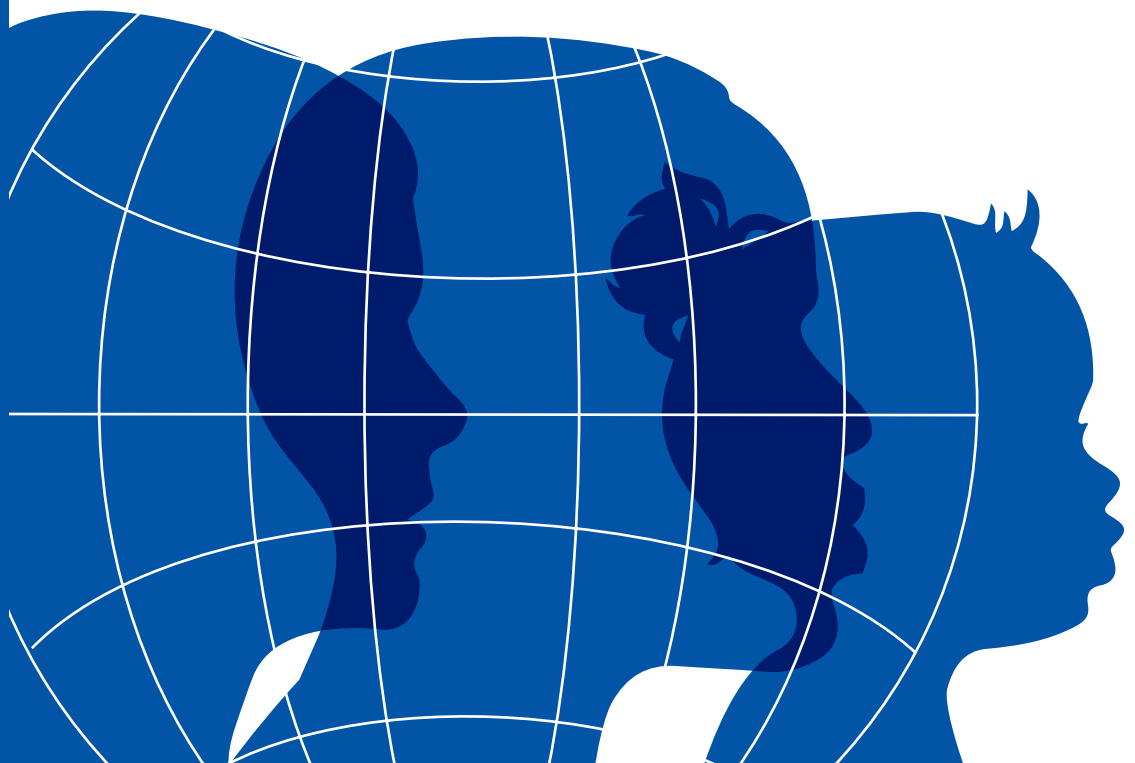


# **WORLD PSYCHIATRIC ASSOCIATION**

Action Plan, 2017-20





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# 1. EXECUTIVE SUMMARY

The WPA Action Plan 2017-2020 sets out a strategy for expanding the contribution of psychiatry to improved mental health for people across the globe. It is based on consultation within the WPA and with potential partner organisations as well as building on the work that has preceded it. It makes the most of the strong capacity of the WPA to promote mental health and improve equitable access and quality of mental health care. In doing so, the plan provides a targeted strategy for reaching people, particularly young people, who face adversity and disadvantage.

Three characteristics frame the strategic intent of the Action Plan: continuing WPA's contribution to developing the profession of psychiatry; developing operational work that focuses on critical mental health topics; and attracting new investment to support this work. Mental health promotion as well as prevention and treatment of mental illness are incorporated into the plan.

This intent is translated into action through a strategic framework based on three dimensions:

- » Impact on population groups – strengthening the contribution of psychiatrists to reducing distress, illness and suicidal behaviour among vulnerable populations. Three specific populations include women and girls facing adversity; people under extreme stress, including those affected by conflict and emergencies; and people living with long-standing mental illnesses and their caregivers. Across each of these groups we emphasise the needs and strengths of disadvantaged children and young people.
- » Enabling activities – supporting psychiatrists to promote mental health and improve care capacity. These activities include: service development; awareness raising and advocacy; education, publications and research. All are conceived as gender- and culturally-sensitive.
- » Partnerships and collaboration – expanding the reach and effectiveness of partnerships with service beneficiaries including service users, their families, and their communities; primary health care professionals; and a range of governmental, inter-governmental and non-governmental organisations. All of the initiatives under the Plan encourage and support collaborations of this type, as better collaboration underlies all effective activities. The Plan also describes the development of new partnerships such as that with citiesRISE. This is a multi-stakeholder platform aimed at integrating mental health across sectors through cities.

The Plan includes a core program to strengthen the contribution of psychiatrists in regional or national responses to conflicts, emergencies and adversity: named the Alliance for Mental Health Responses to Emergencies and Conflicts. The Alliance will initiate a program to strengthen the contribution and availability of psychiatrists in national and international responses to conflict, humanitarian emergencies and adversity. The program will train and support psychiatrists to perform their roles in emergency responses and preparedness alongside other humanitarian actors. It will draw on the past experiences of joint WPA-WHO training for disaster response as well as leading international non-governmental organisations.

