



Early Career Psychiatrists Section

World Psychiatric Association

Section Newsletter

Third Quarter 2018

Message from Section Chair

Dear colleagues and friends:

We are pleased to publish this Newsletter, which follows the World Congress of Psychiatry in Mexico, where we had an amazing contribution from early career psychiatrists (ECPs) in scientific activities, with many original sessions. We are most grateful to WPA for providing many ECPs across the world with fellowships, supporting financially their travel and accommodation, allowing many to come together to [Mexico](#). This was an unforgettable event and a unique opportunity for ECPs to meet!

We invite you to read several interesting reports in this Newsletter from WPA ECPs section members and collaborating associations. We are excited to have increased the number of our section members in many of our regions.

We hope these readings serve to encourage the information exchange and foster collaboration between ECPs across the world. At this time of the year, we would like to wish you well in the holidays season and extend our best wishes for a successful 2019!

We look forward to seeing many of you in [Portugal](#) and seizing this opportunity to recruit more colleagues to join our collaborative work.

On behalf of the WPA ECP board: Mariana Pinto da Costa, Section's Chair



From left standing: Tanay Maiti (India), Kabir Garg (India), Irena Rojnić Palavra (Croatia), Sidharth Arya (India), Ramya Vadivel (New Zealand), Bitah Vahdani (Iran), Joshep Revilla (Peru), Camille Noel (Belgium), Miguel Antonio Salas (Argentina), Joselyn Paredes (El Salvador), Kazione Kulisewa (Malawi), Mohammadreza Shalbafan (Iran), Tando Melapi (South Africa), Demian Rodante (Argentina), Francisco Antonio García (El Salvador), and Pavel Trancik (Czech Republic)

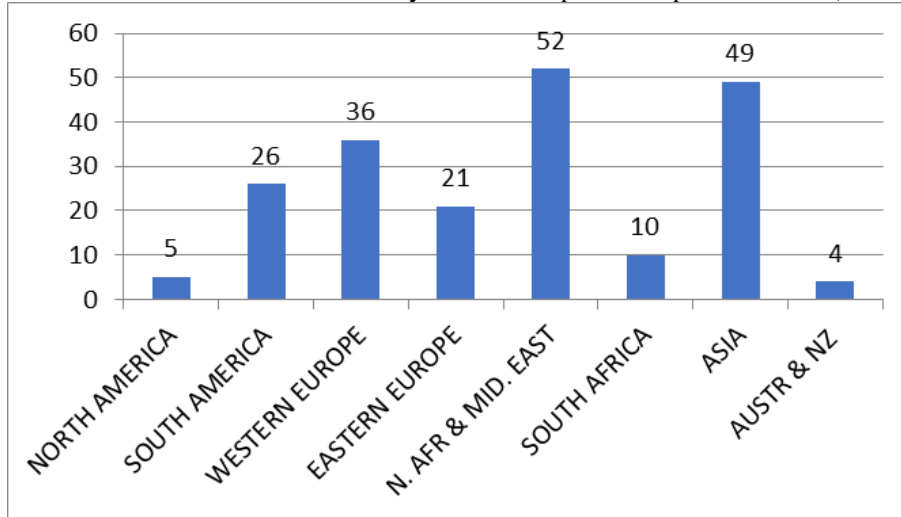
From left sitting: Argentina Zamudio (Mexico), Xenia Duran (El Salvador), Mariana Pinto da Costa (Portugal), Magdalena Dumitru (Romania), Catherine Muburi (Kenya), Liao Yanhui (China), and Jairo M. González (Colombia).



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Section Update

Table 1. WPA ECP Section country Membership as of September 2018(n=185)



North Africa & Middle East has most membership per region. The two dominant countries in this region, by membership, are Egypt with 37 and Tunisia with 14. Asia is the second region with most members. India (18) and Japan (14) are two dominant countries in this region.

