human Trafficking</td>
<td><strong>12:30pm - 1:25pm</strong></td>
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<tr>
<td>Session Chair: Nancy Marie Sidun, Tripler Army Medical Center, United States of America</td>
<td><strong>Aula 13</strong></td>
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<tr>
<td><strong>12:30pm - 1:25pm</strong></td>
<td><strong>W-5:</strong> Workshop: Global Mental Health</td>
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<tr>
<td><strong>Aula 14</strong></td>
<td><strong>1:30pm - 2:45pm</strong></td>
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<tr>
<td><strong>12:30pm - 1:25pm</strong></td>
<td>IG1: Interest Group Meeting</td>
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<td><strong>Courtyard</strong></td>
<td><strong>Courtyard</strong></td>
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<tr>
<td>Lunch</td>
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### 77th Annual Board Meetings and Scientific Program

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<tr>
<th>Time</th>
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<tr>
<td>11:30am</td>
<td>S-2: Symposium: Human Wellbeing</td>
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<td>Aula 13</td>
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<td>11:30am</td>
<td>S-3: Symposium: Preventing Gender Violence</td>
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<td>Aula 13</td>
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<td>12:30pm</td>
<td>C-3: Open Program</td>
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<td>Aula 14</td>
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<td>12:30pm</td>
<td>W-4: Workshop: Active Listening</td>
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<td>Aula 15</td>
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<td>Courtyard</td>
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<td>3:00pm</td>
<td>PP-7: Paper Panel: Lifespan Mental Health</td>
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<td>Aula 13</td>
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<tr>
<td>3:00pm</td>
<td>A-2: Award Talks: Fukuhara/Gielen</td>
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<td>Aula 14</td>
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<tr>
<td>4:00pm</td>
<td>Awards: Awards Ceremony</td>
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<td>Aula Magna</td>
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<td>4:30pm</td>
<td>Afternoon Tea/Coffee Break</td>
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<td>Courtyard</td>
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<td>5:00pm</td>
<td>Town Hall and Members Meeting</td>
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<td>Aula Magna</td>
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<td>6:00pm</td>
<td>Closing: Closing Ceremony</td>
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<td>Aula Magna</td>
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<td>8:00pm</td>
<td>B-1: Conference Banquet</td>
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**Date: Thursday, 13/Jun/2019**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>9:00am</td>
<td>PL-3: Plenary 3: Dr. Victoria Ferrer</td>
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<tr>
<td>Aula Magna</td>
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<td>10:00am</td>
<td>PP-5: Paper Panel: Refugees and Migration</td>
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<td>Aula 13</td>
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<td>10:00am</td>
<td>W-3: Workshop: Disabilities</td>
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<td>11:00am</td>
<td>Morning Coffee Break</td>
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<td>POS2: Poster Session</td>
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<td>during the morning and afternoon break.</td>
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Each year the magnificent Humpback Whales grace our Hawaiian waters where they come to breed and give birth. I try to find ways to be at the shoreline as much as I can during these months to watch for the whales. There is also an official whale count that occurs three times a year; although I did not participate this year, it truly is one of my favorite activities – counting whales. It’s exciting to see the whale’s spout, but an incredible delight is to see a whale breach.

While it’s not quite as exciting as whale counting and watching, it is wonderful to be able to report that our financial holdings remain stable. Focus for the future is to establish a committee to determine best ways to invest our savings – to make it work for us!

I look forward to seeing everyone in Spain for our upcoming conference and board meetings. Until then enjoy the beauty of the photo below of a stunning Hawaiian rainbow and the tails of a mother whale and her calf.

NANCY SIDUN, PhD
TREASURER
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nancy.m.sidun.civ@mail.mil
n.sidun@hawaiiantel.net
Chief, Multi-D Tripler Army Medical Center 1
Jarrett White Road Honolulu, HI

24 March 2019
Being appointed by President Natalie Porter to serve as Coordinator for ICP’s Interest Groups, I am encouraging friends and colleagues of the ICP, Inc. to create groups which facilitate scientific research on specific topics. To take a first plunge, Dr. Ann Marie O’Roark and I are initiating the creation of a new topic entitled “Cross-Cultural /Interdisciplinary Study on Wellness of Human Beings” which aims to study scientific approaches to Human Wellness.

In addition to carrying out research, ICP Interest Groups prepare proposals for presentations to submit to ICP, Inc annual Conferences, to interim Conferences (regional, etc.), and/or to National and International Conferences held in various regions of the world.

Interest Groups are encouraged to invite colleagues from other psychology related fields who may be interested in to collaborate on research in order to enhance potentials for putting scientific findings into action.

By being involved in this activity, I hope we will be able to continue the development of ICP’s emphasis on “Human Dignity” and the importance of reciprocal respect with others.

Let us work together!

Wellness, human dignity, and mutual respect values are also pivotal in JAMC, the organization that I established and serve as CEO. JAMC recently held its annual Conference in Tokyo entitled “Grief after Loss- facing to and living with”. This Conference provided professional caregivers with key ways to think about how to assist those who are suffering. March 11th is a memorial day for the people of Japan: On that date 8 years ago a major earthquake struck the northeastern part of the largest island of Japan. Many people from the area are still living stressful lives as they try to recover from a variety of losses. We know that we still need sensitive care for those who are suffering from losses that discourage people’s identity and self-actualization.

In closing, I note that Cherry blossoms are starting to bloom here in Japan. I would like to share their beauty as a peaceful image with our friends of ICP.

Fond Regards,

Machiko Fukuhara, PhD Tokyo
SECRETARY GENERAL

REPORT: BYLAWS PROGRESS TO INTERIM BOARD SESSION

FEBRUARY 3, 2019

ICP SECRETARIAT
PO Box 28371
Boulder, Colorado USA

Phone. 1 303 717 3024
https://www.icpweb.org

Merry Bullock, PhD

Bylaws Revision

An ICP bylaws revision was initiated several years ago to bring the current ICP bylaws in conformance with current ICP practice. A set of draft bylaws, presented in 2016-2017, constituted a major re-write of the 2010 ICP bylaws, including changes in membership type, officer election, and Board structure. Discussion in 2017 and 2018 articulated the Board’s decision about membership categories and election procedures. To reconcile current bylaws and proposed changes, a table in Agenda Item XX compares the 2010 bylaws, proposed changes, and commentary. This will form the basis for the ICP Bylaws committee deliberations. The committee will prepare proposed new bylaws for dissemination prior to the June 2018 Board meeting, and for a vote by the ICP membership.

