



# Early Career Psychiatrists Section

## World Psychiatric Association

Section Newsletter

Third Publication 2020

### *Message from Section Chair*

Dear colleagues and friends:

We are pleased to publish this Newsletter, which comes at the end of 2020, a year that has been so challenging for so many of us across the world.

Still, 2020 was also a year to develop and strengthen collaborations and we are most proud of the various outputs of the network of early career psychiatrists who have been conducting research on a range of issues concerning mental health and the pandemic, and the solidarity and companionship that many early career psychiatrists have expressed at this time. We hope you have some time to rest and enjoy this festive season.

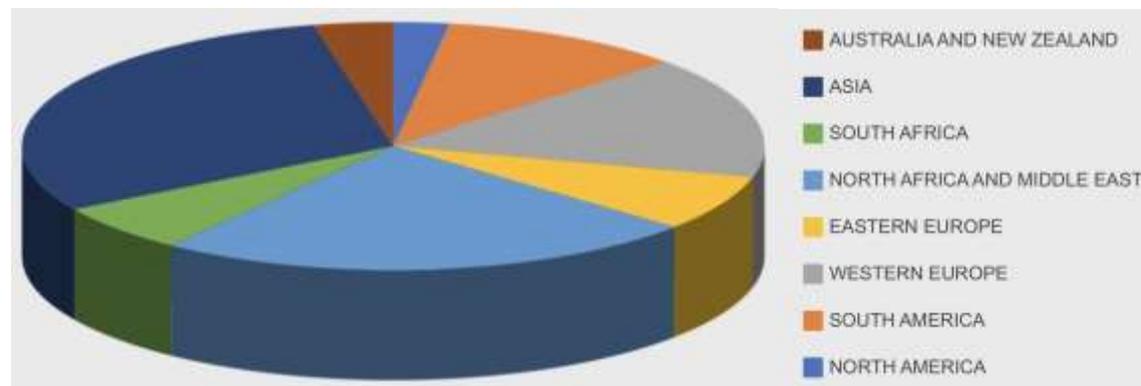
In the next year we will be calling for elections of the Section's leadership. Watch our mailing list in 2021 for more details.

We wish you all the best for a better 2021 and we look forward to seeing you all online on the 20<sup>th</sup> World Congress of Psychiatry between 10-13 March 2021.

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

### Section Update

Early Career Psychiatrists Section members until 12 December 2020 (N=289)



The ECP membership has grown with the highest number of members from Asia (n=87), followed by North Africa and Middle East (n=69), Western Europe (n=46), South America (n=31), Eastern Europe (n=21), South Africa (n=18), Australia and New Zealand (n=10) and North America (n=3).



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### *Southern Africa*

#### **A NEW DAWN FOR MENTAL HEALTH IN BOTSWANA: REFLECTIONS OF THE FIRST LOCALLY TRAINED EARLY CAREER PSYCHIATRISTS IN BOTSWANA**

By Kagiso Bojosi, Gotsang Garechaba, Obadia Isaac, Tseleng Maphane; Training psychiatrists; University of Botswana

Psychiatry in Botswana, like the rest of the world, is a slowly advancing field in medicine. There is currently one referral psychiatric hospital in the country, with only two psychiatrists employed by the Ministry of Health and Wellness. There is a total of ten psychiatrists in the country (public sector, private sector, and academic combined). Given this grave shortage of psychiatrists, the delivery of mental health services is mainly done by psychiatric nurses, as has been the case for a long time in Botswana.



The University of Botswana's relatively new Faculty of Medicine started its first postgraduate programmes (internal medicine, paediatrics) in 2010. Many other programmes followed in subsequent years, with the first cohort of five psychiatry residents starting a decade later (January 2020).

Being part of a new program is exciting, and this is a shared experience among all the psychiatry residents. There are a lot of reasons for this, but to a large extent, it has to do with the knowledge that we are contributing significantly to the overall development of the program. Another impact that we anticipate is the growth of psychiatry in the country. Some of the changes that are already evident in just ten months of having the first batch of residents include: working on development of protocols, improved patient care (e.g. residents are expected to know the latest evidence-based practices, and apply them), teaching by residents to nurses, doctors, medical and nursing students, etc.

Despite the excitement and optimism that the program will bring a lot of positive change, we do have some challenges, most of which have to do with being in a new program. We worry about whether the program will succeed or not, and if at the end of our training, we will be competent psychiatrists. This



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anxiety stems from observations on other post graduate programmes that have previously been started and later collapsed but did re-start successfully several years later. Another serious challenge that we face is attempting to merge two separate entities. The only psychiatric hospital is managed by the Ministry of Health and Wellness while the program run by the University. A major attempt is being made to make the two 'systems' work together.

