



**WORLD PSYCHIATRIC
ASSOCIATION**

Advance Psychiatry and Mental
Health Across the World

Triennium Report 2020 - 2023

Leading WPA through challenging times

**VIENNA, AUSTRIA
SEPTEMBER 2023**





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Preface by the President



Dear Friends,

I have been privileged to be the President of the World Psychiatric Association over the last three years from October 2020 to October 2023. I hope that this book will reveal the wide-ranging activities which have occurred during this period. Through this book I want to demonstrate the vital contribution the WPA makes to psychiatrists across the world.

I am grateful to my colleagues on the Executive Committee, the Board and the Council for their continuous support. The book also contains reports from the 2020-2023 Action Plan Working Groups and the Position Statement Working Groups. Together these groups cover most areas in psychiatry. I would also like to thank the Editor of our much-acclaimed World Psychiatry and our Ethics and Review Committee for the vital work they do.

This is the first time we have put all the activities of the WPA into one publication giving a clear overview of what we do and how we achieve our goals. I hope it will be read by many.

Yours sincerely,

Dr. Afzal Javed
President, WPA

Executive Committee



Dr Afzal Javed

President

The WPA Executive Committee (EC) is a group of representatives elected by WPA members at the triennial WPA General Assembly. It's primary role is to guide the work of the Secretariat and to deliver on the relevant Action Plan for the triennium.



Danuta Wasserman

President Elect



Roger Ng

Interim Secretary General



Paul Summergrad

Secretary, Finances



Michel Botbol

Secretary, Publications



Edmond Pi

Secretary, Meetings



Thomas G. Schulze

Secretary, Sections

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Norman Sartorius (Switzerland)
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Santiago LEVIN
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Gisèle Apter
Zone 6--Western Europe
Ramune MAZALIAUSKENE
Zone 7--Northern Europe
Konstantinos N. Fountoulakis
Zone 8--Southern Europe
Igor FILIPCIC
Zone 9--Central Europe
Oleg Skugarevsky
Zone 10--Eastern Europe
Amine LARNAOUT
Zone 11--Northern Africa
Mahdi ABU MADINI
Zone 12--Middle East
Aida SYLLA
Zone 13--Central and Western Africa
Juliet Nakku
Zone 14--Eastern & Southern Africa
Sayed Ahmad JALILI
Zone 15--South Asia
Pichet UDOMRATN
Zone 16--South East Asia
Yong Chon PARK
Zone 17--Eastern Asia
Allister Bush
Zone 18--Australasia and the South Pacific

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Celso Arango
Andrea Fiorillo
Saul Levin
Petr Morozov (late)
Andrew Peters
Prasad Rao
Thelma Sanchez
Aida Sylla

Standing Committee for Education

Roger Ng (Chair)
Joao Mauricio Castaldelli-Maia
Pichet Udomratn
Sophia Thomson
Egor Chumakov
Michael Musalek

Standing Committee for Scientific Sections

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Gautam Saha (India)
Bibilola D Oladeji (Nigeria)
Vinay Lakra (Australia)
Gisele Apter (France) Consultant

Standing Committee for Scientific Publication

Michel Botbol (Chair)
Dusica Lecic Tosevski
Jair Mari
Cesar Alfonso
Ahmad Jalili Seyed
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Adrian James
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Oleg A. Skugarevsky
Nor Zuraida Zainal

Standing Committee for Finance

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Zvi Zemishlany
Marianne Kastrup
Hideheko Takahashi

Standing Committee for Ethics & Review

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Allister Bush
Andreas Heinz
E. Mohandas Warriar
Paul Appelbaum
Sam Tyano

Standing Committee for Nominations

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Pichet Udomratn
Adrian James
Soldatos Constantin
Edmond Pi

Standing Committee for Accreditation

Roger Ng (Chair)
Paul Summergrad
Felice Lieh Mak
Tsuyoshi Akiyama
Gautam Saha
Maria Inez Lopez Ibor

PAST & CURRENT WPA PRESIDENTS

1950	Jean Delay - France
1957	Jean Delay - France
1961	D. Ewen Cameron - Canada
1966	Juan J.Lopez-Ibor, Jr. - Spain
1972	Howard Rome - USA
1977	Pierre Pichot - France
1983	Costas Stefanis - Greece
1989	Jorge A. Costa e Silva - Brazil
1993	Felice Lieh-Mak - Hong Kong
1996	Norman Sartorius
1999	Juan J.Lopez-Ibor, Jr. - Spain
2002	Ahmed Okasha - Egypt
2005	Juan E. Mezzich - USA
2008	Mario Maj - Italy
2011	Ruiz Pedro - USA
2014	Dinesh Bugra - UK
2017	Helen Herrman - Australia
2020	Afzal Javed - UK

List of Contents



President's Triennial Report	10
Reports from Executive Committee Members and their Standing Committees	31
<ul style="list-style-type: none">President-Elect and Committee on PlanningSecretary-GeneralSecretary for Finances and Review and Committee on Finance and FundraisingSecretary for Scientific Meetings and Committee on Scientific MeetingSecretary for Education and Committee on EducationSecretary for Scientific Publications and Committee on Scientific PublicationsSecretary for Scientific Sections and Committee for Scientific Committees	
Reports from the other Standing Committees	59
<ul style="list-style-type: none">Committee on Ethics and ReviewCommittee on Nominations	
Report from Council	66
Report from WPA Journal – World Psychiatry	68
Report from Action Plan Working Groups	69
<ul style="list-style-type: none">Early InterventionManaging Co-MorbidityChild and AdolescentDefining and Managing AutismDealing with Learning DifficultiesEvidence based psychopharmacotherapyMental Health care for refugees and migrantsCovid Care for People with MIDigitalisation in Mental HealthPublic Mental HealthMedical StudentsPartnerships with service users and family carersAlternatives to CoercionVolunteeringGeo-psychiatryTask Force (Asia) on StigmaTask Force WPA, AFPA, and SFP Initiative for the Advancement of Child and Adolescent Mental Health Services for Low-Middle Income CountriesTask Force School Mental Health: Teacher's mental health Literacy project	
Reports and Position Statements from Working Groups	127
<ul style="list-style-type: none">Covid and Migrant RefugeesGender Identity and Same Sex OrientationHigh Quality Post-Graduate Training in PsychiatryImplementing Alternatives to CoercionIntimate Partner ViolenceMental Health in the WorkplacePerinatal Mental HealthPartnership with Users and CarersCOVID 19 and Psychiatrists' ResponsibilityPromotion of Psychiatry amongst Medical StudentsRights of People with Intellectual DisabilityRelationship between Psychiatrists and the Pharmaceutical IndustryThe Use and Safety of Electroconvulsive TherapyHuman Rights of Older People with Mental Health ConditionsPublic Mental HealthMental Health and the Death PenaltySocial Justice for Persons with Mental IllnessSpirituality and Religion in PsychiatryGlobal Digitalization in Mental Health	
Discussion Documents	256
<ul style="list-style-type: none">Geo-Psychiatry x 2	
Reports from Zonal Representatives	263
<ul style="list-style-type: none">Zone 1 CanadaZone 3 Mexico, Central America and the CaribbeanZone 4 South America – Northern ZoneZone 5 South America – Southern ZoneZone 6 Western EuropeZone 7 Northern EuropeZone 9 Central EuropeZone 10 Eastern EuropeZone 11 Northern AfricaZone 13 Central and Western AfricaZone 15 South East AsiaZone 16 South AsiaZone 17 Eastern AsiaZone 18 Australia, New Zealand and South Pacific	
Obituaries	291
Thanks from the President	294



LEADING WPA THROUGH CHALLENGING TIMES.....

Let me first thank you all for your support to the World Psychiatry Association (WPA). It was indeed a pleasure to start my term as President in October 2020 and to lead this prestigious organisation during these three years. It was also my honour to represent our membership who have worked together to strengthen our profession – especially during this difficult and challenging period. As I look back over the triennium, I am impressed and overwhelmed by the way WPA worked and stayed in action with its distinct global functioning in various areas of diversity, equality, and the spirit of inclusion.

Mental health is currently facing several challenges, and although our profession may be seen as being under threat, there are many opportunities that can help us consolidate psychiatry as an inspiring branch of medicine. WPA is the umbrella organisation for psychiatrists worldwide and therefore has a major responsibility for leading the profession. This leadership can only be achieved through the full participation of our members and the engagement of our professional colleagues.

It was not easy to navigate through these challenging years. We started this triennium by organising our 2020 General Assembly in a remarkably successful way. This was the first time in the history of the WPA that we have held the Assembly online.

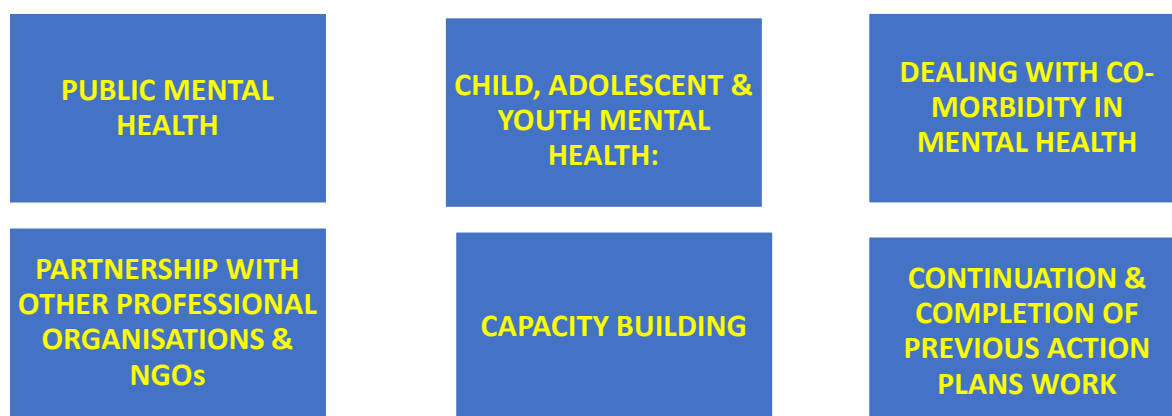
It was also gratifying to note that the WPA General Assembly approved the proposed Action Plan for 2020-23. This Action Plan defined emerging needs and priorities from a worldwide perspective. Looking at the global situation, we are mindful that only a minority of people with mental disorder receive any treatment. There was thus an outstanding need to improve access to high quality mental health care in all countries and to support psychiatrists and other mental health professionals in their important roles as policy makers, direct service providers, trainers, and supporters of health care workers in primary and community health care systems.

WPA's Action Plan covered all these areas with its key goals:

- *To promote psychiatry as a medical specialty in clinical, academic and research areas and to promote public mental health as a guiding principle.*
- *To highlight the specific role of psychiatrists in working with other professionals in health, public health, legal and social aspects of care*
- *To ensure WPA's positive engagement with member societies and WPA components, mental health professionals and general health care workers and to strengthen WPA's relationships with patients, service users and family carers.*

The 2020-2023 Action Plan also looked at targeted areas that needed attention with input from various WPA components during the triennium. It worked within an international perspective focusing specifically on improving coverage of interventions to treat mental disorder, prevent mental disorder and to promote mental wellbeing including through the relevant training of mental health and other professionals. This Action Plan was also built on previous Action Plans to ensure continuity in the WPA's work.

The six areas of the WPA Action Plan for 2020-23 included:



Salient features of the proposed work for Action Plan 2020-23 included:

1. Public Mental Health: Advocating population approach to mental health to sustainably reduce mental disorder and promote mental wellbeing by improving coverage of effective interventions to treat mental disorder, prevent associated impacts, prevent mental disorder and promote mental wellbeing.
2. Child, Adolescent & Youth Mental Health: Improving coverage of public mental health intervention including for higher risk groups such as those with learning disability, autism, early onset of psychosis and refugees.
3. Co-morbidity in mental health: Training, capacity building and engagement with other mental health professionals
4. Capacity building and training of mental health professionals
5. Developing partnerships for joint collaborative work and strengthening partnerships with mental health and other organisations
6. Continuation and completion of remaining work from previous Action Plans.

Areas covered in the Action Plan were of high priority. However, due to time limitations and scarcity of resources, WPA had to prioritise its work in these areas. To achieve these objectives, WPA established [16 Working Groups](#) (WG) that started formulating plans and pilot projects in different areas of the plan from the beginning of the triennium.

Clusters	Working Group Name	Lead(s)
Improving the management of mental disorders	Early interventions in psychiatry (Early Interventions in psychosis in youth)	Prof Swaran Singh (UK)
	Managing comorbidity of mental and physical illness	Prof Norman Sartorius (Switzerland)
	Child & Adolescent Mental Health	Prof Bennet Leventhal (US) Prof Norbert Skokauskas (Norway)
	Defining and managing autism	Prof Marco Bertelli (Italy) Prof Luis Salvador-Carulla (Australia)
	Dealing with Learning disabilities	Prof Munir Kerim (USA)

		Prof Ashok Roy (UK)
	Promoting evidence based psychopharmacotherapy	Prof Kostas N Fountoulakis (Greece)
	Providing mental health care for refugees and migrants	Prof Meryam Schouler-Ocak (Germany)
	COVID Care for People with Mental Illness	Prof Wendy Burn (UK)
	Digitalisation in Mental Health & care	Prof Wolfgang Gaebel (Germany)
Mental Health and Public Health	Public Mental Health	Prof Jonathan Campion (UK)
	Geo-Psychiatry	Prof Dinesh Bhugra (UK) Albert Prasad (UK)
Capacity building	Medical Students	Prof Waqar Azeem (Qatar)
	Developing partnerships with service users and family carers	Prof. Dr. Michaela Amering
	Implementing Alternatives to Coercion in Mental Health Care	Prof Silvana Galderisi Prof John Allan
	Volunteering	Prof Roger Ng (Lead)
	Fighting against Stigma	Group Leaders Africa (David Ndeti), Asia (Mrugesh Vaishnav), Middle East (Ahsan Nazeer), American region (Rodrigo Cordoba & Santiago Levin)

We were mindful of the rapid spread of COVID-19 around the world that certainly increased the risk of developing mental disorder, the relapse of existing mental disorder and poor mental wellbeing which requires action at a population level. We witnessed the unfolding toll of the pandemic on healthcare and, like many other professional organisations, World Psychiatric Association (WPA) was severely impacted by the 2020-2022 challenging years including the after-effects of the pandemic, the war in Ukraine and the consequential cost of the financial crisis. However, as we look back over the past three years, I am impressed by the way our stakeholders and components adapted their activities, learnt to work in new ways and sought innovative ways to support professionals.

Based on WPA's current triennium Action Plan that defines emerging needs and priorities, from a worldwide perspective and with focussed target on some specific areas of mental health, WPA continued its work through these difficult times. With the help of the Working Groups, we worked on key priorities and capacity building areas including Public Mental Health; Child, Adolescent and Youth Mental Health, Digitalisation in Mental Health and Care, Medical Students, and Volunteering.

Throughout these crisis period, WPA remained committed to its cause and globally supported mental health topics with a number of activities as per the priorities set out in our 2020-2023 Action Plan.

EC, COUNCIL, ZONAL REPRESENTATIVES & STANDING COMMITTEES

Thanks must go to all members of EC, Council, Zonal Representatives and Standing Committees for their hard work. Their dedication and enthusiasm played a significant role in keeping WPA active and vibrant despite several challenges.

EC, in particular, met regularly (mostly virtual but face to face meetings as well) and completed the required tasks very efficiently. EC continued meeting during 2021-23 virtually and worked with regular reviews of executive secretaries' work and progress about 2020-23 action plan.

Council members very kindly kept their contact with President and EC and helped with their suggestions for general review of the WPA work. They were all available to the President for advice and consultation on important matters.

Zonal representatives also met regularly, and I am pleased that all Zonal Representatives were able to work very hard and to keep their contact with the membership in their regions. Zonal Representatives had meetings during the World Congresses and also met on -line between these meetings.

All Secretaries held the meetings of their Standing Committees and helped the EC with practical suggestions in their respected fields. Other Standing Committees, including the Planning and the Ethics and Review Committees also had regular meetings during the year.

The Nomination Committee reviewed all the nominations for the 2023 Election and the Accreditation Committee is looking after the election process at the General Assembly during the World Congress in Vienna.

CONTACT WITH WPA MEMBER SOCIETIES AND SCIENTIFIC SECTIONS

WPA kept in regular contact with all Member Societies and Affiliated Associations. We kept them updated and informed about our work as well as about plans for their future collaboration. WPA approached promptly those Member Societies who were in need of particular help. We supported Ukrainian Member Societies, offering assistance to Indian Nepalese and Sri Lankan Member Societies with relief work and providing the Afghan Member Society with donations for medication. These are some examples of WPA's support to these Member Societies. The devastating earthquake in Syria and Turkey and the disaster in Lebanon also got support from our other Member Societies.

WPA SECRETARIAT

We were saddened by the loss of our senior colleague Dr. Petr Morozov; elected as Secretary-General in 2020 who died in 2022. We greatly miss the wise contribution he made to the WPA

We are grateful to Professor Roger Ng who agreed to become the interim Secretary-General until the elections could be held during the General Assembly in Vienna

We had a major reshuffle in our staffing during this triennium. The leaving of experienced staff members along with changing working patterns due to Covid pandemic had a noticeable impact on our functioning. However, we were able to get new staff who proved to be very enthusiastic, and keen to work even in difficult conditions. We are happy that Fauzan Palekar, Atina Ivanovski and Bezhan Azizkhon supported by Vanessa Cameron, are providing administrative support to WPA Secretariat. The team is working well, and we are all establishing clear processes as well as learning about various functions.

We have made noticeable improvements in our IT system. Kerry Jackson and Catherine Devine provided excellent services in developing website, social media, newsletter, and journal club along with updating WPA's educational portal.

We have now moved across from working via the archaic and often challenging Drive to SharePoint which is part of the MS Office suite. All our files that the new team created from 2022 have been transferred across which allows us to undertake our normal business operations as well as create necessary files for the important work related to the General Assembly in Vienna and all the related activities within WPA Secretariat remit. We are also processing the transfer of historic files and hope to add this important archive to our current IT system.

WPA FINANCIAL UPDATES

WPA had suffered a loss in its income and earnings during the Covid pandemic. The Association faced significant setbacks in terms of its income. WPA gets its major income from its Congresses and the break in having in-person meetings had a big impact on our financial status. I must pay my tributes to WPA Executive Committee for trying hard to maintain the work of the WPA during these hard times. Prof. Paul Summergrad, our Finance Secretary, worked hard to keep the flow of our accounts going despite the big losses in our income.

I am however, pleased to report that we have been able to achieve some surplus in 2022 and 2023 and our finances are now getting back on track.

STATUTES, BY-LAWS AND MANUAL OF PROCEDURE

As per the recommendations of the General Assembly held in October 2020, WPA reviewed the Statutes and By-Laws with the help of Planning Committee chaired by Prof Danuta Wasserman, President Elect, during this triennium. These recommendations are presented to the General Assembly for discussion and approval. Similarly, the Manual of Procedure (MoP) has been updated and will be presented to General Assembly in Vienna.

WPA's ACTION PLAN WORKING GROUPS

The Action Plan for 2020-2023 looked at targeted areas that needed attention and input from various WPA components during the triennium. It worked within an international perspective focusing specifically on improving coverage of interventions to both treat mental disorder, prevent mental disorder, and promote mental wellbeing including through relevant training of mental health and other professionals. This Action Plan also build on the previous Action Plan to ensure continuity for the WPA's work.

Looking at various clusters like Improving the management of mental disorders, Mental Health and Public Health & Capacity building, the following 16 [Working Groups](#) were established to focus on the agreed areas of action plan.

Improving the management of mental disorders

1. Comorbidity of mental and physical disorders

The WPA Working Group on Comorbidity of Mental and Physical Disorders had its first virtual meeting in December 2020. Members were reminded of the Terms of Reference of the WCG and invited to produce suggestions concerning the work which the WPA should undertake to deal with problems of comorbidity of mental and physical disorders. While the usual definition of comorbidity refers to the simultaneous presence of two or more disorders the WCG underlined the need to distinguish several types of comorbidity like Comorbidity in which the mental disorders occur as a consequence and a part of the clinical picture of physical disorders, Comorbidity in which the mental disorder facilitates the occurrence of the physical disorder, for example by lifestyle shaped by the mental disorder or by substance abuse, Comorbidity in which the mental disorder exists in the presence of a physical disorder without proven pathogenetic relationship and Comorbidity characterising the consequences of the epidemic of a disease, (a syndemic event)

The Working Group proposed that WPA in its action to stimulate and coordinate research, education and service development should consider stimulating and coordinating research on Primary, secondary and tertiary prevention of comorbidity, developing educational activities, shaping health care systems to improve the management of comorbidity and invite experts and organisations to participate in WPA's projects dealing with comorbidity of mental and physical disorders.

2. Defining and Managing Autism Spectrum Disorder

Autism Spectrum Disorder are of particular interest for Definition and Management. This group worked throughout the three years to develop recommendations for WPA's involvement in research, education and service development relevant to dealing with problems of that type of neurodevelopmental disorder. It also identified individuals and centres interested and willing to participate in WPA's program of research and education related to Autism Spectrum Disorder. Furthermore, this group, liaised with the other WPA Action Plan Working Groups on neurodevelopmental disabilities (mainly Intellectual Disability) with a view to ensure that problems of definition and management are considered in the work of these groups and vice versa.

3. Intellectual Developmental Disorders Working Group

The group was established with a remit to develop an overarching Global Framework for Action in Intellectual Disability (Intellectual Developmental Disorder) & identify promising and hands-on opportunities and community linkages to enhance the Visibility, Engagement and Leadership in Intellectual disabilities (Intellectual Developmental Disorders) with reference to WPA Action Plan.

The group worked to prioritise capacity development with regards Policies, Plans and Guidance on Interventions, Clinical & Research Training and Medical Education within a Neurodevelopmental and Lifespan framework. The group, in particular, worked to organise activities that directly Prioritise the Work of the Membership in Low Resource Countries and to leverage resources regionally and globally in order to share useful knowledge and evidence-based information on ID—with specific focus on early diagnosis, person-centred care, locally-sourced support for persons with ID of all ages and their families.

4. Evidence Based Psychopharmacology

Professionals need updates in the current advances in pharmacotherapy and keeping this in mind this group was established for planning activities that could enhance capacity building, guidance for service provisions and continued medical education in this field. This group chose some important areas and topics for future work and approached renowned national and international experts to support WPA for producing policy documents and organising scientific meetings, sessions, seminars, and webinars in this area.

The group initiated the 'Meet the Expert' webinars. The initiative is sponsored by the MSc Clinical Mental Health of the Aristotle University of Thessaloniki Greece. The group members have provided some educational video for the WPA site along with organising Congresses.

One of the most important proposed activities is to have "The WPA/CINP study on Tool Development for Psychosis (WPA/CINP TOP study), whose primary aim would be to develop a novel scale for the assessment of pharmaceutical adverse events. This scale will be comprehensive and detailed, it will include all known adverse events caused by psychopharmacological agents and it will also include a self-report and a rater's version.

5. COVID-19: Caring for People Who Have Mental Illness

The WPA Working Group on COVID Care recognised that experiences differ from country to country and attempted to draw together aspects of what we have learned for best practice and to learn lessons that can be applied to any future pandemic. The people we are trying to help and protect should be given the best possible chance through forethought and sharing intelligence.

The group heard from mental health practitioners in many different countries. Although their experiences varied widely across the world, there was a common theme of less consideration being given to mental health than physical health and of services being unable to meet the demand.

The Working Group recommended that the WPA should use its report as the basis for discussion and for making decisions about how to take forward the Group's recommendations. The issue of better recognition of mental health in state, regional and local emergency planning and preparedness was recommended as a priority along with recognising the importance of adopting a public mental health stance.

6. Early Intervention

Schizophrenia and other psychotic disorders are very disabling health conditions. These disorders have usually an onset in the late adolescence or young adulthood. Particularly in the absence of treatment, they can impair social functioning throughout the working age, causing reduced ability to participate and function in daily life, and much reduced likelihood of being employed.

There is now clear evidence that starting the treatment at earliest possible stage of illness results in significantly more favourable outcomes). In high income countries, specialised early intervention for psychosis (EIP) services have achieved better outcomes than the treatment as usual. These improvements included reduction of psychiatric hospitalisations and of the total symptom severity at 6, 18 and 24 months of treatment, and increased involvement in school or work. The cost effectiveness of EIP services in the medium and long-term was also extensively studied and a recent meta-analysis. However, early intervention services do not exist in most of the low and middle-income countries.

This group looked at various steps to be taken and recommended for stating EI services with guidelines and recommendations for policy makers. The group participated in several international conferences with presentations, symposia, and keynote/plenary lectures on EIP models in LMIC, their clinical effectiveness, cultural contextualisation, and implementation challenges. WPA Thematic Conference: *Early Intervention across the Lifespan*, Athens (June 2022) was a landmark of the activities of this group.

Various members of the group were active in many international programmes on EI, like EIP programmes in LMICs including the Schizophrenia Research Foundation's (SCARF) dedicated EIP service in Chennai, India, collaboration with the Prevention and Early Intervention Program for Psychosis in Montreal, the University of Chile High-risk Intervention Program (UCHIP) for ultra-high-risk (UHR) youth and a pilot EIP service in Malawi.

7. Perinatal Mental Health

The importance of working on prevention and health promotion from intrauterine life. Several mental health problems are consolidated from the gestation stage, not only because of biological vulnerability but also because of epigenetic factors that negatively impact maternal-fetal well-being and that lead to problems in obstetric outcomes and in the neurodevelopment of the offspring.

Low- and middle-income countries generally have serious problems in this regard, given psychosocial adversity. This poses significant challenges. One of the great challenges we have is to prevent teenage pregnancy. Even though the birth rate is falling in Latin America, it is overrepresented by teenage pregnancy. This in turn leads to problems that we see in community work such as school dropout, obstetric complications, perinatal maternal death, including suicide, low birth weight and neurodevelopmental disorders.

WPA is aware of the need to have cross-sector work because it is necessary to join efforts and resources for raising the importance of Perinatal Mental health and this group was established to explore further work in this area.

8. Refugees Mental Health

The group identified topics related to mental health of Forcibly Displaced Persons-FDPs (i.e., Internally Displaced Persons-IDPs-, Refugees and Asylum Seekers, undocumented migrants) across the world that are of particular importance for psychiatrists and other mental health workers and to develop recommendations for WPA's involvement in research, education, and service development relevant to mental health of forcibly displaced persons.

The group members also identified individuals and centres interested and willing to participate in WPA's program of research, education, and mental health service development relevant to forcibly displaced persons. The group continued developing collaboration with the other WPA Action Plan Working Groups to promote collaboration across Working Groups on matters relevant to mental health of forcibly displaced persons.

9. Digitalisation in Mental Health and Care & Tele-psychiatry

The COVID-19 pandemic has played havoc with the delivery of healthcare services, with diversion of services from general medical care to COVID-specific care.

The WPA Action Plan described the need to improve psychiatric education and training in digital psychiatry as a "premier objective" of the WPA. The WPA Working Group on Digitalisation in Mental Health and Care was launched in 2021 to contribute to this objective.

The group worked to contribute to digitally supplementing, supporting, and improving digital mental health and care globally. They worked alongside interested and skilled early career psychiatrists and internationally renowned experts with advisory functions according to the projects of the Action Plan.

Competent telepsychiatry skills, attitudes, and knowledge are necessary in order to provide high quality and equivalent to or sometimes even more effective than, traditional in-person care services. WPA established an expert group on e-mental health & telemedicine in response to the Covid emergency in 2020. This group developed telemedicine guidelines aimed to provide advice to those wishing to establish or upgrade the use of telepsychiatry during the COVID-19 emergency. It provided general, high-level advice and it is important that due consideration is given to local laws and regulations where necessary. These *Guidelines* developed a framework to ensure a quality telepsychiatry service in addition to patient and provider satisfaction. In addition to this guideline, an online TP competency course was added to the educational portal for trainees, faculty, and other interdisciplinary clinicians across the world.