Each of the initiatives described in the Plan strengthens one or more of the three dimensions and relates either directly or indirectly to this central focus. The initiatives are arranged as operational categories: new initiatives with partners; the development of resources and partnerships to support WPA's work; and WPA institutional projects. In order to achieve its aims, the WPA will mobilise the professionals, knowledge and resources available to the Association. We will encourage the participation of Member Societies in the themes and activities that described.

Many organisations have been working for extended periods of time to address the global mental health needs that also concern us. Working together in a clear and strategic manner will allow us to serve vulnerable populations globally in a more effective way.

The activities set forward by this Action Plan are designed to be attractive to new funders and investors. They provide opportunities to have an impact on needs that are priorities for human and social development globally.



## 2. INTRODUCTION

This Action Plan is the culmination of a series of strategic discussions within the World Psychiatric Association (WPA) and with potential partners. The result is a document that sets out the results we intend to accomplish during the period 2017-2020 with the underlying rationale and work anticipated.

Every three years the WPA reassesses priorities within its strategy. Recent action plans have focused on defining the needs for advancement in psychiatry and mental health, on education and psychiatry, and on social justice and mental health.

Projects commenced under previous action plans will continue.

- » Implementing a training curriculum for mental health workers on responding to violence.
- » Promoting the recommendations of the Task Force on Best Practice in Working with Service Users and Carers, including collaborative work on specific projects.
- » Understanding the needs of migrants and refugees in various parts of the world.
- » Building on a review of curricula for undergraduate and post-graduate courses and continuing learning modules.
- » Work with editors of journals and other publications in low- and middle-income countries, especially to support local aspirations for content relevant to priority mental health problems and opportunities.
- » Promoting initiatives to improve the quality of psychiatric care internationally.

**In developing this Action Plan, we have asked ourselves two key questions:**

1. Collectively, what is the potential of WPA to contribute to tackling key challenges in psychiatry and mental health?
2. How can we best direct our skills and energies without distracting from our core business?

Opportunities exist for the WPA and its membership to engage in international development initiatives that currently do not benefit from strong representation from psychiatrists. In doing so, we can strengthen our positive impact on mental health globally.

## 3. WPA TODAY

The WPA was established to promote the advancement of psychiatry and mental health for all citizens of the world. Existing since 1950 as a strong and credible voice in the field of mental health, WPA is an association of national psychiatric societies. It continues to grow. Currently it has 138 member societies in 118 countries and represents more than 250,000 psychiatrists.

As a global association, WPA occupies a unique position in psychiatry. It supports and works with its Member Societies and is strengthened by effective links with and between them. It benefits from growing collaborative work with international agencies, leading non-government and civil society organisations and research institutions in many countries. It has a formal relationship with the World Health Organization (WHO) and a joint work program with the WHO's Department of Mental Health.

The WPA network is much enhanced by linking the experience of professionals and communities: especially people with a lived experience of mental ill-health and their carers. A new cross-sector partnership, citiesRISE, is ready to support WPA in its efforts to link and work with people in vulnerable situations such as those who are displaced and homeless.

We need to deploy this strength to deal with major changes and challenges in the world today. A strong WPA makes for a strong advocate. It is well placed to lead and contribute to efforts to tackle key problems and take opportunities related to the mental health of people globally. This applies especially to those facing circumstances of adversity, vulnerability and disadvantage.

As governments withdraw services in the face of budgetary problems and loss of political consensus, in a world with mass displacement of people, it becomes even more important for WPA to move forward together with partners. The world has never needed us more.

## 4. VISION

The vision of the WPA is a world in which people live in conditions that promote mental health and have access to mental health treatment and care that meet appropriate professional and ethical standards, integrate public health principles and respect human rights.

## 5. STRATEGY

The ability of the WPA to promote sustainable change and improvement in our field of work depends on two main factors. The first is its capacity to collaborate successfully with other organisations. The second is its potential to engage psychiatrists in new challenges.

The expertise of psychiatrists, and other professionals working in the field of mental health, is essential to promote good health and to offer comprehensive health care. Our patients and their families need us to work alongside them and other partners in clinical practice, teaching, research and advocacy. The WPA and its Member Societies have to be centrally involved in national and international debates, policies and initiatives in mental health.

This Action Plan therefore represents a clear strategic intent that is framed by and builds on the following three characteristics:

1. Continuation of WPA's contribution internationally to the representation, reputation, development and knowledge of the profession.
2. The development of operational, project-based work that focuses on selected and critical mental health topics at a global level.
3. The attraction of new investment to the Association to support its work, especially through partnerships and other relationships with organisations that share our objectives.

Overall, we are seeking to reinforce the role and positive influence of psychiatry through focusing on the selected themes and activities described in the next section.

At the same time, WPA recognises that our resources alone are limited. Many other organisations are active and experienced and new platforms, such as citiesRISE, are setting a path for collaborating in ways not previously possible. The role of psychiatrists is vital but not sufficient in tackling the major problems and opportunities outlined. This means that partnership and collaboration are central to the work we plan.



## 6. THREE DIMENSIONS AND THREE TYPES OF ACTIONS

The Action Plan is organised around a three-dimensional matrix described below and illustrated opposite.