[excerpt Ap.3 Interim report] There were a number of bylaws changes proposals over the last several years. To address this, the S-G went through all the past revisions to draw out significant changes. The Board is asked to discuss a number of proposed substantive changes:

a. Statement of Purpose.

In the 2010 bylaws, the first article is the ICP certificate of incorporation in the state of Connecticut. Rather than repeating them in the bylaws, the revision refers to the certificate of incorporation “by reference” which means that the ICP bylaws article 1 can focus on the name and purpose of the organization. This includes an explicit statement of purpose.

b. Membership Categories

There has been discussion over the years of how to define ICP membership to encourage multi-disciplinary identification with ICP. The current proposal is to change the current membership categories from 2 (Member, Student Member) to 3 (Member, Professional Affiliate Member, Student Member). This was decided at the March 2018 Board meeting where there was a discussion whether to add a 4th category of “associate” member. It was decided

[See next column box]
Valerie Hearn, PhD
Editor IAAP Bulletin 2006-2019

Excerpts from “Collector” Editorial

Spring 2019

My introduction to IAAP began thanks to my dear friend and mentor, Ray Fowler [notebene: both were also ICP members].

He and I were members of a small organization called the Society of Psychologists in Management (SPIM). SPIM was made up of lovely people who were educated to become psychologists, but who ended up being managers or consultants to managers. I was no longer consulting to managers, so I was looking for another organization to join. I went to Ray and asked him what he thought, and “IAAP” sprang immediately to his lips.

So, I joined. I was the newsletter editor for SPIM at that time. Somehow I was appointed IAAP newsletter editor (actually co-editor with Dennis Trent [notebene: former ICP president]). I’m not sure how it happened, but I’m pretty sure that Ray worked his special magic behind the scenes. All of this took place in 2006, and my learning curve began then at the conference in Athens………..Presently, it is 2018. I hope that I have learned the job by now, as I am being put out to pasture (could be worse).

This is the last paper edition of the Bulletin before you will find it on IAAP’s website. It’s “a collector”, to quote our President-Elect, Christine Roland-Levy……. Not only am I smiling, but I’m working on conjuring up my blue fog. (You have to read to the end of this Bulletin to comprehend that.)

ROBERT MORGAN, PhD
Former ICP DIRECTOR AT LARGE

Excerpts: IAAP Bulletin Spring 2019

…Valerie Hearn, my editor since I began doing this [IAAP Bulletin] Commentary in 2007, is finishing her exemplary work with this issue. She sent all contributors this note: “This will be a special edition for me as it will be my last. So make me happy and send articles.”

That calls then for a special Commentary, possibly anomalous, that I hope will give her the smile she deserves.

Definition of anomalous from: https://www.merriam-webster.com/dictionary/anomalous
1: inconsistent with or deviating from what is usual, normal, or expected: irregular, unusual
2a: of uncertain nature or classification, as an anomalous figure in the world of politics
2b: marked by incongruity or contradiction: paradoxical

Commentary: Close Encounters of the Anomalous Kind

“……Dr. Leonard Elkind taught his therapeutic clients to do their own auto-hypnosis. He was so effective at this that issues like stage fright or exam anxiety could usually be dealt with in a single session.

This hypnotic mastery meant that he rarely made much money from so few sessions. Luckily his other skills allowed people with more serious issues, those needing more meetings, to also inhabit his office……”

“Maybe we should visualize our own version of blue fog in a safe place and listen to the wisdom of our own mind. It beats commercials. Final note: When somebody we have worked with leaves, most cultures have a form of transition ceremony to honor their time with us. At the University of Guam, such a ceremony was a goodbye dinner (although when one Dean had only been there for three weeks before announcing his departure I suggested he had
**Director At Large**

**Awards Coordinator**

Josephine Tany, PhD
Lethbridge University
Thunder Bay, Ontario CA
jtan@lethbridge.ca.

Excerpt: Report to Interim Board Zoom Session:
Award presentations at the 2019 ICP meeting in Cadiz
Dr. Klaus Boehnke (2019 Fukuhara),
Dr. Silvia Canetto (2019 Denmark-Guenvard),
Dr. Machiko Fukuhara (2018 Frances Mullen),
and
Dr. Carmen Poulin (2018 Denmark-Guenvard)

Dr. Donna Goetz is stepping down from her role as the Denmark-Guenvard Award Committee Chair after several years of service. Dr. Renesith Roth from the Karl-Franzens-Universität Graz in Austria will begin as Chair with the next award cycle.

Renesith Roth
University of Graz, Austria
Donna Goetz
Elmhurst Univ, Elmhurst, IL, USA

**2019 Frances Mullen Award Report**

Chair
Anna Laura Comunian, PhD
Padua University
Padua, Italy

Uwe Peter Gielen, PhD
Professor Emeritus
Director, Institute
Of Cross-Cultural
Psychology
St. Francis University
Brookyn, New York

We are pleased to announce that Dr. Uwe P. Gielen is the recipient of the 2019 Frances Mullen Award. His achievements and accomplishments indicate a long and distinguished history of research and applied contributions to several international areas that include Past president of International Council of Psychologists, the Society for Cross-Cultural Research, and APA’s International Psychology Division(s), and as Chair of the Psychology Section and the McKeen Cattell Award Committee for the Best Dissertation in the United States, New York Academy of Sciences. He has also served as editor of World Psychology (ICP) and the International Journal of Group Tensions. Dr. Gielen studied sociology at the Freie Universitat in Berlin, Germany (1963-1965), received a MA in Psychology from Wake Forest University, USA (1968), and a Ph.D. in Social Psychology from Harvard University, USA (1976).