Mental Health and Public Health

10. Public Mental Health

Mental disorder accounts for at least 20% of global disease burden due to a combination of high prevalence, most lifetime mental disorder arising before adulthood, and a broad range of impacts across health, education, employment, social relationships, crime, violence and stigma. Poor mental wellbeing has a similar broad range of impacts. Crises such as COVID-19 and conflicts further increase the risk of mental disorder, relapse of mental disorder and poor mental wellbeing.

Effective public mental health (PMH) interventions exist to treat mental disorder, prevent associated impacts, prevent mental disorder from arising and promote mental wellbeing. Groups at higher risk of mental disorder and poor mental wellbeing require targeted approaches to prevent widening of inequalities.

Public Mental Health (PMH) occupied a central place in WPA's 2020-23 Action Plan and therefore WPA's action plan group on Public Mental Health was established with objectives to improve implementation of PMH interventions in different countries by raising awareness, value, acceptance and prioritisation of PMH in national health policies and supporting national assessments of PMH unmet need and required actions which then inform policy development and implementation. The group was engaged with other organisations on the PMH agenda including OECD, UN, World Bank, WHO and World Federation of Public Health Associations

The Group's excellent work in disseminating PMH relevant work including publications, presentations and training proved very helpful in achieving these objectives.

11. Geo-psychiatry

Geo-psychiatry is an exciting developing field and subspeciality in psychiatry. The subject focuses on the interface between geopolitical events and psychiatry. It is well recognised that social determinants affect causation of mental illnesses and outcomes. Geopolitical determinants tend to influence social determinants in an increased globalised and inter-connected world. WPA's Working Group identified topics related to geo-psychiatry that are of

substantial interest for psychiatry and create recommendations for WPA's involvement in problem-solving research, policy, practice, teaching, and service development of that type relevant to mental health/mental illness across the globe.

WPA is to communicate with the other international organisations with a view to ensure that geo-psychiatry issues are considered in the work of these groups and vice versa.

Capacity building

12. Medical Students

The terms of reference of the WPA Workgroup included providing the necessary support to the WPA Member Societies to lobby for the medical schools to integrate psychiatric education into the medical school curriculum. Revising and updating the current WPA recommendation on undergraduate psychiatric education curriculum along with conducting a survey on the training needs of the psychiatric educators of the interested medical schools in WPA Member Societies was another focus of its activities.

The Working Group released 2 videos. The short videos available on the WPA [YouTube](#) channel and is used to promote psychiatry as a future career for medical students and incorporates a number of brief interviews with members of Working Group and medical students from different continents.

The ["Why Psychiatry" video](#) conveys the relevance of Psychiatry in Medicine. The video includes presenters from this Working Group, medical students and psychiatry residents from around the world. The video is in English, Spanish, French and Russian.

The [second video is on "Stigma and Mental Health"](#) and features medical students from Australia, Brazil, Canada, Ecuador, Egypt, Ghana, Indonesia, Nepal, Portugal, Thailand, Turkey and South Africa, discussing the impact of stigma on pursuing a career in psychiatry. Video was released in English, Spanish, French and Russian.

13. Partnerships with Service Users and Family Carers

WPA has been working towards inclusion of patients, service users and family carers in all aspects of mental health for many years. Its recommendations on best practices in working with service users and family carers (World Psychiatry, 2011) resonate in its Madrid Declaration. The momentum was revived with the creation of the Advisory Group for Service Users and Family Carers in the previous triennium ([read a summary of their work during 2017-2020](#)), and the work continued since then with the [Working Group on Developing Partnerships with Service Users and Family Carers](#) during this triennium.

The Group was active in promoting meaningful and authentic involvement of persons with lived experience. The group members participated and organised sessions in all World Congresses of the current triennium with wide ranging topics from somatic health of persons with mental health conditions to human rights and mental health and courses on alternatives to coercion in mental health care.

The cooperations with another crucial WPA Working Group on Implementing Alternatives to Coercion in Mental Health Care in research, education, and co-authorship of a position statement and other academic papers was remarkable.

14. Stigma of Mental and Substance Use Disorders: Key Considerations for Reducing Prejudice and Discrimination Stigma

WPA's stigma work included key considerations for reducing prejudice and discrimination toward people with a mental or substance use disorder. This group worked on the years of experience of mental health professionals in working with and operating anti-stigma programs, internationally, nationally, and locally.

WPA achieved these objectives by setting up Regional Task Forces that organised several educational activities, webinars, and prepared documents to highlight this topic. Based upon all the information presented in this Lancet Commission report, WPA group supported the international work on fighting against stigma and organised several regional and national programmes.

15. Volunteering Working Group

Planned outcomes for the Working Group on Volunteering included, Improving implementation of volunteering work in different countries through support for education and promotion of volunteering among WPA Member Societies and early career psychiatrists. The Group also worked in developing guidelines on best practices in volunteering for host and recipient Member Societies as well as the volunteers.

Online volunteering through digital platforms was another salient feature of the work of this group during this triennium.

The group also continued dissemination educational material through publications, webinars, symposia, workshops and training including online support in other areas of the 2020-23 Action Plan including child, adolescent and youth mental health, medical student training and education, partnership with other organisations and capacity building.

16. Alternatives to Coercion in Mental Health Care

The Working Group was established to identify topics related to the improvement of the quality and safety of mental health services and implementation of sound alternatives to coercion, that are of interest for all stakeholders, and develop recommendations for WPA's involvement in research, education and service development based on best practices and promoting quality and safety of mental health services. Other objectives were to identify Member Societies, institutions and individuals interested and willing to participate in WPA's programs of research, service development and education related to the implementation of alternatives to coercion.

Furthermore, the group aimed at liaising with the other WPA Action Plan Working Groups focusing on quality and safety of mental health services, respect for dignity and human rights of people with mental disorders, and related advocacy activities.

The Group produced several publications, organised educational webinars and developed educational modules to achieve its objectives.

WPA EDUCATIONAL PROGRAMMES, EDUCATIONAL PORTAL AND LEARNING MANAGEMENT SYSTEM

WPA launched its [Education Portal](#) in 2020 and it now houses WPA's many educational resources and online courses. Following the pandemic, online learning has emerged to be an everyday part of life. As such, Pro Roger NG, Secretary for Education and the Standing Committee on Education have

remained committed in developing, implementing, supporting, collaborating on and co-sponsoring as many online courses, webinars and educational modules as possible.

The WPA Education Portal is a notable achievement of the 2020-2023 Action Plan. The availability of highly informative and relevant modules provides mental health professionals around the globe (especially those in low-and-middle-income countries) unparalleled opportunities to learn and to update their psychiatric knowledge and skills. Such enhancement of knowledge and skills directly translates into enhanced mental health capacity and improved access to care by patients in these underserved populations.

During 2021-23, WPA uploaded a series of learning modules and webinars covering a variety of topics. The system has a critical role in WPA's education and communications programmes and, more recently, has also played a key role in its emergency response to world emergencies; for example, with its extensive COVID-19 Mental Health Resources on-line Library.

Keeping the development of the ICD-11, WPA has sponsored comprehensive online courses providing an overview of the key principles of the WHO's International Classification of Diseases (ICD-11). The ICD-11 online course provided psychiatrists and other mental health professionals with a well-structured and comprehensive learning experience. Following the overwhelming positive feedback of the 2021 course, we then ran another course in March 2022 with similar great success and are now planning a Spanish version of the course in 2023.

WPA COLLABORATING CENTRES

WPA strengthened its relationships with the [WPA Collaborating Centres](#) (CC) to knowledge share and support their work. As such, we promoted their work so that others can gain insight into their work and potentially some inspiration for their own projects.

There are nine WPA collaborating centres located in China-Hong Kong, Italy, Egypt, Kenya, India (two centres), Qatar, and UK. The Directors of the CCs include Professors Okasha, Ndeti, Maj, Stein, Basu, Murthy/Reddy, Azeem, and Bhui. Each Centre Director is a leader in their specialist field of study with remarkable international and local success in research and training and providing clinical care. The CCs bring considerable resources and networks to support, inform, and disseminate the work of WPA, and to lend authority to WPA strategy and action plans. The Director roles are not remunerated and there is no additional budget to support the centres.

WPA ACRE COMMITTEE

WPA's [Advisory Council on Response to Emergencies](#) (ACRE) responded efficiently to the COVID-19 pandemic and other emergencies and continued with its excellent work in supporting those in need.

Unfortunately, the people of Ukraine are still in the middle of a terrible war with Russia. WPA continues to express our profound concern and support for the people of Ukraine and for our dear colleagues in the WPA Ukrainian psychiatric associations. Like most of the people of the world, as the conflict continues to escalate, we are deeply worried about the wellbeing of Ukrainians during this conflict, and the consequences of war. Establishing a [trauma resource centre on the WPA website](#), liaison with our member associations to provide a [joint statement](#) condemning the continuation of conflict, calling for the war to stop and collaborating on various support programmes for mental health professionals and patients in Ukraine and neighbouring countries were the tasks taken up by WPA.

The ACRE committee also raised funds for our Sri Lankan Member Society for their patients during the financial crisis and we continued offering support to our Afghan colleagues.

WPA offered support to those affected by the devastating situation in Turkey and Syria. The devastating effects of earthquake t caused widespread destruction and loss of life. The earthquake has had a significant impact on the mental health of the people of Turkey, with many individuals experiencing trauma and psychological distress as a result of the disaster. The World Psychiatric Association (WPA) recognised the magnitude of the disaster and will be [working closely with local mental health organisations in Turkey and Syria](#) to ensure that those in need of support receive the necessary assistance.

COLLABORATION WITH OTHER PROFESSIONAL ORGANISATIONS

As per the current action plan, WPA continued having collaboration and joint working with several professional organisations including World Federation for Mental Health, World Medical Association, World Organization of Family Doctors (WONCA) , World Federation of Neurology, World Association of Social Psychiatry, World Federation of Societies of Biological Psychiatry, World Association of Psychosocial Rehabilitation, World Association of Cultural Psychiatry, World Federation of Public Health Associations, International Association for Women's Mental Health, American Academy of Child and Adolescent Psychiatry, International Society of Addiction Medicine, IEPA Early Intervention in Mental Health

We invited these associations / societies to present at our world congresses and held meetings to explore further joint working.

In other areas of collaboration, one of the examples of this joint working is publication of a report of a joint World Psychiatric Association/International College of Neuropsychopharmacology (WPA/CINP) workgroup concerning the risk/benefit ratio of antipsychotics in the treatment of schizophrenia. It utilised a selective but, within topic, comprehensive review of the literature, taking into consideration all the recently discussed arguments on the matter and avoiding taking sides when the results in the literature were equivocal. Taking this work forward, WPA has recently undertaken a project with CINP & World Federation of Societies of Biological Psychiatry for preparing joint guidelines about use of psychiatric drugs in different mental disorders. We are involving WHO in this project so that we can also revise the list of commonly used psychotropic drugs especially low resource countries.

WPA continued its official relations with WHO during this triennium. In addition to present annual reports, WPA participated in various policy meetings of WHO to highlight the joint working in many areas of mental health. Similarly, our work with UNICEF and other international organisations continued covering several mutual areas of interest.

WPA WEBSITE, eNEWSLETTER AND eJOURNAL CLUB

As mental health has increasingly found itself under the media spotlights, WPA ensured that we use social media positively with the help of experts and professional colleagues along with our communications team to highlight global perspectives of mental health and the inherent complexities. We, therefore, continued to work on our website in order to improve not only the user experience but also what and how we share relevant information www.wpanet.org. We also continued to work hard on our social channels and are regularly posting interesting and topical information on WPA events, news, articles, webinars, and lots more!

As part of the WPA ["Meet the Leaders" series](#), we have released interviews from the current EC and WPA Council members. In this insightful series of interviews, each member has shared not only a summary of their valuable contributions to the Association and the field of mental health in general over the years, but also their personal views on the contributions made by WPA and its member associations.

We were delighted to launch the new [WPA eNewsletter](#) in 2021. The need for information that is freely distributed and easily accessible remains an essential requirement in our lives today. We have been delighted to see how the newsletter has been positively received and we are motivated to continue this project. Our newsletter is a quarterly review and provides the perfect opportunity for all WPA components to share insights and experiences as we continue our essential work to address the mental health issues around the world.

WPA is committed to share the current scientific updates with our members, keeping our membership regularly informed about recent advances in the various scientific domains of psychiatry and mental health. In October 2022, we were pleased to launch a new educational project – the ["WPA e-Journal Club"](#). This project consists of commentaries concerning the most relevant articles selected from the main scientific journals in psychiatry.

WPA PUBLICATIONS

WPA publications have undergone an extraordinary revolution with the emergence and the development of new approaches. Thanks to Prof Michael Botbol, Secretary for Scientific Publications, who played a vital role in publication matters serving multiple objectives of the WPA.

WORLD PSYCHIATRY

World Psychiatry is the official journal of the World Psychiatric Association (WPA). It is published regularly in three languages (English, Spanish and Russian), with individual issues or articles also available on the WPA website in other languages (Chinese, French, Russian, Arabic, Turkish, Japanese, Romanian and Polish).

During the past triennium, the official journal of the World Psychiatric Association, World Psychiatry, has increased its impact factor from 40.595 to 73.300. It ranks no. 1 among psychiatric journals (for the eighth consecutive year), no. 1 among all the journals in the Social Science Citation Index (for the sixth consecutive year), and no. 16 among all the journals in the Science Citation Index Expanded (SCIE).

The number of psychiatrists receiving the electronic or the paper version of the journal regularly has increased to more than 65,000. All the back issues of the journal can be freely downloaded from the PubMed system (<https://www.ncbi.nlm.nih.gov/pmc/journals/297/>) and the WPA website (www.wpanet.org).

Issues or articles of the journal are available on the WPA website in ten languages: English, Spanish, Chinese, Russian, French, Arabic, Turkish, Japanese, Romanian and Polish.

WPA CO-SPONSORED ISSUES IN REGIONAL AND INTERNATIONAL JOURNALS

During the last three years, the dissemination of this new WPA publication offer triggered several new proposals through various channels. Following a successful experience of a first WPA co-sponsored thematic issue on Disasters and Trauma published by the British Journal of

Psychiatry, WPA focused on respected regional journals to diversify the WPA publications offer to allow the publication of less visible works. With the valuable help of members of the Publication Standing Committee, WPA contributed to the publication of WPA co-sponsored supplement on Transcultural Psychotherapies published by the Asia Pacific Journal of Psychiatry, and a WPA co-sponsored issue on Cannabis and Psychiatry in the Brazilian journal Trends in Psychiatry and Psychotherapy.

At the same time, we also observed the growing interest of well-established journals in the model of co-sponsoring with WPA and experts from our related section like Journal of Technology in Behavioural Science (JTIBS), Asian Journal of Psychiatry & Frontiers in Psychiatry. These positive developments show, it seems to me, the consistency of this model which I humbly suggest to our successors to continue in the triennium to come.

Similarly, the start of a WPA-related books and publications session at each of our World Congresses attracted a lot of interest among our membership to support WPA publications.

WPA -ASIAN JOURNAL OF PSYCHIATRY COMMISSIONS

Three commissions (Psychiatric education for 21st century, Mental Health and Wellbeing of International Medical Graduates and Public Mental Health: Challenges and Solutions) had been set up in collaboration with Asian Journal of Psychiatry. The reports of these commissions are released during the WPA Vienna congress.

WPA – LANCET COMMISSIONS

WPA has been actively involved with the Lancet on its Commissions on Depression and Ending Stigma and Discrimination in Mental Health. The Commission on Depression was started during the previous triennium and at its launch in 2021-22, WPA supported various launch events in different parts of world. Following this important initiative of Lancet Commission, WPA set special task forces in Asia, Middle East, Africa and American regions to organise regional and national webinars highlighting the importance of this campaign.

SPECIAL ISSUES OF JOURNALS

Following the success of the collaboration with the *British Journal of Psychiatry*, which produced a [special issue on trauma-related topics](#) in early 2020 with the help of Secretary for Sections and various Scientific Sections, the following special issues have been (or are in the process of being) published; *BJPsych Advances* [Special Issue on Stress and Resilience](#), guest-edited by Uriel Halbreich (published in 2021), Special issue of the *Journal of Affective Disorders* in collaboration with the WPA Section on Immunology and Psychiatry, guest-edited by Angelos Halaris (in print), Special issue of the *Journal of Technology in Behavioral Science* in collaboration with the Section on Informatics & Telecommunications in Psychiatry on [Global Digital Mental Health Care: Evidence, Implementation, Guidelines and Policy](#) and the Special issue of *Frontiers in Psychiatry* in collaboration with the WPA Section on Psychological Consequences of Torture and Persecution, guest-edited by Thomas Wenzel (in preparation).

WPA SCIENTIFIC SECTIONS

Keeping on the excellent traditions, the WPA Scientific Sections have stayed active during this triennium. They have been holding video conferences and latterly in-person meetings on a quarterly basis. These meetings have become the marketplace for exchanging ideas about inter-sectional activities, such as joint research projects, papers, workshops, or conferences.

Scientific Sections continued with their impressive achievements especially with the establishment of a flexible intersectional communication platform and increased intersectional activities. A new uniform internet presence has given the Sections a more appealing and informative appearance.

Secretary for Scientific Sections played an important role in keeping the Scientific Sections on board and organised on-line meetings with them. A new uniform internet presence has given the Sections a more appealing and informative appearance.

The 2020-2023 triennium saw the final roll-out of the *Education, Science, Publication, and Research Initiative (ESPRI)*, a vehicle to jumpstart research projects in low- and middle-income countries, with the WPA providing seed funding to (preferably) early career investigators for carrying out scientific projects of relevance to their respective country or region and for which funding would be difficult to obtain otherwise. The ESPRI was initially conceptualised by the Prof Thomas Schulze, Secretary for Scientific Sections, co-developed with the Secretaries for Publications and Education, and approved by the EC in the prior triennium. To date, the WPA has funded six projects from around the globe, addressing a variety of issues: major depression in old age (Tanzania); psychological impact of Ebola and COVID-19 (Liberia); genomics of bipolar disorder (Nigeria); poverty alleviation for persons with mental health problems (Pakistan); transdiagnostic and transcultural web-based psychotherapeutic tools (Pakistan); and development of training tools for the examination and documentation of the psychological sequelae of torture and war (UK, Austria and Syria).

With the leadership of Secretary for Scientific Sections, two Intersectional Thematic Congresses were held during this triennium. The first one, "[Psychological Trauma: Global Burden on Mental and Physical Health](#)", was held virtually in December 2020. The second one, "[New Horizons in Psychiatric Practice: Creative Ideas and Innovative Interventions](#)", took place in Malta in November 2022.

These two conferences introduced a truly novel concept, as they were not only thematic by focusing on a specific scientific topic, but also by making the intersectional aspect a theme in and of itself. Requiring symposia to be submitted by at least two Scientific Sections helped foster an interdisciplinary spirit benefitting the work of the individual Sections and of the WPA as a whole. The Malta Congress featured a panel discussion on mental health parity, with a major emphasis on the patients'/carers' perspectives.

With the expertise from Section on Genetics in Psychiatry, the WPA has been awarded principal investigator status in two consortium (PSY-PGx Consortium, focusing on the [implementation of pharmacogenetics in psychiatry](#) and [Psych-STRATA network](#), aimed at the identification of biological and clinical markers predicting resistance to pharmacological treatment approaches.

With innovative and state-of-the-artwork of Scientific Sections, WPA now plans to start Special Interest Groups which provide a forum, on key issues within psychiatry and mental health. Each Special Interest Group will comprise of experts and interested professionals in the respective areas. The main objectives of these special interest groups is to encourage our membership to start working on various platforms that can at some later stage require WPA's approval as Scientific Sections. The organisational set up of these groups will include a Chair and a committee to work towards achieving the remit of these groups.

I am pleased to present the following Special Interest Groups (SIG) for approval at the general assembly being held in Vienna.

- Public Mental Health
- Promoting Psychiatry among Medical Students

- Geo-Psychiatry
- Neuropsychiatry

WPA ANNUAL CONGRESSES

Although the Covid pandemic effected our in-person Congresses, but WPA made a visible appearance by organising its Regional, Thematic and World congresses. Prof Edmond Pi, the Secretary for Scientific Meetings and his Standing Committee contributed meaningfully towards revising the Scientific Meeting policy and encouraging WPA components to organise WPA sponsored and co-sponsored Congresses.

From the very beginning of the current triennium, the COVID-19 pandemic disrupted the holding of medical conferences across the entire world. WPA administered a state-of-the-art platform of scientific events, virtually, to meet the needs of the global psychiatric community and provide the cutting-edge information on recent advances in psychiatry. Despite the Covid pandemic and other prevailing limitations, WPA was pleased to organise 4 World Congresses, 14 Regional / Thematic congresses and 28 Co-sponsored meetings during this triennium.

WPA organised its first two world congresses (World Congress of Psychiatry (WCP) 2020, WCP 2021) online – one in Bangkok, Thailand and the other in Cartagena, Colombia during 2021. Despite the peak days of Covid, both of these meetings attracted a large number of delegates. WPA, for the first time in its history, organised these virtual congresses and used the modern technology in setting the scene for future virtual work.

We were delighted to hold our first in-person Congress (WCP 2022) in the first two years of the current term in Thailand in 2022. In collaboration with the Psychiatric Association of Thailand (supported by the Royal College of Psychiatrists in Thailand and Department of Mental Health, Thailand), we welcomed many fellow mental health care professionals to the 22nd WPA World Congress of Psychiatry (WCP2022) held in the beautiful city of Bangkok. With the theme “Psychiatry 2022: The need for empathy and action”, we examined and discussed all the critical issues in psychiatry and mental health today and in the future. More than 2370 registered participants from 100 different countries joined us this week and I am delighted that we have yet again managed to offer such a diverse programme of content. With 209 sessions, 600 speakers and 980 ePosters, we all profited from 4 days filled with up-to-date research data, the best lectures from experts in all fields of mental health, high-quality scientific content, valuable knowledge sharing and peer-to-peer networking. While we were delighted to welcome the majority of participants in Bangkok, we were also aware some colleagues were not able to travel and were therefore pleased to take our experience from last year and build an exciting hybrid experience.

The 2023 World Congress (WCP 2023) is taking place in Vienna (Austria) with an active support of Austrian Psychiatric Association. This is going to be a successful congress with a record number of delegates who are participating in an exciting scientific programme having 231 scientific sessions including courses, plenary lectures, distinguished orations and many more stimulating academic activities. There will also be around 80 short communications to encourage trainees and young psychiatrists for their participation in world congresses.

WPA REGIONAL AND THEMATIC CONGRESSES

Along with world congresses, WPA maintained its tradition of organising Regional and Thematic Congresses in Europe, Asia, Africa, and American regions during the current triennium. This helped us to encourage our partners to come forward with impressive on-line and in-person WPA scientific meetings.

I am pleased to report that WPA had organised a record number of 10 Regional and Thematic Congresses during this term. These meetings were held in Greece during 2020, in Colombia, Pakistan, Greece, Georgia & Malta during 2021-2022 and in Pakistan, India, Abu Dhabi and Armenia during 2023.

The Scientific Sections need to be congratulated for organising two Intersectional Thematic Congresses during this triennium. The first one, "Psychological Trauma: Global Burden on Mental and Physical Health", was held virtually in December 2020 and the second one, "New Horizons in Psychiatric Practice: Creative Ideas and Innovative Interventions", took place in Malta in November 2022.

WPA PRIZES AND AWARDS

The Jean Delay Prize is the most prestigious prize awarded every three years by the WPA and recognizes integrative biological, psychological and social approaches to psychiatric problems. The 2023 Prize has been awarded to Professor Robin Murray.

WPA has been awarding Fellowships to young psychiatrists to help support them in their careers and research work. This Fellowship has helped them to attend the WPA World Congress and also present in the scientific programme of the Congress. During this triennium, young fellows attended the on-line Congresses in 2022 and in-person 2022 Congress in Bangkok. We are pleased that we are continuing with this tradition and there are 25 young fellows attending the World Congress in Vienna under this sponsorship programme.

For the first time, we were also happy to be able to present Travel Awards to trainee psychiatrists and medical students, enabling them to join us at our World Congresses and benefit from the in-person learning and networking opportunities.

In Bangkok, we presented two Travel Awards to medical students (1000 Dollars each) and one Award to a trainee psychiatrist of 2000 Dollars. The WPA Collaborating Centre Group organised the Travel Award to psychiatric trainees who were invited to submit an essay on the topic of "Forced displacement and mental health: challenges and resilience". While the WPA Working Group on Medical Students invited all medical students to submit an essay on the topic of "Breaking the Silence: How is STIGMA a barrier to mental health?"; with two successful winners being awarded USD \$1000, to cover the registration, travel and accommodation costs to attend the WCP 2022.

The Trainee Award was awarded to Scarlett Machado, Psychiatry Resident, Mental Health Institute of Jalisco, Zapopan, Mexico and the Medical Student Awards were given to Daniyaal Taheri (Seth GS Medical College and King Edward Memorial Hospital, Mumbai, India) and Jolly Thomas (University of Ibadan College of Medicine, Ibadan, Oyo state, Nigeria)

WPA has also announced Fellowships (Travel Awards) for Trainee Psychiatrists and Medical Students to attend the WPA WCP 2023 in Vienna, Austria later this year (28th Sept – 1st Oct 2023). There are

two separate prestigious awards, one for all trainees in psychiatry and one for all medical students. The award for the Trainee Psychiatrists asks candidates to submit an essay of 3000-5000 words (including references) on this topic “Climate Change, Urbanisation, Air Pollution, Natural Disasters: global challenges for mental health, resilience, and recovery”.

WPA’s Collaborating Centres organised the competition for Travel Awards for Trainee Psychiatrists and received 22 entries from 13 countries. The standard of the competition was very high, and the essays were of extremely high quality. The judges decided to award two first prize winners, and the award will be shared equally between the two with a travel grant of 1000 Dollars for each winner. Congratulations to Dr Lauren Chiu (Australia) & Dr Nadia Adchara (Thailand), the winners of this competition and we look forward to seeing you Vienna.

WPA Action Plan 2020-23 working Group on Medical Students organised Travel Award for medical students with an essay competition titled “The Interface of Physical and Mental Health”. The winner of this essay competition is awarded \$2000.00, which would help the student to attend the WPA World Congress this year in Vienna. We received 640 entries from 41 countries, 6 continents. The medical students who participated were from 234 medical schools / institutions. The essays were of extremely high quality. After a close competition, the award was given to Jessica Batra from Lady Herding Medical College, New Delhi, India. Congratulations to Jessica and WPA wishes her the best in her future career.

WPA also gave these awards to Trainees and medical students at its Regional and Thematic congresses held at Pakistan, India and Abu Dhabi.

With the support of Early Career Psychiatrists Section WPA launched in 2021 the [World Psychiatry Exchange Programme](#). The programme offered short duration exchanges, for early career psychiatrists from all over the World. Participants got a very valuable exposure to different ways of working and thinking about mental health, at an early stage of their career. Similarly, hosts got the views and inputs of highly motivated early career psychiatrists, who were curious about other cultures and ways of practising.

As the exchanges were in effect “observerships” they were relatively easy to set-up also quite flexible, with both face-to-face and remote options available. Most exchanges offer both clinical and academic opportunities, as well as teaching seminars, so they are very interesting career building steppingstones. To recognise the outstanding contributions of participants who actively engaged in the first edition of the World Psychiatry Exchange Programme, WPA created the award “Best World Psychiatry Exchange Program - a success story” distinguishing the prize winners with 1000 USD (first prize), 500 USD (second prize) and 250 USD (third prize).

LAST BUT NOT THE LEAST.... *Leading through challenging times*

While going through the final year of the triennium, WPA continued to face challenges following the global crises, and their consequential impact on mental health. However, WPA stood motivated and inspired by the commitment and hard work from our membership when dealing with such difficult situations. No doubt, we were disadvantaged by the unexpected crisis including Covid, disasters and war, WPA continued with its mission and came up as a strong professional organisation. Thanks to our membership, our well-wishers including pharma support groups who helped us with educational grants to carry on educational and training activities aiming at capacity building.