We have a hope, however, that this is one giant step towards improving mental health care in Botswana. We hope and put in a lot of work towards becoming great psychiatrists. Things are already looking up as we are looking forward to welcoming the next batch of six residents in January 2021. We hope to be part of the change towards better care for our patients in our own unique ways. There is among us, an aspiring neuropsychiatrist, forensic psychiatrist, and administrator. It would be interesting to have a glimpse at psychiatry in Botswana in the next ten years.

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### **North Africa**

#### **IMPLEMENTATION OF BIRTH AND PARENTALITY PREPARATION UNIT IN A GENERAL HOSPITAL**

By Souha Yaakoubi, Wafa Abdelghaffar & Rym Rafrafi

University Tunis El Manar; Mental Health Department; Mongi Slim General Hospital Marsa; Tunisia

Mental and physical preparation plays a key role in future parenting because birth and parenting can be stressful for couples.

A preparation program was carried out by early career psychiatrists working in Mental Health Department (MHD) in Mongi Slim General Hospital in Marsa, Tunisia. Pregnant women consulting in gynaecology ward in the same hospital, from 25<sup>th</sup> to 28<sup>th</sup> weeks of pregnancy can enroll in this program. This program includes 3 sessions before birth and one session after delivery. Workshops are co-animated by a midwife (from gynecology ward) and a psychiatrist or psychologist from MHD. Participants benefit from psychological and physical preparation. Here is a brief overview of the workshops:

First session includes education about anatomy, sexuality and body image, uterine contractions, healthy eating, sleeping positions, psychological and emotional changes in pregnant women... Intra-uterine life is also discussed with both physical and psychological aspects. Participants get familiarised with mindfulness and breathing techniques.



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Second session and third sessions focus on labour, pain relief and acceptance, breastfeeding, possible complications of pregnancy and labour and what to do in these cases. Participants also discuss psychological symptoms and signs that can arise in this period. A simulation on the winner flow and an exercise of breathing is also performed. A demonstration of labour is performed on the third session.

The fourth and last session takes place after birth with the active presence of fathers. The main focuses are interactions between parents and children. Other topics that are covered include baby blues and post-partum depression, care of mothers and children and contraception. The role of father is also emphasised.

Each of these sessions begins with open questions and group talk about participants questions and worries to encourage clients expressing their emotions and beliefs. Parents also receive advice about parenting and care of the future child and they get educational brochures at the end of the sessions. A large room, with colourful decoration, carpets and specific education accessories (e.g. balloons and nursing pillows), was dedicated to this unit near the gynecology department (Figure 1).



Figure 1. Photo taken during one of the preparation sessions.

Participants who need specific psychiatric care are referred to the outpatient clinic of the MHD.

We had a positive feedback from participants and from gynecology doctors who noticed that delivery is easier in prepared mothers.

This experience should be generalized in other hospitals.

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### **SELF-ASSERTIVENESS GROUP THERAPY**

By Wafa Abdelghaffar, Khadija Bagbag, Emna Chhaider, Rym Rafrafi. University Tunis El Manar; Mental Health Department; Mongi Slim Hospital; Marsa; Tunisia

Lack of Self Assertiveness (SA) is a main finding in patients consulting for depression and anxiety disorders. Improving SA in these patients can be performed using cognitive and behavioral techniques. It is suitable for group therapies.

Early career psychiatrists in Mental Health Department in Mongi Slim Hospital implemented SA groups. These groups include patients that are consulting this outpatient clinic for anxious and/or depressive symptoms regardless of their diagnosis and having difficulties in social relationships due to a lack of SA. Patients must be stabilized, on total or partial remission. The referring psychiatrist or psychologist suggests that their patients take part in one group when they detect a lack of SA.

The groups are composed of 4 to 12 participants. Since the beginning of the COVID-19 pandemic, the sessions took place outdoors or indoors when there was bad weather with respect to physical distancing. Two psychiatrists formally trained in Cognitive Behavioral Therapy co-facilitate the workshops (an early career assistant teacher and a resident).

Each group benefits from two sessions. The first session is an introduction to SA theories and various styles of communications (passive, aggressive and assertive) with a role play to illustrate these three styles. The second session allows clients to play many role-playing games in application of SA in these fields: how to ask something, how to refuse something, to receive a criticism and to make a criticism to someone.