**ADVANCED RESEARCH AND SERVICE IN INTERNATIONAL PSYCHOLOGY**

**ICP, INC. FUKUHARA AWARD 2019**

Klaus Boehnke
Blausohlmümbke
12
D-28717
Bremen
Germany

Excerpt from nomination letter from Prof. Dr. Christopher Oehs, FB Psoligokte, christopher.schueh@uni-marburg.de

Professor Boehnke is currently President of the International Association for Cross-Cultural Psychology (IACCP) and has a long track record of service on the international level. From 2000 to 2008 he was Secretary-General of IACCP. In 2008 he organized the 19th International Congress titled “Crossing Borders: (Cross-) Cultural Psychology as an Interdisciplinary Mult-Method endeavor”. He has also served as President of the Division of Political Psychology (11) of the International Association for Applied Psychology (ILAAP), from 2004 to 2010. He was elected Honorary Fellow of ILAAP in 2014. From 1991 to 1999, he served as Secretary of the Committee for Psychological Study of Peace (CPSP) of the International Union of Psychological Science (IUPSY), an organization that continues to exist as an independent body. On the national level, he was Chairperson of the German Peace Psychology Association from 2003 to 2013, a position in which I myself succeeded him. In addition, from 2003 to 2006 he was Member of the Executive Board of the Youth Sociology Section of the German Sociological Association (DGS).

Incidentally, he informed me that he became familiar with the ICP early on by participating in the 1990 congress of your organization upon invitation by the late Professor Toghi.

Award Chair
Ann Marie O’Reark, PhD
Independent Practice, Ret’d, Organizational and Executive Development
Atlantic Beach, FL

ICP, INC. was honored to receive multiple nominations of outstanding individuals for this year’s Fukuhara Award. Those who were unable to be recognized in 2019 will be considered for future recognition selection unless the nomination request withdrawal of their candidate.

Thank you for excellent nomination reports.
Congratulations to Dr. Boehnke. Ann Marie O’Reark
The purpose of this statement is to provide evidence-based advocacy for the integration of mental health promotion, diagnosis, screening and treatment into primary health care, and to urge national governments, the United Nations and other international bodies, the private and public sectors, civil society and all stakeholders to acknowledge the global necessity for implementing this integrated approach.

Article I of the Declaration of Alma-Ata reaffirms that health is “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.” This multidimensional approach to health needs to be strengthened, especially through a lifelong approach to promoting mental resilience as part of primary health care. Given that it often goes unnoticed, ensuring mental and psychological well-being is a core part of leaving no-one behind on the journey to universal health care.

The Context
The importance of mental health has been emphasized in a number of key international agreements. Foremost amongst these is the United Nations Agenda 2030 for Sustainable Development, where mental health is included under Goal 3, “good health and well-being for all” and specifically in target 3.4: “by 2030 (to) reduce by one-third premature mortality from non-communicable diseases (NCDs) through prevention and treatment, and to promote mental health and wellbeing”. It is also addressed in the Sendai Framework for Disaster Risk Reduction, which commits to “enhance recovery schemes to provide psychosocial support and mental health services for all people in need”, and the Global Compact for a Safe, Orderly and Regular Migration. Most recently, it was formally recognized within the 2018 Political Declaration of the third High-level Meeting of the General Assembly on the Prevention and Control of NCDs.

Current research shows massive direct and indirect costs to society from mental illness and behavioral health problems, both economically and in terms of impact on health, wellbeing and relationships amongst people who live and work within any community. The Global Burden of Disease Study indicates that “non-communicable diseases such as heart disease and diabetes, now pose a greater risk than contagious diseases” and are responsible for 71% of deaths worldwide. Many of these, approximately 40%, are considered premature as they affect people below 70 years of age and are considered preventable. More specifically, untreated mental disorders account for 13% of the total global burden of disease, with depression expected to be the leading cause of disease burden globally by 2030. The burden of NCDs is projected to only increase, leading to a reduction in global GDP by $46.7 trillion in 2030 (Insel et al, 2015; Whiteford et al, 2013).

An important observation amongst these trends is that the biggest cost burden will stem from a number of commonly occurring mental disorders, including anxiety and depression. Estimates indicate that these costs will account for more than a third of the global economic burden of non-communicable disease, rising to $6 trillion per annum by 2030 - that is “greater than heart disease and cancer, diabetes & respiratory diseases combined”.

Declaration of Alma-Ata

HEALTH IS “A STATE OF COMPLETE PHYSICAL, MENTAL AND SOCIAL WELL-BEING, AND NOT MERELY THE ABSENCE OF DISEASE OR INIRMITY.”

Statement: Integrating Mental Health Care into Primary Health Care

This statement is submitted on behalf of the International Association of Applied Psychology, the International Union of Psychological Science, the World Council for Psychotherapy, the Union of Mental Health, the Psychology Coalition of NGOs Accredited at the United Nations, the United Nations Major Group for Children and Youth and other key partners and co-sponsors.
In addition, current statistics indicate that mental health diagnoses significantly impact economies with regard to workplace productivity, accounting for almost a quarter of all days lost to sick leave, and are the leading impost on disability pensions.

Significant findings such as these have yet to have sufficient impact on global public health policy, as many countries are still reluctant, or have insufficient resources and infrastructure, to consider mental and behavioral health as a legitimate area of population health funding and investment. Expenditure on mental health as a proportion of total health spending generally ranges between 0.5% in low-income countries to 5% in high income countries, where it is still estimated to be too limited.

Research and best clinical practice indicate that the goals in the above-stated agreements should be fulfilled through primary care interventions at the community level, by providing appropriate prevention and early intervention in locations accessible to a large number of people - particularly those “left the furthest behind, who are at the last mile” – i.e. are at greatest risk and lack access to care. The rationale for this lies in the fact that currently 70-90% of mental disorders are cared for in the primary care setting.

Given the context above, we maintain that there is an urgent requirement and duty to address these global population needs in a timely, optimal way, considering that:

- The “burden of disease” due to mental and behavioral health problems is high and rising – as a consequence both of the emerging epidemic of chronic, non-communicable disease (as described above) and from the stress and consequent mental illness associated with the current worldwide dislocation of 65 million people due to war, famine, natural disasters, indigenous dispossession, as well as a host of other life challenges experienced by people from all parts of the world.

- The escalating and enormous global cost burden of pharmaceutical interventions - in combination with their variable benefits and increasing concern over the current “medicalization of unhappiness” - is unsustainable.