I do recognise the collective efforts and the lead role of our officers and the WPA staff for making it happen even passing through the most difficult and challenging years of WPA.

I personally have learnt more during this term of presidency, and I am convinced and inspired with the capabilities of our members and look forward to seeing how the WPA will be able to transform new challenges into opportunities.

While finishing my role as President of WPA, I remain ever hopeful and optimistic about future of WPA. WPA values everybody who has a commitment to working as a mental health professional because they are the future and future does matter.

Please join me in welcoming the new office bearers for the next triennium and let's continue supporting WPA in its efforts in improving the image of psychiatry, psychiatrists, and our membership. We need to shape the future of psychiatry and mental health together.

Afzal Javed

President WPA October 2020 - October 2023

Reports from Executive Committee Members and their Standing Committees





PART A. Report of the President-elect

A1. Participation in the entire executive committee work. These activities are covered in the report submitted by the president.

A2. Active participation, with lectures, in the world psychiatry congress and regional, thematic, and national psychiatric associations' meetings.

In 2022-2023, I lectured at 30 global and local psychiatry events using both in-person and online platforms.

Themes in my lectures covered **(A)** Mental Health and Suicide During the Covid-19 pandemic from gender, ethnicity, geopolitics, economy, war and crisis, public health, vulnerable groups, healthcare workers, adolescents, elderly, and digital medicine perspectives, **(B)** Advancements and developments in clinical treatment **(C)** Public strategies for mental health, **(D)** Social Determinants of Mental Health and Suicide, and **(E)** Prevention.

A3. The sub-committee of the Advisory Committee for Responses to Emergencies (ACRE) help to Ukraine

In response to the mental health crisis following Russia's invasion of Ukraine in 2022, the World Psychiatric Association (WPA) created a sub-committee of the ACRE, established in 2020 to facilitate practical and concrete aid to member societies in need. The ACRE sub-committee, chaired by the president-elect collaborated closely with the European Psychiatric Association (EPA) and other key stakeholders to provide support to Ukrainian psychiatrists and psychiatric associations.

WPA online trauma resource center was established to provide evidence-based materials and resources to help respond to mental health challenges faced during war. This center provides a wide range of resources including written guidelines, videos, webinars, and self-help materials in multiple languages. Additionally, the WPA's education portal offers free webinars and learning modules on mental health topics and a list of volunteer organizations providing free consultations to Ukrainian individuals in need.

Besides these online resources, the WPA and its Member Societies directly helped Ukraine and Ukrainian refugees in various receiving countries with psychiatric aid, leading to the establishment of specialized psychiatric services for Ukrainian women and children. Various appeals were made to governmental and non-governmental organizations, as well as pharmaceutical companies, to increase awareness of the psychiatric needs in Ukraine. Several initiatives were organized, including the supply of psychotropic drugs to Ukrainian hospitals and the provision of basic necessities by associations like the Polish Psychiatric Association. WPA ACRE's other main goal is to provide economic support through donations, with funds being used to help Ukrainian psychiatrists reconstruct their services

after the war. Contributions have been made by several national psychiatric associations and individual psychiatrists worldwide.

A4. Position statement on COVID-19 and mental health

The COVID-19 pandemic has dramatically amplified the incidence of mental health problems, particularly depression and anxiety, with notable impacts on specific groups including those with low income, the unmarried, females, adolescents, younger adults, and those suffering from serious mental illnesses like schizophrenia, bipolar disorder, and major depression. These groups demonstrated higher rates of COVID-19 infection, hospitalization, and death, due to pre-existing health issues and poor access to medical services. Despite no significant overall increase in suicide rates, certain groups such as females and adolescents in Japan, males in India, and ethnic minorities in the US, experienced an uptick. Healthcare workers, children, and families were also severely affected due to the extreme pressures of the pandemic, leading to mental health concerns like stress, anxiety, and depression.

Post-COVID-19 conditions, such as lingering symptoms following infection, including fatigue, shortness of breath, cognitive dysfunction, anxiety, and depression, have added another layer to the mental health crisis. The surge in people requiring psychiatric treatment due to the pandemic has strained mental health services and prompted a shift to digital solutions like telepsychiatry. As the pandemic eases, there will be a need for increased resources for mental health services to deal with the long-term psychological impacts of COVID-19 and the associated stresses of returning to normalcy. Recommendations for action include advocating for equitable interventions by governments, awareness, and preparedness among psychiatrists to deal with the effects of the pandemic, and a commitment to augmenting the mental health workforce.

A5. Amendments of Statutes and By-laws

The WPA lawyer was asked, in 2020, to review the Statutes and By-laws to ensure that they are compliant with Swiss Law and to propose amending any sections that were unclear or inconsistent and required clarification. The amendments were supervised by the planning committee and handled as described by the statutes to the Executive Committee. They were then sent to all WPA Components in spring/summer 2023 and any comments are included in the latest version. These amendments will be presented by the President to the General Assembly on 30 September 2023 under a separate agenda item on Amendments of Statutes and By-laws.

Part B. Planning Committee

Members of the planning committee (by alphabetical order): Celso Arango (Spain), Andrea Fiorillo (Italy), Saul Levin (USA), Petr Morozov (Russia, deceased 2022), Andrew Peters (Australia), Prasad Rao (India), Thelma Sanchez (Mexico), Aida Sylla (Senegal), and Danuta Wasserman (Chair, Sweden).

Meetings

Date	Place
November 15 th 2021	Zoom, 5 continents
March 28 th 2021	Zoom, 5 continents
July 8 th 2021	Zoom, 5 continents
August 5 th 2022	In-person and Zoom, Thailand and 5 continents (during World Congress in Bangkok)
December 16 th & 17 th 2022	In-person and Zoom, USA and 5 continents (Washington DC)
May 9 th 2023	Zoom, 5 continents
September 27 th , 2023	In-person, Vienna, Austria

B1. The World Psychiatric Association and United Nation's Sustainable Development Goals

The World Psychiatric Association (WPA) comprises 145 psychiatric societies in 121 countries with over 250,000 psychiatrists worldwide. The WPA, established in 1950, ambitiously strives to promote excellence in treatment and rehabilitation of psychiatric patients. During the last decade, the focus on prevention of mental health disorders has been added.

Figure 1 shows the global prevalence of mental disorders. 13% of the global population and 8% of children and 14% of adolescents are living with a mental disorder (Figure 1). Despite this high burden, only 2% of health expenditure go to mental health.

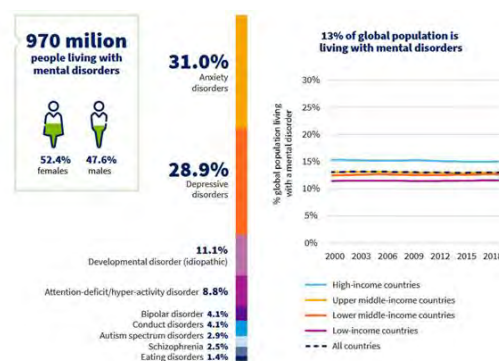


Figure 1. Global prevalence of mental disorders (year 2019) (source: WHO (2022). World mental health report: transforming mental health for all.

Therefore, the president-elect and her planning committee has the ambition of enlarging focus of the WPA activities to the public and other sectors in societies to promote and enhance public mental health using, as a base, the United Nation's Sustainable Development Goals (SDGs) to transform our world.

Goal number 3 of the SDGs emphasizes the importance of ensuring healthy lives and promoting the well-being for all independent of age, ethnicity, gender, sexual orientation, and place of living with its social, cultural, economic, and political determinants.

Recognizing the interconnectedness of the SDGs, the planning committee have identified four priority goals to guide WPA efforts, namely Reduced Inequality (Goal 10), Gender Equality (Goal 5), Quality Education (Goal 4), and Partnerships to Achieve the Goal (Goal 17).

Goal No. 10, Reduced Inequality, is critical to WPA's efforts. Access to psychiatric, mental health, and public mental health services should not be a privilege but a right for all individuals, regardless of their socio-economic and cultural background. This includes addressing financial barriers, language and cultural obstacles, and geographical location that may prevent access to services.

Goal No. 5, Gender Equality, is integral to WPA's mission. It's well-established that poor mental health can disproportionately affect people based on their gender due to societal pressures, discrimination, and violence. The WPA strives to provide equal access to services for all genders and work to create gender-sensitive mental health services.

The WPA recognizes Goal No. 4, Quality Education, as a vital instrument in addressing mental health issues. Education is a powerful tool for improving mental health, as it raises awareness and reduces stigma. The planning committee of the president-elect aims to stimulate to provide education to the public to increase understanding and awareness of mental health.

Finally, Goal No. 17, Partnerships to Achieve the Goal, highlights the importance of collaborative efforts. The planning committee underscores that promoting mental health and well-being requires multi-sectoral cooperation such as healthcare and public mental health providers, labour and housing providers, educational institutions, institutions advocating for sustainable cities, climate action, economic growth, and community organizations. Through these partnerships, it is possible to leverage resources, expertise, and reach to effectively address mental health issues at a systemic and not only at the individual level.

To fulfil the above-mentioned ideas within the WPA requires further development of the traditional profile of psychiatry towards being innovative, in providing new ideas and education, taking an active leadership role in increasing awareness in all sectors of society, and finding new ways of promoting public mental health.

B2. The World Psychiatric Association and Inclusivity

The WPA takes on an inclusive approach towards language diversity to ensure that important information is accessible to all, irrespective of whether the 250,000 psychiatrists have the opportunity to attend world congresses or regional and thematic meetings. A summary of the most important WPA messages should be available in as many local languages for each country as possible. The ambition of the WPA is to produce and deliver, in the future, educational/ informational materials in the six official languages of the WHO (Arabic, Chinese, English, French, Spanish, and Russian) and hopefully even more.

B3. Promoting mental health in diverse populations

Psychiatric care plays a crucial role in individuals' and societies' overall health and well-being. Mental health disorders have a significant global impact, affecting millions of people and causing substantial economic and social burdens. It's critical to note that the ultimate burden of these mental health challenges often manifests as suicide, a tragic consequence that underscores the urgency of prioritizing and improving mental health care worldwide (Figure 2).

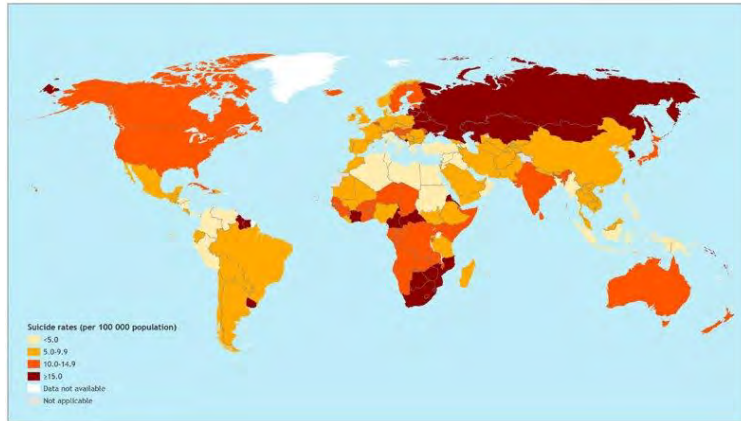


Figure 2. Age-standardized suicide rates (per 100 000 population), 2019 (source: WHO (2021). Suicide worldwide in 2019: global health estimates. World Health Organization)

Despite this, psychiatric care around the world remains highly variable, influenced by cultural, economic, and social factors as well as prevention. In order to curb this burden, several agendas described below have been discussed in the planning committee.

B3.1. Promoting current treatment and prevention through intensified information and educational activities

Promoting current treatment and prevention strategies for mental health through intensified information and education activities is crucial in building a mentally resilient society. This involves creating widespread awareness about the signs and symptoms of mental health issues and the necessity of prevention, the availability of treatment options, and the importance of seeking help promptly. By leveraging various communication channels, from social media to community workshops, we can foster understanding, dispel stigmas, and empower individuals to take proactive steps toward their mental well-being.

In the wake of Professor Petr Morozov's passing and his responsibility for the information sub-task, Thelma Sanchez from Mexico and Prasad Rao from India have assumed leadership of the unified information and education sub-tasks.

The primary objectives of this task group encompass the promotion of psychiatry as a medical specialty, advancing public mental health, and underscoring the role of psychiatry within various other professions such as health, social care, and the legal dimension. The task group's ongoing mandate includes engaging with member societies and WPA components, identifying variations in psychiatric education across member countries, facilitating activities through technological resources, and disseminating information among member societies through thematic or regional meetings. Specifically, for:

B3.1.1. Psychiatric staff: ongoing education and information dissemination can help reduce stigma and enhance empathy and understanding within the profession. These initiatives might include training and seminars on the latest research, techniques for patient communication, and strategies for fostering an inclusive and empathetic treatment environment.

B3.1.2. Psychiatric Patients: accessible information about their conditions, treatments, and coping mechanisms can empower them in their journey toward mental well-being. Educational activities can help demystify mental health issues, decrease feelings of isolation, and encourage engagement in the treatment process.

B3.1.3. General Public: increasing awareness through educational campaigns about mental health can break down barriers of stigma and misinformation. These initiatives can foster empathy, promote early recognition of mental health issues, and encourage individuals to seek help when needed, ultimately contributing to a healthier and more informed society.

B4. Promotion of healthy lifestyles to improve mental health

The role of healthy lifestyles and behavioural changes to improve mental health is under-prioritized. The Planning Committee believes that pedagogically tailored lifestyle activities will add value to the existing biological and psychological therapies when used daily in psychiatric care. Healthy lifestyles, including sleep hygiene, a balanced diet, and physical exercise, are paramount for maintaining good health. By prioritizing healthy lifestyles, individuals can significantly improve their well-being, boost resilience, and better navigate the challenges of everyday life. Many people suffering from mental health problems have never been exposed to or provided with good examples of how to choose healthy lifestyles. The planning committee supports the idea to produce short videos on each of the different lifestyle activities, intended to be used in daily psychiatric practice, as well as to collect good examples from the WPA member societies. These materials can be tailored for psychiatric patients, psychiatric staff, and the public.

B4.1. Psychiatric Patients: The planning committee aims to promote the concept of shared physical activities between psychiatric patients and psychiatric staff. Physical activities, even when carried out in small amounts but done for a few minutes daily have a positive impact on health. For psychiatric patients, physical activities performed in groups with psychiatric staff or family or community, will not only influence well-being but also the feelings of equality, cohesion, collaboration, mutual understanding, and an increased sense of belongingness, hopefully diminishing the stigma of mental disorders.

B4.2. Psychiatric staff: Striving for a work-life balance, maintaining strong social connections, and engaging in regular professional development and self-care activities are crucial. The health of psychiatric staff can be improved through regular physical activity, a balanced diet, and good sleep hygiene. These activities can help to reduce stress, improve mood, enhance cognitive function, and increase job satisfaction. The Planning Committee encourages the development of training videos on how psychiatric staff can engage in regular physical activities. This can be facilitated by leading and performing physical activities with patients in their daily work.

B4.3. General Public: Promoting mental health in the public through healthy lifestyles is a crucial aspect of public health. By disseminating lifestyle materials broadly, the WPA can contribute to the enhancement of mental health in the public, fostering a healthier, more resilient society.

C. Action plan for the WPA 2023-2026

The action plan for 2023-2026 is aimed to boost the mental health and well-being of patients, psychiatric staff, and the public. Future activities aim to build on the previous successful activities of the WPA.

C1. Information and education

C1.1. Specialist Corner with webinars for Psychiatric Staff

Creation of a specialist platform on the WPA website for clinicians to provide experts' opinions on the state of the art in clinical psychiatry, public mental health, and ethics, opening opportunities for interactive dialogue between the members and experts (lectures followed by Q&A) in online webinars. Each topic listed below will be led by the specialist(s) appointed by the president. Specialists will be able to share their unique insights and nuanced understandings about diagnosis, treatment, rehabilitation, and prevention of psychosis, affective disorders, substance use disorders, ADHD, Autism, Eating disorders, internet addiction, gambling, suicidal behaviour, etc.

Crisis and trauma conditions during war and other catastrophes, the mental health of migrants and other vulnerable group health, etc will also be covered. The implementation of digital medicine in mental health care and the different ethical issues including involuntary treatments will also be part of the Specialist Corner activities. Specialist Corner will focus their discussions on the perspective of the life course, gender, ethnicity, etc.

This specialist corner will also incorporate topics from the previous action plans, judged to be of interest for the future activities of the WPA. Each appointed specialist(s) will have the opportunity to take part in the design of his or her activities for the respective topic.

C1.2. Accessible educational materials for patients

Based on the discussions and lectures from the webinars aimed at psychiatric staff, short, accessible, and reader-friendly materials will be prepared. These resources, replete with practical advice, will be specifically tailored for patients and their families, facilitating their understanding and management of respective specific psychiatric disorders covered in the webinars.

C1.3. Awareness in the General Public

To increase awareness and influence future campaigns for the general public, insights from expert webinars and their respective topics will be used to create simplified and easily digestible content to enhance public awareness and shape future campaigns.

C1.4. E-journal club

The e-Journal Club, an interactive platform allowing young psychiatrists to discuss recent and relevant scientific articles in psychiatry, will continue as before.

C1.5. Breaking the Language barrier

To increase inclusivity and accessibility, translation of selected WPA's educational materials into official WHO languages will be promoted. Member societies will be encouraged to translate any relevant materials into their local language.

C2. Healthy lifestyles

Healthy lifestyles improve mental health and well-being. WPA will produce educational videos and resources focusing on three healthy lifestyle components: physical activity, sleep, and nutrition.

C2.1. Healthy lifestyle promotion in patients and psychiatric staff

Resources will be introduced to be utilized in psychiatric wards and treatment centres to improve the health of patients and psychiatric staff.

To ensure the successful implementation and cultural adaptation of the produced lifestyle materials, dedicated groups of experts will be appointed on (A) physical activity, (B) sleep, and (C) Nutrition.

Each group will focus on:

- Facilitating the implementation and dissemination of existing materials.
- Cultural adaptation and adjustment of materials to local conditions.
- Production of new culturally and locally adjusted materials
- Evaluation of the effectiveness of produced materials on well-being as well as the usability and acceptability of the materials for the improvement of healthy lifestyles.

C2.2. Healthy lifestyle promotion in adolescents

In addition to the existing pharmacological and psychotherapy treatments, adolescents should be encouraged to adopt healthy lifestyle practices such as maintaining sleep hygiene, consuming a balanced diet, and engaging in regular physical exercise - all of which are crucial for good health.

Many young people suffering from mental health issues have not been exposed to or provided with adequate guidance on adopting healthy lifestyle choices, either at home or at school. Tailoring lifestyle guidelines to meet the specific needs of adolescents and implementing them is an essential part of promoting the mental health of society. A group of specialists will be appointed for this task.

C3. Research

C3.1. Evaluation of the influence of healthy lifestyles on mental health

The Planning Committee encourages the undertaking of systematic reviews, meta-analyses, and if possible, randomized controlled trials, to inform the influence of healthy lifestyles on mental health.

C3.2 Intercontinental research on suicide prevention

The WPA will continue the Brief Intervention Contact and follow-up during the COVID-19 pandemic (BIC COVID-19), which is a suicide preventive project started by the president-elect in 2021.

The COVID-19 BIC project comprises an epidemiological study investigating differences in suicide rates between countries during the pandemic and a clinical study focusing on a motivational and awareness-enhancing interview with suicide attempters and follow-up for 18 months at various intervals. This project is conducted in North America (USA), Latin America (Brazil), Asia (India), and Europe (Sweden), fostering intercontinental cooperation and collaboration in addressing mental health challenges during and after the COVID-19 pandemic. Negotiations to include a country from Africa are underway.

C4. Collaboration

C4.1. Advisory Committee on Response to Emergencies (ACRE) committee

The ACRE committee plays an invaluable role in providing timely and targeted advice on psychiatric aspects of emergencies, disasters, and complex humanitarian crises, and will continue its work.

C4.2. Collaboration with other international associations in the field of psychiatry and public mental health

The aim is to uphold the valuable activities from the previous terms while introducing initiatives to expand our impact and reach to other international associations. The WPA will further develop deeper partnerships with Service Users and Family Carers organizations.

C4.3. Collaboration on environmental changes and mental health

The WPA will learn from and closely follow the European Psychiatric Association's (EPA) initiative on the role of climate change and environmental preservation on mental health.

Author: Prof. Danuta Wasserman



It is with great sadness that Prof. Petr Morozov of Russia passed away suddenly in September 2022. It is a great loss to WPA especially given his pivotal role as the Secretary General of WPA since October 2020. It is my great honour, albeit with humility and anxiety, to have been entrusted by the WPA executive committee with this important role as the Interim Secretary General until the new Secretary General will be elected on 30 September 2023. I would like to highlight some significant achievements of the WPA Secretariat in the past three years despite the challenges faced by COVID-19 pandemic and the major Secretariat staff turnover in this triennium.

1. With the departure of the Chief Executive Officer (CEO) of WPA in 2022, the WPA Secretariat has removed the title of CEO in WPA Secretariat and has appointed Mr Fauzan Palekar as the Director of WPA Administration. There is also a revamp of the administration structure so that there is an enhanced delineation of roles and responsibilities of the WPA staff to enhance work efficiency (see point 3)
2. Ms Vanessa Cameron has been appointed as our WPA Consultant in supporting the WPA President and WPA Executive Committee in overseeing and ensuring that the current WPA Bye-Laws, WPA Manuals of Procedures and WPA Position Statements are up-to-date, relevant and appropriate. She is also providing administrative advice to the WPA Secretariat and Interim Secretary General.
3. Vanessa Cameron and Fauzan Palekar assessed the need of the team required for the future Secretariat following the departure of the previous Secretariat team.
 - a. Atina Ivanovski, was recruited as Deputy Director WPA Administration with responsibility for providing administrative support in the areas of Education, Publications and Sections and well as supporting the Director WPA Administration Fauzan Palekar.
 - b. Bezhan Azizkhon was appointed as Executive Finance Assistant. His role is divided between ensuring we follow clear processes in all matters related to invoicing and collection Membership subscriptions as well as maintaining monthly updated projection on monthly income/expenditure at the end of each month. This ensures that our external accountant has all the documentation and information in the correct format and organized appropriately in order to undertake accounts functions.
 - c. The new Secretariat team is as follows:
 - Fauzan Palekar- Director WPA Administration
 - Atina Ivanovski- Deputy Director WPA Administration
 - Bezhan Azizkhon- Executive Finance Assistance

The team is working well and are all establishing clear processes as well as learning about various functions. We have also been dealing with finding missing information for historical workflows.

4. IT update in the WPA Secretariat
The Secretariat has now moved across from working via the archaic and often challenging Drive to Sharepoint which is part of the MS Office suite. All files that the new team created from October 2022 have been transferred across which allows the team to undertake normal

business operations as well as create necessary files for the important work related to the General Assembly in Vienna and all the related activities within WPA Secretariat remit. Our IT support team are still processing the transfer of historic files pre-October 2022.

5. WPA monthly e-newsletters – this is monthly e-newsletter that is circulated to all member societies to provide an update about the current activities in respective zones as contributed by various zonal representatives, current educational activities including upcoming webinars or educational courses available in the WPA education portal etc. This aims to ensure that our member societies will have a constant connection with the WPA.
6. WPA e-journal club– this is a collaborative initiative between different secretaries and sections especially Section of Early Career Psychiatrists that consists of email circulations to all member societies. These are commentaries concerning the most relevant articles from core scientific journals in the field of mental health. This journal club is also supporting our WPA Early Career Psychiatrists Section members in acquiring skills in making commentaries and critical appraisals of scientific research.
7. WPA Election on 30 September 2023: Four executive committee posts are open for election: President-Elect, Secretary General, Secretary for Sections, Secretary for Education and Publications. There is also more than one eligible candidate for zonal representative posts in two zones. The nomination committee is chaired by WPA President. The accreditation committee is chaired by the Interim Secretary General. It is confirmed that all members in both the nomination and accreditation committees have no declared conflicts of interests with the candidates running for the various posts as named above. The election will take place during the General Assembly on 30 September by electronic voting in person. The voters' identities will be verified and confirmed by one of the designated accreditation committee members at the election booth site. The election results will be announced immediately once the election process and the counting of votes have been duly completed and results checked properly by the Chair of Accreditation Committee.
8. New WPA member societies – WPA welcomed Maltese Association of Psychiatry and Mental Health Congo Society as our new member societies in this triennium.

Last but not least, I would like to again express my deepest thanks and gratitude to Prof Afzal Javed and Prof Danuta Wasserman, and my fellow WPA Executive Committee members in entrusting me with this important role in WPA. I would also like to express my gratitude and appreciation to my WPA Secretariat colleagues for their hard work, without whom my duties as the interim Secretary General would not have been fulfilled at all.

Author: Prepared by Prof. Roger Man Kin Ng (Hong Kong, China)



It is an honor to serve as Secretary for Finances of the WPA since October 2020. I am grateful to our President Afzal Javed, our President- elect Danuta Wasserman, our interim Secretary General Roger Ng, and our WPA executive staff ably led by our Executive Director Fauzan Palekar. I would be remiss if I didn't recall our dear colleague Secretary General Petr Morozov who tragically passed away during this triennium. His warmth, wisdom and kindness will long be remembered and at a time of pandemic and war, the ability to connect across countries is such an important function of the WPA.

I have also been ably supported by the experienced members of the WPA Standing Committee on Finances which has met remotely during this triennium: Prof. Armen Soghoyan, Armenia, member Prof. Hidehiko Takahashi, Japan, member, Prof. Marianne Kastrup, Denmark, member Prof. Zvi Zemishlany, Israel, member, Prof. Mahdi Abu Madini, Saudi Arabia, Zonal Representative Zone 12, Consultant. I thank them for their commitment to WPA and our joint work.

We have been fortunate to recruit the accounting firm of Karl Schurmann who has provided excellent counsel during the last year.

This has been a challenging period due to the impact of a world-wide pandemic, global inflation, a war in Europe and the global demand for mental health services. It required rapidly changing our in-person meetings including our 2020 meeting to a virtual format as well as many other meetings of our organization. While this of course led to financial strains, as it did for many other organizations, the resilience of our organization and members under President Javed's leadership allowed us to weather these changes, institute economies in our expenses, increase our virtual and then in person meetings. The performance of our organization from 2019 to projected for 2023 as prepared by our accountants is linked below. Finally, as we have not increased membership dues for many years a formal proposal for dues increases over time approved by the Finance Committee and the Executive Committee is also linked below:

[WPA Budget 2023](#)

[Proposal for Increase of Membership Dues](#)

Author: Paul Summergrad, M.D., Secretary for Finances, WPA



The COVID-19 “post-pandemic” era is here. It seems an appropriate time to reflect on all that the WPA has achieved regarding Scientific Meetings during this Triennium 2020-2023. From the very beginning of the current triennium, the COVID-19 pandemic caused by SARS-CoV-2 has disrupted holding medical conferences across the entire world. Since 2021, the WPA has administered a state-of-the-art platform of the Scientific events, in virtual, to meet the needs of the global psychiatric community and provide the cutting-edge information on recent advances in psychiatry. This has promoted WPA Member Societies to network, continue to build bonds with each other, create new opportunities together and allow all to participate in the scientific meeting activities. The WPA has not succumbed to the “pandemic fatigue” and has not detoured our path but to move forward. While the world is opening up and the travel restrictions have been gradually lifted around the globe, the WPA has successfully held in-person congresses since.

There has been a total of seventeen WPA Congresses held during the current triennium:

- Four **World Congresses** (2 in the Asia/Oceania, 1 in the Americas, and 1 in Europe region respectively)
- Five **Regional Congresses** (2 in Europe, 2 in Asia/Oceania, and 1 in Africa/Middle East region respectively)
- Eight **Thematic Congresses** (3 in Europe, 2 in Asia/Oceania, 1 in the Americas, and 2 in Africa/Middle East region respectively).