Clients were very satisfied with the Sessions and they all asked for more.

Clients that have a severe lack of SA and serious communication problems in social interactions had supplementary individual sessions.

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### CREATION OF ELECTROSTIMULATION UNIT IN RAZI MENTAL HEALTH HOSPITAL: ACTIVITY REPORT AND FUTURE PERSPECTIVES

By Wafa Abdelghaffar, Amine Larnaout, Rania Lansari, Wahid Melki. University Tunis El Manar, Razi Mental Health Hospital

For several years, there was no Electro-Convulsive Therapy (ECT) unit in any public hospital in Tunis capital. The nearest one was in Monastir city, which is nearly 200Km from Tunis. Thus, poor people could not afford to have ECT treatment and were forced to consult at private clinics if necessary. Three years ago, thanks to the efforts of young psychiatrists and anaesthetists, a modern ECT unit was created in RAZI mental health hospital. It contains modern anesthesia and intensive care equipment and a staff of psychiatrists, anesthesia qualified technicians and anesthesia physicians.

So far, 93 patients (73% males and 27% females) have benefited from this unit. The most prevalent diagnosis was treatment resistant schizophrenia (n=54). Patients' diagnoses are detailed in figure 1 in this graphic.

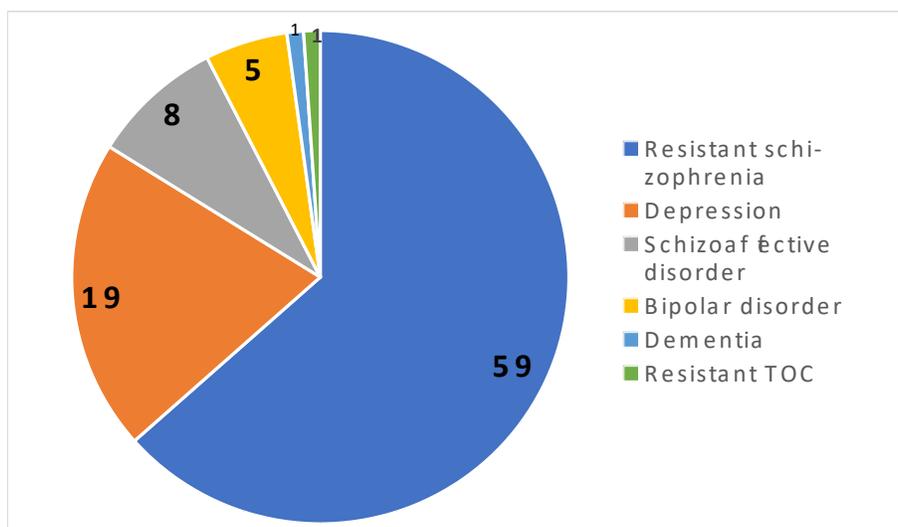


Figure 1: Diagnoses of Patients treated in ECT unit

Patients went through an average of 15 sessions, with range from 1 to 36. Most patients did not suffer from cognitive impairment. The most used anaesthetic drug was etomidate with use of propofol in some patients who did not respond to etomidate. The stimulation threshold was usually determined



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using titration method. Energy delivered to patients ranged from 5 to 100 %.

Some patients stopped the therapy without giving any reason. All patients who finished their therapy either had complete or partial remission, clinically.

In conclusion, Electrostimulation Unit in public hospital was a dream coming true for psychiatric patients and young doctors. Results of activity reports are encouraging with good outcome and no severe side effects. In future, this unit is intended to get bigger and include transcranial magnetic stimulation.

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### South America

#### THE CHILDREN'S VOICE PROJECT. EL SALVADOR. CENTRAL AMERICA

Duran Avendaño, Xenia Margarita



Sars-Cov 2 pandemic impacts physical and mental health as well.

In El Salvador schools were closed since March 11<sup>th</sup> as a quarantine measure. Reactions over this issue were plenty: joy, relief, calm but gradually uncertainty began to grow.

As a child psychiatrist I was worried for the mental health of Salvadorian children and adolescents especially

their response to this therefore, in May 2020 a digital project was presented to the Salvadorian Association of Psychiatry (ASP). It had two main objectives: first promoting an emotional expression space for children through free drawing or writing and second give parents and tutors an opportunity to detect alarming behaviors in order to optimize the child's mental health.