The Plan has a core program: to strengthen the contribution of psychiatrists in regional or national responses to conflicts, emergencies and adversity. Each of the projects we describe strengthens one or more of the three dimensions and relates either directly or indirectly to this central focus.

The three dimensions are:

### A. IMPACT ON POPULATION GROUPS

Our aim is to strengthen the contribution of psychiatrists working with specific vulnerable populations.

- » Improved mental health of women and girls living in adversity.
- » Reduced distress, illness and suicidal behaviour among people under conditions of extreme stress.
- » Better outcomes and care for those with long-standing mental illnesses and psychosocial disabilities and their caregivers.

Across each of these groups we emphasise the needs and strengths of disadvantaged children and young people.

### B. ENABLING ACTIVITIES

The strengths and capacities of WPA that support the priorities of the Action Plan include: its influence through Member Societies on service development and the scaling up of effective interventions in countries; its capacity for awareness raising and advocacy; and its roles in education, research and publications.

### C. PARTNERSHIPS AND COLLABORATION

Our aim is to build collaborative work in primary care as well as in mental health services, and more effective partnerships with service users and family carers.

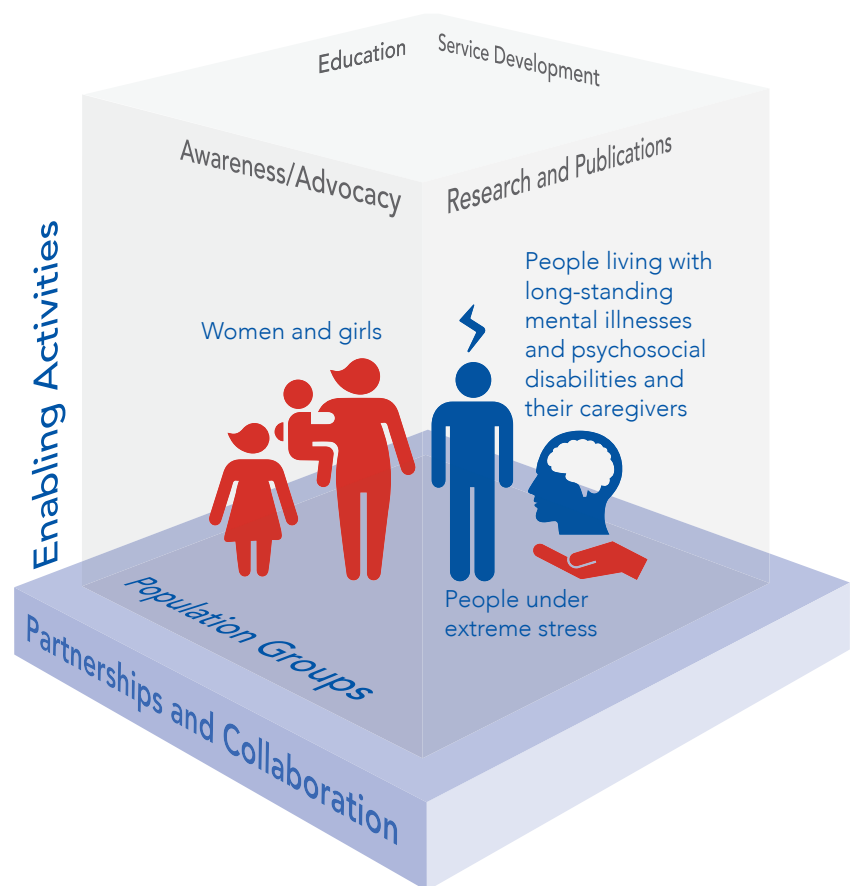


Figure 1: The three dimensions of the WPA Action Plan.

We anticipate working with WPA Member Societies in various ways when the priorities in this Action Plan and their own needs converge. To complement the existing work of Member Societies in advocacy and support for policy and practice with governments and NGOs in their own regions, we envisage the following activities:

1. Support for sharing of best practice.
2. Building capacity for the profession to work effectively in specific settings of disadvantage
3. Encouraging psychiatrists and other health professionals to use their expertise in facilitating the mental health work of non-specialists across a range of community settings

The Plan sets out the work done to give priority to initiatives and finally the progress we have made to make operational these intentions.

## A. IMPACT ON POPULATION GROUPS

### Population Group 1: Improved mental health of women and girls living in adversity

Mental health is integral to women's overall health. It is connected closely with their central roles in their communities, civil society and the health and functioning of their families. It is a neglected priority in health, child development and economic development. This work will support mental health promotion among women and girls as well as prevention and treatment of mental illnesses.

The needs of women and girls facing adversity has gained valuable attention. A global commitment was made recently to end all forms of discrimination against girls and women in the Sustainable Development Goals (United Nations, 2015). The WPA will work with local and international partners in specific disadvantaged regions and settings. Settings for action include community groups, schools, primary health care and maternal and child health services (Herrman 2016).

Important needs include the psychological and social consequences of violence, improving mental health in the perinatal period, the isolation of women as caregivers, deaths from suicide among young women in low- and middle-income countries, and the needs of vulnerable women and girls in refugee populations and emergency situations.