Table 2. WPA ECP Section county membership as of September 2018

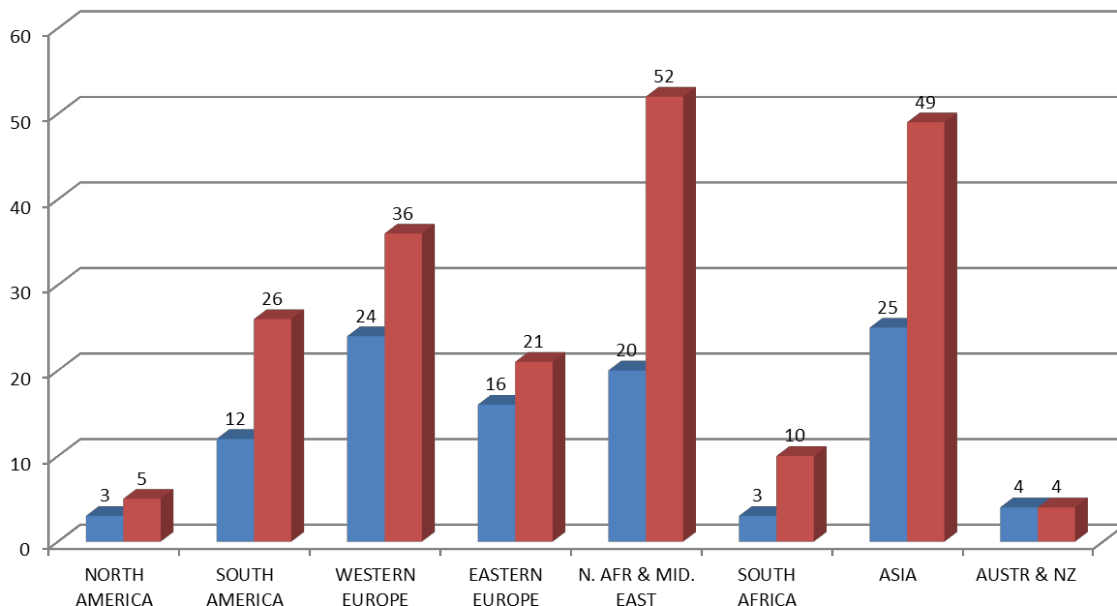


Table 2 shows membership growth per region in the first year of the current board's term. The first column represents membership in September 2017 while the second one represents membership in September 2018.



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Africa

MY FIRST WPA WORLD CONGRESS OF PSYCHIATRY AND THE WPA THREE-MINUTES COMPETITION

By Catherine Muburi; Department of Psychiatry, School Of Medicine, University Of Nairobi, Kenya.

Email: Cathymuburi2@gmail.com

I am a psychiatry trainee from Kenya. I was attending the WPA World Congress of Psychiatry for the first time. My attendance was made possible through a WPA fellowship for which I am very grateful. The opportunity to interact with other trainees as well as other psychiatrists was a great experience.

On the third day of the Congress, I was scheduled to make a short oral presentation at around noon and later on participate in the inaugural WPA 3 Minutes Presentations Competition. I was initially very nervous about my presentation but the facilitator reassured me and helped calm my nerves. When it was time for my presentation, I was ready to discuss my topic titled “KNOWLEDGE AND PRACTICES IN DIAGNOSIS AND MANAGEMENT OF DEPRESSIVE DISORDER AMONG KENYAN DOCTORS” with confidence and zeal. My presentation went tremendously well.

The encouraging words from Dr. Olarte at the end of my presentation gave me the extra confidence going into the 3 minutes presentations competition. The competition was an interactive session with a series of other short presentations. The audience ranged from trainees and early career psychiatrists to well established psychiatrists. Each participant had to discuss their topic within 3 minutes and answer any questions from the audience in a further 3 minutes. 3 minutes to effectively bring out one’s topic and the essential elements of one’s presentation initially appeared daunting but with the audience it was not an uphill task. With every nod, with every smile, I was able to tell I was on the right track. At the end of my presentation I took a few questions that have since inspired further work on my study. I was also able to make new connections, get constructive feedback from some members of the audience and share my insights with a few participants on how to integrate mental health care in primary health care.

It was such a pleasant surprise for me when I was announced as the winner of the WPA 3 minutes competition! I received a gift that will always be a good reminder of my 1st attendance at a WPA World Congress of Psychiatry and my 1st visit to Mexico. The Congress was an invaluable experience. I would like to encourage all the early career psychiatrists to attend the next WPA world congress of Psychiatry and participate in the WPA 3 minutes competition.