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Through radio, television and digital media children were invited to respond to two questions through drawing or writing: How have you felt in this quarantine? How do you think life will be afterwards? Their parents were asked to submit the created material by the Facebook inbox of the association page or through a dedicated e-mail address.

The results were amazing. More than 80 images were received, half of them from girls, the participants age ranged from 3 to 22 years old. Also a drawing from an elderly citizen was submitted.

Beautiful drawings were received, they represented positive and negative feelings: boredom, sadness, frustration, concern... but also joy,



love, hope and companionship. Every Monday for one month, the submitted art was published through the Association's Facebook page by supportive and proud parents.

Tenth reflections were achieved. Most authors showed security in family unity because quarantine allowed parents to spend more time at home therefore having a protector effect however, the academic burden generated by online schooling and homework seemed to produce stress, fatigue and tension within most of reported households. Most of children projected hope about the future and the resilience showed by Salvadorian youth was astonishing.

I invite my colleagues around the world to view the slideshow that was prepared at a conclusion of this project, read the wonderful reflections that the children taught us, and observe the art they created.

<https://www.facebook.com/110859125631923/posts/3194198640631274/>

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**Child and Adolescent Psychiatry. Hospital Nacional de Niños Benjamin Bloom. HNNBB.**

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**AMPI; Member of Latin American Federation of Child Psychiatry and Allied Professions FLAPIA**

**ASIA**



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### **Psychiatrists and Telepsychiatry: Can this ambivalent romance outlast this Pandemic?** **Vivian Kapil Venugopal\*, Ramya Revathi Rajagopal**

Telepsychiatry services have been widely prevalent but not warmly embraced until this COVID-19 pandemic owing to various logistic reasons like access to technology, digital literacy, lack of personal touch etc. This offers work from home models, can streamline appointments, waiting times, limit unnecessary non-urgent ER visits, reduces no shows, cancellations. People living in remote areas without access to mental health services, people who are homebound, unable to squeeze time into their schedule for visits may find it a welcome move as it saves them from hassles like cost, time of travel. One great thing about this medium is that it might have breached a considerable extent of the stigma associated with visiting a mental health professional, convincing the family to take them for mental health needs especially in the developing world.

Patients who were on regular follow up medications with the hospital were at a disadvantage with the complete lockdown situation in some countries where public transport was not fully operational and inter-district travel was restricted. Combined with lack of access to prescriptions they were on the verge of relapse and so for this group of patients, online consultations could have been a boon where psychiatrists issue digital prescriptions used by patients or families to procure medications. Also, these online consultations gave carers and family members the ability to interact with the psychiatrist in privacy and comfort which may not have always been entirely possible during routine outpatient consultations for various reasons in the developing world. Any patient queries or concerns which arise after consultation can be addressed on a quick note which ensures adherence. As it is digital, the follow up might be relatively easier owing to access to upload old treatment records, investigation reports which would not be otherwise easier in countries without electronic patient records. This kind of electronic storage of patient information should confine to the norms of data protection and make efforts to not pose any security or privacy concerns. Healthcare laws, data protective acts around the world need to keep pace with the meteoric rise of digital healthcare services in a new physically distant yet digitally connected world. Teleconsultation services should ideally be simple, affordable, patient-centered, on-demand, and offer convenient patient care. With a client centered approach, patients are committed to their own healthcare goals, and when they feel they are in control it only ensues in better health outcomes.



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All said and done, there is nothing which matches a one-on-one, face-to-face interaction with the patient where an empathetic psychiatric interview with astute attention to non-verbal communication and a comprehensive general examination which is a prerequisite to making the right diagnosis so as to culminate in a plan for holistic care cannot be substituted. Novel methods sometimes breed initial contempt but evolving times require evolving strategies and maybe if that's something some patients embrace after much deliberation with an intact capacity then why not give it a thought and improvise this medium further.

\*Dr. Vivian Kapil Venugopal, Psychiatry Fellowship Doctor, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, United Kingdom.

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### **Europe**

#### **SURVEY NUTRITIONAL PSYCHIATRY - HOW MUCH DO WE KNOW ABOUT NUTRITION IN PSYCHIATRIC AND PSYCHOLOGICAL CARE?**

Cand.med. Linda Stell, Department of Psychiatry and Psychotherapeutic Medicine, Medical University of Graz, Austria; Priv. Doz. DDr. Sabrina Mörkl, Department of Psychiatry and Psychotherapeutic Medicine, Medical University of Graz, Austria

A regular healthy diet is internationally recognized as a key aspect of physical health: nutritional factors are the number one cause of most common diseases in the developed world - even ahead of nicotine consumption and lack of exercise. Inevitably, this leads to the question to what extent also mental health is affected both by single nutrients as well as the total nutritional intake of an individual. This emerging field of research is described by the generic term "Nutritional Psychiatry".

Observational studies have reported consistent evidence for an association between diet quality and common mental disorders. In fact, there is compelling empirical evidence for the interaction between nutrition and onset, course, and therapy response of mental disorders.



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Looking at possible prevention options of mental illness, consistent, observational, and interventional data suggests diet quality may be a modifiable risk factor. Also, there is clinical evidence for dietary intervention providing significant clinical benefits in depressive patients (Firth et al., 2019).

Established treatment options such as psychotherapy and pharmacotherapy can only avert up to half of the disease burden, showing a need for further treatment options for mental illness. Therefore, the approach of nutritional interventions as a necessary treatment option and primary prevention of mental disorders is playing an increasingly important role in modern psychiatry, psychology, and psychotherapy.

Currently, the research group “Nutritional Psychiatry” from the Medical University of Graz, Austria, is gathering data through an online survey intending to assess psychiatrists, psychologists or psychotherapists' attitude and experiences with nutritional interventions, gained from their education and work.

So far, out of 53 different countries, over 1000 participants have taken part in the survey. We are still looking for more respondents to participate in our survey.

The research group kindly asks you to spend 10 minutes of your time to answer this questionnaire. Naturally, the survey is conducted entirely anonymous and does not allow any deduction of information concerning your personalized data. Your IP-address will not be stored.

By participating in this study, you are contributing to the development of foundational material to be taught to psychiatrists, psychologists, and psychotherapists in training – and by extension, you are also taking part in the optimization of patient care quality!

The questionnaire you will find on the following link: <https://goo.gl/forms/ltwaBZ15mwfd5s732> .

***Thank you for your participation!***

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**EFPT**

## THE EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES' (EFPT) VIRTUAL EXPERIENCES IN 2020

Dr. Tintareanu Adrian<sup>1</sup>, Dr. Stercu George-Alexandru<sup>2</sup>, Dr. Buciuta Andrei<sup>3</sup>, Dr. Migchels Charlotte<sup>4</sup>



As most things in 2020, the organisation of the annual EFPT Forum, which was due to be held in Romania in July, didn't go according to plan. With most preparations already made for a live event, the Local Organising Committee was forced to adapt to the reality of a virtual event very quickly. This created some difficulties, for example conflicting time zones and of course, socialising. Despite the abundance of technological resources available in 2020, the virtual setting has shown to be an almost sterile social environment. One key point in managing this problem was to create an interactive platform, in which every participant was able to get involved in the discussions. We set up some events in the weeks before the forum where, after the presentations, the newcomers would be greeted, the online format was evaluated and the voting system, which was essential for our virtual general assembly, was tested. Every participant was sent the EFPT Forum Manual and materials, a set of guidelines aimed at helping participants navigate the online platform, beforehand. Each presentation ended with breakout room sessions where participants were able to discuss the topic and the Q&A session, so that the atmosphere was akin to the real-life experience of a Forum – a small group of people discussing amongst themselves for as long as they wanted.

A virtual museum where you can walk between the exhibit rooms and find a visual display of the history of EFPT and the Romanian Psychiatric Association, posters and biographies of the speakers, allowed for the participants to feel almost as though they were in Bucharest.



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The cultural diversity that defines the EFPT Forums was presented through a video with contribution from each participating country and streamed live as the 'EFPT International Movie'.

The Forum was hosted from temporary headquarters in Bucharest, manned by a committed team with a classic internet router and five laptops, proving that even in the virtual world, even amid a health crisis, the most important part of congresses and conferences are the participants and the relationships that develop between them.

EFPT had experimented with online meetings before, and now, following the success of the virtual forum, we are more than ever convinced that online meetings are an excellent way of reaching our goal of bringing together trainees, despite distance, time zones and pandemics. Therefore we have decided to regularly organise virtual events for all trainee psychiatrists. We started our series of online events on October 1st with Prof. Dr. Norman Sartorius, and we will be offering many more expert meetings and journal clubs throughout the year for free. So follow our website/newsletter/social media to stay informed and seize the opportunity to connect with and learn from the most motivated and fun group of trainee psychiatrists, as well as experienced experts in the field!

[www.efpt.eu](http://www.efpt.eu)

<https://www.facebook.com/EFPTtrainees/>

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**The Novel Virtual Meet of WPA: a future, that needs further exploration...**

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It was more than a year ago that our chair Mariana Pinto Da Costa proposed and created a small Early Career Psychiatrist (ECP) committee in order to facilitate the organisation of ECP sessions at the first WPA thematic congress on intersectional collaboration. We were honoured to be part of this unique group representing our ECP colleagues around the globe and we were looking forward to our cooperation. We exchanged hundreds of emails with the organising committee in order to finalise the program and overcome the new perspective that the covid 19 pandemic has forced us to accept.

The covid 19 pandemic changed our lives in many ways, including the education, academics and even the conferences! Global lockdown, closing the international borders, nil or restricted social contacts and off course the fear of contamination have changed the regular academic meets, scientific sessions and conferences as a result of which even WPA conferences got postponed indefinitely. In this scenario, the decision of virtual meet for the thematic congress came as a blessing where researchers from various countries participated wholeheartedly and overcame the barrier of distance including the threats of pandemic.

### Early Career Psychiatrists Committee

**Dr. Theodoros Koutsomitros** (Greece)  
**Dr. Tanay Maiti** (India)  
**Dr. Nikolaos Nikolaou** (Greece)  
**Dr. Laura Orsolini** (Italy)  
**Dr. Mariana Pinto da Costa**  
(Portugal/UK)  
**Dr. Aikaterini Zolota** (Greece)



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The virtual platform was made to support both pre recorded and live presentations/interactions and simultaneous symposium, poster and other activities could be attained at the single screen much like actual in person conferences. The difference in time zones made partial hindrances for the participants, but the very novel and first of kind virtual global meet of WPA successfully proved that it could make future conferences much easier including saving resources.



From the 1.600 Psychiatrists of Sweden to the 20 colleagues from Somalia all together united under technology for the very first time in history. It was inspiring, creative and magical. Feeling one's presence, moving virtually to one's office or home in France, Egypt , Mexico raised emotions of scientific solidarity, our duty to never quit getting better as the emerging needs of pandemic mental health issues call us to act around the globe.

Earlier this fall, some ECP met Prof. Thomas Schulze virtually and were encouraged by him to actively engage in the WPA Thematic congress. This invitation, and the actual congress'experience, where research was presented to the public and where we saw many ECP colleagues involved in valuable international discussions, showed us how much WPA leadership cares about ECPs and wants to promote their diverse voices. Despite the difficulties in making virtual conferences engaging, we enjoyed the small-group live discussions in between sessions with Prof. Schulze and other ECPs.

Many of us registered with this congress to learn about psychological aspects of trauma. As this topic resonates with several ECP's own experiences of living in conflict settings many ECP sent their abstracts. Despite the time challenges that several of us faced as the live presentations had conflict with our working and studying times we managed to attend most of the sessions. Meanwhile, in the meeting hub, we connected with psychiatrists and other

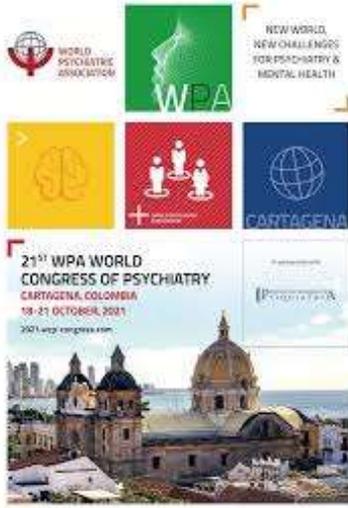




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colleagues who have interest in trauma research. As we mentioned above, the congress had also sessions with Professor Thomas Schulze, who encouraged trainees and Early Career Psychiatrists to participate on collaborative workshops or symposiums in the upcoming future conferences of World Psychiatry Association. This was an encouragement for junior mental health professionals.



Overall, the congress was a great learning opportunity for all and a step forward, not only on intersectional collaboration but also on global virtual congresses. On some of the symposiums there were representatives from Africa, America, Asia, Europe and Oceania, all in the same sessions. This kind of global gathering, learning and communication in Psychiatry can happen only during the WPA congresses and we, as members of Early Career Psychiatrist section, have been very grateful for that. We all hope that the pandemic will be over soon and we look forward to meet in person in Cartagena, Colombia in 2021.

***Want to submit an article***

***Email the editor: [wpa.ecp.section@gmail.com](mailto:wpa.ecp.section@gmail.com)***