- The value of holistic health care, including mental health integrated with physical health is increasingly being recognized, particularly with regard to building psychosocial resilience in individuals and communities (Kuriansky, 2012, 2016).

- The adverse effects of lack of mental health care are greater for vulnerable and at-risk populations affected by poverty, war, conflict, climate change, natural disaster, disability, gender, age and other factors.

- Mental and behavioral health challenges affect all ages, including children, adolescents, and youth. Behavioral and emotional disorders now constitute a major cause of disability among people under the age of 25 years of age. Adverse childhood experiences, which encompass a variety of traumatic events, are also associated with increased risk for health, social, and behavioral issues including depression and other mental health disorders later in life.

- Research shows that mental health impacts affect health workers particularly during health crises in developing countries (Chan et al., 2016; Shah & Kuriansky, 2016).

The Importance of Primary Mental Health Care Services

A number of effective, evidence-based interventions exist which empower people with mental and behavioral health difficulties and ensure more positive, long-term general and mental health outcomes and wellbeing. A life course approach, addressing the needs of children as well as adults, is required for early identification of mental and behavioral health disorders. Huge cost savings can be made in the medical and pharmaceutical realm, if appropriate planning is undertaken for the provision of early psychosocial and behavioral health interventions for patients with common mental disorders and comorbid chronic disease, at the primary care level. Integrated mental health care enables the “right treatment, at the right time, in the right place” (Frank et al., 2004; Haas, 2004) by the appropriately trained provider, and prevents the stigma, discrimination, marginalization and fragmentation of care still associated with referral (and dislocation) to secondary and tertiary mental health treatment facilities. Such interventions within primary care settings address barriers to treatment and closes gaps in care by making services more accessible to the general population. Furthermore, tremendous benefits have been identified as a result of mental health promotion and early intervention within the primary Care setting, addressing various behavioral health needs and preventing more serious mental illness (Bray, 2010; Frank et al., 2004).

Integrated mental and behavioral health service delivery in primary care has been piloted with positive outcomes in a number of western countries over the past 20 years (e.g., in the USA, Australia, Canada, Norway and the United Kingdom). Several studies involving low-income countries also indicate adverse childhood experiences may be associated with depression and other mental health disorders (Mall et al., 2018; Ramiro et al., 2010). The World Health Organization has also undertaken the World Mental Health Initiative Surveys International College Student Project (WMH-ICS) to identify correlates of mental health disorders among college students. These studies highlight the need for integrated care for people living in low and middle-income countries, where conditions like poverty and insufficient infrastructure and access to care exacerbate the problem. Such integrated services redress the sub-optimal care currently provided, in which medication is frequently the first and only treatment provided, leaving the crucial psychosocial dimensions of mental, behavioral and general health undiagnosed and under-treated.

Primary Care Psychology is a growing area of practice and service delivery, at the core of which lies a collaborative model of mental and general health care, delivered by adequately and appropriately trained psychologists and other allied health clinicians working with GPs (general practitioners), family physicians, and pediatrics in primary care and general practice settings. Research indicates that this integrated mental health care for complex, often comorbid physiological and psychological conditions, results in the
best outcomes for patients (Bray, 2010; McDaniel, 2014; Vines, 2009). Meanwhile, a lack of specialist mental health staff in low- and middle-income countries means that integrating mental health into primary care settings (including collaborative care interventions, appropriate task-shifting and a stepped care approach) provides a critical means of closing the mental health treatment gap.

Key objectives of integrated mental and behavioral health care are to provide evidence-based interventions for the following, all of which frequently present in the primary care setting:

- common mental health disorders previously under- and inappropriately diagnosed and treated (e.g. depression, anxiety and stress - including post-traumatic stress disorder);
- chronic diseases and their behavioral and mental health sequelae; and
- frequent comorbid conditions such as alcohol and other drug disorders

**Recommendations**

We therefore recommend that all Member States, UN entities, civil society, public and private sectors, and other stakeholders, promote an holistic view and integrated approach to policies, plans and programs in sync with the above mentioned international instruments, in particular for the achievement of the SDGs, and exert best efforts for mental and behavioural health to be integrated into primary health care.

We further recommend that national governments and member states of the United Nations:

1) Propose and support a General Assembly resolution on mental health and well-being, including a reference to integrating mental health into primary health care.
2) Include reference to the integration of mental health with physical health in all health-related deliberations and strategies.
3) Call for the United Nations Secretary-General to include this holistic model in all UN system-wide strategies, consistent with the recent United Nations System Workplace Mental Health and Well-Being Strategy, a comprehensive roadmap for staff care.
4) Convene ongoing high-level meetings on mental health and wellbeing at the UN.
5) Develop public health funding models, as well as mobilize domestic resources, for psychological and psychosocial services, enabling equitable access to these optimal models of treatment in primary care across the globe.
6) Recognize the importance of this issue and convene annual national meetings of stakeholders to promote this issue, following the model of the first Global Ministerial Mental Health Summit held in London in October 2018.
7) Document currently operative screening and intervention frameworks which illustrate ‘best practice’ primary mental health service delivery – thereby providing examples of optimal models of care that can be implemented, with training, at all levels of the health care system.

The expectation is that these interventions will be replicated and scaled-up appropriately in other settings, including in low-and middle-income countries, and that these models of care be reported in the annual Voluntary National (VNRs) and SDG Reviews to assess progress in achieving the SDGs.

8) Call for increased indicators for mental health and well-being (e.g. by the WHO and relevant experts and stakeholders) that can serve as a basis for benchmarking on progress in this area. We further recommend that all stakeholders:

1) Acknowledge the outstanding work undertaken in the ongoing ‘Global Burden of Disease’ study that clearly indicates current global health trends and the need to prioritize mental health and wellbeing as the number one burden of disease by 2030 (Insel et al, 2015; Whiteford et al, 2013).

2) Recognize and take action on the resolution (27 September 2018) of the recent high-level meeting on NCDs at the UN, proposing a 5x5 matrix that includes mental health as one of the noncommunicable diseases, with heart disease, lung disease, cancer and diabetes - and continue to support the efforts of WHO in this regard.

