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Report of the WPA Scientific Section on Quality Assurance in Psychiatry

The WPA Section on Quality Assurance in Psychiatry focuses on quality improvement initiatives in the mental health field internationally. Recognizing that there are significant gaps between what is known to be effective (best practices) and what is actually delivered, the Section attempts to define barriers and explore solutions to improve the quality of care rendered in different settings. Defining the optimal characteristics of practice guidelines and indicators, reviewing established guidelines, and contrasting guidelines for the same disorder among different countries have been among the main activities of the Section[1]. Other efforts have explored quality assurance initiatives of systems of care and the impact that these projects have had on clinical outcomes.

The Section was founded in 1995. During the past three decades, it has organized symposia at every World Congress of Psychiatry and at numerous WPA meetings. It has explored the development, dissemination, implementation and revision of guidelines mainly for schizophrenia (e.g., the English version of the S3 Guideline for Schizophrenia by the German Association for Psychiatry, Psychotherapy and Psychosomatics, DGPPN[2]), comparing their quality across countries by means of the AGREE instrument[3-5]. Members of the Section have published numerous articles and book chapters on psychiatric treatment guidelines.

The related issue of quality indicators of mental health care systems[6,7] has also been a focus of the Section, in collaboration with the European Psychiatric Association and the World Health Organization (WHO) Collaborating Centre DEU-131, partly supported by the German Federal Ministry of Education and Research. The resulting work has been published, presented and discussed at various international meetings.

"Quality" is important for mental health systems from several perspectives (i.e., the person, family, service providers, policy makers), and improving quality contributes to destigmatization. Quality of care can be promoted by means of the PDCA (Plan, Do, Check, Act) cycle, which includes establishing quality policy, planning and standards; assessment (tools) for measurable quality indicators; quality control, monitoring and improvement[8]. All quality-related activities should be managed following the principles defined by ISO 9001: customer focus, leadership, people engagement, process approach, improvement, evidence-based decision-making and relationship management.

Significant gaps have been reported in the awareness, planning and delivery of quality care, but also in terms of training for psychiatrists and other mental health professionals at every level of the clinical education system. To address these topics, our Section has developed an educational online self-learning course on quality management in mental health care. The course consists of six thematic modules providing knowledge and skills for mental health care providers and other stakeholders from around the world, aiming to guide the development, implementation, improvement and promotion of quality management. It has been developed with the WHO Collaborating Centre DEU-131 and the University of Rochester, and has been promoted and presented at various international conferences, including recently the World Congresses of Psychiatry 2023 in Vienna and 2024 in Mexico City. It is freely accessible through the WPA website (wpa.learnbook.com.au/course).

According to the WHO[9], universal health coverage is achieved when "all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective". This is an emerging priority of health systems worldwide, and central to the United Nations' Sustainable Development Goal 3 (Good Health), Target 3.8. There is growing evidence on the relationship between quality of care and universal health coverage, especially related to the governance and efficiency of health care services and systems. Several knowledge gaps remain, particularly related to monitoring and evaluation, including equity. Further research, evaluation and monitoring frameworks are required to strengthen the existing evidence base to improve universal health coverage.

In addition to the areas of practice guidelines, quality indicators, and quality management education and training, our Section has also focused on issues related to the use of restraints (members of the Section participated in a major study on deaths related to restraints), funding of mental health services, pharmacologic treatment of alcohol use disorder, suicide prevention programs, forensic psychiatry assessment and reporting, ethical issues in psychiatry, treatment of older adults, home health care initiatives, and integration of physical and mental health programs.

Our Section plans to continue and expand its work. Accordingly, it is embarking on a project to revitalize its membership by recruiting new young members, especially from Asia and Africa. The Section also plans to intensify intra- and inter-sectional collaboration by making its website more informative. One further important step will be to rethink the concept and rename the Section (e.g., with a stronger focus on quality management and universal health coverage), to make its purpose and work more clear and attractive for potential new members.

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