Below are the specifics of the WPA Congresses held during the current triennium (2021-2023):

2021

- The WPA’s first-ever virtual **World Congress of Psychiatry (WCP)**, “Psychiatry in a Troubled World”, Bangkok, Thailand, 10-13 March 2021
- Regional Congress “Interdisciplinary Understanding of Co-morbidity in Psychiatry: from science to Integrated Care”, St. Petersburg, Russia, 15-18 May 2021.
- Regional Congress “Psychopathology in Period of Transition”, Kyiv, Ukraine, 7-9 July 2021
- **The World Congress of Psychiatry (WCP)**, “New World, New Challenges for Psychiatry and Mental Health”, Cartagena, Colombia, October 18-21, 2021

2022

- Thematic Congress “Understanding Psychiatry Today: Economic Reactivation, Social Inequalities and Mental Health”, Cartagena, Colombia, February 2022
- Thematic Congress “Public Mental Health”, Lahore, Pakistan, March 11-13, 2022
- Thematic Congress “Early Intervention in Psychiatry Across the Life Span”, Athens, Greece, June 23-25, 2022
- **The World Congress of Psychiatry (WCP)**, “Psychiatry 2022: The Need for Empathy and Action”, Bangkok, Thailand, August 3-6, 2022

- The 19th Congress of the WPA Epidemiology and Public Health Section “Learning from Diversity Across the World: Implications for Psychiatric Epidemiology”, Marrakech, Morocco, October 12-14, 2022
- Thematic Congress “Treatment and Management of Mental Disorders in a Post-Pandemic Era”, Tbilisi, Georgia, October 14-16, 2022
- The Intersectional Thematic Congress “New Horizons in Psychiatric Practice: Creative Ideas and Innovative Interventions”, Malta, November 10-12, 2022
- Regional Congress “African Psychiatry in the 21st Century: Achievements and Future Perspectives”, Hammamet, Tunisia, December 8-10, 2022

2023

- Thematic Congress “Mental Health in a New Era”, Karachi, Pakistan, March 3-5, 2023
- Regional Congress “Building Awareness – Bridging Treatment Gap”, organized by the South Asian Association for Regional Cooperation (SAARC) Psychiatric Federation, Kolkata, India, April 14-16, 2023
- Thematic Congress “Innovations in Treatment and Psychosocial Rehabilitation”, the WPA Psychiatric Rehabilitation Section, Abu Dhabi, UAE, May 5-7, 2023
- Regional Congress, “Innovations in the Practice of Psychiatry in XXI Century”, Yerevan, Armenia, June 8-10, 2023
- **The World Congress of Psychiatry (WCP)**, “Psychiatry: Current Knowledge and Perspectives for Action”, Vienna, Austria, September 28-October 1, 2023

The 2023 World Congress of Psychiatry (WCP), “Psychiatry: Current Knowledge and Perspectives for Action” is currently being held in Vienna, Austria since September 28, 2023. So much is happening at WCP 2023 now! All the outstanding contributions made by our Member Societies and colleagues have helped us immensely to construct the program for WCP 2023. There is a wide selection of plenary sessions, panels, symposia, special sessions, project sessions, film sessions, and many more.

Thousands of our colleagues from across the world are getting together to witness the best scientific programs and cutting-edge research in the field of psychiatry. Worldwide active participation in the 2023 WCP makes this a successful, gratifying, and memorable Congress.

Below are the specifics of the WPA Co-Sponsored Meeting held or proposed during the current triennium (2021-2023):

2021

- The 21st Emirates Society Mental Health International Congress, Dubai, UAE, 20-22 May 2021
- International Day of Yoga and Conference on Spirituality and Wellbeing, Kolkata, India, 20 June 2021
- “The 15th All-Russian School for Early Career Psychiatrists-Suzdal School 2021”, The Russian Society of Psychiatrists, Suzdal, Russia, September 24-27, 2021
- The 7th Congress on Neurobiology, psychopharmacology and Treatment Guidance, “Psychopharmacology”, WPA Section on Pharmacopsychiatry and Section on Evidence-based Psychiatry and International Society of Neurobiology and Psychopharmacology, Porto Heli, Greece, 7-10 October 2021

- “Mental Health Days 2021, Mental Health”, WPA Section on Pharmacopsychiatry and Section on Evidence-based Psychiatry and International Society of Neurobiology and Psychopharmacology, Thessaloniki, Greece, November 25-27, 2021
- “Conflict, Culture and Social Wellness”, WPA Component: Indian Association for Social Psychiatry. Manipur, India, November 26-27, 2021
- The 28th National Congruence of IASP-2021, “Conflicts, Culture, and Social Wellness”, Indian Association for Social Psychiatry (IASP), Manipur, India, November 26-28, 2021

2022

- “Women’s Mental Health”, Joint US-UAE-Israel Congress. Dubai, UAE, February 20-23, 2022
- “Psiquiatria”, sponsored by the 23rd edition of the Virtual International Congress of Psiquiatria (Interpsiquis 2022). Cartagena, Spain, May 23-June 3, 2022
- “Eating Disorders”, sponsored by the Preventative Psychiatry Section of WPA. Moscow, Russia, June 1-3, 2022
- “Addiction and other Mental Illness”, The Mexican Psychiatry Association and WPA Section on Dual Disorders “Dual Disorders”, sponsored by the Mexican Psychiatric Association. Mexico City, Mexico, June 21-24, 2022
- “Values Based Perspectives in Mental Health”, sponsored by the WPA Section for Philosophy and Humanities.” Sofia, Bulgaria, July 1, 2022
- “Psychological and Social Approaches to Psychosis”, sponsored by the International Society for Psychological and Social Approaches to Psychosis. Perugia, Italy, August 31-September 4, 2022
- “Mental Health Care in Today’s World: Challenges and Preventive Strategies”, sponsored by the Bangladesh Association of Psychiatrists. Chattogram, Bangladesh, September 29-30, 2022
- “Mental Health Care in Today’s World: Challenges and Preventive Strategies”, sponsored by the Bangladesh Association of Psychiatrists. Chattogram, Bangladesh, September 29-30, 2022
- “Emerging Trends in Psychiatry”, sponsored by the Egyptian Psychiatric Association. Luxor, Egypt, October 26-28, 2022
- “Psychiatry in the Changing World”, sponsored by the Psychiatric Association of Bosnia-Herzegovina (PABH), Mostar, Bosnia and Herzegovina, November 4-6, 2022.
- “Mental Health Days 2022”, sponsored by the WPA Section on Pharmacopsychiatry and Section on Evidence-Based Psychiatry. Thessaloniki, Greece, November 18-19, 2022
- “An Integrative and Collaborative Mental Health Care”, sponsored by Saudi Psychiatric Association and Saudi German Hospital. Jeddah, Saudi Arabia, November 3-5, 2022

2023

- “Psychotherapy and World Mental Health 2023”, sponsored by the International Federation for Psychotherapy. Casablanca, Morocco, February 9-11, 2023
- “Psychopharmacology”, 8th Congress on Neurobiology, Psychopharmacology & Treatment Guidance, sponsored by WPA Section on Pharmacopsychiatry and Section on Evidence-Based Psychiatry. Thessaloniki, Greece, February 17-18, 2023
- XXIV Congreso Virtual Internanacional de Psiquiatria, Psicologia y Salud Mental , sponsored by Interpsiquis 2023. Spain, May 22-June 2, 2023
- “Quels sont les abords non medicamenteux des troubles de l’identitie et du desir chez les patients limites”, Cette obscure identite du desir/This Obscure Identity or Desire. French Association of Psychiatry. Rochegude, France, June 30-July 1, 2023

- “Current Problems of Psychiatry Today”, RSP Educational Program “The 16th All-Russian School for Early Career Psychiatrists-Suzdal School 2023 in Memory of Prof. P.V. Morozov”, sponsored by Russian Society of Psychiatrists. Suzdal, Russia, September 13-17, 2023
- “Public Mental Health: Mental Health of the People, by the People, for the People”, Diamond Jubilee International Conference on Mental Health. WPA Collaborating Center. Chandigarh, India, September 14-16, 2023
- “Psiquiatria y Compromiso Social”, APM Congreso Annual. Guadalajara, Mexico, October 11-15, 2023
- “Clinical Empathy and Mental Health”, The 18th Psychiatric Days of Bosnia and Herzegovina, sponsored by Psychiatric Association of Bosnia-Herzegovina. Mostar, Bosnia and Herzegovina, October 21-22, 2023
- “The Science of Well-being: Positive Mental Health”, sponsored by Saudi Psychiatric Association and Saudi German Hospital. Jeddah, Saudi Arabia, November 2-4, 2023
- The 14th SAARC International Psychiatric Conference, “Exploring Networking Opportunities for Mental Health Among SAARC Countries”, Sponsored by Nepal Psychiatric Association, Kathmandu, Nepal, November 7-8, 2023.

The WPA is calling for our Member Societies to consider organizing a WCP, Regional Congress, or Thematic Congress for the next Triennium 2024-2026. All relevant information and documents can be download directly on WPA website. Please click on the link: <https://www.wpanet.org/contact-forms>.

Please feel free to get in touch with me or contact the WPA Secretariats at wpasecretariat@wpanet.org for additional information, including how to plan and proceed with organizing a WPA Congress.

As we look back on the challenges especially related to the pandemic, the WPA has overcome these unprecedented challenges and obstacles. For sure, WPA will adjust to and enfold whatever the future normalcy/normality we will be facing during the “post-pandemic” era. We trust that the future WPA Congresses will promote the unique bonds that hold our Member Societies together and get all these Societies re-energized and re-engaged during the coming years. The WPA is confident that, by embracing these opportunities, taking global action, and working closely together with international collaborations, we shall move forward to maintain our momentum into 2024 and beyond, also, continue to define and shape the future in psychiatry.

Author: Edmond H. Pi, M.D., Secretary for Scientific Meetings, WPA



In line with my WPA educational goals and mission to dissemination of psychiatric education globally to all stakeholders of mental health issues⁽¹⁾, I would like to report the following work initiatives that have been completed in the last triennium (2020-2023).

1. WPA Standing Committee on Education – The Committee consists of six members: me(chair), Prof Joao Castedellini from Brazil (Secretary), Prof Pichet Udomratn from Thailand (member), Prof Michael Musalek from Austria (member), Dr Sophia Thomson from the UK (member), and Dr Egor Chumakov from Russia (member). Due to COVID-19 pandemic, all committee meetings were conducted virtually. However, the committee has been able to strategise, formulate, implement, and evaluate the work initiatives that are listed below in the past three years despite the challenges posed by the CoVID-19 pandemic. I would like to take this opportunity to express my deep gratitude to the committee members for their enormous guidance and enlightenment to me in the past three years.
2. WPA Education Portal (www.wpa.learnbook.com.au) – The education portal is a free, online educational resource in the WPA website which contains a wide range of educational materials covering topics from psychotherapy, psycho-pharmacology, addiction science to psychiatric co-morbidities in physical disorders. These materials are also delivered in various formats including power point slides, video clips, webinars, hyper-links to YouTube videos and to other related web resources, as well as reference reading in PDF formats. Some materials have also been translated to many different languages to address the diversity of cultures and languages of our member societies. These materials were prepared by experts in relevant specialties as invited by WPA. These experts have contributed their expertise and knowledge in enriching the education portal selflessly with the sole aim of disseminating global psychiatric education. I would like to express my deepest gratitude and salute to these experts for their enormous support to WPA education portal. For further details about the education portal, you are welcome to refer to the attached report on education portal.
3. Due to CoVID-19 pandemic, a lot of face-to-face educational activities have been suspended. Taking advantages of the internet technology, WPA has also worked with a number of experts in different specialty areas and come up with a series of webinars on various topics in the past three years, ranging from telepsychiatry, ICD-11 classification, anti-stigma, suicide management to service users' perspectives on mental health issues. These webinars were well attended by participants around the world, especially given that most of these webinars have overcome the issues of cost and geographical barriers. Some of these webinars were also recorded and then uploaded to the WPA education portal so that learners can always visit or re-visit them at their own times of convenience, thereby enabling life-long learning in face of busy clinical and research work commitments.
4. WPA volunteering work – The work was under the governance and guidance of a workgroup. The workgroup consists of the following members: me (co-lead), Dr Sophia Thomson from the UK (co-lead), Dr Egor Chumakov from Russia (secretary), Dr Martha Savage (member being invited for her expertise in carer's perspectives), Prof Bernardo Ng from Mexico (member),

Prof John Allan from Australia (member), Dr Jacques van Hoof from the Netherlands (member), Dr Peter Hughes from the UK (member), and Dr Marc Hermans from Belgium (member). With the generous and kind support from our WPA President, the workgroup was brought under the category as a WPA President's Workgroup because of its alignment with the Triennial Action Plan of Enhancing Mental Health Capacity. The WPA Education Portal aims to provide mental health education in the form of knowledge but may be rather limited in the transfer of experiential skills and proper attitude to our learners. Through WPA volunteering work, it has been envisaged that WPA volunteer experts would contribute their expert knowledge, skills, and attitude to the enthusiastic learners through direct face-to-face interactions in the form of on-site and/or online training workshops. Due to the challenge of COVID-19 pandemic, the workgroup has focused on provision of online volunteering training to three member societies (Mexico, Pakistan and Guatemala) in the past three years. The workgroup is now working with two other member societies to identify suitable expert volunteers for them. The first two projects (Mexico and Pakistan) have been described in detail in two separate papers⁽²⁻³⁾. The experiences of organising, delivering and evaluating WPA volunteering activities have been summarised in a recent paper that has just been accepted for publication. The workgroup has also provided guidelines on the roles and responsibilities of host organisations, receiving organisations, and expert volunteers, as well as the attributes expected from an expert volunteer. These resources are all available in the resource corner of the WPA website of the WPA Volunteering Workgroup (<https://wpanet.org/wg-on-volunteering>). It is also exciting to note that, with the generous support from our upcoming new WPA President Prof Danuta Wasserman, this workgroup will continue to stay on as one of the Presidential Workgroups to provide volunteering initiatives to our member societies.

5. WPA guideline on psychopharmacological and psychosocial treatments of psychosis. Although there are many treatment guidelines existing for psychosis, they were mainly written by experts in Western countries and targeted for service providers and service users from similar socio-economic and cultural backgrounds. WPA is a unique global psychiatric organisation that represents over 250,000 psychiatrists around the world. As such, WPA has a different but distinct responsibility of disseminating evidence-based knowledge about treatments of mental health conditions with due respect to cultural, economic, social, human rights, and even religious perspectives to cater for the diverse needs of our member societies around the Globe. Under the leadership of Prof Peter Falkai, Prof Wolfgang Goebel and Prof Joao Castedellini, a new WPA guideline on psychosis is being developed using a Delphi method. The existing high-quality treatment guidelines were first inspected and relevant items were instilled as items for the multiple rounds of Delphi Survey. The multiple rounds of Delphi survey invited world experts on psychosis from different parts of the world as well as general psychiatrists from different member societies of WPA with very high response rates of participation. The WPA guideline will be published and be freely available for use by all member societies as an important reference of treatment of psychosis, especially for those societies from low- and middle-income countries.
6. WPA Survey on the Training Profile of Psychiatrists around the Globe – this is a global survey that has been initiated by Prof Helen Herrman during her WPA Presidential Triennium and has been carried forward and completed during this current WPA Triennium under the leadership of Prof Afzal Javed. This survey attempted to understand the demographics, years of psychiatric training, current gender ratio, full time versus part-time training statuses, and various factors predicting global mental health capacities. The first phase of the survey received responses mainly from the large member societies so that the total number of

psychiatrists represented by the respondent member societies constituted around 55% of total psychiatrists around the Globe. However, a substantial number of WPA member societies, especially those from the low- and middle-income countries, have not responded to the online survey despite several rounds of reminder emails and invitations. The survey report has been endorsed formally by the WPA executive committee and will be released to all member societies as a reference. It is hoped that a second phase of the survey could be conducted in the next triennium so that all member societies, especially those who have not participated in the first phase, might actively respond to the email invitation of survey participation.

Last but not least, I would like to take this opportunity to express my sincere thanks to the current WPA President, Prof Afzal Javed, immediate Past President, Prof Helen Herrman, and upcoming WPA President, Prof Danuta Wasserman, for their unfailing support and trust on me in fulfilling my duties and responsibilities as the Secretary of Education in WPA for the past six years. I also need to thank all the members of the WPA Executive Committee, WPA Secretariat, WPA Council Members, WPA Zonal Representatives, WPA Standing Committee on Education Members, WPA Volunteering Workgroup Members, as well as Miss Catherine Devine, our WPA Education Coordinator, who has been making the WPA Education Portal vibrant in the past few years. It has been my fortune and honour to have served WPA and her member society members in the past six years. I have indeed learnt a lot from every one of you.

References:

1. Ng RMK. World Psychiatry 2023; 22: 346-7
2. Thomson S, Chumakov E, Van Hoof J et al. World Psychiatry 2022; 21: 161-2
3. Imran N, Hamdan QU, Thomson S et al. MedEdPublish 2022; 12: 71

Author: Prepared by Prof. Roger Man Kin Ng (Hong Kong, China)



As you all know, WPA publications have undergone in the past ten years an extraordinary revolution with the emergence and the development of its official journal: “World Psychiatry”, which has gradually become the standard of our association and the most indisputable source of its international recognition. His publisher, Prof Mario Maj will report on this specific action of which he is the project manager and the founder.

As secretary for scientific publication I dealt with other publication matters serving some of the other multiple objectives of the WPA, in accordance with the principles I set out when I applied for this position: beside the importance given to the dissemination of scientific excellence and the promotion of universal good practices in our field, contribute to the development of mental health research in less favoured contexts and the visibility of the work of the psychiatrists who practice there whatever the obstacles they face (economic, linguistic and cultural)

With this objective my action has developed along four axes during this triennium.

1) Publication of WPA co-sponsored issues in Regional or International Psychiatric Journals

Following a successful experiences of a first WPA co-sponsored thematic issue on Disasters and Trauma published by the British Journal of Psychiatry, we focused on respected regional journals to diversify the WPA publications offer to allow the publication of less visible works With the valuable help of members of the publication standing committee (Prof Jair Mari, Prof Cesar Alfonso) we contributed to the publication of a well-received WPA co-sponsored supplement on Transcultural Psychotherapies published by the Asia Pacific Journal of Psychiatry, and a WPA co-sponsored issue on Cannabis and Psychiatry in the Brazilian journal Trends in Psychiatry and Psychotherapy. In the last year of the triennium the dissemination of this new WPA publication offer triggered several new proposals through various channels. Trends in psychiatry and psychotherapy editorial board came back to us because they were satisfied with the outcomes of their WPA cosponsored issue in terms of visibility, demonstrating another interest of the project: beside the diversification of the WPA publications offer for authors, a positive effect of the WPA sponsorship on the journal itself. Other proposals are emerging on interesting original themes off the beaten track, sometimes in journals not exclusively English-language demonstrating the existence of a need that WPA had not sufficiently covered until then.

At the same time we also observe the growing interest of well-established journals in the model of co-sponsoring with WPA and experts from our related section: “Journal of Technology in Behavioral Science (JTBS), Asian Journal of Psychiatry whose editor in chief, Prof Tandon, contacted Afzal Javed to express his interest to do some joint work with us to highlight some important issues related to Asia and in collaboration with AFPA, our member society and Prof Dinesh Bhugra, Past President of WPA, Frontiers in Psychiatry, among other promising proposals. These positive developments show, it

seems to me, the consistency of this model which I humbly suggest to our successors to continue in the triennium to come.

2) The creation of a WPA related books and publications session at each of our World

Congresses with a growing number of proposals despite. Here again, my advice would be to try to maintain it as a new tradition serving an emerging need.

3) Progresses have been made as well in resuming the production of WPA co-sponsored books

based on the activity of Workgroups linked to the WPA Action Plan 2020-2023 and of WPA Scientific Sections. Several of these books will be presented at this congress book session.

4) The continuing efforts to diversify the languages used by the WPA:

Not only the continuation of the publication of the Russian edition of the journal, previously supervised by our late colleague P. Morozov, under Mario Maj efficient supervision but also the very remarkable effort made by our President Javed and our Secretary of Education Roger Ng who allowed the production of French and Spanish educational material in the new WPA portal.

Author: Prof. Michel Botbol, Secretary for Scientific Publication (2017/2023)
<botbolmichel@orange.fr>

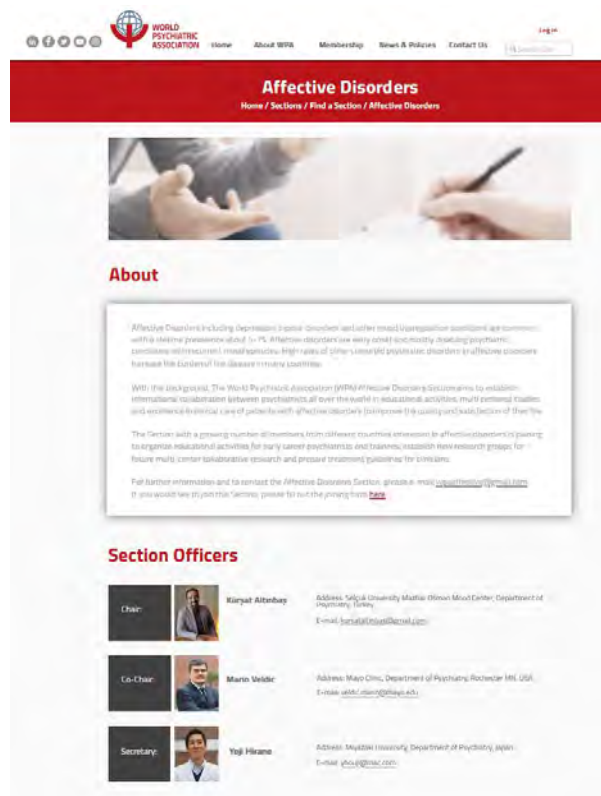
Document title: Report of the Secretary for Scientific Sections and Committee on Scientific Sections (2020-2023)



Date: July 2023

The 2020-2023 triennium has been built on the Secretary for Scientific Sections' (SfS) work during the 2017-2020 triennium, which was characterized by a thorough assessment of the Sections' activities and wishes. Main achievements of the previous triennium were the establishment of a flexible intersectional communication platform and increased intersectional activities. Building on this foundation, the SfS has focused on the following projects during the 2020-2023 triennium:

- Over the past three years, several IT measures have been put in place to give the Sections a corporate identity and to allow them to work more efficiently:
 - A new uniform internet presence has given the Sections a more appealing and informative appearance (see "Affective Disorders" for illustration)



- We have created a system whereby Section can now submit changes to their website using a personalized link. This streamlines the process of updating a Section's website.
- Similarly, the Sections are now provided with a web-based form to submit their triennial activity report to the SfS, needed for their reinstatement.



 **WORLD
PSYCHIATRIC
ASSOCIATION**

WPA Section Activity 2020-2023

In preparation for the World Congress of Psychiatry 2023, the General Assembly, and hence the probable reinstatement of your Sections, I would like to start the process of gathering the necessary information on your Section's activity in the past triennium.

Please complete the below questionnaire no later than the **15th July 2023**.

If you have any questions, please do not hesitate to contact me at:
Thomas.Schulze@med.uni-muenchen.de

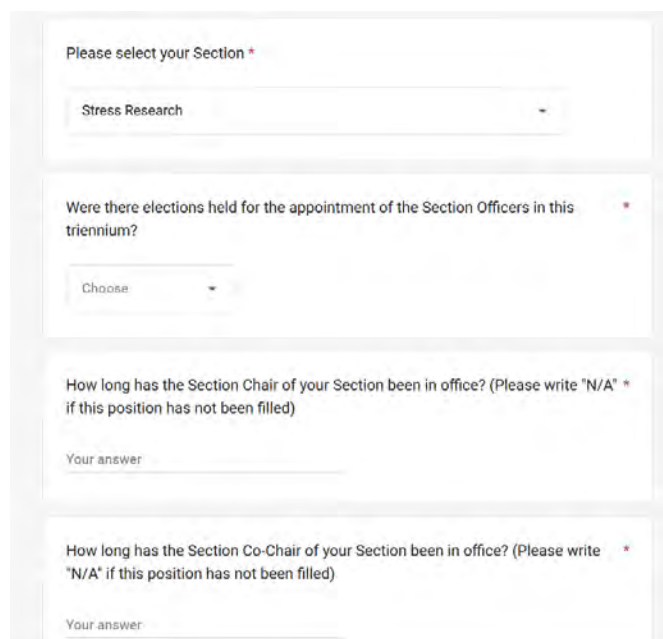
Best wishes,
Thomas

Thomas G. Schulze, MD, FACNP, FAPPA

thomassschulze@gmail.com [Switch account](#) Draft saved

The name and photo associated with your Google account will be recorded when you upload files and submit this form. Your email is not part of your response.

* Required



Please select your Section *

Stress Research

Were there elections held for the appointment of the Section Officers in this triennium? *

Choose

How long has the Section Chair of your Section been in office? (Please write "N/A" * if this position has not been filled)

Your answer

How long has the Section Co-Chair of your Section been in office? (Please write "N/A" * if this position has not been filled) *

Your answer

- The 2020-2023 triennium saw the final roll-out of the *Education, Science, Publication, and Research Initiative (ESPRI)*, a vehicle to jumpstart research projects in low- and middle-income countries, with the World Psychiatric Association (WPA) providing seed funding to (preferably) early career investigators for carrying out scientific projects of relevance to their respective country or region and for which funding would be difficult to obtain otherwise. The ESPRI was initially conceptualized by the SfS, co-developed with the Secretaries for Publications and Education, and approved by the EC in the prior triennium. To date, the WPA has funded six projects from around the globe, addressing a variety of issues: major depression in old age (Tanzania); psychological impact of Ebola and COVID-19 (Liberia); genomics of bipolar disorder (Nigeria); poverty alleviation for persons with mental health problems (Pakistan); transdiagnostic and transcultural web-based psychotherapeutic tools (Pakistan);

and development of training tools for the examination and documentation of the psychological sequelae of torture and war (UK, Austria and Syria).

- The SfS organized two Thematic Congresses:
 - “Psychological Trauma: Global Burden on Mental and Physical Health”, held virtually in December 2020 (<https://www.wpathematic.org/Newsletters/vol1-apr20.html>).
 - “New Horizons in Psychiatric Practice: Creative Ideas and Innovative Interventions”, taking place in Malta in November 2022 (<https://www.erasmus.gr/microsites/1253>).

These two conferences introduced a truly novel concept, as they were not only thematic by focusing on a specific scientific topic, but also by making the intersectional aspect a theme in and of itself. Requiring symposia to be submitted by at least two Scientific Sections helped foster an interdisciplinary spirit benefiting the work of the individual Sections and of the WPA as a whole. The Malta congress featured a panel discussion on mental health parity, with a major emphasis on the patients’/carers’ perspective.

- The past triennium has seen a major uptick in WPA's direct research involvement, as the Association has been awarded principal investigator status in two large European Union Horizon research grants, with the SfS taking the lead in the grant submission process, aided by the Section on Genetics in Psychiatry. So far, the WPA has been awarded principal investigator status in two consortia:
 - the PSY-PGx Consortium, focusing on the implementation of pharmacogenetics in psychiatry (www.PSY-PGx.org)
 - and the Psych-STRATA network (<https://psych-strata.eu/>), aimed at the identification of biological and clinical markers predicting resistance to pharmacological treatment approaches.

For the two projects combined, the WPA will be receiving more than 300,000 US\$ over the next five years, which will be used to conceptualize and implement a framework for education and dissemination for the two research consortia. This research work will be jointly coordinated by the Executive Committee and several Sections in whose remit the research involved falls. In both grants, WPA will work closely with the Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe; <https://www.gamian.eu/>), a not-for-profit patient-driven pan-European organization, hence further developing WPA’s mission of promoting “trialogue”.

So far, educational sessions funded through this grant have been held at the WPA Regional Congress in Kolkata, West Bengal (April 2023), the WPA Thematic Meeting in Abu Dhabi (May 2023), and the WPA Regional Meeting in Yerevan, Armenia (June 2023).