3) Prioritize an integrated approach for mental health and primary care for people of all ages, including children and young people and especially those populations most vulnerable and at-risk, using effective, evidence-based interventions.

4) Focus on expanding human capital and capacity-building, ensuring core competencies and scaling-up of services, by training primary care providers, community health workers and non-specialized providers for the implementation of this integrated approach - especially in low-and middle-income countries where health systems are less resilient (Kuriansky et al., 2015, 2017).

5) Improve publicly-funded access to evidence-based psychotherapies.

6) Support efforts of all agencies, including the WHO, and stakeholders to integrate mental and primary health care, in line with agreements such as resolutions on Universal Health Coverage that call for this.

7) Ensure that all efforts related to the development of global health services by the WHO and other UN entities be informed by the latest epidemiological and psychological research and practice, especially regarding the field of optimal prevention and early intervention for those suffering from mental illness and comorbid chronic disease and substance use disorders (see Bray, et al., 2012; Frank et al, 2004; Haas, 2004, Vines & Wilson, 2018).

8) Develop, elaborate and promote policy statements relevant to specific context, populations and organizations on integrating mental health into primary health care for people
of all ages and in all contexts. This should provide examples and service delivery models that can be adjusted to each national and sub-national context.

9) Form multi-stakeholder partnerships, as called for in SDG 17, to work on the above objectives, that includes Member States, the World Health Organization and other UN agencies, the private sector, representatives of Major Groups and other stakeholders, mental and general health professional organizations (national and international), academic institutions, media, youth, psychologists and other stakeholders with expertise in this area.

10) Promote public education models in schools and other public settings to increase awareness of, and promote discussion around, mental health and well-being.

References

Context:
Harvard University Global Burden of Disease study (2010)


Integrated mental health care:


Cohen A. The effectiveness of mental health services in primary care: the view from the developing world. In: Mental health policy and service development, department of mental health and substance dependence, noncommunicable diseases and mental health. WHO; 2001


Desjarlais R. World mental health: problems and priorities in low-income countries. USA: Oxford University Press; 1996.


People worldwide, including over 200,000 in the CIS (Commonwealth of Independent States) region. With the dissolution of the Soviet Union in 1991, Soviet citizenship ceased to exist, leaving some of the 287 million people exposed to the risk of statelessness. This remains a major root cause of statelessness in the region to date. Soviet Union dissolution triggered large migration movements, and those who chose to move within the borders of the former Soviet Union often did so without a firm awareness that they were traveling through international borders.

The newly proclaimed States chose variations of the so-called ‘zero-option’ approach, whereby all USSR citizens who were permanent residents in the territory when the new nationality law entered into force, were entitled to the citizenship of that State, irrespective of their ethnic origins or other links. Due to different rules and policies adopted by the successor States on granting citizenship to those people who were not permanent residents at the time, many people were left out of the body of citizens and were faced with statelessness. Some individuals did not apply on time and thus failed to meet the criteria for acquiring citizenship of the concerned State.

For example, in Belarus, the 1991 Law on Citizenship included individuals residing in Belarus, and those who were habitually resident but not on the territory at the time of independence. They were considered citizens of Belarus as long as they held an expired USSR passport and applied for the confirmation of their citizenship by 2004. However, the law excluded stateless people, who were not considered as citizens of Belarus.

More than 25 years later, some stateless people still remain without any documents because they are unable to fulfill the administrative requirements:

payment of fees, proof of place of registration in the place of permanent or temporary residence (after the dissolution), proof of medical insurance (the latter usually applies to the issuance of temporary residence permits but can be an obstacle for many applicants). As a result, they find themselves in a legal limbo unable to acquire any citizenship.
Today in some CIS countries, legislation provides several important safeguards against new cases of statelessness, including the granting of citizenship to children born on the territory of the CIS Member States, who would otherwise be stateless. However, there are cases where these safeguards apply only to children born to parents legally staying in the country, leaving those without regular stay at risk of statelessness.

To support UNHCR’s #IBelong Campaign to End Statelessness within 10 Years (launched in 2014), and in order to assess the issue of statelessness in the CIS region in more depth, the CIS Executive Committee, the Ministry of Interior of Belarus and UNHCR jointly organized the International Conference on Statelessness for the CIS Member States in Minsk on 4-5 December 2018. This event gathered representatives from the CIS countries, UNHCR and civil society representatives, as well as academia and independent experts. The Conference also served as a platform to prepare for UNHCR’s High-Level Segment on Statelessness that will take place in Geneva on 7 October 2019, and to develop pledges to be delivered prior or at this important event as well as showcase achievements and good practices.

During the first day of the Conference, well-known experts from academia, namely Professor Rene de Groot, Dr. Katja Swider, and Professor Dimitry Kochenov provided an overview of the right to a nationality in international law, the nature and meaning of citizenship (with an emphasis on the historical perspective of citizenship legislation in the CIS region) and the prevention of statelessness. Ms. Oleksandra Sytnyk, the expert from the Council of Europe shared information on the organization’s work on statelessness, as well as on efforts undertaken by its Member States to find solutions to end statelessness in Europe.

Representatives of the CIS Member States shared their good practices in addressing statelessness in the national contexts. The situation of statelessness in Central Asia was presented by the UNHCR Regional Office for Central Asia, whereas Belarusian representatives highlighted national efforts to address statelessness, including preliminary results of a comparative analysis of Belarusian citizenship legislation vis-à-vis the 1954 and 1961 Statelessness Conventions.

Ms. Iskui Abalyan, the UNHCR Goodwill Ambassador, opened the second day of the Conference sharing her story of being a foreigner herself and finding a safe home in Belarus, as well as emphasizing the importance of addressing the plight of stateless persons in Belarus for whom this country has always been and will always be the only country they belong to.

UNHCR’s Special Advisor on Statelessness, Ms. Carol Batchelor introduced the 2019 High-Level Segment that will mark the mid-way point of the #IBelong Campaign, presented the global situation on statelessness, and the critical need for increased engagement to address this issue not only at the national level but regionally and internationally. Ms. Batchelor outlined that the High-Level Segment will allow countries to showcase positive steps towards the identification and reduction of statelessness, and to make concrete, time-bound pledges for action by the end of 2024.

As a result of the breakout sessions, three groups elaborated the following key recommendations:

- Introduction of a dedicated statelessness determination procedure and the improvement of data collection on statelessness would allow for enhancement of identification and protection of stateless persons in the region.

- Access to universal birth registration would help ensure that no child is born stateless in the CIS region.

- Information-sharing and exchange of good practices among States is important to advance awareness-raising on statelessness, including among donors, mass media and general public, to attract more attention to the issue of statelessness in the region.

The Final Document of the Conference sheds more light on the recommendations and is available in English and Russian.

The information presented during the Conference, as well as discussions within the framework of the breakout sessions showed that the CIS Member States made a number of positive steps towards addressing statelessness in the region. The Conference provided participants from Armenia, Azerbaijan, Belarus, Kazakhstan, the Kyrgyz Republic, the Republic of Moldova, the Russian Federation, Tajikistan and Turkmenistan, as well as the CIS Executive Committee, UNHCR and other international and regional organizations, academics and civil society representatives, with a platform to discuss statelessness in the CIS region and jointly elaborate recommendations aimed at addressing the remaining challenges in the region. The organizers of the Conference are hopeful that these recommendations will

### The International Conference on Statelessness for the Member States of the Commonwealth of Independent States

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<th>The CIS Member States</th>
<th>Number of stateless persons as of 01.01.2019</th>
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<td>Armenia</td>
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<td>Azerbaijan</td>
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soon be transformed into actions prior, at and beyond UNHCR’s High-Level Segment on Statelessness.
Past Present and Future

April 2019, Atlantic Beach, Florida. Issue one of ICP’s 59th volume of the International Psychologist looks mostly at a near future: ICP, Inc.’s 77th gathering of the International Council, a “Brigadoon” phenomenon. A diaspora community of psychologists and kindred minds emerges out of planning fogs, always in a new place, geographically and intellectually.

A “meaningful” present becomes manifest as members share knowledge and experience gathered in their separate pasts. Out of a willingness to listen to each other and to work together, ICP’s small global conglomerate generates future possibilities, creative and innovative due to their unique missias.

In Spite Of All Obstacles, ICP, Inc. Continues

Sharing aspiration for wellness for all peoples in a world cluttered with conflict, repetitious acts of cruelty and bloodletting, ICP members reflect a truth, earth is also a place of amazing beauties courageous, productive deeds.

“Meaningful awareness of the present” serves in popular therapy procedures to promote wellbeing. Concurrently, media continuously invades each day with frightening images and messages, with side effects, recalling escapism in ancient societies, a present day crisis of opiod addictions allowing escape from ugly realities. That quick, here and now solution comes with high costs: loss of health and actualized talents.

An alternative is to remember how to take time for entering the “blue fog” described by former board director Robert Morgan as he pays tribute to IAAP Bulletin editor, Valery Hearn, also members of ICP, Inc.

Blue Fog: Therapist Leonard Elkland’s Gift

As Valery Hearn lays down her IAAP editor shield, she plans to take time to enjoy time with the blue fog of deep thinking. She will be smiling, planning her next adventure, work and long journey.

Remembering times when she and I talked about common interests, I smile with her. ICP, Inc. has many thank yous to bestow on Valery Hearn for information she published about ICP, Inc.’s meetings, members and innovative “alliance” agreement that ICP, Inc. and IAAP undertook for several years. It proved to be a prototype “memorandum of understanding” and the first such undertaking between two independent organizations with common causes. Hearn’s mentor, Ray Fowler, was a member of ICP, Inc. and one of my mentors. Ray and Sandy Fowler were participants at most annual meeting of ICP.

My blue fog deep thinking about my next life phase journey led me to Fleet Landing, a continuous care retirement community. It is a growing community and will soon have a campus of about 1,000 members, a wellness center, four dining places, a lake with day sailing boats and a pagoda with an osprey nest on top.

The photo for this column shows me with my children celebrating my first birthday at Fleet Landing. I am walking better, although I have a long way to go to reach my blue fog goal of good health in this life journey phase. A long-time friend, professor of gerontology, told me years ago that “retirement” is simply another career, one that requires as much hard work as any other occupation. Now I understand.

While media preferences shift with latest technology advances and social twitterings from society leaders, doing away with local and social newspapers in the whirl into virtual realities, communicators will suffer shortightedness and fall short. One of my first learnings at Fleet Landing is that the face-to-face connections and shared meals in a diverse conglomeration of people is energizing. Resilience and wellbeing thrive here. People live longer lives and continue to be productive.

News of happenings in small communities is seldom breaking-newsey. Nevertheless, information about small-stage successes, life events and upcoming activities contributes to Meaningful Awareness of the Present, blue fog deep thinking about the future, and preservation of wellness in self identity.

*IP. The Council has ONE NEWSLETTER. IP is composed quarterly (1950), when possible. IP has 4 special feature sections for longer reports and scholarly papers. That section is titled, International Understanding, in honor of ICP’s first publication (1963) of members’ conference presentations. The IP newsletter and the IU were combined in 1966. In 2010, the scholarly and longer reports were provided as IP “Part B” (a “special feature section” of the newsletter).
THE INTERNATIONAL COUNCIL OF PSYCHOLOGISTS, INC.

2013 FRANCES MULLEN AWARD

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Presented in Honor of Her Distinguished Pioneering Contributions to International Psychology from Graduate Student to Emeritus Career, and for Her Devotion to the International Council of Psychologists, Inc. and Leadership as ICP President and Ambassador; Organizing Collaborative International Research on Professional Women’s Stressors, and International Leadership Roles in the American Psychological Association and the International Association of Applied Psychology

Given this 6th day of August 2013 in Honolulu, Hawaii

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Frances M. Culbertson
ICP President 1979-80

Award for Distinguished Contributions to the International Advancement of Psychology

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Vol. 30, No. 4, 260-268

“...for outstanding contributions to the advancement of psychology and its applications throughout the world and her leadership in international psychology organizations...”

Frances M. Culbertson, PhD, Professor Emeritus of Psychology, University of Wisconsin—Whitewater, has had a distinguished career in teaching, research with children and adolescents, and professional practice in clinical and school psychology.

She has organized numerous symposia and conferences involving international colleagues and students and stimulated and fostered collaborative international research. Professor Culbertson’s contributions to international psychology are reflected in her election as president of the International Council of Psychologists (ICP) and her service as chair of the APA Committee on International Relations in Psychology (CIRP).

“She helped found the International School Psychology Association in 1974, chaired the Committee on International School Psychology of the National Association of School Psychologists, and initiated and nurtured ICP’s Project Share, which has facilitated sharing work, home, mentoring, and collaborative research among psychologists around the world. A leader in the International Association of Applied Psychology, Professor Culbertson was elected president elect of its Division of Applied Gerontology at the 1994 International Congress in Madrid. Through her efforts, channels of communication and interaction among colleagues from many different countries have been developed and strengthened, and opportunities for broadening cooperative international activities have been greatly facilitated.

Biography

Frances M. Culbertson was born in 1921 in Dorchester, Massachusetts, the last of three children of an immigrant family. After graduating from high school, she studied at the Boston City Hospital as a laboratory technician. She then was employed at the Medical Research Laboratories of the Beth Israel Hospital and Harvard Medical School, where she and her colleagues did hematology research as well as research on thiamine metabolism of adults.

She entered the University of Michigan in 1944 with a four-year scholarship from the Edwards Scholarship Fund of Boston and graduated in 1947 from the University of Michigan with a Bachelor of Science degree in psychology. She married a fellow student, John M. Culbertson, an economist, in 1947, and they both pursued graduate studies at Michigan. She earned a master’s degree in psychology in 1949 and a PhD in social psychology in 1955. As a graduate student in psychology, she was employed as one of the first survey coders of the Survey Research Center, a center brought to the Michigan campus by Rensis Likert and Angus Campbell. During her graduate years at Michigan, she was a teaching fellow for Norman Maier and Wilbur McKeachie. In 1950, Culbertson moved to Washington, DC, where her husband was employed by the Federal Reserve Board. In 1957, she again entered the world of psychology, at Children’s Hospital in Washington, DC, as a research associate, working with Emma Layman on a study involving pica behavior (lead poisoning) in children. Shortly after she started as a research scientist for Children’s Hospital, her husband’s career led them to the University of Wisconsin.

In 1958, she was employed by the state government of Wisconsin to set up a research facility for the study of the severely retarded. At this time the state government of Wisconsin offered her a grant to retrain as a clinical psychologist, so she undertook postdoctoral studies at the University of Wisconsin Psychology Department in clinical and child psychology.

This was completed in 1961. Fulfilling the obligations of her grant, she worked for the Wisconsin Diagnostic Center as a child clinical psychologist until 1965. From 1965 to 1968, because of her husband’s academic peregrinations and the duties and obligations of a mother with four children she worked part time as a National Institute of Mental Health research assistant in Berkeley, California (two visits), as a psychology chairperson for the University of Wisconsin Child Psychiatry Department, and as a preschool psychologist.

In 1968, Culbertson became a professor of psychology at the University of Wisconsin—Whitewater, serving for many years as director and coordinator of the graduate school psychology program. She retired from the University of Wisconsin—Whitewater in 1988 and is currently working part time in private practice, specializing in hypnotherapy and child/adolescent clinical psychology.
Culbertson was introduced to international psychology in 1947 by her social psychology instructor, Helen Peak, who invited her to join the International Council of Women Psychologists as a student member. This invitation, her friendship with Frances Mullen—"the peripatetic international woman psychologist devoted to things international," and her enthusiasm for international psychology led to her long participation in the International Council of Women Psychologists, which later admitted men, and changed its name to the International Council of Psychologists. She was elected secretary of the ICP in 1976-1978 and president in 1979-1980. Culbertson has played an active role in the International Association of Applied Psychology (IAAP), serving on the boards of the Division of Teaching, Instruction, and School Psychology and the Division of Applied Gerontology. She initiated expansion of the IAAP Division of Teaching and Instruction to include school psychology as an additional element. She was an attending member of the group that founded the International School of Psychology Association (ISPA) in Munich, Germany, in 1974, along with Frances Mullen and Calvin Catterall. She was the originator, at that time, of ISPA’s Project Share, a program involved with the sharing of work, home, and research endeavors by psychologists around the world. Now, ICP is in charge of Project Share, which is also supported by APA and some of its divisions, IAAP, and many other international associations. Culbertson was chair of the Committee of International School Psychology of the National Association of School Psychologists and of APA Division 16, in addition to having served on many committees of the ICP. In recent years, she has been ICP liaison to the IAAP. As president of the APA Division 12, Section IV (Clinical Psychology of Women), she chairs a task force on "The Mental Health of Women, International Perspectives." She has served as member and chair of the APA Committee on International Relations in Psychology.

Culbertson has involved colleagues of the ICP in a number of research projects and international convention presentations at ICP, IAAP, the International Union of Psychological Sciences (IUPsyS), the ISPA, and the International Test-Anxiety Society. She has over 35 publications, which include chapters on school psychology and on women’s mental health, and a book—Voices in International School Psychology—that includes interviews with school psychologists around the world. She has presented papers and workshops on clinical hypnosis at national and international conventions and has been certified by the American Society of Clinical Hypnosis as a consultant in hypnotherapy. One of her more exciting ventures was the placement of school psychology graduate students in internships around the world, such as India, England, Scotland, and Australia. She also has arranged school psychology internship programs in the United States for school psychologists from other countries. Since 1970, Culbertson has chaired and presented symposia, papers, and workshops involving students and international colleagues in the United States and abroad, for April 1995.

APA, ICP, IAAP, and ISPA conventions. She gave an invited lecture on school psychology at the University of Paris (Sorbonne). She was made honorary president of the Second Congresso Regiona Latino-Americano de Psicologia, Porto Alegre, Brasil, in November 1979. She was honored by IAAP as an outstanding female psychologist with a featured article in its journal International Review of Applied Psychology. She received an award from APA, Division 12, Section IV, for "distinguished contribution to research on the clinical psychology of women." Her other honors are her memberships in Sigma Xi, Pi Lambda Theta, and Phi Kappa Phi; her service as diplomate in school psychology, American Board of Professional Psychology; her term as vice president of the Midwestern Psychological Association, Psi Chi; and her position as fellow, APA Divisions 12, 16, 30, 35, and 42. Culbertson has been active in the APA. She has served on the Executive Board of APA, Division 16 (School Psychology) and has held the following memberships and offices: member, APA Board of Convention Affairs; member, APA Film Committee; treasurer, Executive Board and liaison, APA Division 30 (Psychological Hypnosis) to the APA Committee of Children, Youth, and Families; fellow chair and member, Fellows Committee of APA Division 42 (Independent Practice); and secretary and president, APA Division 12, Section IV (Clinical Psychology of Women). Her career and her commitment to international psychology would not have been accomplished without the support of ICP members, her husband of 47 years, and her four children who were more than understanding and helpful. Amy, the youngest child in the family, was bitten by the "psychology bug" and has pursued psychology as a career. She is presently employed as a research psychologist for the Navy Personnel Research and Development Center, San Diego, California.

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Donor funding has irreplaceable role in alleviating multilayered problems of developing countries, especially sub-Saharan Africa. Meanwhile, it is so paradoxical to see researches remarking “after half a century of channeling resources to the Third World, little development has taken place”. It is not as such difficult to note, in almost all of sub-Saharan Africa, there is a high degree of indebtedness, ...

Author(s): Samuel Tilahun
https://doi.org/10.5897/INGOJ2018.0330
Article Number: 9E406B59899

NGOs in Western Ukraine: Competencies for Effective Leadership

Effective governance and leadership in non-governmental organizations (NGOs) does not happen by chance. Research has demonstrated that needed skills, abilities and competencies can make a difference. Using a model of 6 competencies that has been validated previously, these competencies have been used for governance and leadership training in the United States, Canada and Europe. This article reports the results of a...

Author(s): Roger A. Ritvo, Kenneth Linna and Iryna Radiuk
https://doi.org/10.5897/INGOJ2018.0328
Article Number: 83EE77358189
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Contact: Sara onces, sara@hotelfrancia.com

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  Data necessary to formalize reservations:

UNIVERSITY RESIDENCE

- There is no room block but interested persons can call +34–956254224 / +34–956292720 to reserve directly. Cost is 33€ for a single and 55€ for a double.
ICP – NEW MEMBER APP
Thank you for your interest in joining ICP!

Please fill out the form below and mail to ICP with a first year’s dues check to PO Box 20371, Boulder CO, 80304. Items with an asterisk * must be filled in.

A MEMBER: is a psychologist or professional in an allied discipline field who:
- holds or is eligible to hold membership in a national psychological association affiliated with the International Union of Psychological Science (IUPsyS), or
- meets comparable requirements in their discipline or in a particular country, as determined by the application review agent, and
- has been actively engaged for a period of not less than two years prior to application for membership in professional work or study that is primarily focused on quality of life, wellness and is psychological in nature.

A STUDENT AFFILIATE: is a graduate student or full-time undergraduate student who:
- is actively working toward a degree or certificate in psychology or
- is in an area of study involving major emphasis on psychological aspects of a related field study.

1. Are you a student? ☐ Yes ☐ No

2. Information about you
   First Name: __________________________
   Last Name (for Alphabetic Listing): __________________________
   Preferred Mailing Address: ☐ Home ☐ Work
   Telephone: Country Code: ______ Telephone Number: __________________________
   Email: __________________________

3. Name of your work/educational institution (where you are currently active)

4. Please indicate your highest degree and year obtained

5. Are you a member of your national psychology organization? ☐ Yes ☐ No
   If yes, please enter its name: __________________________

6. Please describe your professional interests in 2-3 sentences for posting in the ICP member directory:

7. Please help us understand your work setting:
   Approximately what percentage of your work occurs in each of the following settings?

<table>
<thead>
<tr>
<th>Setting</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
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</table>
8. Approximately what percentage of your work focuses on each of the following activities?

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<tr>
<th>Activity</th>
<th>None</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
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<td>Other</td>
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</tbody>
</table>

Directory Listing: Please check one

- You may list my name, country, email, and interests
- You may list only my name, country, interests
- Please do not include my information in the directory

Dues: ____________________________ (please see categories below. Select the country in which you work)

Dues Amount by Country of Residence

World Bank Data on per capita income per country: Highest - $35,000: Level A; $20,000-$34,999 - Level B; Below $20,000 Level C.

**Country Level A - Dues $100**
Africa, Australia, Austria, Belgium, Switzerland, Canada, Czech Republic, Denmark, Finland, France, Germany, Hong Kong, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxembourg, Macau, Malta, Netherlands, New Zealand, Norway, Oman, Qatar, San Marino, Saudi Arabia, Singapore, South Korea, Spain, Sweden, Switzerland, Taiwan, United Arab Emirates, United Kingdom, United States

**Country Level B - Dues $60**
Antigua and Barbuda, Argentina, Bahamas, Bulgaria, Chile, Croatia, Cyprus, Equatorial Guinea, Estonia, Greece, Hungary, Iran, Kazakhstan, Latvia, Lithuania, Malaysia, Mauritius, Panama, Poland, Portugal, Romania, Russia, Saint Kitts and Nevis, Seychelles, Slovakia, Slovenia, Trinidad and Tobago, Turkey, Uruguay

**Country Level C - Dues $25**
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Thank you for completing the membership renewal form!
Please mail this form and dues to PO Box 20371, Boulder Colorado 80304

You can also access membership forms and payment links at: www.icpweb.org/membership
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- First International Association to Establish formal Liaison Relationships.
- First to have membership as a UN Non-Governmental Organization [NGO]
- First member of the international community of associations to hold conferences in Eastern Rim, Russia and Brazil
- First to list worldwide psychology conferences
- First to introduce INABSENTIA graduate student poster exhibit

2011 Interdisciplinary Association

International Council of Psychologists ICP
founded in 1941

We invite you to join us.

Andy Simon
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       Opening Reception.

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E-mail: annalaura.comunian@unipd.it

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The Sukumune-Bain Award. Submit to
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The Fukuhara Award. Submit to Ann Marie O’Roark, PhD
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Conference Poster Exhibit Award
The Dayan-O’Roark Award. Submit to Anna Laura Comunian, PhD
E-mail: annalaura.comunian@unipd.it

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