The high incidence of suicide deserves particular attention in this Action Plan. WPA will facilitate a working group of organisations developing initiatives on suicide prevention. Potential participants include BasicNeeds Laos and SNEHA, which along with other key partners through the citiesRISE platform will help enable adaptation and rapid scale across geographies. The experience of the SPIRIT (Suicide Prevention and Implementation Research Initiative) of the Centre for Mental Health Law and Policy, Indian Law Society, will also be invaluable. The work will take into account the key WHO initiative 'Preventing suicide: A community engagement toolkit' and the related initiatives taken in countries under the current WHO Action Plan. The purpose will be to focus on the sharing of knowledge and practice, especially as it relates to the needs of young people but also relevant to other vulnerable populations.

The WPA will encourage psychiatrists and other mental health professionals to use their expertise to promote participatory approaches and facilitate the mental health work of non-specialists across diverse community settings. The WPA will promote community participation by working with citiesRISE and its new strategic approaches to engagement with young women and girls, often with lived experience of mental illness, who are key to this effort.

In summary, WPA initiatives through this Action Plan are:

- » Support psychiatrists and other mental health professionals to use their expertise to promote participatory approaches to health and facilitate the mental health work of non-specialists across a range of community settings and especially in response to conflicts, emergencies and adversity.
- » Facilitate a working group of organisations developing initiatives on suicide prevention. The purpose is to share knowledge and practice, especially as it relates to the needs of young women and men and other vulnerable populations.





## Population Group 2: Reduced distress, illness and suicidal behaviour among people living under conditions of extreme stress

Despite recent progress made in some long-standing armed conflicts such as those in Colombia, the prevalence of conflict with its associated impacts on participants and non-combatants, remains high. For example, local disputes relating to mineral resource development, water use agreements and urban development will probably increase over time, rather than diminish. Emergencies due to disasters are also more likely to rise than fall, especially when the impacts of climate change are taken into account.

The mental health consequences for those affected by conflict and emergencies are increasingly well understood. For example, the value of social capital such as community and extended family support for people affected by emergencies is well-known in countries such as Mexico and Bangladesh. It was particularly demonstrated in the aftermath of Hurricane Katrina in New Orleans. However, the response to these situations remains overwhelmingly one of material and physical support.

The Indian Ocean Tsunami of 2004 marked a significant milestone in the participation of psychiatrists in responding at the community level to large numbers of people requiring support for the recovery of their mental health (WHO, 2005). In Sri Lanka and Aceh, and in China after the Sichuan earthquake, psychiatrists were at the forefront of responses to the emergency as well as the long-term recovery process for people displaced to temporary homes.

Displacement of people within their own countries or as refugees to other countries has reached the highest global level for over sixty years. The scope of mental health problems among refugees is staggering; at least half of the more than 1.2 million new refugees to Europe needed treatment for depression, anxiety or post-traumatic stress disorder, according to Germany's Federal Chamber of Psychotherapists (Herman 2016). At the same time reporting on refugee crises requires appreciation of the relevance of mental health. It calls for a sophistication and subtlety of work that can be overlooked in the overwhelming human drama that accompanies disaster and conflict.

Through our previous Action Plan, WPA established a Working Group on Needs of Migrant, Refugee and Asylum-seeker Patients which has provided extensive guidance to the Association. As noted in our Call for Action on the Refugee and Migrant Crisis, WPA has conducted a series of round table conferences with experts to propose solutions for migrant families, migrant children and refugees (WPA et al, 2016).

We plan to develop an *Alliance for Mental Health Responses to Emergencies and Conflicts in Latin America* that we intend will be a model for the engagement of psychiatrists in humanitarian responses to similar situations in other regions. We believe the role of the WPA is best directed now towards a range of activities in which the Alliance has a key role:

*A program of capacity-building that will strengthen the contribution and availability of psychiatrists in national and international responses to conflict and emergency. With citiesRISE and partners on the platform, WPA will train and support psychiatrists to perform their roles in emergency responses with a special focus on human rights and cultural competencies, and on tackling the burden of stigma.*

The program will draw on the past experience of joint WPA-WHO training for disaster response and that of leading international NGOs such as BasicNeeds. It will support psychiatrists: (1) to respond directly to mental health needs in complex emergency situations in accord with international protocols; (2) train their peers and other clinicians and community-based workers in their own countries and regions; and (3) support the development of new and existing community-based services in innovative and community-directed ways.

*Establishing a multi-disciplinary group including psychiatrists and journalists to foster good practice on writing about mental health and mental illness that builds on existing leading examples such as those in Ireland and the Philippines, including the reporting on these topics in conflict and disaster situations. The work of this group will address a crucial element in tackling the mental health gap and reducing missed opportunities for mental health promotion.*

*Advocating wherever possible for the integration of mental health into national disaster and emergency preparedness and response policy, plans and activities, alongside those present for other public health and medical processes and procedures.*

*Promoting and protecting the mental health of children and young people in vulnerable populations, including refugee and asylum seeking populations is a high priority.* We observe growing problems of inequity affecting such groups, given deteriorating reserves of compassion in some countries and greater hostility accompanying growing nationalistic sentiments around the world.

Schools and education programs offer an important opportunity to address this inequity. Premature departure from education at primary and lower secondary school levels is a large-scale problem (UNICEF, 2015; Global Partnership for Education, 2016). It is the root cause of many other social, economic and health problems globally as defined by an earlier WPA program (Graeff-Martins et al, 2007). Intervening early to address psychosocial problems and thereby reduce this dropout rate (Graeff-Martins et al, 2007) is important for refugee and other vulnerable groups.

We acknowledge valuable work already taking place in this field through initiatives that make use of information and communication technology. Sisi Ni Amani Kenya (SNA-K), for example, has had success in using mobile phones to promote civic participation among young people. SNA-K uses a combination of traditional and ICT-based approaches to foster dialogue, democracy and peace in communities at risk of inter-ethnic and intergenerational conflict (Young and Well CRC, 2015). These kinds of initiatives are relevant to youth engagement and mental health promotion. The insights they offer deserve a higher profile.

Technology also provides opportunities to harness the energies and commitment of young people working to improve mental health in cities and their surrounds. With this aim, WPA is a partner in the citiesRISE global platform.

Our contribution will emphasise the prevention and early treatment of mental illnesses and promotion of mental health.

We will also nurture partnerships with innovators in the development and use of digital technologies in psychiatry and with international organisations committed to educational development.

In summary, WPA initiatives through this Action Plan are:

- » Work with partners to develop a program of capacity-building that will strengthen the contribution and availability of psychiatrists in responding to conflict, emergencies and adversity that also accords with international protocols on mental health and psychosocial support in humanitarian emergencies
- » Foster good practice in the reporting of mental health and related topics in conflict and emergency settings by establishing a multi-disciplinary group to work on the subject.
- » Promote and protect the mental health of children and young people in specific disadvantaged regions and settings through work in schools and communities:
  1. Collaboration with citiesRISE and its partners to harness the powers of young people to support the prevention and early treatment of mental illnesses and promotion of mental health; and
  2. The growth of partnerships with innovators in the development and use of digital technologies in psychiatry and with international organisations committed to educational development.

Our growing relationship with citiesRISE creates opportunities for the complementary strengths of the two organisations to be directed towards these initiatives.



### Population Group 3: Better outcomes and care for those with long-standing mental illnesses and disabilities and their caregivers

WPA supports a commitment to improving the quality of care and human rights conditions in mental health facilities and services. This work will strengthen collaborative efforts to address shortcomings in conditions and care in institutions and other settings. The work will focus not only on hospitals but also other facilities in which people with severe and persistent mental disorders are treated and may be confined or their human rights violated in some way. These include facilities for people who are homeless, temporary accommodation for migrant people, prisons, prayer camps run by spiritual healers and private nursing homes (Cohen et al, 2016). Problems that prevail in too many of these settings include 'poor physical infrastructure, problematic staff attitudes and practices, the widely prevalent custodial ethos of care, and lack of appropriate discharge options and outreach services' (ibid, p.117).

WPA intends to develop resources on improved practice for conditions and care in institutions and other settings. We consider it a priority to work in a practical way towards better standards and respect for human rights to demonstrate the principles and the feasibility of change. Resources we develop could include, for example, case studies, best practice principles and models of practice.

Best practice approaches to working with faith groups as developed for example by the American Psychiatric Association can be adapted for wider use to improve access to care as well as the quality of care. Working effectively with these groups is particularly important under conditions of conflict, emergency and adversity.

### Human rights and psychiatry

Following work done under the Action Plan 2014-17, WPA will seek to foster informed debate and nuanced insight on the subject of human rights and psychiatry, especially in the context of the ratification by many governments internationally of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and in the context of emergency responses.

We recognise that others are already knowledgeable and experienced in this field. Examples include the work of INCENSE (affiliated with the Parivartan Trust and Sangath) and Quality Rights Gujarat (a project of the Centre for Mental Health Law and Policy (Indian Law Society) to promote the inclusion and empowerment of people with severe mental disorders, the research and advocacy work of the Melbourne Social Equity Institute, University of Melbourne, and initiatives taken by citiesRISE and its partners. We will seek to establish productive working relationships with other organisations and to support and enhance the overall movement towards better living conditions and care in institutions, a critical goal in mental health globally. At the same time, we emphasise that WPA and WHO both recommend a balanced community based care system as the policy and practice goal for all countries.

In summary, WPA initiatives through this Action Plan are:

- » Develop resources on improved practice, better links with community supports and enhanced conditions and care in institutional settings for people with long-standing mental illnesses and disabilities and their caregivers. Work with Member Societies to evaluate the usefulness of the resources in various countries, in partnership with INCENSE (affiliated with the Parivartan Trust and Sangath), Quality Rights Gujarat and others through the citiesRISE platform. This may include resources on working with faith groups and spiritual healers to strengthen access to quality care.
- » Inform debate on psychiatrists' contribution to response to the full spectrum of provisions in the Convention on the Rights of Persons with Disabilities (CRPD). Collaborate with partners including the Melbourne Social Equity Institute, University of Melbourne and the Centre for Mental Health Law and Policy, Indian Law Society, to advocate for better standards and respect for human rights and work practically to demonstrate the principles and the feasibility of improvements.



## B. ENABLING ACTIVITIES

The four enabling activities are based on the strengths and capacities of WPA as described in the strategic framework diagram on page 4. They are: Service Development; Awareness-raising and Advocacy; Education; and Research and Publications. We aim to build on these through projects as set out in this section.

### **Strengthening the contribution of psychiatrists to improving mental health care capacity in health systems.**

WPA considers its work with Member Societies to enhance collaborative work in primary care and strengthen community-based mental health systems to be essential to the aims of this Action Plan.

WPA intends to develop capacity-building projects with community mental health and primary care providers as part of its program to develop the Alliance for Mental Health Responses to Disasters and Conflict (See page 6). We envision working in regions that have particular needs, are affected by humanitarian emergencies and are the subject of existing local initiatives in which psychiatrists are active.

### **Collaborative work on primary care and mental health**

We will develop partnerships with organisations in a way that enhances our collective efforts. WONCA. The World Organisation of Family Doctors, is an excellent example. WONCA exists to improve the quality of life of the peoples of the world through respect for universal human rights and by fostering high standards of care in general practice and family medicine.

WPA intends to develop a series of joint activities with WONCA and include other organisations as appropriate. Through these activities it will support the core program in this Action Plan. The activities include:

1. A joint policy statement with WHO and other relevant organisations on mental health and primary care and associated activities.
2. Mutual assistance with the development of educational curricula and materials, and joint and cross-over participation in conferences.
3. Approaches to improving the mental health of women and girls living in adversity with reference to the intersection of primary care and psychiatry.
4. Sharing knowledge on effective work with service users and family carers.
5. Innovative cross-sector partnerships through the citiesRISE platform with emphasis on continuity of care in community based settings.
6. A shared interest in diversity in our organisations, including women in leadership.

Our work with WONCA and other organisations will establish a framework for similar partnerships with organisations that enable WPA and our counterparts to achieve their goals more effectively.

### **A Global Survey of Psychiatry**

For the WPA to achieve its aims, for access to psychiatrists to be improved and the profession to identify opportunities to collaborate, more information is required on psychiatrists' demographic characteristics, training and practice. We plan to survey psychiatrists through our Member Societies to create a report on these topics.

### **Educational activities**

Continued development and review of undergraduate, post-graduate and continuing education curricula, including working with specific member societies to bring resources and support to places where new educational programs would be valuable using online platforms.





### **New channels to publication and support for journals in low- and middle-income countries**

WPA will seek to work with journals and other publications in low- and middle-income countries through re-establishing a task force on peer support for editors of journals of psychiatry. The aim will be to continue work to support local aspirations for content relevant to priority mental health concerns and with emphasis on the vulnerable and disadvantaged groups described in this Action Plan. This initiative will enable individuals who often work in low-resource and isolated situations to draw on support for their activities and to contribute to the work of others.

### **Gender-based interpersonal violence.**

WPA will foster professional advancement in topical areas such as responding effectively to intimate partner violence through education and advocacy for policy and practice changes. With the help of Member Societies, it aims to monitor and assist the use of the new online WPA Competency-Based Curriculum for Mental Health Providers on Intimate Partner Violence and Sexual Violence Against Women, including the development and delivery of undergraduate, post-graduate and continuing education curricula.

In summary, WPA initiatives through this Action Plan are:

- » Develop a joint policy statement with WHO and other organisations as appropriate on mental health and primary care and associated activities.
- » Develop joint work with WONCA and other organisations on a specific set of activities that enhance our collective efforts in urban and rural areas, and support WPA's core program.
- » Establish a framework for similar partnerships with organisations such as WONCA, WFMH and WMA that enable WPA and our counterparts to achieve their goals more effectively, especially as they relate to better mental health care capacity in health systems.
- » Continued development and delivery of undergraduate, post-graduate and continuing education curricula, including working with specific member societies to bring resources and support to places where new educational programs would be valuable using online platforms'. This includes monitoring and assisting the use of the new online WPA International Competency- Based Curriculum for Mental Health Care Providers on Intimate Partner Violence and Sexual Violence against Women, 2016.
- » Re-establish a task force on peer support for editors of journals of psychiatry in low- and middle-income countries.
- » Develop a Global Survey of Psychiatry.



## C. PARTNERSHIPS AND COLLABORATION

In 2008, WPA established a Task Force on Best Practice in Working with Service Users and Carers, which refers to interactions between people with a lived experience of mental illness, their family carers and practitioners.

The Task Force developed a set of ten recommendations for good practice. This became the basis for a worldwide consultation of stakeholders, including the WPA Board and Council and over 200 national and international civil society organisations. The results showed broad agreement on the recommendations, most strongly from service users and carers (WPA, 2011).

Since then, we have become aware of many examples of grassroots initiatives that are relevant to this work. For example, Text to Change is an innovative approach to connecting disadvantaged populations with community services. Starting in Uganda, it now operates in several countries and diverse sectors. Over 1 million women in Tanzania have registered for an SMS service as part of a current project to reduce maternal and infant mortality numbers nationwide by 75%. They receive informative messages about healthy pregnancy and motherhood (TTC Mobile 2016).

Work on this dimension of Partnerships and Collaboration will focus on:

1. Encouraging and supporting operational activities that put into practice the recommendations of the Task Force at a local level.
2. Monitoring, evaluating and drawing out the key lessons and insights from the activities.
3. Supporting dissemination of the findings and results emerging from the activities, especially to encourage more effective partnerships that lead to better outcomes in mental health.

Better collaboration underlies all effective programming, so ultimately these activities are relevant to all the work in this Action Plan. We intend to identify best practice examples and create a resource to assist others to begin successful collaboration. We will also tap into existing collaborative learning efforts on the citiesRISE platform to increase access to materials and content generated by WPA. In the process, this work will facilitate better advocacy for mental health and human rights, and greater capacity for reducing stigma due to mental illness education, research and practice.

In summary, through this Action Plan WPA will:

- » Encourage and support through all relevant projects in the Action Plan operational activities that implement the recommendations of the Task Force on Best Practice in Working with Service Users and Carers at a local level.
- » Monitor, evaluate and draw out the key lessons and insights from the activities.
- » Support dissemination of the findings and results emerging from the activities, especially to encourage more effective partnerships that lead to better outcomes in mental health.



## 7. RESOURCES

We will resource the work described in this Action Plan by mobilising the professionals, knowledge and resources available to the Association. We will encourage the participation of Member Societies and individual psychiatrists in the activities we have described. In this way, WPA will demonstrate a powerful commitment to the work through efficient use of its own resources.

As noted previously, many organisations have been working for extended periods to tackle the global issues in mental health that also concern us. A good example is the APEC Roadmap for the Asia-Pacific Region (APEC 2014). Through working together and choosing in a clear and strategic manner the best way for WPA to contribute to these efforts, we will be leveraging resources to serve the aims of this Action Plan.

We are already working with key partners. WHO and citiesRISE are good examples. With several other respected organisations, we are presently discussing ways in which we can work together. They include BasicNeeds, INCENSE (affiliated with the Parivartan Trust and Sangath), Quality Rights Gujarat (a project run by Centre for Mental Health Law and Policy, Indian Law Society) and WONCA, and others in various countries with whom we are currently discussing partnerships and alliances.

We see the core program of work on strengthening the contribution of psychiatrists to humanitarian responses as providing an entry point for partnerships and investment in the variety of activities described in this Plan that directly and indirectly contribute to its aims.

Where we are invited to do so, the work of partners also offers an entry point for WPA to make our contributions effective in places where our activity has been relatively limited to date. The Regional Health Development Centre (RHDC) on Mental Health in South-eastern Europe is a good example. Their Regional Program focuses on primary health care, user and carer involvement, service and organisational development, intersectoral and international cooperation and mental health promotion and prevention. These are priorities that align closely with the core program in this Action Plan. It makes logical sense for WPA to pursue the possibilities to collaborate in the region and with RHDC.

Some partnerships will enable new funding to be attracted to the work we propose. The topics described in this Action Plan and the vulnerable populations suffering as a result of shortcomings in policy and practice internationally, are priorities for human and social development globally. Funders and investors are already devoting resources to them. We believe that a business-like and enterprising approach to advancing the Action Plan will encourage new resources to be brought to and invested in the vital work of this Plan.

## 8. INITIATIVES

As stated at the start of this Action Plan, WPA is seeking to strengthen the ways in which we collaborate successfully with other organisations. We want to support the readiness of many psychiatrists to engage in new challenges. This is the core program within the Action Plan.

At the same time, we are managing existing and planned work that is important to the role and functions of the WPA and has a 'satellite' character in relation to the central program.

In that spirit, this section sets out the progress we have made to make operational these intentions. It categorises each of the proposed actions from the plan in the following ways; new initiatives with partners, development of resources and partnerships to support quality psychiatric treatment and care and WPA institutional projects.

A key partnership for WPA is with the World Health Organization, and another is citiesRISE. Through each of these we are advancing various activities central to the objectives of both partners. This work is summarised in the boxes on the right.

We envisage each element of the WPA Action Plan as an individual initiative that is planned according to its objectives, partners, resources and its ultimate impact. By devising the Action Plan as a series of projects, we believe the capacity of the WPA to achieve its aims will be enhanced.

### WPA-WHO Collaborative Action Plan

The World Psychiatric Association (WPA) has a formal relationship with the World Health Organization (WHO). We propose building on the strength of this relationship with a Collaborative Action Plan to advance the goals common to the two organisations. The collaboration will facilitate implementation of the Comprehensive Mental Health Action Plan 2013-2020 (mhGAP) adopted by the World Health Assembly.

All work will use common values including support for participation of service users, family carers and communities in matters that concern them, and work with a range of other partners in health and non-health sectors.

The topics included in the Plan are:

1. Strengthening the engagement of psychiatrists at policy and field levels in mental health and psychosocial responses to communities in adversity (WPA's core program)
2. In this and other ways contributing to implementation of mhGAP through policy work, development of tools or project work in countries to scale up care. Examples may include: contributing to capacity building in addiction medicine in regions and countries; and promoting mental health care for women in the perinatal period.
3. Supporting the engagement of psychiatrists in implementation of the UN Convention on the Rights of People with Disabilities (CRPD) in countries and practice settings

### WPA-citiesRISE Collaborative Action Plan

The World Psychiatric Association (WPA) has been a founding and formative member of the citiesRISE global platform. The ultimate aim of this collaboration is to amplify the work of WPA, by connecting psychiatrists as effectively as possible with networks of people and organisations that have a strong commitment to community-driven approaches to mental health.

Furthermore, WPA will provide leadership and advice in the development of partnerships and initiatives within citiesRISE, especially those relevant to the agenda set out in this Action Plan.





The table below sets out the resource needs for each initiative we will implement.

### New initiatives with partners

Project	Existing and potential partners in action or investment
Alliance for Mental Health Responses to Emergencies and Conflicts	citiesRISE, supported by major funders. The Juan Jose Lopez-Ibor Foundation. In-kind support from WHO. Other philanthropic and development partners
Working group on suicide prevention with a focus on the needs of young women and men in low-income and emergency settings	citiesRISE, supported by major funders. Basic Needs Laos, SNEHA, SPIRIT, Russian Society of Psychiatrists; other Member Societies; other philanthropic and development partners
Multi-disciplinary group on promoting mental health and preventing mental illness for children and young people	citiesRISE, supported by major funders, as a major component of the partnership with WPA
Human rights and psychiatry; inform debate on psychiatrists' contribution in response to the full spectrum of provisions in the Convention on the Rights of Persons with Disabilities (CRPD)	Project and fundraising partners: Centre for Mental Health Law and Policy, Indian Law Society, Melbourne Social Equity Institute, University of Melbourne, WHO
Foster good practice in the reporting of mental health and related topics in conflict and emergency settings by establishing a multi-disciplinary working group	Philanthropic or development partners

### Development of resources and partnerships to support WPA's work

Project	Existing and potential partners in action or investment
Develop resources on improved practice, better links with community supports and enhanced conditions and care in institutional settings for people with long-standing mental illnesses and disabilities and their caregivers. This may include resources on working with faith groups and spiritual healers to strengthen access to quality care	Member Societies; INCENSE (affiliated with the Parivartan Trust and Sangath); Centre for Mental Health Law and Policy, Indian Law Society; WHO; other philanthropic or development partners
Collaborative work on policy and practice to support mental health in primary care	WONCA; WHO; Philanthropic or development partners and other institutions
Re-establishing support for best practice in working between practitioners, service users and carers	Member Societies; Philanthropic or development partners
Monitoring and assisting the use of the new online WPA International Competency- Based Curriculum for Mental Health Care Providers on Intimate Partner Violence and Sexual Violence against Women, 2016.	Member Societies; Philanthropic or development partners
Re-establishing support for publications in low- and middle-income settings	Philanthropic or development partners

### WPA Institutional Projects

Project	Existing and potential partners in action or investment
A Global Survey of Psychiatry – and disseminate the results to inform policy and practice	Member Societies and WPA resources
Continued development and review of undergraduate, post-graduate and continuing education curricula	Member Societies and WPA resources. University and technology partners
Monitoring, evaluation and learning	WPA resources

## 9. INDEX OF ORGANISATIONS

BasicNeeds	<a href="http://www.basicneeds.org">http://www.basicneeds.org</a>
BasicNeeds Laos	<a href="http://paulbijaoui.wixsite.com/basicneedslao">http://paulbijaoui.wixsite.com/basicneedslao</a>
Centre for Mental health Law and Policy, Indian Law Society (SPIRIT and Quality Rights Gujarat projects)	<a href="http://cmhlp.org">http://cmhlp.org</a>
citiesRISE	<a href="http://cities-rise.org">http://cities-rise.org</a>
Melbourne Social Equity Institute, University of Melbourne	<a href="http://socialequity.unimelb.edu.au">http://socialequity.unimelb.edu.au</a>
Parivartan Trust and Sangath (INCENSE project)	<a href="http://parivartantrust.org/Incense.aspx">http://parivartantrust.org/Incense.aspx</a>
Quality Rights Gujarat	<a href="https://qualityrightsgujarat.wordpress.com">https://qualityrightsgujarat.wordpress.com</a>
Regional Health Development Centre (RHDC) on Mental Health in South-eastern Europe	<a href="http://www.mcp.gov.ba/org_jedinice/sektor_zdravstvo/regionalni_centar/default.aspx?langTag=en-US">http://www.mcp.gov.ba/org_jedinice/sektor_zdravstvo/regionalni_centar/default.aspx?langTag=en-US</a>
Sangath (INCENSE project)	<a href="http://www.sangath.com/inside_page.php?nav_id=224">http://www.sangath.com/inside_page.php?nav_id=224</a>
Sisi Ni Amani Kenya (SNA-K)	<a href="http://www.sisiniamani.org">http://www.sisiniamani.org</a>
Sneha Suicide Prevention Centre, Chennai, India	<a href="https://www.snehaindia.org/">https://www.snehaindia.org/</a>
Text to Change	<a href="http://ttcmobile.com">http://ttcmobile.com</a>
World Federation for Mental Health (WFMH)	<a href="https://www.wfmh.global">https://www.wfmh.global</a>
World Health Organization (WHO)	<a href="http://www.who.int/en/">http://www.who.int/en/</a>
WHO Department of Mental Health	<a href="http://www.who.int/mental_health/en/">http://www.who.int/mental_health/en/</a>
WHO Mental Health Gap Action Programme (mhGAP)	<a href="http://www.who.int/mental_health/mhgap/en/">http://www.who.int/mental_health/mhgap/en/</a>
World Medical Association (WMA)	<a href="http://www.wma.net/en/10home/index.html">http://www.wma.net/en/10home/index.html</a>
World Organization of Family Doctors (WONCA)	<a href="http://www.globalfamilydoctor.com">http://www.globalfamilydoctor.com</a>



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