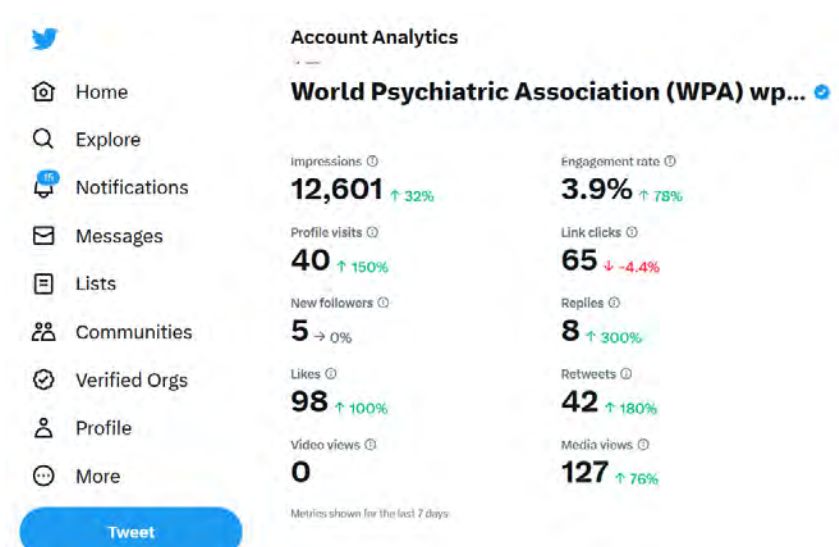
PSY-PGx funds will also be used to support a training day for young Ukrainian and Polish psychiatrists on Aug 30th, taking place in Kraków, Poland.

The SfS has furthermore facilitated a WPA involvement in the submission of

- a NIH project on nosology in bipolar disorder (together with Melvin McInnis of the Section on Genetics)
- an EU project on climate change and old age, spearheaded by the Section on Old Age Psychiatry (Carlos de Mendonça Lima & Liat Ayalon)
- Wellcome Trust project on PSY-PGx in LAMIC (together with Roos van Westrhenen of the Section on Genetics)

- The SfS facilitated the conceptualization and implementation of the WPA Exchange Program, a signature project of the Early Career Psychiatrists Section (<https://worldpsychiatryexchangeprogram.wordpress.com/>).
- Following the success of the collaboration with the *British Journal of Psychiatry*, which produced a special issue on trauma-related topics in early 2020 (<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/disasters-and-trauma-themed-issue>), in the last triennium, the SfS has worked with other Sections or individuals to produce other special issues. So far, the following special issues have been (or are in the process of being) published:
 - *BJPsych Advances* Special Issue on Stress and Resilience (<https://www.cambridge.org/core/journals/bjpsych-advances/collections/special-issues/bjpsych-advances-special-issue-stress-and-resilience>), guest-edited by Uriel Halbreich (published in 2021)
 - Special issue of the *Journal of Affective Disorders* in collaboration with the WPA Section on Immunology and Psychiatry, guest-edited by Angelos Halaris (in print)
 - Special issue of the *Journal of Technology in Behavioral Science* in collaboration with the Section on Informatics & Telecommunications in Psychiatry (proposed new name: Digital Mental Health) on “Global Digital Mental Health Care: Evidence, Implementation, Guidelines and Policy” (<https://www.springer.com/journal/41347/updates/24010078>), with Davor Mucic and Thomas G. Schulze as guest editors from WPA
 - Special issue of *Frontiers in Psychiatry* in collaboration with the WPA Section on Psychological Consequences of Torture and Persecution, guest-edited by Thomas Wenzel (in preparation)
- Twitter

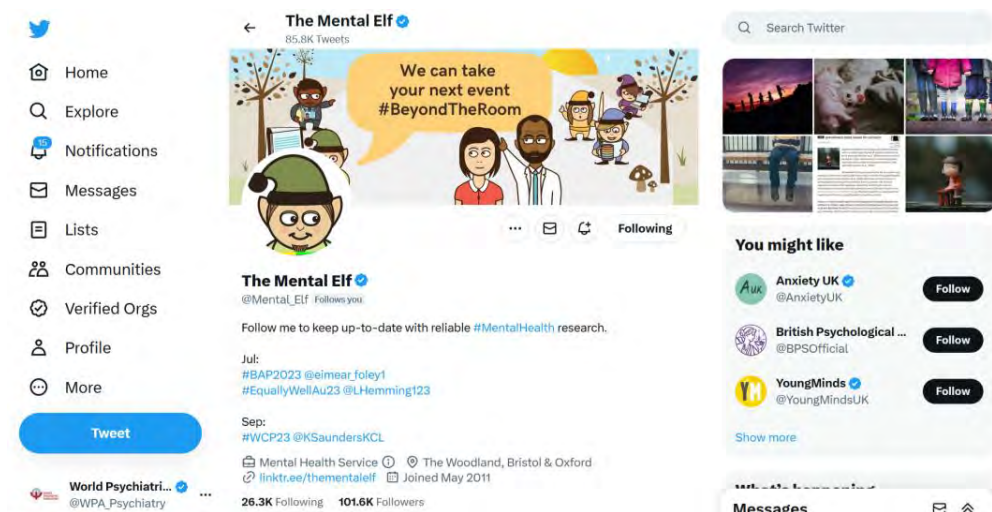
When the SfS took office at the end of 2017, WPA’s twitter account was rarely visited, with a limited followership. In partnership with Kenes (for meeting-related tweets), and the Early Career Psychiatrists Section, the SfS made Twitter a major social media platform for WPA, promoting our mission and engaging with the global psychiatric community at-large. As of July 17, our Twitter account is followed by 7,858 followers. Our followership is growing steadily. To illustrate, since January 1st, 2023, we have added 896 followers.



We are followed by individuals and organizations alike. Our global reach is illustrated by the fact that in addition to many of our member societies, we are followed by institutions like the NIMH which have a large followership but only follow a select group of accounts.



At the recommendation of the Royal College of Psychiatrists and the Early Career Psychiatrists Section, we have now started a partnership with the social media platform “The Mental Elf” which will help us promote our activities at the upcoming WCP in Vienna and, if proven successful, beyond that event.



- Discontinuation & reactivation of Sections
 - Due to inactivity, after the end of the 2017-2020 triennium, 4 Sections were discontinued.
 - The following 3 Sections, whose leadership had become inactive while there was still substantial interest in their work by several members, being of utmost importance to the WPA, have been reactivated under a new interim leadership as per EC decision, with the SFS helping identify additional members from around the globe:

- Addiction
- Affective Disorders
- Informatics & Telecommunications in Psychiatry

Those 3 Sections will have held elections by the time of the General Assembly, thus representing fully constituted Sections.

As for the Section on “Informatics & Telecommunications in Psychiatry”, members of the Section have requested their Section’s name be changed to “Digital Mental Health” to reflect the broader and timely scope of the Section’s activities.

This name change will have to be approved by the General Assembly.

The Section on “Stress Research” has been inactive for quite some time. Hence, the SfS requests that the General Assembly discontinue this Section, resulting in a total of 66 Sections at the beginning of the 2023-2026 triennium.

- Creation of interest groups

Over the course of the past two triennia, the SfS has been approached by many individuals as to the possibility of creating new Sections. As per a decision by the EC, the SfS has entertained many discussions with the requesters in question, encouraging them to set up interest groups working on developing curricula, agenda, mission statements, publications etc. that may eventually demonstrate the need for elevating these interest groups to Sections.

Having consulted with the SfS, WPA President Afzal Javed will ask the General Assembly to approve the creation of the following three interest groups:

- Geo-Psychiatry
- Neuropsychiatry
- Promoting Psychiatry among Medical Students
- Public Mental Health

Author: Report by the Secretary for Scientific Sections, Thomas G. Schulze, on his activity during the 2020-2023 triennium, submitted to the General Assembly of the WPA

Munich, July 18, 2023



Reports from the other Standing Committees





THE FINAL REPORT OF THE STANDING COMMITTEE ON ETHICS AND REVIEW

The current Standing Committee on Ethics and Review includes a Chair, a co-Chair, 3 members and 1 consultant (Zonal Representative)

Silvana Galderisi	Chair	Italy
Sam Tyano	co-Chair	Israel
Paul Appelbaum	Member	USA
Andreas Heinz	Member	Germany
Mohandas Warriar	Member	India
Allistair Bush	Consultant (ZR)	New-Zealand

THE COMMITTEE'S TASKS

"The WPA Standing Committee on Ethics and Review identifies and explores areas of ethical concern to psychiatry and produces recommendations and consensus statements on ethical issues. Where there is an individual complaint or an issue arises related to violations of the ethical guidelines for the practice of psychiatry as stated in the current WPA ethical standards, the Committee will initiate investigations and make recommendations as necessary."

<https://www.wpanet.org/ethics-and-review>

THE ACTIVITIES THROUGHOUT THE TRIENNIUM

The WPA Standing Committee on Ethics and Review identified and explored areas of ethical concern to psychiatry and produced recommendations and consensus statements on ethical issues. It also investigated and made recommendations on individual complaints and inquiries on issues related to violations of the ethical guidelines for the practice of psychiatry and on cases of misconduct in office.

Code of Ethics for WPA Member Societies

The Code of Ethics for WPA Member Societies is intended to supplement the WPA Code of Ethics for Psychiatry, which was adopted by the WPA in 2020. In contrast to the earlier document, which provided guidance for the ethical practice of psychiatry, this Code offers a comprehensive approach to the ethical challenges faced by WPA member societies around the world. Member societies are asked to endorse the five principles embodied in it or are encouraged to consider the Code as guidance in the process of developing/revising their codes. Approved by the Executive Committee to be part of the WPA's By-Laws along with the "Code of Ethics for Psychiatry".

Revision of "Procedures of the WPA Standing Committee on Ethics and Review about individual complaints or issues related to violations of the ethical guidelines for the practice of psychiatry as stated in the current WPA ethical standards and to misconduct in office"

The CoER revised this document during the triennium to better reflect standards for due process in the review and adjudication of complaints. Approved by the Executive Committee it will appear in the WPA Manual of Procedures with the WPA Ethical Documents.

WPA Position Statement on the Ratification of the Council of Europe Convention on preventing and combating violence against women (the Istanbul Convention)

Knowing that violence and discrimination lead to massive suffering and mental disorders, in the face of the retrogressive tendencies that are being expressed in several countries, the World Psychiatric Association CoER strongly reaffirms that the Istanbul Convention constitutes an essential legal basis for the protection of women against violence and an important tool to prevent mental disorders. Likewise, it expresses its willingness to stand by the principles of the Istanbul Convention and to support all actions that its Member Societies take to promote the ratification of the Convention and the implementation of its principles.

The “WPA Recommendations for Relationships of Psychiatrists, Health Care Organizations Working in the Psychiatric Field and Psychiatric Associations with the Pharmaceutical Industry”

The document provides a set of recommendations aimed to protect the role of the physician and the missions of medical organizations from being adversely impacted by relationships with the pharmaceutical industry; and encourages Member Societies to develop and update guidelines for relationships with the pharmaceutical industry based on these recommendations and provide ongoing education for their members on these issues. It was revised and updated during their triennium. Approved by the Executive Committee, it will appear in the WPA Manual of Procedures with the WPA Ethical Documents

Telepsychiatry guidelines

The CoER reviewed the guidelines and offered some critical comments. The responses of the guidelines’ author were unsatisfactory, and the CoER did not endorse the approval of the document by the WPA.

Report on death penalty (sent to President Javed March 14, 2023)

The CoER reviewed the “discussion document” on the death penalty proposing that “the WPA adopts a position statement against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities, and the execution of such persons.” It noted some misinterpretation of WPA Code of Ethics and suggested reconsideration of other provisions in the document. The Committee recognizes that issues related to the use of a death penalty for criminal offenses arouse strong feelings on all sides. Some members of the Committee found it difficult even to consider any recommendation short of complete abolition of the death penalty. However, a majority of Committee members supported the view that this recommendation is not relevant to the document submitted to the attention of this committee and suggests that WPA might want to consider whether a position statement on the death penalty *per se* would be consistent with the WPA mission. Some members felt that the WPA EC would be the more appropriate than the CoER for a discussion on the death penalty.

Constant relationships with the WPA WG on “Coercion”, and participation in its activities

Support to the WPA EC in drafting the WPA statement about the War in Ukraine

CASES

Complaints received regarded alleged abuses of psychiatry included:

- Execution of man with intellectual disability in Singapore
- Political abuse of psychiatry in Vietnam
- IPA (Independent Psychiatric Association of Russia), complaining about the “liquidation of the WPA Committee to Review the Abuse of Psychiatry” and the need of reinstating it. The CoER answered that the Review Committee has been an integral component of the CoER in the last ten years, and had recently reviewed its functions and procedures and carefully described them in a document entitled “Procedures of the WPA Standing Committee on Ethics and Review about individual complaints or issues related to violations of the ethical guidelines for the practice of psychiatry as stated in the current WPA ethical standards and to misconduct in office.”

DISSEMINATION ACTIVITIES

22nd WPA World Congress of Psychiatry, 3-6 August 2022 in Bangkok

Symposium “**Promoting mental health in a changing environment: an international perspective**”
(5 August, 18:30-19:30)

Chair: Silvana Galderisi Co-chair: Paul Appelbaum

Speakers: Luigi Janiri, Xudong Zhao, Silvana Galderisi, Paul Appelbaum

23rd World Congress of Psychiatry, Vienna, on 28 September – 1 October 2023

Sessions on Ethical Issues:

1. **Panel discussion:** Ethics & Legislation (29 September, 13:30-14:30)
2. **Ethical problem discussion** (30 September, 13:30-14:30)



In accordance with the Statutes and By-Laws, the WPA, Nomination Committee for the 2023 Elections was set up with the following membership.

Afzal Javed, Chair
Adrian James
Edmond Pi
Constantin Soldatos
Pichet Udomratn
Mohandas Warrior

The Committee was reminded about their remit according to the Statutes and By-Laws and Manual of Procedures. The WPA Secretariat started the nomination process and the Committee met three times during this year.

The Nominations Committee finalised the list of approved nominations. There was one of two nominations received for all the Zonal Representatives except for Zone 15 where three nominations were received. The procedure in the By-Laws was then followed. A vote took place amongst Presidents of the Zone 15 Member Societies and the two candidates with the highest score have been put forward and included on the list

The approved list of nominations was sent to the Executive Committee, Council and the Zonal Representatives and was then made public on the WPA website in the first week of June. The Committee recommended that a Candidates' Corner should be set up on WPA website with information on each candidate www.wpanet.org

List of all Nominations Received for Executive Committee and Zonal Representatives

President Elect

1. Vinay Lakra
2. Tarek Okasha
3. Irina Pinchuk
4. Mysore Renuka Prasad
5. Thomas Schultze

Secretary General

1. Saul Levin

Secretary for Education and Publications

1. Debashish Basu
2. Wendy Burn
3. Norbert Skokauskas
4. Mrugesh Vaishnav
5. Gil Zalsman

Secretary for Scientific Sections*

1. K Sonu Gaind
2. Neeraj Gill
3. Armen Soghoyan

List of received for Zonal Representatives

Zone 1 - Canada –

1. Gary Chaimowitz

Zone 2 – USA

1. Bernardo Ng

Zone 3 – Mexico, Central America, Caribbean

1. Thelma Sanchez

Zone 4 – South America Northern

1. Rodrigo Nel Cordoba Rojas

Zone 5 - South America Southern

1. Flavio Milmo Shansis
2. Miguel Angel Cuellar Hoppe

Zone 6 Western Europe

1. Johannes Wancata

Zone 7 Northern Europe

1. Ramune Mazaliauskienne

Zone 8 Southern Europe

1. Konstantinos Fountoulakis

Zone 9 Central Europe

1. Igor Filipic

Zone 10 Eastern Europe

1. Nikolay Negay

Zone 11 Northern Africa

1. Armine Larnaout

Zone 12 Middle East and Central Western Asia

1. Mahdi Abu Madini

Zone 13 Central and Western Africa

2. Taiwo Lateef Sheikh
3. Aida Sylla

Zone 14 Eastern and Southern Africa

1. Juliet Nakku

Zone 15 South Asia

1. Vinay Kumar
2. Golam Rabbani

Zone 16 South East Asia

1. Chawanun Charnsil

Zone 17 Eastern Asia

1. Yong Chan Park

Zone 18 Australia, New Zealand and South Pacific

1. Eapen Valsamma

REPORT BY NOMINATION COMMITTEE (2023 WPA ELECTIONS)



The Council of the World Psychiatric Association appeared early in the history of the WPA Statutes, including its thorough revision in 1996. It encompassed initially past Presidents and Secretaries General, and only the former since the Statutes amendment of 2011. It embodied deep institutional respect for the living history of WPA and appreciation for the experience of earlier leaders to enlighten the analysis of and responses to present and future challenges and opportunities.

The basic constitutional purposes of the Council include the following:

- To advise on matters related to the mission and fundamental strategies of WPA.
- To advise on the preparation of amendments to the WPA Statutes and By-Laws.
- To advise on the preparation of the WPA Triennial Action Plan.
- To advise on the agenda of the WPA General Assembly.
- To respond to consultations from the WPA President, Executive Committee and Board of Zonal Representatives.

The main venue for the Council to fulfill its responsibilities has been annual meetings in person or online during World Congresses of Psychiatry in Cartagena, Bangkok, and Vienna.

During the past triennium, the Council has provided advice on the previously listed matters and has undertaken the following related activities:

- Requested successfully greater interaction with the WPA Executive Committee and the Board of Zonal Representatives at World Congresses of Psychiatry.
- Undertook to advance knowledge of the history of WPA through various explorations and projects.
- Promoted the participation of Council members in major WPA workgroups and projects and in the proceedings of WPA congresses and conferences.
- Organized Council Panels as contributions to the scientific program of each of the World Congresses of Psychiatry in the present triennium. The topics of these Council Panels have covered historical reviews of the life of WPA and Council perspectives on the present and future of WPA.

Illustratively, the Council with the support of the President and the President-Elect of WPA, has organized for the 2023 World Congress of Psychiatry in Vienna a Plenary Council Panel engaging the participation of

all Council members (including those who may not be able to attend the Congress in person) around the following questions:

- What do you see as the single greatest challenge before psychiatry today?
- What measures would need to be taken institutionally and by individual psychiatrists to deal with the identified challenge?
- If WPA had to select one of its constitutional purposes as absolute priority – which one you would select and why?
- What mental health action would you recommend as most important to promote people's well-being around the world?

As colophon of this Report, one may conclude that during the past triennium, the Council has indeed endeavored to fulfil its statutory purposes and related goals, and therefore fit the vision of WPA as an institution with a deep sense of its history and the value of this to enlighten its present and its future and to promote the mental health and wellbeing of the general population across the world.

Author: Juan Mezzich at the request of Ahmed Okasha, Council Chair (2020-2023)



During the past triennium, the official journal of the World Psychiatric Association, World Psychiatry, has increased its impact factor from 40.595 to 73.300. It ranks no. 1 among psychiatric journals (for the eighth consecutive year), no. 1 among all the journals in the Social Science Citation Index (for the sixth consecutive year), and no. 16 among all the journals in the Science Citation Index Expanded (SCIE).

The number of psychiatrists receiving regularly the electronic or the paper version of the journal has increased to more than 65,000. All the back issues of the journal can be freely downloaded from the [PubMed system](#) and the [WPA website](#).

Issues or articles of the journal are available on the WPA website in ten languages: English, Spanish, Chinese, Russian, French, Arabic, Turkish, Japanese, Romanian and Polish. The journal aims to inform as many psychiatrists as possible worldwide on recent clinical, service and research developments, focusing on issues that are relevant to their professional growth and everyday clinical practice, using a language that can be assimilated by most of them, and making an attempt to reach also those who are not able to read English. All WPA Member Societies and Scientific Sections are welcome to provide a list of their members who wish to receive regularly free of charge the electronic version of the journal.

Author: Prof. Mario Maj

Report from Action Plan Working Groups



Action Plan Group Chairs

Clusters	Working Group Name	Lead(s)
Improving the management of mental disorders	1. Early interventions in psychiatry (EI in psychosis in youth)	Prof Swaran Singh (UK)
	2. Managing comorbidity of mental and physical illness	Prof Norman Sartorius
	3. Child & Adolescent Mental Health	Prof Bennet Leventhal (US) Prof Norbert Skokauskas (Norway)
	4. Defining and managing autism	Prof Marco Bertelli (Italy) Prof Luis Salvador-Carulla (Australia)
	5. Dealing with Learning disabilities	Prof Munir Kerim (USA) Dr Ashok Roy (UK)
	6. Promoting evidence based psychopharmacotherapy	Prof Kostas N Fountoulakis (Greece)
	7. Providing mental health care for refugees and migrants	Prof Meryam Schouler-Ocak (Germany)
	8. COVID Care for People with Mental Illness	Prof Wendy Burn
	9. Digitalisation in Mental Health & care	Prof Wolfgang Gaebel (Germany)
Mental Health and Public Health	10. Public Mental Health	Prof Jonathan Champion (UK)
	11. Geo-Psychiatry	Prof Dinesh Bhugra & Albert Persaud Prasad (UK) & Sophia Thomson (Brazil)
Capacity building	12. Medical Students	Prof Waqar Azeem (Qatar)
	13. Developing partnerships with service users and family carers	Univ.Prof. Dr. Michaela Amering (Austria)
	14. Implementing Alternatives to Coercion in Mental Health Care	Prof Silvana Galderisi (Italy) Prof John Allan (Australia)
	15. Volunteering	Prof Roger Ng (China) Dr Sophia Thomson (UK)
Special Task Forces & Groups	16. WPA task forces on fighting stigma in different region	Asia: Prof. Mrugesh Vaishnav (India) Americas: Prof Santiago Levin (Argentina) & Prof Rodrigo Nel Cordoba Rojas (Colombia) Africa: Prof David Ndeti (Kenya) Middle East: Prof Ahsan Nazeer (Qatar)
	17. WPA, SAF & AFPA Initiative for the Advancement of Child and Adolescent Mental Health Services for Low-Middle Income Countries	Prof Ahsan Nazeer (Qatar) Dr Gautam Saha (India) Prof G Prasad Rao (India)
	18. School Mental Health: Teacher's mental health Literacy project	Prof Nazish Imran (Pakistan)



THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) was established in 2019 and includes:

- S. Borgwardt, M. Broome, R Chadda, R. Chithiramohan, S. Farooq, P. French, Srividya Iyer, Afzal Javed, J.O. Johannessen, R. Krishnadas, E. Iacoponi, S. Lawrie, P. Mallikarjun, S. Marwaha, C. Mohan, H.-J. Möller, S. Rathod, N. Sartorius, F. Schultze-Lutter, T.G. Schulze, J Shah, A. Soghoian, N. Stefanis, Swaran Singh (Chair), A. Thampi, S Thara, and J. Walter

WORKING GROUP TASKS

- To identify priorities for early intervention in LMIC settings at all levels of care (primary, secondary, and tertiary).
- To understand pathways to mental healthcare in LMICs to identify “malleable” points where strategic public health initiatives can help facilitate early access to care.
- To develop a detailed set of guidelines and recommendations for early intervention in LMIC settings.

THE WG WORKPLAN

The Warwick-India-Canada (WIC) global mental health programme is a series of projects undertaken in New Dehli and Chennai which will inform the WG tasks, through the following aims:

- Development of a bespoke early intervention service which is culturally adapted, appropriate and accessible.
- Determination of the pathways to care and development of early detection strategies to reduce DUP.
- Development of well-characterised inception cohorts of first episode psychosis with ‘research readiness’ systems and processes.
- Investigation of clinical and cost effectiveness of innovative community care models including digital and mobile applications.

COMMUNICATION/DISSEMINATION ACTIVITIES

Online report: Global update on Early Intervention Services for psychosis (from the presidential symposium at WCP 2021) published on Progress in Mind, Psychiatry & Neurology Resource Center

WPA-NIHR (UK) Webinar on EIP in LMIC, Dec 2021

Webinar 2: Early Intervention in Low Resource Settings – Findings from the WIC Project
Presentations: Rakesh Chadda, R. Thara, Jason Madan, Graeme Currie, Srividya Iyer
Chair: Swaran P Singh

WPA Thematic Conference: Early Intervention in Psychiatry across the Lifespan, June 2022 in Athens

Keynote lecture: Early intervention in low-resource settings: Luxury or necessity
Presenter: Swaran P. Singh

IEPA 14th International Conference on Early Intervention in Mental Health, July 2023, Switzerland

Plenary lecture: Catch Them Early: SCARF youth mental health programme
Presenter Dr R Padmavati

Symposium: Early intervention in LMIC: opportunity beckons!

Presenters: Swaran P Singh, Rakesh Chadda, R Padmavati, Ganesh Natrajan

Presentation: The economic burden of first episode psychosis in an Indian context

Presenter: Jasmine Bhogal

MEETINGS

- Meeting with Expert International Advisory Panel in May 2019 to agree on the needs and priorities that could guide the development of early intervention strategies in LMICs
- Virtual meetings through 2020-23 for smaller sub-groups

PUBLICATIONS

- “Early intervention in psychosis in low- and middle-income countries: a WPA initiative” in World Psychiatry 2020
- “Warwick-India-Canada (WIC) global mental health group: rationale, design and protocol” in BMJ Open, April 2021
- “Implementation of first episode psychosis intervention in India – A case study in a low and middle-income country” in SSM Mental Health, December 2021
- “A Process Narrative of Developing a Mobile App (Saksham) for Patients with Schizophrenia and Related Disorders in Low-Resource Settings” in World Social Psychiatry, December 2021
- “Pathways to care in first-episode psychosis in low-resource settings: Implications for policy and practice” in Asian Journal of Psychiatry, March 2023

NEW GRANTS

- Implementing Early Mental and Physical Health Detection and Support: promoting a whole-school approach to mental wellbeing (ISOBAR). GACD/MRC funded £2 million 2023-27

WORK IN PROGRESS

- Publications:
 - Two systematic reviews on EIP models, outcomes and implementation barriers across LMICs.
 - Themed issue of the Asian Journal of Psychiatry “Implementing Early Intervention in Psychosis in Low and Middle-income Countries.”
- Detailed action plan with recommendations for Early Intervention in LMIC settings for the WPA General Assembly Meeting in September 2023, which will include:
 - EIS should become a sub-section of the WPA to facilitate the sharing of expert contributions on the rapidly changing landscape of EIS in LMICs providing education and support for psychiatrists.
 - EIS in LMICs should not necessarily rely on the FEP service model, which is resource intensive requiring a level of specialisation that might not be available in all areas. Shared care models offer promise for scaling up EIP programmes in LMICs by drawing on local resources.
 - Early intervention models in LMICs lack data on appropriateness and acceptability. Lived experience and co-design initiatives can help ensure adaptations to early intervention models reflect the requirements of local service users and carers including consideration of ethnic, cultural and religious backgrounds. Involving local staff in co-design could help elucidate implementation barriers, and increase empowerment, knowledge, and skills.
 - A public health approach is needed to increase mental health literacy and reduce stigma facilitating timely access to care. Targeted approaches to reduce the negative connotations associated with ‘psychosis’ might increase population reach.

- There is a need for capacity building programmes at the clinical, research, and implementation level. Inclusion of graduates and post-graduates within EIS models could aid in human resource formation producing specialised mental health workers
- There is a need for regional and national meetings with stakeholder input to develop a network of collaboration to help facilitate more widespread implementation of EIS.
- Telepsychiatry and leveraging digital approaches can help increase reach of services to individuals in rural areas and provide a more cost-effective approach.



The relationship between physical and mental health: an update from the WPA Working Group on Managing Comorbidity of Mental and Physical Health

Compared with the general population, patients suffering from severe mental disorders have a 10 to 25-years shorter life expectancy, which requires urgent action from health care professionals and governments worldwide^{1,2}. The factors associated with this high mortality rate can be grouped into those related to patients themselves, to psychiatrists, to other medical professionals, and to the health care system at large.

Among factors related to the persons with mental disorders, a significant role is played by the presence of comorbid physical illnesses – cardiovascular, respiratory, metabolic, infectious diseases, cancer and others – all of which are frequently given little attention in ordinary psychiatric practice^{3,4}.

Among the reasons for the high rates of physical comorbidity and its contribution to mortality of people with mental disorders is the long-standing separation of psychiatry from other branches of medicine, as well as the lack of attention of several psychiatrists to the physical health of their patients⁵⁻⁸. In addition, the collaboration of psychiatrists with primary care physicians and other clinicians is often poor, and other health care professionals often have negative attitudes towards people with mental disorders, underestimating the seriousness of their physical complaints.

Recently, several international bodies and associations, such as the World Health Organization (WHO), the WPA, the European Psychiatric Association, the UK Royal College of Psychiatrists and the UK Royal College of Practitioners, have taken action to improve the management of physical health of people with severe mental disorders. Among these activities, the revision of educational curricula for health care professionals has been proposed⁹. In 2017, the WPA created a Scientific Section on Comorbidity, and in January 2021 it established a Working Group on Managing Comorbidity of Mental and Physical Disorders chaired by N. Sartorius. The group includes experts in the field with different backgrounds from high-, medium- and low-income countries¹⁰⁻¹².

This Working Group has been requested:

- to identify areas of promising work related to comorbidity of mental and physical disorders, and to develop recommendations for WPA's involvement in research, education and service development concerning problems related to that comorbidity;
- to identify individuals and centres interested and willing to participate in WPA's program of research and education related to the comorbidity of mental and physical disorders;
- to liaise with other WPA Working Groups, with a view to ensure that problems of comorbidity are considered in the work of those groups;
- to propose the organization of symposia, workshops and other types of meetings addressing problems related to comorbidity of mental and physical disorders;
- to prepare reviews of evidence and drafts of position papers;
- to build up training programs (see www.wpanet.org/wg-on-comorbidity). These tasks are being addressed by:
 - the organization of collaborative and intersectional symposia and workshops during the World Congresses of Psychiatry, as well as during WPA Thematic and Regional Meetings;

- the development of a range of recorded lectures, live and recorded webinars, and resource documents;
- support to the development of in-country capacity in low-resource settings through the facilitation of high-impact activities and regional collaborations;
- support to the publication of articles in scientific journals as well as chapters in leading textbooks;
- partnership with national and international agencies such as the WHO, the United Nations International Children's Emergency Fund (UNICEF), the US National Institutes of Health (NIH), the Wellcome Trust, and the International Initiative for Disability Leadership, among others, in order to obtain funding in support of good clinical practice, research and training with relevance to low-resource countries;
- support to government initiatives, plans and policies as they intersect with the Working Group's remit;
- development of joint initiatives with other WPA Working Groups and Scientific Sections, in the salient areas of public mental health, and child and adolescent mental health;
- providing a selection of evidence-based interventions appropriate for service delivery platforms in low-resource regions;
 - creating a list of training and resources available to implement relevant interventions.

In March 2022, the Working Group organized a webinar on “Physical illnesses in patients with severe mental disorders: current challenges and practical implications for professionals”, attended by more than 500 health care professionals, trainees in psychiatry and medical students, focusing on the complex interplay between physical and mental disorders. During the 22nd World Congress of Psychiatry, the Working Group organized a course on the same topic, which was very well attended. The topic of comorbidity was also discussed in the main plenary session and in a state-of-the-art symposium of the World Congress.

The Group has developed and made available on the WPA website educational materials on the comorbidity between depressive disorders and diabetes, depression and cancer, and depression and cardiovascular diseases (www.wpanet.org).

The Group is currently engaged in the organization of a series of free WPA webinars on comorbidity between mental disorders and infectious diseases (i.e., HIV, tuberculosis, COVID-19), and has started a collaboration with the International Society of Addiction Medicine, in order to organize educational activities related to the management of addictions and comorbid physical illness in people with severe mental disorders.

Members of Working Group for Managing Co-Morbidity (in no particular order)

- Andrea Fiorillo, Department of Psychiatry, University of Campania “L. Vanvitelli”, Naples, Italy;
- Giovanni de Girolamo, Unit of Epidemiological Psychiatry, IRCCS S. Giovanni di Dio Fatebenefratelli, Brescia, Italy
- Ivona Filipcic Simunovic, Department of Psychological Medicine, University Hospital Center, Zagreb, Croatia;
- Oye Gureje, Department of Psychiatry, University College Hospital, Ibadan, Nigeria;
- Mohan Isaac, Division of Psychiatry, University of Western Australia and Fremantle Hospital, Fremantle, Australia;
- Cathy Lloyd, School of Health, Wellbeing and Social Care, Open University, Milton Keynes, UK;
- Jair Mari, Department of Psychiatry, Universidade Federal de São Paulo, São Paulo, Brazil;

- Vikram Patel, Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA, USA;
- Andreas Reif, Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, Goethe University Hospital, Frankfurt, Germany;
- Elena Starostina, Vladimirsky Moscow Regional Research and Clinical Institute, Moscow, Russia;
- Paul Summergrad, Department of Psychiatry, Psychiatry and Inflammation Program, Tufts University School of Medicine, Boston, MA, USA;
- Norman Sartorius, Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

References:

1. Fiorillo A, Sartorius N. *Ann Gen Psychiatry* 2021; 20:52.
2. Correll CU, Solmi M, Croatto G et al. *World Psychiatry* 2022;21:248-71.
3. Firth J, Solmi M, Wootton RE et al. *World Psychiatry* 2020;19:360-80.
4. Taipale H, Tanskanen A, Mehtälä J et al. *World Psychiatry* 2020;19:61-8.
5. Sartorius N. *Acta Psychiatr Scand* 2018;137:36970.
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11. Javed A. *World Psychiatry* 2021;20:451-2.
12. Javed A. *World Psychiatry* 2022;21:325-6.



Chairs: Norbert Skokauskas (Norway), Bennett L. Leventhal (USA)

Working Group Members: Peter Szatmari (Canada), Muhammad Waqar Azeem (Qatar), Gordana Milavic (UK), Andrea Raballo (Switzerland), Christian Kieling (Brazil), Hinemoa Elder (New Zealand), Harold Koplewicz (USA)

The WPA Working Group on Child and Adolescent Psychiatry was convened by Prof. Afzal Javed, WPA President to carry out work related to the President's 2020-2023 Action Plan. Prof. Bennett Leventhal and Prof. Norbert Skokauskas were invited to chair the group. Since child and adolescent mental health is one of the key features of the WPA 2020-2023 Action Plan, the activities of the WPA Working Group on Child and Adolescent Psychiatry are of particular importance. The Working Group started its work in December 2020 and will continue to the end of the triennium in 2023.

The Working Group focused on three main topics:

1. Global Advocacy for Child and Adolescent Mental Health
2. Training and Capacity Building for a Child and Adolescent Mental Health Workforce
3. Supporting Research in Child and Adolescent Mental Health

To explore these goals, the Working Group organized committees to develop plans for each of these 3 critical areas.

Working Group Committee Activities

The Advocacy Committee

Child and Adolescent Mental Health has been grossly undervalued in the worlds of general medical care, public health, and general mental health. Most countries don't have a child and adolescent mental health policy and, despite the fact that youth represent as much as 1/3 of the population in developing countries (LMIC's), most have few if any child and adolescent mental health resources. It has long been known that 75% of all mental disorders begin before the end of adolescents, yet resources for identification, treatment, professional education and development lag way behind, even amongst professional societies, including the WPA. The Advocacy Committee is focused on developing resources to increase awareness and acceptance of child and adolescent mental disorders as a very common public health concern for which there are meaningful and effective treatments.

The Committee began with a partnership with the Child Mind Institute (CMI) in New York City, USA a leader in innovative child advocacy programs. CMI is a non-profit, non-governmental organization dedicated to transforming the lives of children and families struggling with mental health and learning disorders. It has consistently run campaigns in the public media that have engaged celebrities in sending messages to the broader community. While mostly focused on the US, CMI programs are readily transferable to other communities and settings. In response to the COVID-19 pandemic, CMI sent messages of hope through its "Getting Better Together" program in which celebrities recorded messages about their own struggles with mental health problems and how they are working to get better. The Committee determined that it was essential to demonstrate the effectiveness of these and other campaigns, for use in different languages and cultures. With the support of CMI, the Committee has begun collaborating on development of a similar program in New Zealand.

In another advocacy effort, WPA CAP partnered with the World Infant Mental Health Association (WAIMH), the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), and the International Society for Adolescent Psychiatry and Psychology (ISAPP) to create World Infant, Child, and Adolescent Mental Health Day. This creates a moment in time each year in which WHO, NGO's, governments and other groups acknowledge the import of child and adolescent mental health and advocate for the promotion of mental health and prevention of mental illness in youth. 23 April 2023 is declared as World Infant, Child and Adolescent Mental Health Day (WICAMHD) by above listed organizations.

Large scale advocacy programs are important but, even with the internet, effective programs require substantial resources. WPA CAP and the Advocacy Working Group are seeking the necessary resources with CMI and other partners in order facility and international child and adolescent mental health advocacy program. This is the first step in a broader advocacy campaign designed to make children's mental health an important part of global and local healthcare planning and policy. The ultimate goal of this this effort is to reduce stigma and increase availability of resources for child and youth mental health.

The Training and Capacity Building Committee

Child and Adolescent Mental Health is a rapidly expanding public health crisis around the world. With an estimated 20-25% point prevalence of child, adolescent, and youth mental disorders, there is a desperate shortage of psychiatrist, psychologists, nurses and other professionals appropriate trained to meeting the growing needs of young people around the world. This is compounded by the fact that primary health care providers are woefully inadequately trained in techniques for prevention, awareness, screening and early intervention for childhood onset mental disorders. It is currently estimated that there is an average of 7-year gap between the onset of symptoms and the initiation of services for youth with mental disorders. This outrageous situation is having a tremendously adverse impact on developing adults as it contributes to educational failure, increase crime, substance, poor job performance, domestic violence, and much more. This is especially the case in LMIC's.

The Training and Capacity Building Committee has explored multiple options to change the available resources for training at multiple levels. This includes working with partner organizations to create curricula and training materials (text and videos) for

1. Medical students
2. Trainees in general psychiatry
3. Trainees in primary care medical specialties, especially Family Medicine/General Practice, Pediatrics, Obstetrics and Gynecology, and Emergency Medicine.
4. Trainees in other professions associated with medical practice, including psychologists, nurses, nurse's aides, and community health workers.

In addition, the Committee has begun to examine the content and duration of training in general psychiatry and child and adolescent psychiatry:

1. Appropriately balancing training experience in general psychiatry to be commensurate with the prevalence and impact of child, adolescent, and youth mental disorders.
2. Reducing the amount of necessary to complete training in child and adolescent psychiatry.
3. Develop international standards for training in child, adolescent, and youth psychiatry by building model curricula that can be shared, especially with LMIC's without a critical mass of youth mental health professionals necessary to sustain training programs.
4. Develop an international certification program in Child, Adolescent, and Youth Psychiatry, as well as one for Child, Adolescent, and Youth Mental Health.
5. Developing on-line, sharable resources to support child and adolescent mental health training programs around the world.

The Committee has started to develop partnerships and aggregate materials necessary for this effort. It is also pursuing resources to support this effort.

In addition, the World Psychiatric Association (WPA) is committed to advancing continuous professional education among its members. WPA Child and Adolescent Psychiatry (CAP) section and esteemed child and adolescent psychiatrists worldwide have developed concise, informative videos tailored for adult psychiatrists.

Adult psychiatrists typically receive general psychiatry training, offering them a broad grasp of mental health and psychiatric conditions across various life stages. While their main focus is on adult patients, some exposure to child and adolescent mental health might be (or maybe not) included in their training.

These videos provide essential guidance to adult psychiatrists grappling with the challenge of managing childhood mental health disorders when immediate referral to a specialized child psychiatrist isn't feasible. Covering a diverse range of topics, from childhood trauma to ADHD, from anxiety to oppositional defiant disorder, and more, these videos offer practical insights and strategies.

Designed thoughtfully for impact, our videos focus on real-world scenarios and actionable approaches. We encourage feedback from our audience, as it contributes to refining and enhancing our educational resources, strengthening support for your professional needs.

Research Committee

As is the case throughout child and adolescent healthcare, there is often the assumption that children are simply small adults who can benefit from similar treatments with expectation that they will lead to similar outcomes. This could not be further from the reality of the situation. Children have rapidly changing brains that are particularly open and vulnerable to a variety of environmental factors. The biological and environmental factors have dramatic impacts, both positive and negative, on the developing brains and knowledge for these children. There is a pressing need to develop a cadre of scientists who will have the training, experience, and determination to undertake studies in developmental neurobiology, developmental psychology, developmental psychopathology, as well as genetics, anthropology, sociology, toxicology, etc. With this effort, new knowledge and services can improve outcomes for youth with mental and developmental disorders. A critical cadre in this effort will be clinical scientists who can rapidly translate basic science into clinical practice.

Sadly, through surveys and other efforts, Committee has found that rather than increasing, the number of developmentally focused clinician-scientists is declining at an alarming rate. This occurs at the time of greatest need. To counter this trend, the Committee has written a paper on the training of clinician-scientists in child and youth mental health. This includes a tentative set of recommendations for the WPA to consider in its efforts to support clinician-scientists in child and adolescent psychiatry.

In addition, the Committee has started to prepare a compendium of clinician-scientist training programs.

Working Group Presentations hold presentations at:

The 11th Congress of The Asian Society for Child and Adolescent Psychiatry and Allied Professions, May 25, 2023, Kyoto, Japan

The 66th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Toronto, Canada, October 21, 2022

The WPA Thematic Congress “Treatment and Management of Mental Disorders in a Post-pandemic Era”, Georgia, Tbilisi, October 15, 2022.

22nd WPA World Congress of Psychiatry, 3-6 August 2022 in Bangkok, Thailand

Publications:

Leventhal B. The WPA Presidential Working Group on Child and Adolescent Psychiatry. WPA 2020-2023. World Child and Adolescent Psychiatry 2023, 23 3-4.

Szatmari P. et al. Nurturing the next generation of clinician-scientists in child and adolescent psychiatry: recommendations from a WPA Presidential Task Force. World Psychiatry (Accepted)

Khanal K.P., Anagnostopoulou N., Aleksic B., Anagnostopoulos D.C., Skokauskas N. Strengthening CAMHS and reducing child and adolescent mental health inequalities in Europe (2021). Eur Child Adolesc Psychiatry. May 13. doi: 10.1007/s00787-021-01788-5.

Shaligram D., Bernstein B., DeJong S., Guerrero A.P.S., Hunt J., Jadhav M., Ong SH, Robertson P., Seker A., Skokauskas N. "Building" the Twenty-First Century Child and Adolescent Psychiatrist. Acad Psychiatry. (2022). Feb;46(1):75-81.



THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) was established in August 2019, and includes 2 coordinators and 6 members.

- Coordinators: Marco O. Bertelli, Luis Salvador-Carulla
- Members: Muhammad Waqar Azeem, Maria Luisa Scattoni, Eduardo Lazcano-Ponce, Bill Sullivan, Ashok Roy, and Kerim Munir

BACKGROUND AND WORKING GROUP TASKS

In 2023 Autism Spectrum Disorder (ASD) is believed to affect one out of every 90 individuals on the planet, across ethnicities and socioeconomic categories. However, due to the scarcity of data from low- and middle-income nations, these figures are likely to be substantially higher. Approximately 2.8% of children in the United States have a diagnosis of autism, a rate that has almost tripled in the last two decades.

ASD is associated with a broad vulnerability to concomitant health issues, especially psychiatric disorders, with a prevalence five or more times higher than in the general population. The identification of concomitant psychiatric disorders in persons with ASD requires a specific knowledge and expertise, since the symptomatology is substantially different from that shown by the general population, especially in persons with low or absent verbal communication skills and illness insight, who express their suffering through changes in behaviour.

Around one half of the persons with low-functioning ASD receive psychotropic medication, and in one-third of cases drugs are prescribed to manage problem behaviours such as aggression or self-injury, in the absence of a diagnosed psychiatric disorder.

Despite the evidence on an enormous burden on families and caregivers, the high need of service provision, and the high health and societal costs, ASD is still overlooked as mental health issues by many national and international organizations worldwide, especially in case of low-functioning, minimal verbal ability and co-occurrence of intellectual disability. Even in those countries where specific care programs are available, significant gaps are usually reported between awareness, planning and delivery of services. Specific training for psychiatrists and other mental health professionals is also often lacking, at every level within the clinical education system, including undergraduate, graduate and postgraduate training as well as professional continuing education. To address these issues, the WPA has constituted a working group including experts with long-standing contributions to WPA activities in the field. Within the WPA 2021-2023 Action Plan this group has produced a set of collaborative documents on policies, services, education, and training, in which the issues related to diagnosis, treatment and outcome measures of concomitant psychiatric disorders has occupied a central place. The provision of strategies for interdisciplinary approaches and the promotion of partnerships for joint collaborative work in capacity building among medical students, young psychiatrists and allied professionals have represented other main focuses.

COMMUNICATION/DISSEMINATION ACTIVITIES

- Panel discussion at the Bangkok WPA (virtual) world congresses on 'Autism Clinical and Public Health' (12/3/2021), with a main focus on consideration of mental health needs of persons with ASD within psychiatric training and mental health services in different countries and socio-cultural contexts.
- Organisation of the Presidential symposium on learning disability and ASD at the 21st WPA (virtual) world congress (Cartagena) (19/10/2021), with a focus on psychiatric training and mental health services for people with intellectual disabilities and ASD in various countries and socio-cultural contexts.
- Organisation of an action plan symposium at the XXII WPA World Congress of Psychiatry, with a focus on prevalence and presentation of psychopathological issues in persons with ASD and cognitive/communication difficulties (Bangkok, 2-3/8/2022).
- Participation to the action plan session 'autism & learning disability' at the XXIII WPA World Congress (Vienna, 29/9/2023).
- Participation to the XIV World Congress of World Association for Psychosocial Rehabilitation (WAPR), Abu Dhabi (9/12/2021).
- Participation to the webinar of the Section of Mental Health in Intellectual Disabilities (MHID) of the European Psychiatric Association (EPA), "Diagnostic and therapeutic problems in patients with intellectual disability and mental health problems" (14/12/2022).
- Participation to the International Working Group of the International Prader-Willi Syndrome Organisation (IPWSO), including the ECHO (Mental Health Extension of Community Healthcare Outcomes) programme.
- Promotion campaign of the WPA Springer Textbook titled 'Psychiatry of Intellectual Disability and Autism Spectrum Disorder', including presentations or special events at 1) XI Italian congress on Quality of Life for Persons with Neurodevelopmental Disorders (Milan, 2021); 2) XIII International Congress of the European Association for Mental Health in Intellectual Disability (Berlin, 2021); 3) XXIII WPA World Congress, Vienna 2023.
- Collaboration with the WPA Working Group on Intellectual Disability and the WPA section 'Psychiatry of Intellectual Disability' to several activities and publications.

Website

- The main WG's activities were included in the WPA website together with those of the WG on Intellectual disabilities, also within the pages of the WPA section 'Psychiatry of Intellectual and Developmental Disabilities' (formerly 'Psychiatry of Intellectual Disability'); the web pages are keeping updated in accordance with the changes/achievement of new goals and topics.
- Production of documents for the WPA website and assistance to the WPA President in educating all WPA member societies about the importance of prioritizing COVID-19 vaccination for people with intellectual disabilities and/or low-functioning ASD, as well as their primary caregivers.
- Publication of eNews on the WPA eNewsletter, including those on the issues Q2-2021 and Q2-2022.

COLLABORATION WITH WHO

The WPA WG-ASD participated to the World Health Organisation Working Group for the Development of the Package of Rehabilitation Interventions for persons with Autism Spectrum Disorders.

MEETINGS

- 5 Coordinators' meetings
- 4 virtual Working Group meetings

PUBLICATIONS

- Production of the document “Advices for managing the COVID-19 outbreak and the associated factors of mental distress for people with intellectual disability and autism spectrum disorder with high and very high support needs”. The document, which has been translated into 15 languages and published on the website of the World Psychiatry Association, was aimed at offering people with low-functioning autism spectrum disorder, intellectual disabilities, and their families a series of practical advice for dealing with distress factors related to the COVID-19 epidemic and the hygiene regulations and government provisions to contain it.
- Publication (May 2022) of a comprehensive textbook on psychiatric disorders in people with low-functioning ASD and/or intellectual disability represents the main achievement of the WG. It includes the most recent research knowledge on the prevalence, risk and etiological factors, clinical features, assessment procedures and tools, diagnostic criteria, treatment, and prognosis. This volume, titled “Textbook of Psychiatry for Intellectual Disability and Autism Spectrum Disorder”, has been coordinated by Dr. Marco O. Bertelli, Scientific Director of CREA (Research and Clinical Centre) of Fondazione San Sebastiano of Misericordia di Firenze, and current chair of the WG-ASD. The textbook has been realised under the aegis of the WPA with a production time span of about 6 and a half years. It includes 43 chapters written by 116 of the most authoritative experts in the sector in all countries of the world. Beside Dr. Bertelli (leading editor), the textbook has been edited by Prof. Shoumitro (Shoumi) Deb, Prof. Kerim Munir (Chair, Section of Psychiatry of Intellectual and Developmental Disorders, WPA), Prof. Angela Hassiotis and Prof. Luis Salvador-Carulla, who are all outstanding contributors to the WPA activities related to ASD and intellectual disability. This book was inspired by the will of sharing knowledge and transmitting passion to colleagues, especially young and future colleagues. In fact, it is intended for use by graduate students and trainees of university faculty, practitioners in clinical disciplines or management roles in developmental disabilities services and education, and to a lesser degree, undergraduate students, parents, attorneys and advocacy groups. This textbook allows clinicians to overcome diagnostic challenges and provide more effective care that is tailored to the specific needs of individuals with ASD and/or ID. Researchers will find the coverage contained herein useful for a summary of current knowledge about a subarea of psychiatry that is new to them or that intersects their own specialty in the wider field of neurodevelopmental disorders.
- Publication of two news on the WPA official journal ‘World Psychiatry’: 1) Bertelli MO, Salvador-Carulla L, Munir KM, Scattoni ML, Azeem MW, Javed A. Intellectual developmental disorder and autism spectrum disorder in the WPA next triennium mainstream. *World Psychiatry*. 2020 Jun;19(2):260; 2) Bertelli M.O., Bianco A., Salvador-Carulla L. and Javed A. (2023). WPA Working Group on Defining and Managing Autism Spectrum Disorder: spreading knowledge for the next generations of psychiatrists. *World Psychiatry*, 22: 168-169.

WORK (still) IN PROGRESS

1. Training materials for the WPA Educational Portal on epidemiology, phenomenology, and assessment of psychiatric disorders in persons with autism spectrum disorders.
2. WG’s position statement on outcome measures and quality of life in mental health for persons with autism spectrum disorders.



THE FINAL REPORT OF THE WORKING GROUP

The Working Group on Intellectual and Developmental Disabilities (WG-IDD) was established in August 2019, and includes the following members and advisers:

- Chairs: Kerim Munir, Ashok Roy
- Members: Muideen Bakare, Gregorio Katz, Amaria Baghdadli, Satish Grimaji, Ozgur Oner, Luis Salvador-Carulla, Marco Bertelli
- Advisers: Rachel Lee, Michael Stein, Hezzy Smith

BACKGROUND AND WORKING GROUP TASKS

- The inclusion of WG-IDD, a historic first for WPA, coincided with much-needed focus on the mental health needs of persons with IDD. The gap in mental health services was particularly salient during the COVID-19 pandemic with many facing intensified inequities in underlying medical burdens, increased mortality risks, psychosocial isolation, and stigma.
- Few Low- and Middle-Income Countries (LMICs) offer meaningful mental health services for persons with IDD across the lifespan, and those that do entail poor staff training, segregated practices, and poorly developed underlying legislative frameworks and rights.
- The activities of the WG-IDD were envisioned under the neurodevelopmental paradigm endorsed both by the DSM-5 and ICD-11 definitions, recognizing the coexistence of limitations both in terms of adaptive function and cognition, and emphasizing the need for early, evidence-based, preventive, habilitative, and rehabilitative interventions.
- An important task for the WG-IDD at the outset was the need for enhancement of training within mainstream psychiatry, that underscored three underlying assets: (i) when polled about their knowledge, many trainees in psychiatry recognize the disproportionately high burden of co-occurring mental disorders experienced by persons with IDD; (ii) when offered opportunities to interact with persons with IDD, many trainees regard such exposures as highly formative and even inspiring; and (iii) when engaged in work with persons with IDD, many psychiatrists as professionals have the potential to improve the mental health care of persons with IDD.
- The WG-IDD tasks also emphasized the need for person-centered care tailored on abilities and aspirations of affected individuals, blending social and medical models of neurodevelopment and disability within a human rights framework in order to improve their access to health care, education and employment.
- The WG-IDD worked collaboratively with the WG-ASD, coordinating strategies on interdisciplinary partnerships, as well as capacity building efforts directed for medical students, young psychiatrists, and allied professionals, in order also to establish common ground and empathy across the field of developmental disorders and disabilities.
- The WG-IDD also worked with partner societies, including APA, AACAP, ESCAP, IACAPAP, and the Royal College of Psychiatrists (UK), to enhance the development and dissemination of inclusive training models in the mental care of persons with IDD across the lifespan.

COMMUNICATION AND DISSEMINATION ACTIVITIES

- The WG-IDD and the WPA Section of Psychiatry of IDD worked collaboratively on the publication of the WPA Textbook of Psychiatry for Intellectual Disability and Autism Spectrum Disorder, 1st edition published by Springer in 2022, a threshold project shepherded by the lead editor Marco Bertelli (current WG-ASD chair). The WG-IDD and the Section assisted in the dissemination of the Textbook participating in the World Psychiatric Congress Scientific Publications symposia chaired by Michel Botbol.

- The WG-IDD is currently finalizing the 1st edition of an *open access* Global E-Handbook on Psychiatry of IDD with contributions from both high income and LMICs authorship that currently include Australia, Austria, Germany, India, Israel, Kenya, Mexico, New Zealand, Nigeria, Pakistan, Qatar, Spain, Turkey, UK, US, that will be accessible on the WPA portal <https://www.wpanet.org/books-produced-by-wpa>
- The WG-IDD sponsored the following Action Plan Presidential symposia (invited) as well as State-of-the-Art scientific symposia (competing) at following World Congresses on Psychiatry:
 - 20th WPA WCP Lisbon, Portugal (21-24 August 2019) in the 1st inaugural Presidential symposium on IDD, highlighting a historiography of segregated services and training in mainstream psychiatry (*'Separate but Not Equal'*) (Munir, Roy, Salvador-Carulla)
 - 21st WPA WCP Cartagena, Colombia (18-21 October 2021) 2nd Presidential symposium on IDD/ASD highlighting the Crossroads and Blurred Lines between IDD/ASD (in collaboration with the WG-ASD) (Munir, Bertelli); and State-of-the-Art symposium including presentations on Global Framework for Action (Munir), Burden in Mexico (Katz), and the WHO Rehabilitation 2030 Intervention Model as a Basis for Disseminating Knowledge on IDD (Roy)
 - 22nd WPA WCP Bangkok, Thailand (3-6 August 2022) 3rd Presidential symposium on IDD/ASD was on Global Mental Health and Rights of Persons with IDD and Drafting a Position Statement on IDD (*'Committing to Good for Good'*) (Munir, Roy, Stein, Smith), as well a State-of-the-Art symposium introducing Training in Disorders of Intellectual Development and Service Needs (Lee, Roy)
 - 23rd WPA WC Vienna, Austria (28 September-1 October, 2023) will host the 4th Presidential symposium on IDD/ASD, as well as a State-of-the Art symposium on Quality of Life Models as Intervention Planning Framework, Preference-based Valuation of Health Outcomes, and Behavioral Measures of Desired Social Distance in Neurodevelopmental Disorders (Munir, Bertelli).
- The WG-IDD prepared the WPA Position Statement on the Rights of Persons with Intellectual and Developmental Disabilities and Co-occurring Mental Disorders submitted on 28 December 2022 and approved by the WPA Executive Committee on 21 February 2023, and is pending comments by the WPA Board and Council.
- The WG-IDD contributed to the WPA E-Newsletter Q2-2021, m and Q2 2022.

COLLABORATION WITH WHO

- The WG-IDD participated in the Rehabilitation 2030 Module 5 Neurodevelopmental Conditions (specifically including IDD and ASD) sponsored by the WHO Department of Noncommunicable Diseases, Disability, Violence, and Injury Prevention, aiming to develop a package of rehabilitative interventions along with specified resource requirements for their delivery <https://www.who.int/publications/i/item/9789240071193>

Website

- The WG-IDD implemented the online Course on Disorders of Intellectual Development addressing key aspects of psychiatric care accessible through the WPA educational portal (Lee, Roy) <https://www.wpanet.org/post/the-disorders-of-intellectual-development-course-is-now-live-on-wpa-s-education-portal>
- WG-IDD activities under the WPA Scientific Section on Psychiatry of IDD (formerly Psychiatry of Intellectual Disability) will be continually updated in accordance with approved charges and changes.

PUBLICATIONS

- Baghdadli A, Picot MC, Miot S, Munir K. A Call to Action to implement effective COVID-19 prevention and screening of individuals with severe intellectual developmental and autism spectrum disorders. J Autism Dev Disord. 2020; Sep 30. doi: 10.1007/s108
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7526962/>
- Bertelli MO, Salvador-Carulla L, Munir KM, Scattoni ML, Azeem MW, Javed A. Intellectual

- developmental disorder and autism spectrum disorder in the WPA next triennium mainstream. *World Psychiatry*. 2020 Jun;19(2):260 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7214957/>
- Roy A, Courtney K, Odiyoor M, Walsh P, Keane S, Biswas A, Marston G, Thirulokachandran S, Munir K. Priorities for people with intellectual disability/intellectual developmental disorders across the lifespan: a call to action by the World Psychiatric Association. *BJPsych Int*. 2021; 18(3) :54-57 doi:10.1192/bji.2021.6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8314992/>
 - Munir K, Roy A, Javed A. The WPA Working Group on Intellectual Developmental Disorders: the need for a second paradigm shift. *World Psychiatry*. 2022 Jun; 21(2):327-328. PMID: 35524611; PMCID: PMC9077623 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9077623/>
 - Bertelli MO, Deb S, Munir K, Hassiotis A, Salvador-Carulla L (eds.). *Textbook of Psychiatry for Intellectual Disability and Autism Spectrum Disorder*, eBook and hardcover, ISBN 978-3-319-95720-3, Springer Nature Switzerland AG, 2022 <https://link.springer.com/book/10.1007/978-3-319-95720-3>
 - Munir K, Oner O, ..., Roy A, Waqar Azeem M, Bertelli M, Salvador-Carulla L, Javed A. Social distance and stigma towards persons with serious mental illness among medical students in five European Central Asia countries. *Psychiatry Res*. 2022 Mar; 309:114409. doi: 10.1016/j.psychres.2022.114409. <https://pubmed.ncbi.nlm.nih.gov/35121341/>
 - Alexander RA, Tromans SJ, Langdon PE, Munir K. Research in Intellectual Disability: Need for a Cross Cultural Perspective. In: *Psychiatry of Intellectual Disability Across Cultures* (Eds. Alexander RT, Tromans SJ, Gangadharan SK). Oxford University Press (UK), and Oxford Medicine Online, 2023
 - Munir K. Intellectual Developmental Disorder (Intellectual Disability), Neurodevelopmental Disorders, Part II. In: *The SAGE Handbook of Clinical Neuropsychology: Clinical Neuropsychological Disorders*, Vol 1 (Eds. Boyle GJ, Stern Y, Stein DJ, Sahakian BJ, Golden CJ, Lee TM, Chen SA), SAGE Publications Ltd., 2023, p.149-163, ISBN: 9781529717754 <https://us.sagepub.com/en-us/nam/the-sage-handbook-of-clinical-neuropsychology/book270083>



Since its establishment and through the year 2023 the initiative WPA Action Plan on Evidence Based Psychopharmacology, has been involved in a number of activities as follows:

Chair: Konstantinos N Fountoulakis

Berk, Michael (Australia)
Chithiramohan, Ramalingam (UK/ Sri Lanka)
Falkai, Peter (Germany)
Fountoulakis, Kostas (Greece)
Huang, Min Chyi (Taiwan)
Kasper, Siegfried (Austria)
Moeller, Hans-Jurgen (Germany)
Okasha, Tarek (Egypt)
Smirnova, Daria (Russia)
Stahl, Stephen (US)
Tohen, Mauricio (US)
Tsapakis, Eva Maria (Greece)
Vieta, Eduard (Spain)
Warrier, Mohandas (India)

WORKING GROUP TASKS

- To identify topics related to the improvement of pharmacotherapy practice world-wide.
- To identify member societies, institutions and individuals interested and willing to participate in the initiative.

COMMUNICATION/DISSEMINATION ACTIVITIES

- During the COVID pandemic we have initiated the 'Meet the Expert' webinars, and uploaded all of them for easy access in YouTube (e.g. <https://www.youtube.com/watch?v=M5dRxCrUijQ>) The initiative is sponsored by the MSc Clinical Mental Health of the Aristotle University of Thessaloniki Greece. The first volume of the book (Meet the Expert Vol 1) is in print by Springer.
- We have provided with some educational videos for the WPA Educational Portal site.

MEETINGS

- Two major congresses were organized every year, and co-organized by the WPA: The Days of Mental Health every November and the International Congress on Neurobiology and Psychopharmacology in Spring in Thessaloniki (www.psychiatry.gr).

WORK (still) IN PROGRESS

- We launched The WPA/CINP study on Tool development for Psychosis (WPA/CINP TOP study), whose primary aim would be to develop a novel scale for the assessment of pharmaceutical adverse events. This scale will be comprehensive and detailed, it will include all known adverse events caused by psychopharmacological agents and it will also include a self-report and a rater's version. To our knowledge there is no self-report adverse events scale, and it is unknown whether such a scale can be developed, what its reliability and validity would be and whether some adverse events can be self-reported while others cannot (please see the attached document for a complete picture of the study).
- We brought together the WPA, the CINP and the WFSBP and we are working to bring also the WHO, in on a joint initiative to establish a permanent mechanism for the development of position statements, guidance and guidelines and also a think-tank for planning ahead for the mental health in the future.

Author: Prof. Konstantinos N Fountoulakis, Working Group Chair



THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) was established in March 2021, and includes 1 chair and 6 members, psychiatrists from around the world with expertise in transcultural psychiatry.

- Chair: Meryam Schouler-Ocak
- Members: Kastrup, Marianne; Küey, Levent; Lewis-Fernández, Roberto; Minas, Harry; Rataemane, Solomon; Rohlof, Hans;

WORKING GROUP TASKS

1. To identify issues relevant to **provision of mental health care for forcibly displaced people, refugees and migrants across the world** and to **develop recommendations for WPA's involvement** in forcibly displaced people, refugee and migrant mental health research, education and mental health system development.
2. **To identify member societies, institutions and individuals interested and willing to participate in WPA's programs of forcibly displaced people, refugee and migrant mental health research, education and mental health system development.**
3. To liaise with the other WPA Action Plan Working Groups with a view to **promoting the inclusion of forcibly displaced people, refugee and migrant mental health** in the work of these groups.

THE WG WORKPLAN

- Symposium, workshop, forum, other type of meeting
- Thematic congress on forcibly displaced people, refugee and migrant mental health
- Webinar(s)
- Position papers, reports, guidelines)
- Training programs
- Collaboration with other organisations working in this field.

ACTIVITIES:

20th WPA World Congress of Psychiatry, Virtual Congress, 10 – 13 March 2021

- **Symposium:** Racism and mental health

Chair: Meryam Schouler-Ocak, Germany

Speakers: Solomon Rataemane, South Africa; Levent Küey, Turkey; Sergio Javier Villaseñor-Bayardo, Mexico

- **State-of-the Art Symposium:** Understanding the variation and complexity of the suicidal process during the Covid-19 Pandemic

Chairs: Meryam Schouler-Ocak; Germany

Speakers: Marianne C. Kastrup, Denmark; Meryam Schouler-Ocak, Germany;

- **Symposium:** Transcultural Aspects of Mental Health Care

Chair: Meryam Schouler-Ocak, Germany

Speakers: Meryam Schouler-Ocak, Germany; Marianne C. Kastrup, Denmark; Sergio Villasenor-Bayardo, Mexico

- **Panel Discussion:** Migration, refugees and mental health

Chair: Marianne C. Kastrup, Denmark

Panellists: Meryam Schouler-Ocak, Germany; Vivian Pender, USA; Mark van Omeren, Switzerland; Levent Küey, Turkey; Massimo Clerici, Italy

21st World Congress of Psychiatry “New World, New Challenges for Psychiatry & Mental Health” Cartagena, Colombia on 18-21 October 2021 – Virtual Congress

Presentations Meryam Schouler-Ocak, Germany:

Covid-19 and its impact on the mental health of migrants, refugees and asylum seekers

The Impact of traumatic life events on the mental health of refugees and asylum seeker

22nd World Congress of Psychiatry, Bangkok & online, 3-6 August 2022

- **State-of-The-Art Symposium:** Covid -19 and its impact on the mental health of migrants, refugees and asylum seekers

Chairs: Meryam Schouler-Ocak, Germany, and Levent Küey, Turkey

Speakers: Levent Küey, Turkey; Meryam Schouler-Ocak, Germany; Jibril I.M Handuleh, Ethiopia; Afzal Javed, UK, Pakistan

- **Symposium:** Violence against women - how to prevent?

Chairs: Meryam Schouler-Ocak, Germany, and Silvana Galderisi, Italy

Speakers: Meryam Schouler-Ocak, Germany; Helen Herrman, Australia; Silvana Galderisi, Italy; Peggy Maguire, Ireland

- **Symposium:** Racism and Mental Health of vulnerable groups and the role of mental health professionals

Chairs: Meryam Schouler-Ocak, Germany; Marianne Kastrup, Denmark

Speakers: Meryam Schouler-Ocak, Germany; Dinesh Bhugra, UK; Andreas Heinz, Germany; Marianne Kastrup, Denmark

- **Plenary session:** Mental health issues of migrants, refugees, and asylum seekers.

Chairs: Jorge Alberto Costa Silva, Brazil, Dinesh Bhugra, UK

Panellists: Mark von Omeren, Switzerland; Meryam Schouler-Ocak, Germany

23rd World Congress of Psychiatry, Vienna, Austria, 28 September – 1 October 2023

- **Course:** Forced Displacement, Refugees, and Mental Health

Course directors and speakers: Meryam Schouler-Ocak, Germany; Levent Küey, Turkey

Webinars:

- War in Europe – Mental health of refugees and forcibly displaced people from Ukraine

Chairs: Afzal Javed, Pakistan; Meryam Schouler-Ocak, Germany;

Speakers: Levent Küey, Turkey; Meryam Schouler-Ocak, Germany; Iryna Frankova, Ukraine; Marianne Kastrup, Denmark

- 2. Working with migrants and refugees – why do we need cultural competence?

Chairs: Afzal Javed, Pakistan; Meryam Schouler-Ocak, Germany;

Speakers: Roberto Lewis-Fernández, USA; Hans Rohlof, Netherlands; Ahmet Tamer Aker, Turkey; Margaret Uddin Ojeahere, Nigeria

- Racism and discrimination in mental health care of migrants, refugees and forcibly displaced people

Chairs: Afzal Javed, Pakistan; Meryam Schouler-Ocak, Germany;

Speakers: Dinesh Bhugra, UK; Andreas Heinz, Germany; Laurence Kirmayer, Canada; Rwanda Gaffaz, Libya

Position Statement:

The COVID-19 Pandemic and Mental Health of Migrants and Refugees

Course Materials in six languages:

Transcultural Psychiatry and mental health of migrants, refugees and forcibly displaced people

WORK (still) IN PROGRESS

Survey: Provision of mental health services for forcibly displaced people, refugees, migrants and ethnic minorities and attitudes towards cultural psychiatry and psychotherapy – Analyses in process

Meta-analyse: Psychotherapy Interventions in migrants and refugees



This working group consisted of psychiatrists from around the world who came together to share their experiences of COVID-19 and to examine the emerging evidence on how this has affected people with mental illness.

People with mental health disorders, those with disabilities, and other marginalised groups have fared badly since the COVID-19 pandemic began with many reports of mental health services being an afterthought. People who have a mental health disorder are more likely to be harmed by the virus. Many patients had their care and treatment interrupted as a direct result of the pandemic.

The group learnt that experiences differ from country to country; the report draws together aspects of what we have learned thus far, shares best practice and highlights lessons that can be applied to any future pandemic. The people we are trying to help and protect should be given the best possible chance through forethought and sharing intelligence.

The group heard from mental health practitioners in many different countries. Although their experiences varied widely across the world, there was a common theme of less consideration being given to mental health than physical health and of services being unable to meet the demand.

The impact on healthcare workers' wellbeing and mental health should not be underestimated and respondents from the group cited deep concerns about stamina and longevity for everyone working in both physical and mental health services. Fears about brain drain and mass exodus of staff from healthcare services are acute: every representative cited exhaustion, low morale, and poor mental health among the healthcare workforces.

Vaccine readiness and a better understanding of how vaccines work for people with comorbidities need greater scrutiny. Communication should be carefully coordinated, and language choices should be given more consideration.

We call for mental health to be at the forefront of planning for future pandemics and for mental health services to be at the heart of global pandemic responses. The Working Group recommends that the WPA should use this report as the basis for discussion and for making decisions about how to take forward the Group's recommendations.

The issue of better recognition of mental health in state, regional and local emergency planning and preparedness has been a recurring theme along with recognising the importance of adopting a public mental health stance. Greater research within LMICs is an important matter.

The World Health Organization estimates that only 31% of the world has a public mental health agenda. Two percent of global government health expenditure was allocated to mental health in 2020, far less in the LMIC countries in which 70% of mental health budgets are spent on psychiatric hospitals and there is not enough investment in community mental health.

Campion et al. conclude that public mental health practice should be an integral part of the response to COVID-19 and will have immediate positive effects and a legacy likely to long outlast the pandemic. The WPA Working Group on COVID Care for People with Mental Illness concurs with this view.

The group spent many months meeting and working on the report as the situation constantly changed. In May 2023 the WHO Director-General determined that COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern and that it is now time to transition to long-term management of the COVID-19 pandemic. We hope that the contents of our report will inform how COVID-19 is managed for those with mental illness and will support preparation for the next pandemic, whenever that may be.

Author: Professor Wendy Burn, Working Group Chair



THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) Digitalization in Mental Health and Care was established in December 2020, and includes the Working Group Leadership Team, members and consultants.

- Working Group Leadership Team: Wolfgang Gaebel (Chair), Umberto Volpe (Co-Chair) and Rodrigo Ramalho (Secretary)
- Members: Laura Orsolini, Ahmet Gürcan, Jitender Jakhar, Jibril I.M Handuleh, Renato de Filippis, Muftau Mohammed, Ramdas Ransing, Shreyasta Samal, Ahmed Shaheen
- Consultants: Heleen Riper, John Torous, Norman Sartorius

WORKING GROUP TASKS

- The global aim of the Working Group is to ease the transformation of mental health care across WPA member countries, by upscaling digital technologies among psychiatric services with quality training, tailored to the specific needs of a certain region or group of countries.
- To develop and run a survey to set a baseline of global digitalization and pave the way to identify local/regional needs, barriers and facilitators in order to provide adequate knowledge and information about digitalization.
- To develop a series of educational programs shared with National Psychiatric Member Societies to ensure digital upscaling of psychiatric services at the local/regional level.
- To develop guidelines for global digitalization in collaboration with National Psychiatric Member Societies (NPAs) and with the support of consumers' organizations and relevant international scientific organizations.
- To evaluate the long-term impact of the Working Group's global digitalization [Action Plan](#) by means of a follow-up survey.

THE WORKING GROUP WORKPLAN

Dissemination of Knowledge generated by the WG activities

- Educational Courses
- Website
- Publications

Engagement with WPA Member Societies

- Baseline Survey
- Regular consultations
- Delphi Surveys

Development of tools and resources

- Website, Logo
- Set of guidelines
- Educational programmes
- Follow-up survey

COMMUNICATION/DISSEMINATION ACTIVITIES

Logo Design - Group consultation on the Logo for the Working Group



WORLD
PSYCHIATRIC
ASSOCIATION



Digitalisation in
Mental Health & Care

Website

As one of the first steps, the Working Group's webpages under the WPA website were re-organized (introduction to the Working Group, its tasks and objectives, and members' presentations) and published in April 2021; the pages are keeping updated in accordance with the changes/achievement of new goals and topics.

Web address: <https://www.wpanet.org/wg-digitalisation-mental-health>

22nd WPA World Congress of Psychiatry, Bangkok on 3-6 August 2022

Course title: Training course on Digitalisation in Psychiatry

Course Directors: Wolfgang Gaebel, Norman Sartorius

Course Faculty: Wolfgang Gaebel, Norman Sartorius, Dutsadee Juengsiragulwit, Davor Mucic

22nd WPA World Congress of Psychiatry, Bangkok on 3-6 August 2022

Symposium title: Worldwide digitalisation in mental health and care

Symposium Chair: Wolfgang Gaebel

Course Faculty: Wolfgang Gaebel, Umberto Volpe, Rodrigo Ramalho

23rd World Congress of Psychiatry, Vienna on 28 September – 1 October 2023

Course Title: Training course on digitalization in routine work conditions

Course Director: Wolfgang Gaebel

Course Faculty: Wolfgang Gaebel, Umberto Volpe, Rodrigo Ramalho

Various contributions to the WPA Newsletter: Q3 2021, Q2 2022; Q3 2022; Q4 2022

COLLABORATION WITH OTHER ORGANIZATIONS

- WHO-EURO, WHO-CC DEU-131
- EPA Council of NPAs

MEETINGS

- Working Group Leadership Team's fortnightly meetings
- Contacts with all WPA Zonal representatives
- Task focused Working Group meetings
- Meetings with Working Group members and consultants

FUNDRAISING ACTIVITIES

To promote the continuity of the Working Group activities and projects, we are exploring national, international, and regional funding options through collaboration with organizations such as the European Psychiatric Association and the World Health Organization.

PUBLICATIONS

- Requested [WPA Position Statement on “Global Digitalisation in Mental Health and Care”](#)
- Requested article “An update from the WPA Working Group on Digitalization in Mental Health and Care”, to be published in World Psychiatry (2023)
- Article “WPA Digitalization in Mental Health and Care - Empirical Report on Action Plan and Related Activities”, submitted to the Journal of Technology in Behavioral Sciences (2023)
- Planned national or zonal reports on the status of digitalization in mental health and care

WORK IN PROGRESS

1. WPA Consultations with WPA Member Societies
2. Country or Zonal reports on baseline status on digitalization in mental health and care
3. Zonal/National Delphi consensus groups on digitalization needs
4. Zonal/National Educational events on local implementation of digitalization
5. Development of guidelines jointly with WPA Member Societies and consumers' organizations
6. Follow-up survey on the impact of the Working Group's action plan based activities

A more detailed report of the Working Group's activities can be found on the WPA website.



Structure of triennium report for WPA Public Mental Health Working Group

This triennium report for the WPA Public Mental Health Working Group is divided into the following sections:

- A) Members of WPA Public Mental Health Working Group
- B) Public mental health context
- C) Public mental health and WPA's 2020-23 Action Plan
- D) Objectives of WPA Public Mental Health Working Group
- E) Activities of WPA Public Mental Health Working Group

A) Members of WPA Public Mental Health Working Group

The work of the members of the WPA Public Mental Health Working Group is gratefully acknowledged:

- Professor John Allan (Past President of the Royal Australian and New Zealand College of Psychiatrists; Executive Director of Mental Health Alcohol and other Drugs Branch in Queensland Health, Australia)
- Dr. Florence Kamayonza Baingana (WHO African Region Advisor, Mental Health and Substance)
- Dr Jonathan Campion (chair) (Director for Public Mental Health, South London and Maudsley NHS Foundation Trust, UK; Strategic and Clinical Codirector of Public Mental Health Implementation Centre, Royal College of Psychiatrists; Public Mental Health Advisor, WHO Europe; Cochair of Public Mental Health Working Group, World Federation of Public Health Associations; Honorary Professor of Public Mental Health, University of Cape Town, South Africa)
- Professor dr Geert Dom (Professor of Psychiatry, University of Antwerp, Belgium; Medical Director PC Multiversum, Boechout, Belgium; President, European Psychiatric Association; Immediate-past President of European Federation of Addiction Societies (EUFAS))
- Professor Chris Dowrick (Emeritus Professor, University of Liverpool, UK; General Practitioner, Aintree Park Group Practice, Liverpool, UK; Professorial Research Fellow, University of Melbourne, Australia; Past Chair of World Organisation of Family Doctors (WONCA) Working Party for Mental Health)
- Professor Yueqin Huang (Professor of Psychiatric Epidemiology; Director, Division of Social Psychiatry and Behavioral Medicine, Institute of Mental Health, Peking University; President, Chinese Mental Health Journal; Vice President, China Disabled Persons' Federation; Chair Commission of Health and Function, Rehabilitation International)
- Dr Afzal Javed (President, World Psychiatric Association; Honorary Associate Clinical Professor, Warwick Medical School, University of Warwick, UK)
- Professor Vinay Lakra (Immediate Past President, Royal Australian and New Zealand College of Psychiatrists; Clinical Associate Professor, University of Melbourne; Divisional Director, Mental Health, Northern Health, Australia)
- Sir Norman Lamb (Chair of South London and Maudsley NHS Foundation Trust, UK)
- Professor Santiago Levin (President of the Association of Argentinean Psychiatrists; Representative of Zone 5 at WPA)
- Professor Crick Lund (Professor of Global Mental Health and Development in the King's Global Health Institute, Health Services and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London; Professor in the Alan J. Flisher Centre for Public Mental Health, Department of Psychiatry and Mental Health, University of Cape Town)
- Professor Sir Michael Marmot (Professor of Epidemiology at University College London; Director of the Institute of Health Equity, UCL Department of Epidemiology & Public Health)

- Professor Shekhar Saxena (Professor of the Practice of Global Mental Health at the Department of Global Health and Population at Harvard T. H. Chan School of Public Health)
- Professor Eliot Sorel (Clinical Professor of Global Health, Health Policy & Management and of Psychiatry & Behavioral Sciences, George Washington University)
- Professor Thomas Schulze (Chair and Director of the Institute of Psychiatric Phenomics and Genomics, Ludwig-Maximilians-University of Munich)
- Dr Hanna Tu (Psychiatry Trainee at Catholic University of Louvain (KU Leuven), Leuven, Belgium)
- Professor Pichet Udomratn (Emeritus Professor of Psychiatry at Prince of Songkla University in southern Thailand; Vice President of World Association for Psychosocial Rehabilitation; Zonal Representative of WPA for Zone 16)
- Dr Mark van Ommeren (Public Mental Health Adviser at WHO) (Observer)

B) Public mental health context

Evidence based public mental health (PMH) interventions to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience.

However, only a minority of those with mental disorder receive any treatment even in high income countries (WHO, 2021; Campion et al, 2022). Provision of interventions to prevent associated impacts of mental disorder is even less, and provision of interventions to prevent mental disorder or promote mental wellbeing is negligible. This implementation gap contravenes the right to health and results in population-scale preventable suffering, broad impacts and associated economic costs. Furthermore, the PMH implementation gap has widened as a result of the COVID-19 pandemic (WHO, 2021; WHO, 2023). Several reasons account for the implementation gap which are important to address (Campion et al, 2022).

Public mental health involves a population approach to improve coverage, outcomes and coordination of PMH interventions. This supports efficient, equitable and sustainable reduction in mental disorder, promotion of population mental wellbeing and achievement of the UN SDG target of universal coverage (UN, 2016; Campion et al, 2022).

C) Public mental health and WPA's 2020-23 Action Plan

Public mental health (PMH) occupies a central place in WPA's 2020-23 Action Plan at <https://www.wpanet.org/action-plan-2020-2023> which promoted public mental health as a guiding principle. This includes to:

- Raise awareness, value, acceptance and prioritisation of PMH in national health policies.
- Support PMH proposals including for national mental health needs assessments and actions to address unmet PMH need.
- Support PMH training to professionals and trainees across mental health, public health and policy to support capacity building.
- Integrate a PMH approach to chronic physical disease management and prevention through engagement with primary and general health care systems.
- Support a PMH approach in other areas of the 2020-23 Action Plan including child, adolescent and youth mental health, addressing co-morbidity, partnership with other organisations and capacity.

D) Objectives of WPA Public Mental Health Working Group

These are outlined at <https://www.wpanet.org/public-mental-health> and include to

- 1) Improve implementation of PMH interventions in different countries through support to
 - Raise awareness, value, acceptance and prioritisation of PMH in national health policies.
 - Conduct and support National assessments of PMH unmet need and required actions which then inform policy development and implementation.
 - PMH training including through digital platforms.
 - Integrated PMH approaches to disease management and prevention through engagement with primary and general health systems.
- 2) Work with willing countries to facilitate the above with identified funding.
- 3) Engage with other organizations on the PMH agenda and required funding including OECD, UN, World Bank and WHO.
- 4) Dissemination of PMH relevant work through:
 - Publications
 - Presentations at different types of event
 - Training including online
- 5) Support a PMH approach in other areas of the 2020-23 Action Plan including child, adolescent and youth mental health, addressing co-morbidity, partnership with other organisations and capacity building.

E) Activities of WPA Public Mental Health Working Group

These are outlined in the following sections:

- 1) Defining public mental health
- 2) Engagement with other organisations on the public mental health agenda
- 3) Exploring public mental health understanding, practice, training, barriers and opportunities
- 4) Support for public mental health training
- 5) Dissemination of PMH relevant work
- 6) Other WPA Supported Public Mental Health Activities

1) Defining public mental health

Public mental health has not been well defined or understood and there are no terms for it in some languages. This contributes to lack of action on PMH issues. The WPA PMH Working Group therefore came to agreement on a PMH definition which was incorporated into an article published in Lancet Psychiatry (Campion et al, 2022).

2) Engagement with other organisations on the public mental health agenda

- Psychiatrists
 - Royal College of Psychiatrists (RCPsych): In 2021, the RCPsych launched a Public Mental Health Implementation Centre (PMHIC) which has several overlapping aims with WPA's PMH Working Group including collaboration, PMH training and supporting mental health needs assessments. Dr Afzal Javed met with Dr Adrian James (RCPsych President) and members of the RCPsych PMHIC to discuss collaboration including PMH training.
 - European Psychiatric Association (EPA): Professor Geert Dom (EPA President) is a member of the PMH Working Group, supported the setting up of an EPA Public Mental Health Section at the EPA 2023 Congress in Paris and is promoting the PMH agenda including on relevant training. A PMH symposium has been accepted for the EPA 2024 Congress in Hungary
- Global Alliance for the Mentally Ill (GAMIAN): GAMIAN-Europe has representation on the PMH Working Group
- Primary care - World Organisation of Family Doctors (WONCA): Professor Chris Dowrick (Past Chair of WONCA's Working Party for Mental Health) is a member of the PMH Working Group
- Public Health - World Federation of Public Health Associations (WFPHA)

- Engagement with WFPHA resulted in a webinar between WPA and WFPHA with Professor Bettina Borisch (Executive Director for WFPHA), Afzal and Jonathan
- WFPHA Public Mental Working Group: Jonathan presented at the WFPHA World Congress in Rome in May 2023 when WFPHA launched a PMH section which Jonathan is co-chairing.
- WHO
 - Mark van Ommeren (Public Mental Health Lead at WHO) is an observer on the PMH Working Group and presented at WPA WCP conference in Bangkok (August 2022)
 - Jonathan commented on a WHO World Mental Health Report 'Transforming Mental Health for All' (WHO, 2022)
- OECD: Afzal and Jonathan presented at two OECD meetings.
- UNICEF: Afzal and Jonathan met with UNICEF on 12/11/21 and 18/5/22. UNICEF subsequently presented at the WPA WCP conference in Bangkok (August 2022)

3) Exploring public mental health understanding, practice, training, barriers and opportunities

The WPA has been involved in the development and dissemination of an international survey to explore PMH understanding, practice, training, barriers and opportunities by different sectors at <https://www.kcl.ac.uk/research/an-international-study-on-public-mental-health-work-opportunities-and-training>. The survey is also being disseminated by European Psychiatric Association, World Organisation of Family Doctors (WONCA), World Federation of Public Health Associations (WFPHA) and GAMIAN-Europe.

4) Support for public mental health training

- PMH training for psychiatrists represents a particular opportunity for WPA in order to both address the treatment gap particularly in LMICs and also support action to address the prevention gap including identification of required actions by different sectors.
- The WPA PMH Working Group emphasised the importance of clarifying a core curriculum, training targets and milestones were identified.
- Examples of PMH training are highlighted at <https://www.wpanet.org/public-mental-health>.
- PMH training was recommended in the WPA Position Statement on High Quality Post-Graduate Training (WPA, 2022).
- Undergraduate PMH training is being recommended in an in press WPA report on PMH undergraduate training.
- PMH training and associated opportunities are being explored in the international PMH survey outlined in (3) above.
- Relevant engagement with RCPsych and EPA (see section 2).

5) Dissemination of PMH relevant work

a) Publications

- Campion J, Javed A, Saxena S, Udomratn P. Public mental health - the case and required actions. *World Social Psychiatry*. In press.
- Campion J, Javed A. WPA Working Group on Public Mental Health: objectives and recommended actions. *World Psychiatry* 2022 Jun;**21(2)**:330-331.
- Campion J, Javed A, Saxena S, Sharan P. Public mental health: An opportunity to address implementation failure. *Indian Journal of Psychiatry* 2022 March-Apr;**64(2)**:113-116.
- Campion J, Javed A, Lund C, Sartorius N, Saxena S, Marmot M, Allan J, Udomratn P. Public mental health: An overview and required actions to address implementation failure in the context of COVID-19. *Lancet Psychiatry* 2022 Feb;**9(2)**:169-182.
- Campion J, Javed A, Marmot M, Valsraj K. The need for a public mental health approach to COVID-19. *World Social Psychiatry* 2020;**2**:77-83.
- Campion J. Public mental health briefing on COVID-19. Geneva: World Psychiatric Association; 2020.

- Campion J, Javed A, Sartorius N, Marmot M. Addressing the public mental health challenge of COVID-19. *Lancet Psychiatry* 2020;**7(8)**:P657-659.
- Campion J. Public mental health. MindEd e-Learning Programme (469-0001). DH e-Learning for Healthcare; 2020. <https://www.minded.org.uk/Component/Details/632895>
- Campion J, Javed A, Vaishnav M, Marmot M. Public mental health and associated opportunities. *Indian Journal of Psychiatry* 2020;**62(1)**:3-6.

b) Presentations

- WPA WCP Congress (March 2021)
 - PMH panel discussion: Saul Levin (USA), Oye Gureje (Nigeria), Jonathan Campion, Virginia Rosabal (Costa Rica), Shui Yuan Xiao (China), Bhisma Murti (Indonesia)
 - PMH symposium: Michael Marmot, Santiago Levin, Jonathan Campion,
- WPA WCP Congress (October 2021): PMH presidential symposium: Shekhar Saxena, Ellie Karam, Jonathan Campion,
- WPA PMH Thematic conference in Lahore, Pakistan (March 2022) including Afzal and Jonathan
- PMH symposium at RCPsych International Congress (June 2022): Afzal Javed, Adrian James (RCPsych President), Maggie Rae (President of UK Faculty of Public Health) and Jonathan Campion
- WCP conference in Bangkok, Thailand (August 2022)
 - PMH pre-recorded symposium: Shekhar Saxena, Crick Lund, Jonathan Campion
 - WHO mhGAP pre-recorded symposium: Peter Hughes, Asma Humayun, Jonathan Campion
 - WHO Programmes: Soumitra Pathare, Mark Van Ommeren, Danuta Wasserman, Zeinab Hijazi (UNICEF)
- World Federation of Public Health Associations (WFPHA) conference in Rome, Italy (May 2023): PMH symposium with Jonathan, Professor Bettina Borisch (Executive Director for WFPHA) and Professor Jutta Lindert when PMH Working Group was launched
- RCPsych International Congress in Liverpool, UK (July 2023): PMH symposium with Dr Adrian James (Immediate Past President RCPsych), Dr Lade Smith (President RCPsych), Professor Kevin Fenton (President of Faculty of Public Health) and Jonathan who highlighted WPA PMH work
- Public mental health conference in Chandigarh, India (September, 2023): Jonathan and Afzal will present

6) Other WPA Supported Public Mental Health Activities

Please see WPA Public Mental Health website at <https://www.wpanet.org/public-mental-health>

- Report on Meeting about Public Health and Mental Health in Asia (2022)
- Webinars on addressing stigma

References

- Campion J, Javed A, Lund C, Sartorius N, Saxena S, Marmot M, Allan J, Udomratn P. Public mental health: Required actions to address implementation failure in the context of COVID-19. *Lancet Psychiatry* 2022;**9(2)**:169-182.
- UN. Sustainable Development Agenda. United Nations; 2016. <https://sdgs.un.org/2030agenda>
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- WPA. Action Plan 2020 2023. Geneva: World Psychiatric Association; 2020. Available from: <https://www.wpanet.org/action-plan-2020-2023>
- WPA. Position Statement on High Quality Training in Psychiatry. World Psychiatric Association; 2022.



WPA Working Group on Medical Students Final Report

The Working Group on Medical Students was established in December 2020.

Members: Professor Muhammad Waqar Azeem (Chair), Professor Howard Liu (Co-Chair), Professor Nazish Imran, Dr. Bernardo Ng, Dr. Khalid Bazaid, Professor Pronob Kumar Dalal, Professor Mohan Isaac, Dr. Sridevi Sira Mahalingappa

Advisor: Professor Afzal Javed (President WPA)

The remit of this working group includes:

1. To identify various area of promoting psychiatry as a career among medical students and develop recommendations for WPA's involvement in research, education and service development relevant to medical students.
2. To identify organizations, centers and individuals interested and willing to participate and promote WPA's action plan in promoting psychiatry among medical students.
3. To liaise with other WPA Action Plan Working Groups with a view to ensure that action plan regarding medical students is considered in the work of these group.
4. To support medical students around the world.

Meetings: Total 17 meetings including 2 in person meetings at World Congresses. Inaugural meeting on 21st December 2020, attended by Professor Afzal Javed. In addition, numerous subcommittees meetings.

Following are the salient accomplishments and activities of the Working Group:

Web Page:

Web page for Working Group on Medical Students was created on the WPA Web site. The web page includes Remit of the working Group, Members bios and pictures and salient activities of the Working Group.

<https://www.wpanet.org/wg-on-medicalstudents>

Videos:

Working Group released 2 videos:

"Why Psychiatry" Video conveys the relevance of Psychiatry in Medicine. The video includes presenters from this Working Group, medical students and psychiatry residents from around the world. Video is in English, Spanish, French and Russian.

www.wpanet.org/post/why-psychiatry-medical-student-group-video-now-available-online

Second Video is on **"Stigma and Mental Health"** and features medical students from Australia, Brazil, Canada, Ecuador, Egypt, Ghana, Indonesia, Nepal, Portugal, Thailand, Turkey and South Africa, discussing the impact of stigma on pursuing a career in psychiatry. Video was released in English, Spanish, French and Russian. <https://www.wpanet.org/post/wpa-medical-student-working-group-release-second-video>

Modules:

The Working Group created 3 modules:

1. Medical students wellbeing and selfcare
2. Stigma in psychiatry – barriers and solutions
3. Introduction to psychiatry – what and why of psychiatry

These modules were developed by international teams of psychiatry faculty and medical students and are available on the WPA Education Portal.

<https://www.wpanet.org/post/new-education-modules-from-medical-students-and-psychiatry-series-available-on-wpa-education-portal>

Medical Students Essay Competition for WPA Congress 2022 Bangkok and WPA Congress 2023 Vienna:

For WCP22 medical students essay competition, there were 147 entries from 39 different countries on the topic of “Breaking the silence: how is stigma a barrier to mental health”. The 2 winners were awarded \$1000 each to support their participation at the 22nd WPA World Congress of Psychiatry in Bangkok.

<https://www.wpanet.org/post/wpa-travel-award-winners-announced>

For WCP23, medical students essay competition on “Interface of physical and mental health”, 640 entries from 234 medical schools, 41 countries and 6 continents were received. The winner was awarded \$2000 scholarship to attend the 23rd WPA World Congress of Psychiatry in Vienna.

<https://www.wpanet.org/post/wpa-travel-award-winners-announced-for-wcp23>

Ebook:

Following the success of the WCP22 medical students essay competition, the WPA Working Group on Medical Students have released an eBook containing a compilation of the competition essays, including the two winning submissions.

https://842ec8b1-b9f5-4ba5-8bd5-99ef14e52367.usrfiles.com/ugd/842ec8_37c44814408c4f42ac2df80f39b0b5eb.pdf

Publications:

- A Hankir, A Tom, H Ibrahim, AH Rifai, D Shahwar, A Youseff, MW Azeem, A Javed, ZK Imam, R Zaman. A World Psychiatric Association initiative to increase interest in psychiatry as a career in Qatar medical students: A pilot study. *Psychiatria Danubina* 2020; 32 Suppl. 1: 135-138
- Ibrahim H, Tom A, Youssef A, Shahwar D, Imam Z, Rifai AH, Hankir A, Zaman R, Javed A, Azeem MW; The World Psychiatric Association Inaugural Student-Led Mental Health Conference to Increase Interest in Psychiatry as a Career in Qatar: A Pilot Study. *JAACAP*; 59(10): S206
- Imran N, Haider II, Mustafa AB, Aamer I, Kamal Z, Rasool G, Sharif MI, Azeem MW, Javed A; The hidden crises: COVID-19 impact on mental health of medical students in Pakistan. *Middle East Current Psychiatry* 2021; 28:45
- Bazaid K, Simas K, Bezzahou A. Impact of a virtual and traditional psychiatry clerkship on medical student attitudes. *Academic Psychiatry* 2021; 45 (6):738-741
- Azeem MW, Liu HY, Imran N, Ng B, Bazaid K, Dalal PK, Issac M, Javed A. WPA Working Group on Medical Students: current initiatives and future priorities. *World Psychiatry* (2022) 21 (2):328-330
- Karim Z, Javed A, Azeem MW. The effects of COVID-19 on Medical Education. *Pak J Med Sci* (Jan-Feb 2022) 38 (1):320-322
- Tahir SM, Imran N, Haider II, Mustafa AB, Rehman A, Azeem MW, Javed A. A study to evaluate the impact of COVID-19 on lifestyle of medical students. *Pak J Med Sci* (2022) 38(7): 1730-1736

- Liu H, Azeem MW, Imran N, Ng B, Bazaid K, Dalal PK, Issac M, Mahalingappa S, Javed A. WPA Working Group on Medical Students: new accomplishments and online resources. World Psychiatry (2023) (in press)

Events:

- Medical Students Conference to look at psychiatry as a career (Lahore, Pakistan; 2020)
- Qatar's Inaugural Medical Students Conference to promote psychiatry among medical students. Doha, Qatar; 2020
- Promotion of Psychiatry among undergraduate students. Ahmedabad, India; 2020
- "The Hidden Crises: Medical Students Mental Health" Virtual Seminar by WPA and IFMSA-Pakistan King Edward Medical University, Lahore, Pakistan, January 2021
- Promoting Psychiatry among Medical Students: WPA Initiative. Session at WPA Regional Conference Russia; May 2021
- Medical Students paper competition at the XXVII Congress of Mexican Psychiatric Society, Mexico City, Mexico, September 2021
- Medical Students Event on emotional wellbeing. King Edward Medical University, Lahore, Pakistan, September 2021
- Medical Students event on well-being and promotion of resilience and personal fulfilment. KEMU, Lahore, Pakistan, November, 2021
- Medical Students Session on emotional wellbeing and burn out at Faculty of Medicine Siriraj Hospital, Mahidol University. 22nd WPA World Congress of Psychiatry Bangkok, Thailand, August 2022
- Medical Students Session "Promotion of Psychiatry for Undergraduate Medical Students". WPA Thematic Conference, Hyderabad, India, September 2022
- Medical Students event on building emotional intelligence & resilience. KEMU, Lahore, Pakistan, September, 2022
- Medical Students Session "Well-being and Burnout among Medical Students: Challenges and Solutions". WPA Thematic Conference, Karachi, Pakistan March 2023
- Medical Students Session on Undergraduate Psychiatry Awareness. WPA Thematic Conference, Kolkata, India, April 2023
- Medical Students Videography Competition on the theme of Importance of psychiatry in the Medical Field. WPA Thematic Conference, Kolkata, India, April 2023
- Medical Students Essay Competition for Gulf / Middle East on "Reflections on Current and Future Innovation in Mental Health". WPA Thematic Conference, Abu Dhabi, UAE, May 2023
- Medical Students Session on promoting Psychiatry. WPA Thematic Conference, Yerevan, Armenia, June 2023
- Medical Students Session to promote Psychiatry and address burn out. 23rd WPA World Congress of Psychiatry 2023 Vienna, Austria, September 2023

Presentations:

- "The World Psychiatric Association Inaugural Student-Led Mental Health Conference to Increase Interest in Psychiatry as a Career in Qatar: A Pilot Study"; Presentation at the 67th Annual Virtual Conference of American Academy of Child & Adolescent Psychiatry, USA; October 2020
- "The US experience with free, open access clinical simulation modules in psychiatry"; Presentation at the Association of University Teachers of Psychiatry Annual Conference, United Kingdom; February 2021

- “Using a student run mental health conference to assess attitude towards mental illness amongst healthcare students in Qatar”; Presentation at 20th WPA World Congress of Psychiatry; March 2021
- “Education in Psychiatry”; Presentation at the 20th WPA World Congress of Psychiatry; March 2021
- “Initiatives of WPA Action Plan Working Group on Medical Students” Presentation at the Presidential Symposium on Undergraduate Education in Psychiatry, 21st WPA World Congress of Psychiatry, October 2021
- “Impact of COVID-19 on Medical Students around the Globe” Symposium, 21st WPA World Congress of Psychiatry, October 2021
- Symposium presentation “Importance of Psychiatry in Graduate Medical Education and as a Career” 22nd WPA World Congress of Psychiatry, Bangkok, Thailand, August 2022
- Symposium presentation “Promoting Psychiatry among Medical Students” 22nd WPA World Congress of Psychiatry Bangkok, Thailand, August 2022
- Symposium presentation “Virtual Learning in Psychiatry” 22nd WPA World Congress of Psychiatry Bangkok, Thailand, August 2022
- Original Film presentation on “Why Psychiatry” 22nd WPA World Congress of Psychiatry Bangkok, Thailand, August 2022
- Session on Action Plan: Medical Students. 23rd WPA World Congress of Psychiatry Vienna, Austria, September 2023
- Panel on Undergraduate Teaching in Psychiatry. 23rd WPA World Congress of Psychiatry Vienna, Austria, September 2023

Canvass of Mental Health Art Competition:

The art competition for students and trainees was held at WPA Thematic Conference, Lahore, Pakistan in March 2022. Coverage on WPA web site as YouTube presentation.

<https://www.youtube.com/watch?v=rbyJPku3bWM>

Ottawa Psychiatry Enrichment Program (OPEP):

OPEP is successfully conducted in 2021, 2022 and 2023 to promote psychiatry among medical students at University of Ottawa. Program is rated highly by medical students.

https://www.wpanet.org/files/ugd/842ec8_b34f12feb13d4695b112d136e12e9afc.pdf

https://www.wpanet.org/files/ugd/842ec8_cdca82915a1240c695f6a37711954b2b.pdf

https://mcusercontent.com/98a9ff0b264d6f7c78f9f1019/files/96f8729a-baf9-c42e-a274-57070d07b936/WG_Medical_Students_Ottawa_Psychiatry_Enrichment_Program_.pdf

WPA Position Statement on Promotion of Psychiatry among Medical Students:

WPA Working Group on Medical Students and International Faculty prepared and submitted the very much needed WPA Position Statement on Promotion of Psychiatry among Medical Students.

Survey on Psychiatry Curriculum among Undergraduate Medical Education:

WPA Working Group on Medical Students prepared and collected surveys from different countries around the globe on psychiatry curriculum among undergraduate medical education. Data analysis is in progress.

Future Directions:

1. Ongoing collaborations with various psychiatry and undergraduate medical education organizations around the world.
2. Social media campaigns to promote psychiatry among medical students and foster collaboration among medical student educators.
3. Curate free, peer-reviewed open access undergraduate medical education curricula in psychiatry to disseminate via the WPA.
4. Explore and advise on the role of technology in undergraduate medical education such as artificial intelligence, social media, virtual teaching, simulated patients, etc.
5. Develop a list of master educators willing to facilitate wellness, burnout, leadership and teaching workshops for medical students, resident physicians and teaching faculty in WPA zones and countries.
6. Serve as a trusted resource for the WPA in policy issues relevant to medical students and medical student education.
7. Disseminate WPA resources to medical students and medical educators through social media, partnership with psychiatry and educational organizations, etc.
8. Essay and Video Competitions for Medical Students at WPA World Congresses and WPA Thematic Conferences.
9. Presentations on issues related to medical students at WPA World Congresses and WPA Thematic Conferences.
10. Publications regarding various aspects of psychiatry undergraduate education, medical students well being and promotion of psychiatry among medical students.



Nothing About Us Without Us!

Report and Recommendations

WPA has been working towards inclusion of service users and family carers in all aspects of mental health for many years. Its recommendations on best practices in working with service users and family carers (World Psychiatry, 2011) resonate in its Madrid Declaration. The momentum was revived with the creation of the Advisory Group for Service Users and Family Carers and their work 2017-2020 (https://www.wpanet.org/files/ugd/842ec8_18f149d6daf3463eafe624b6f73120f4.pdf) and work continued since then with the Working Group on Developing Partnerships with Service Users and Family Carers (<https://www.wpanet.org/wpa-service-users-and-family-carers>).

Our work

According to our remit we were able to liaise and cooperate with many WPA components and activities in order to **promote meaningful and authentic involvement** of persons with lived experience as service users and family carers and developing partnerships with service users and family carers.

The WPA Working Group on Developing Partnerships with Service Users and Family Carers (DPSUFC) was actively involved in all World Congresses of the current triennium and will be so in Vienna in September 2023. **Congress participations** included symposia with wide ranging topics from somatic health of persons with mental health conditions to human rights and mental health and courses on alternatives to coercion in mental health care.

The latter was a consequence of one of our **cooperations** with another crucial WPA Working Group. Members of our group have enjoyed fruitful collaboration with the WPA WG on Implementing Alternatives to Coercion in Mental Health Care in research, education, and co-authorship of a position and other academic papers. Members of our WG have led an international consultation of service users and family carers on the topic of coercion, and all members of the WG were actively involved in shaping and disseminating the consultation survey resulting in 134 substantive responses from people in 20 countries.

Members of our WG also worked with the WPA WG on Volunteering and co-authored the WPA Position Statement on Social Justice for persons with Mental Illness. Our offer of assistance for sections when looking for persons with lived experience for co-operations on different topics and from different parts of the world was very well received again at WCP Bangkok in 2022.

Among other **educational materials** the Working Group on Developing Partnerships with Service Users and Family Carers produced two WPA webinars on 'There's no mental health care without Human Rights' and on 'The Why and How of successful partnerships between psychiatrists and service user and family/carer advocacy movements' (<https://wpa.learnbook.com.au/course/view.php?id=333> and <https://wpa.learnbook.com.au/course/view.php?id=336>) in 2023.

WG members Charlene Sunkel as Editor and Guadalupe Morales Cano as Commissioner of the Lancet Commission on ending stigma and discrimination in mental health (Lancet, 2022) brought their discussion on terminology and we therefore named our position paper **WPA Position Paper on developing partnerships with persons with lived experience of mental health conditions and family and informal carers**. It focuses on the obligations of professional psychiatric associations including WPA and its Member Societies to meaningful, authentic and sustainable involvement of persons with a personal experience of mental health conditions, family and informal carers and their representative organizations in all decision-making processes and policy and practice developments concerning mental health. The position paper was submitted to the executive committee in 2022 and we expect it to be adopted by the General Assembly at the WCP in September this year.

Our conclusions

The inclusion of people with lived experience of mental health condition and family and informal carers within WPA have proven that their perspectives add value in the field of psychiatry. Furthermore, these perspectives are essential to remain relevant and aligned with human rights across the mental health domains.

The excellent coordination and respectful practice including fair remuneration made effective value of time and expertise of persons with lived experience of mental health conditions and family and informal carers and can be considered good practice example for organizations and institutions around the globe with key components of collaboration: respect, transparency and democracy.

Our recommendations

Continual work is needed to be sure that the input of people with lived experience of mental health conditions and their families and informal carers are included in all aspects of the WPA activities. We think that their more permanent presence would best be created by means of making it a permanent advisory group to the WPA.

Moreover, we would like to see service users and family carers added to more currently active groups in education, research and service development. It would be best if they could be embedded in the groups so that they can be involved in planning from the beginning. For example, training programs should involve expertise of people with lived experience so that psychiatrists in training understand their perspective.

Effective and meaningful inclusion of persons with lived experience of mental health conditions and family and informal carers in WPA needs cooperations right from the start of projects including fair and transparent budgeting.

We recommend WPA to continue to serve the psychiatrists of the world with guidelines and skills for authentic and meaningful work in partnership with persons with lived experience of mental health conditions and family and informal carers in all aspects of service planning and delivering, quality control, research and policy development.

Authors: *Miia Männikkö, Guadalupe Morales, Martha Savage, Charlene Sunkel, Spyridon Zormpas, Michaela Amering, Afzal Javed, Roger Ng, Maria Rodrigues*



THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) was established in December 2020, and includes 3 coordinators, 7 members and 6 advisors.

- Coordinators: John Allan, Silvana Galderisi and Helen Herrman
- Members: Michaela Amering, Neeraj Gill, Andreas Heinz, Guadalupe Morales, Soumitra Pathare, Maria Rodrigues, Martha Savage
- Advisors: Paul Appelbaum, Shigenobu Kanba, Pratima Murthy, George Szukler

WORKING GROUP TASKS

- To identify topics related to the improvement of the quality and safety of mental health services and implementation of sound alternatives to coercion, that are of interest for all stakeholders, and develop recommendations for WPA's involvement in research, education and service development based on best practices and promoting quality and safety of mental health services.
- To identify member societies, institutions and individuals interested and willing to participate in WPA's programs of research, service development and education related to the implementation of alternatives to coercion.
- To liaise with the other WPA Action Plan Working Groups focusing on quality and safety of mental health services, respect for dignity and human rights of people with mental disorders, and related advocacy activities.

THE WG WORKPLAN

Dissemination of Knowledge generated by the WG activities

- Case studies
- Website
- Publications

Engagement with WPA Member Societies

- Consultation on the WPA Position Statement
- Design and international seminar on Alternatives to Coercion
- Survey of potential

partners to Development of tools and resources

- Survey of existing tools and resources
- Design tools and resources (learning modules for the WPA educational portal)

support engagement

COMMUNICATION/DISSEMINATION ACTIVITIES

Logo Design - Group consultation on the Logo for the Working Group



Website

As one of the first steps, the WG's webpages under the WPA website were re-organized (introduction to the Working Group, its tasks and objectives, members' presentations) and published in April 2021; the pages are keeping updated in accordance with the changes/achievement of new goals and topics.

<https://www.wpanet.org/alternatives-to-coercion>

22nd WPA World Congress of Psychiatry, 3-6 August 2022 in Bangkok

Course title: Alternatives to coercion

Course Directors: Silvana Galderisi, Helen Herrman, John Allan

Course Faculty: Helen Herrman, Silvana Galderisi, John Allan, Guadalupe Morales, Michaela Amering

23rd World Congress of Psychiatry, Vienna, on 28 September – 1 October 2023

Course Title: Alternatives to Coercion: Changing our practice and promoting human rights

Course Directors: John Allan, Silvan Galderisi, Helen Herrman

Course Faculty: Michaela Amering, Guadalupe Morales, Martha Savage

Contributions to the Q2 WPA Newsletter

COLLABORATION WITH WHO

- Review of the document “WHO good practice guidance document on community based mental health services promoting human rights and recovery”
- Participation in the “Collaborators Meeting: Communication and dissemination on the WHO good practice guidance document on community-based mental health services”, to provide advice on the dissemination plan of the WHO document
- Participation in the QR e-training launch meeting
- Joint WHO-WPA paper “Bringing together the WHO QualityRights Initiative and the WPA position statement on implementing alternatives to coercion in mental health care – Working towards a common overarching goal” - British Journal of Psychiatry Open

MEETINGS

- Coordinators’ monthly meetings
- 9 virtual Working Group meetings

FUNDRAISING ACTIVITIES

To ensure the possibility to continue the Working Group activities and projects, a fundraising activity has been put in place, through contacts with some Associations. **RANZCP** and the **Japanese Society of Psychiatry & Neurology** supported the Group.

PUBLICATIONS

- WPA Position Statement and Call to Action: Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care
- Themed issue of the British Journal of Psychiatry Open “Human rights based mental health care: New developments”
- Invited article for the February 2022 issue of World Psychiatry on “WPA Position Statement on Supporting Alternatives to Coercion in Mental Health Care”
- Case Studies of examples in India, Colombia, Australia and New Zealand

WORK (still) IN PROGRESS

1. WPA Webinars:
 - a. Alternatives to Coercion ‘Five top tips for implementing alternatives to coercion’ (next September)
2. Member Society consultation <https://www.wpanet.org/survey-2022-alternatives-to-coercion>
3. Consultation with service users and carers, in collaboration with the Working Group on Partnerships with Service Users and Carers
4. Dissemination of the Case Studies



(1) Background of the Working Group

The World Psychiatry Association (WPA) Volunteering Working Group (WG) has been convened by the WPA President to carry out work related to the President's 2020-2023 Action Plan, particularly capacity building. The WPA WG on Volunteering has been set up to enhance training opportunities for member organisations in countries who would value assistance from volunteer trainers from other member countries across the world.

(2) Aims and objectives

The WPA Volunteering platform aims to link interested organisations so the expertise and experience of volunteer trainers can contribute to the development of skills and knowledge and confidence of those psychiatrists and their trainees, as well as other mental health professionals who have less access to training opportunities and education.

(3) Working Group Leadership Team

- Co-Chair: Roger M. K. Ng (Hong Kong; China)
- Co-Chair: Sophia Thomson (UK)
- Secretary: Egor Chumakov (Russia)
- WG Members: Peter Hughes (UK), Bernardo Ng (Mexico), Marc H.M. Hermans (Belgium), Jacques van Hoof (Netherlands), John Allan (Australia), Martha Savage (New Zealand)

(4) Guidelines and documents available online

Currently, all information about the WPA Volunteering Programme and documents related to the WPA Volunteering Programme are available on the official WPA Volunteering WG webpage:

<https://www.wpanet.org/wg-on-volunteering>

(5) Achievements so far

Although the volunteer work was originally expected to be done in person when the WPA Volunteering WG was formed, the circumstances surrounding the COVID-19 pandemic have significantly impacted these plans. Therefore, the WPA Volunteering WG activities focused on the implementation of volunteering work in different countries through support for online volunteering. Active interaction among the WPA Volunteering WG members made it possible in the first months of work to identify countries willing to participate, and Mexico was chosen as the location for the pilot project.

The pilot project was launched on April 7th 2021 at San Juan de Dios Hospital, Zapopan, