described in detail on other occasions. There are major changes underway in the WPA meetings program, in the work of the Early Career Psychiatrists programs, and in WPA communications. A global survey of psychiatry is being developed in conjunction with a survey of training programs, and other programs are detailed separately by our active officers[9-11].

My fellow officers and I are above all encouraged by the active engagement and support of the WPA Secretariat, our Member Societies, Scientific Sections, hard-working Standing Committees and all components of the Association.

Helen Herrman
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Collective action for young people's mental health: the citiesRISE experience

Globally, most young people with mental health problems lack the support and access to the care they need[1]. The rapidly urbanizing, technology-based societies of today present social, political, economic and culture changes that increase both risks to, and opportunities for, young people's mental health.

However, current approaches to supporting the mental health of young people typically lack an integrated understanding of the pressures and challenges they face, especially at critical life transitions. They do not address the rapidly increasing disparities experienced by young people, particularly by those who are marginalized[2]. Beyond scaling up a single model, we believe that the most promising path forward for mental health leverages place-based solutions, taking services to young people through a range of access points and intervention methods.

citiesRISE is a multi-stakeholder initiative. It was formed as a response to the concern that fragmented and small-scale efforts are failing to address the rising tide of mental health problems among young people worldwide, despite the existence of effective approaches in several parts of the world[3]. citiesRISE is using proven methodologies of collective action and a network approach to introduce and scale up interventions backed by evidence and experience.

citiesRISE is working now in four countries: India, Kenya, the US and Colombia. Organizations at the local, national and global levels are working together to implement programs in the first five cities of Chennai, Nairobi, Seattle, Sacramento and Bogotá. In each of these cities we are convening young leaders, psychiatrists and other mental health professionals, government and civil society stakeholders, as well as cross-sectoral partners, to learn about local initiatives, and connect to global ideas, insights and resources.

We are jointly designing interventions that will address supply (e.g., the scale of services and support available for early intervention) and demand (i.e., awareness, help-seeking behavior) for services as well as relevant societal factors. The vision of this initiative and the approach has attracted a range of investors from philanthropy and industry.

citiesRISE is currently developing five key offerings:

- City platforms that are testing a collective action approach: identifying the needs of the city, connecting different sectors, and evaluating opportunities to scale up existing community interventions while also recommending new and promising approaches.
- Youth leadership: it is critical to tap into the insights and energy of young people in the design and delivery of mental health interventions. Our early work in Nairobi and Chennai has demonstrated that youth are engaged in improving local mental health locally, bringing energy and passion to the cause; just as young people everywhere are found at the center of movements for social change, in the process of growing into the leaders of tomorrow.
- The Learning Collaborative is a knowledge forum that will pool and provide access to information. Cities will use it to compare local information and experiences and learn about emerging best practices. The Collaborative will collect data from each city, contribute to city-level processes, and provide opportunities to share ideas and knowledge.
- The Accelerator was launched with Grand Challenges Canada to support promising social businesses and young innovators. It has been working to identify innovative approaches to improving mental health as well as proven models that are ready for scaling up, such as the Friendship Bench, StrongMinds, Atmiyata, Drumbeat and others. In this initial phase it is being set up to provide financial and technical assistance to test and scale ideas rapidly. The vision is to offer cities and communities new tools for adoption into their core programs along with the scaling up of proven models.
- A global framework for monitoring and evaluating the work in each city is being finalized, with site-specific and shared indicators.

Partnerships are vital to implement strategies on prevention and treatment of mental illness and the promotion of mental health through the citiesRISE platform. The WPA-citiesRISE partnership, for example, gives the opportunity to demonstrate the community orientation of psychiatry while contributing to the local and global efforts to improving the mental health of young women and men in adversity[4,5].

The citiesRISE concept differs from approaches that focus primarily on mental health care delivery by trained specialists alone. citiesRISE aims to mobilize all available resources, including young people, non-specialists and sectors beyond health care. Psychiatrists and other mental health specialists are centrally involved in several roles such as advocates, advisors, clinical supervisors and trainers, as well as in direct clinical care.

Building on successful models sourced from cities around the globe, our process involves:

- Identifying local leaders, specifically among a city's youth population.
- Hosting a series of working sessions to identify community needs and capabilities.
- Building consensus on shared goals and a framework for monitoring and evaluation.
- Providing funding and technical assistance to accelerate the work at the city level.
- Evaluating the work with the goal of building sustainable initiatives and strategies that can scale.
- Sharing and implementing successful initiatives in cities worldwide.

Achieving better mental health needs a broad strategy that engages many disciplines and sectors, such as neighborhood safety, commercial development, public spaces, and cultural life, including education, arts and sports[1]. Including and activating young people at every stage has provided energy and insight for this work. With the right kind of leadership from public and private sectors, we believe that affordable support for mental health can be developed by connecting formal and informal services across housing, transport, law enforcement, education and health systems.

Accessible psychosocial support services can mitigate the impacts of contemporary urban problems such as homelessness, poverty, and loss of education and job opportunities. Cities can therefore lead the way in accelerating the scaling up of solutions and catalyzing local collective action towards addressing mental illness and improving mental health.

In this way, we encourage a broad approach to include, for example, awareness-raising and education programs, the use and design of public spaces, and the role of technology to support communities and complement the development of clinical services for those that use and need them.

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ICD-11 sessions within the 18th World Congress of Psychiatry

Within the 18th World Congress of Psychiatry, held in Mexico City from 27 to 30 September 2018, one presidential symposium, one course and several individual presentations focused on various aspects of the chapter on mental and behavioural disorders of the 11th edition of the International Classification of Diseases and Health Problems (ICD-11).

The statistical version of the chapter, containing the hierarchical structure, the category names, the code numbers, brief definitions of each disorder, and inclusion and exclusion terms, was released to the World Health Organization (WHO) Member States in June 2018 to prepare for implementation. This version is available online at https://icd.who.int/dev11/l-m/en.

The ICD-11 is scheduled for approval by the World Health Assembly in May 2019. The Clinical Descriptions and Diagnostic Guidelines, intended for use by health professionals in clinical settings, will be published as soon as possible after that.

A primary care version of the chapter is also being developed, whereas a research version may be developed later.

The field testing of the chapter has been now completed. It is important to emphasize that it was conducted before the finalization of the chapter (not after, as often happened for other classification systems), so that changes to some sections of the chapter could be made on the basis of the results of the trials.

The field studies included: a) two large international surveys of views of psychiatrists and psychologists about the features that could increase the clinical utility of the classification of mental disorders; b) formative field studies, aimed to guide decisions about the basic structure and content of the classification by exploring clinicians' conceptualization of the interrelationships among categories of mental disorders; c) Internet-based field studies, implemented through the Global Clinical Practice Network (which includes now more than 15,000 mental health and primary care professionals from 155 countries, comprising more than 5,000 from Europe, more than 3,000 from the Americas, more than 3,000 from Western Pacific, more than 600 from South East Asia, more than 400 from Eastern Mediterranean, and