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REFLECTIONS OF SOUTH AFRICAN EARLY CAREER PSYCHIATRISTS LEADERSHIP OVER A PERIOD OF FOUR YEARS

By Tando AS Melapi. South African Society of Psychiatrists (SASOP) ECP leader, 2014-2016 (first term), 2016-2018 (second term)



Figure 1: Prof. Norman Sartorius with Dr Adila Aboobaker, secretary of SASOP ECPs and Dr Ian Westmore, head of SASOP

After two terms of two years each as a national leader of Early Career Psychiatrists (ECPs) in South Africa, I have made myself not available to continue in this position and thus paved a way for fresher eyes and younger blood to take over in this position. This article highlights some of the areas of growth and development South African have had over this period, together with challenges that are still to be tackled and resolved.

When I took over leadership of ECPs in South Africa, there were no structures across the different subgroups ECPs. This meant that as a leader, just like my predecessor and mentor, I had to work alone in leading this structure nationally. Although my aim was to establish structures and work with a team of leaders in the professional development of ECPs, this proved to be a burdensome struggle that took most of my attention and energy and yielded the least results. One of the main stumbling blocks, it seems, is the unique position that ECPs find themselves in. For the trainees, many people are kept busy by academic requirements and chasing their qualifications. For the newly qualified psychiatrists, they are busy establishing themselves-mostly in private practice and learning the business of private psychiatric practice. Leadership in professional bodies such as SASOP tend to be at the bottom of their priorities. I think future leaders will still have to work hard in finding many hands to assist in this task. To this end, I have been blessed with a few constant and helpful hands along the journey, especially at times of extreme need. In particular, Drs Adila Aboobaker and Alti Bronkhorst were the most helpful and constant assistance along the journey. The three of us were the committee that led this team for three years. We also had help from others along the way and it was well appreciated. We also had the pleasure of being



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Figure 2: WPA International Congress ECP attendants from various African countries.

mentored by the leader of our mentorship division, Dr Ian Westmore. Ian is a former president of SASOP and has years of experience in professional leadership and development.

Among the highlights of ECP activities during my tenure, one cannot forget our ECP activities at the World Psychiatrists Association (WPA) International Congress in Cape Town 2016. This allowed many to meet with world leaders in our field and interact with many giants that we previously only read about in

textbooks. This helped us duplicate the same activities in our national congress in 2018. It is hoped that this institutional memory and experience will not be permanently lost in the SASOP structures.

At a personal level, over and above the great traveling opportunities and personal growth that this leadership position blessed me with, what I shall always cherish and remember as personal achievement is the opportunity to create help for both trainees and newly qualified specialist in various means. We managed to help trainees with exit examinations preparation across the country, reaching training centres that are remote and with less or no specialists to help trainees with their academics. We helped ECPs who entered private practice with practical steps to set up private practice. We helped establish networks and collaboration opportunities with other ECPs across Africa. I hope to still continue playing a role in these teaching and training interventions that SASOP ECPs have established.

Lastly, I want to thank the two SASOP presidents that I served under their leadership, Mvuyiso Talatala and Bernard van Rensburg. They have both become my personal mentors and played a big role in the development and advancement of ECP interests in the country and region. They are both giants on which the ECPs stood on proudly and learnt to fly. God bless.

South America

OVERVIEW OF PSYCHIATRIC HOSPITALIZATIONS IN BRAZIL

By: Augusto Martins Lucas Bittencourt, Rochelle Affonso Marquette, Luis Souza Motta, Marco Antonio Pacheco, Flávio Millman Shansis, Lucas Spanemberg.

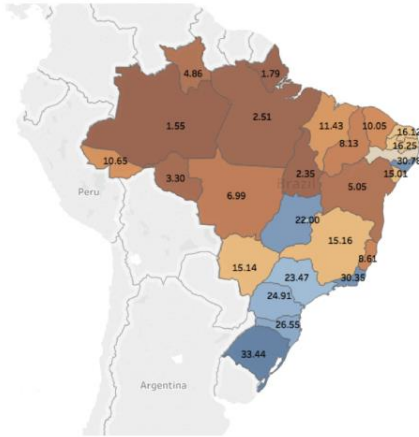


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Beds / 100,000 inhabitants

(Average Brazil = 18.5 / 100,000)



Number of beds according to the CNES website, updated data for March 2017 (total = 38,221)



Institution: Specific Nucleus of Training in Psychiatry of the Pontifical Catholic University of Rio Grande do Sul; Association of Psychiatry of Rio Grande do Sul
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Compared with other countries, Brazil sits well below in the number of beds available per inhabitant. In 2001, the implementation of the Psychiatric Assistance Reform resulted in a drastic reduction in beds for psychiatric hospitalization.

In Brazil there's 18.5 beds/100,000 inhabitants (CNES, 2017). In comparison, Germany has 86 beds/100,000 inhabitants, France 89 beds/100,000 inhabitants and USA 35 beds/100,000

inhabitants(WHO, 2014). The change in the number of psychiatry beds in Brazil from 2011 to 2014 was a loss of 38%(CNES, 2017). Some indicators of health, such as Health at a Glance (2013), recommend that the required quantity is 68 beds/100,000 inhabitants, and for La EM, Lich KH, Wells R, et al.(2016) the recommendation is 39 beds/100,000 inhabitants.

Analyzing Brazil, we see differences in the states and regions. In some states with the worst HDI(Human Development Index, IBGE-2016) of the country, have the smallest concentration of beds per inhabitants, such as Amazonas with 1.5 beds/100,000 inhabitants (HDI 0,646); Amapá 18 beds/100,000 inhabitants (HDI 0,708) and Pará 2.5 beds/100,000 inhabitants (HDI 0,646).The states with the highest concentration of beds per inhabitant are Rio Grande do Sul with 33.4 beds/100,000 inhabitants (HDI 0,746); Rio de Janeiro 30.3 beds/100,000 inhabitants (HDI 0,761) and Santa Catarina 26.6 beds/100,000 inhabitants (HDI 0,774).

This data collection was carried out by members of the Association of Psychiatry of Rio Grande do Sul, and also by the Early Career Psychiatrists.

In general, the training in psychiatry occurs in stages in the hospitalization unit service. However, not all specializations have an adequate hospital structure, and many psychiatrists in Brazil end up having little experience with more intensive care settings. The hospital in which we do our training in psychiatry is São Lucas Hospital of the Pontifical Catholic University of Rio Grande do Sul (HSL/PUCRS), a



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general hospital located in the city of Porto Alegre, South of Brazil, has an Internment Unit Psychiatric. The hospitalization unit treats patients in the public and private system with 21 beds. In 2017, it admitted 312 patients, and also performed 800 psychiatric evaluations of urgency.

In addition to the treatment and teaching activities, we have extension activities (such as reading activities and literary activities) and research activities, including those related to the study of the pathological personality and satisfaction with the attendance and evaluation of psychopathology in children of pa

We aimed to present an overview of the hospitalization beds in different regions of Brazil, showing the differences between regions with relation to the Human Development Index, as well as presenting the place where we do our training, which combines treatment with teaching and research.

(CNES – National Registry of Health Establishments; WHO – World Health Organization; IBGE – Brazilian Institute of Geography and Statistics)

Eastern Europe

News of Russian ECPs' Council

prof. Natalia N. Petrova¹, Ilya A. Fedotov², Yuriy Y. Osadshiy³, Tatiana V. Morenec⁴, Anna A. Yashikhina², Svetlana E. Golygina⁶, Evgeny D. Kasyanov⁷

¹ Saint-Petersburg State University; ² Ryazan State Medical University; ³ Volgograd Branch of Russian ECPs' Council; ⁴ Bryansk Regional Psychiatric Hospital №1; ⁵ Samara State Medical University; ⁶ Chita State Medical Academy; ⁷ V.M. Bekhterev National Medical Research Center for Psychiatry and Neurology

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On March 29, 2018 at the premises of the Bryansk regional psychiatric hospital №1 (BRPH №1) the organizational meeting of the Bryansk department of Early Career Psychiatrists' Council of Russian Society of psychiatrists was held. The establishment of this Department was supported by the Head psychiatrist of Bryansk region, the Chairman of the Bryansk regional branch of the Russian society of psychiatrists - Boyko V. A., as well as the head of the Department of Psychiatry, Narcology and Psychotherapy of Smolensk State Medical University, Professor Vaulin S. V. Chair was elected - Head of day-hospital of the BRPH №1 - Morenets T. V. and secretary - Kuzin V. R.

In the current year, the work of the Transbaikal Branch of Russian ECPs' Council was carried out



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according to the approved plan. The results of the scientific work of young scientists were presented at the profile section of the conference «Medicine of Tomorrow» in the city of Chita and in two scientific and practical conferences: June 7-8, 2018 – scientific-practical conference «Actual problems of narcology in modern conditions»; September 13-14, 2018 – All-Russian scientific-practical conference «Actual problems of psychiatry in modern conditions» dedicated to the 25th anniversary of the Regional Clinical Psychiatric Hospital named after V.Kh. Kandinsky. The purpose of the conferences is to exchange scientific achievements and discuss topical problems in psychiatry, narcology and psychotherapy. At these conferences, young psychiatrists of the Trans-Baikal region will traditionally present the results of their scientific work.



Samara State Medical University in collaboration with ECPs' Council of Russian Society of Psychiatrists performs an educational program for students and residents, called "Psychotherapeutic workshop", which started in 2015. Its advisor is Anna A. Yashikhina, clinical psychologist, a chairman of the regional ECPs' Council, Assistant of Department of psychiatry, addictology, psychotherapy and clinical psychology. The project's objective is to familiarize future doctors with leading psychotherapeutic schools and to form basic psychotherapeutic skills.

The Section of Russian ECPs' Council on publications and translation prepared an official Russian translation of two issues of World Psychiatry Journal (February and July 2018). More than 15 translators and editors worked on the issues. All Russian translations of World Psychiatry Journal are available on the World Psychiatric Association official [website](#).

In November, young scientists published a new pdf-digest with the latest news of clinical and fundamental neurosciences news. The digest was prepared with the Internet project "Psychiatry and Neuroscience". This format of scientific information is very popular among Russian psychiatrists and psychologists.



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The one part of the ECPs' Council of Russian Society of psychiatrists (ECPCRSP) work is general education and public awareness in order to provide credible information about mental health. In



Volgograd, the head of the regional division of ECPCRSP Yuri Osadshi, became a host of a medical TV program which explains how our body works and what kind of problems can occur. This TV program is not only about psychiatry but about general medicine and a psychiatrist acts as an expert in the whole of

medicine. We think this can help to show that psychiatry is a science-based field of medicine.

GLOBAL NEWS

HOW IS PSYCHIATRY TAUGHT ACROSS THE WORLD? A JOINT WPA/IFMSA SURVEY

By Katerina Dima, lme@ifmsa.org, International Federation of Medical Students' Associations

IFMSA, the International Federation of Medical Students' Associations is the largest medical



student organization worldwide, representing 1.3 million medical students from 125 countries. For the first time, IFMSA and WPA collaborated this year to assess how psychiatry is included in medical curricula across the world, as IFMSA's vast network provides the rare opportunity to collect, compare and contrast information. While psychiatric teaching has been researched to an extent, there is a significant lack of global aggregated data.

With the expertise provided by Dr Mariana Pinto da Costa, Chair of the Early



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Career Psychiatrist Section of WPA and the workforce from the Medical Education committee of IFMSA, a short 4-question survey was designed and shared through the online platforms of IFMSA. These results were presented by the WPA Early Career Psychiatrists and the IFMSA representatives during the 18th World Congress of Psychiatry in Mexico City, Mexico.

More than 80 country representatives participated and provided valuable input on their education. We were very happy to find that Psychiatry was included as a mandatory course in 81 out of 83 countries, and as an elective course in 2 out of 83 – no country reported not offering any psychiatric teaching opportunity!

Among questions surveyed were also the duration of the course and its evaluation. The duration of *practical* classes was evenly distributed with 28 countries reporting 16 days to 30 days, 29 countries reporting 1 to 15 days and 24 countries reporting more than 30 days. However, 2 countries (Nigeria and Burkina Faso) reported not having practical classes at all. Results differed greatly in terms of *theoretical* classes, where nearly half of the countries reported having more than 30 days. 17 countries reported having 1 to 15 days and 29 countries reported 16 to 30 days of theoretical classes. In terms of evaluation, responses greatly varied with singular Multiple-Choice Question-type of testing being the most prevalent, effective in 17 countries as a standalone evaluation methodology, and present in 57 countries overall.

Looking at the results, there are great lessons to be learnt. Some of the conclusions drawn were that most countries seem to recognize the importance of Psychiatry, albeit clearly placing more emphasis on theoretical teaching rather than practical. The same principle is applied in the evaluation process, as MCQs and summative assessment seem to be favored.

When it comes to regional differences, countries from the Asian and the Pacific region report the shortest duration of training, with the American region taking the lead in offering the longest training.

There are still many questions to be answered, and this survey was the beginning of trying to understand whether schools truly expose medical students to psychiatry. It still remains to be seen to what extent, if any, medical schools encourage students to opt for a career in Psychiatry, especially considering the significant shortage of mental health workforce and its growing impact on global health.

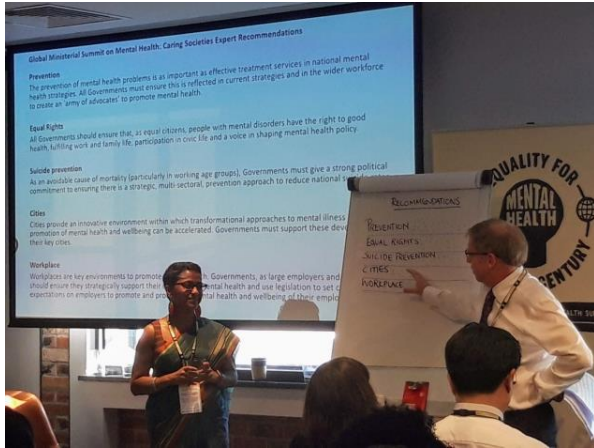


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GLOBAL MINISTERIAL MENTAL HEALTH SUMMIT: AN OLD ECP'S PERSPECTIVE

By Dr Greg Lydall Consultant Psychiatrist, HSC Guernsey, University College London, and co-founder the Thrive Foundation (thrive.gg) and Thrive2020.org (greg.lydall@gmail.com)



I was privileged to receive an invitation to the first [Global Ministerial Mental Health Summit](#), in London on 9-10 October 2018. I was invited because of my work as a young (at heart) psychiatrist who co-founded the Thrive Foundation (www.thrive.gg) which aims to inspire an island to optimal mental health, across the life course, as a blueprint of “what works” for global mental health.

The aim of the Summit was to develop a “global declaration committing to political leadership on mental health” by bringing together experts by experience and carers, political leaders, innovators, policy makers and civil society from

across the world, to: “build momentum on global mental health issues such as early intervention, public health, research, tackling stigma, and promoting access to evidence-based services.”

I got to meet a few heroes like Lancet Editor Richard Horton, Prof Vikram Patel and celebrity and mindfulness supporter, Ruby Wax. Even the Duke and Duchess of Cambridge visited, being photographed on the “Friendship Bench” based on the seminal work of Dr Dixon Chibanda from Zimbabwe.

Day one of the Summit hosted six workshops to show global innovations and to agree consensus statements to be delivered to Health Ministers. These work streams were: Children, Young People and the Now Generation; Caring Societies: creating the conditions for inclusion, prevention and wellbeing; The Economics/Mental Health Finance; A Just Society: tackling stigma and discrimination, creating inclusive societies; Mental Health Services around the World; and Research and the Future of Mental Health

I was part of the Caring Societies workstream which developed five recommendations (see picture) based on Prevention, Equal Rights, Suicide Prevention, and the role of Cities and Workplaces as environments for innovative and transformational approaches to mental health.

Day two of the Summit saw the launch of the landmark [Lancet Commission on Global Mental Health and Sustainable Development](#). This Commission is an excellent synthesis of knowledge of how to promote mental wellbeing, prevent mental health problems and enable recovery. It outlines a blueprint for action on mental health to help achieve the UN’s Sustainable Development Goals (SDGs). The Commission warned that without global action on mental health, including investment, the SDGs cannot be met. The Commissioners argued that “mental health is relevant to all the SDGs and requires a coordinated response from all sectors to promote mental health, prevent mental ill-health, and provide care across the life-course.”



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Organise your own Symposia at WCP Lisbon 2019

Proposal submission deadline: 7 January 2019

Apply for an Early Career Fellowship today!

Deadline: 14 March, 2019

- ✓ **Covering registration fees**
- ✓ **3-nights of accommodation** in a 3 star hotel (to cost up to €120 per night). Fellowship winners will be reimbursed for their accommodation after the Congress)
- ✓ **Travel grant** (economy class only) as follows (to be reimbursed after the Congress):
 - Europe – up to €300
 - International (Australia/Asia/ USA/ Canada/Africa) – up to €800
 - Local (Portugal) – up to €100

Want to submit an article

Email the Editor: wpa.ecp.section@gmail.com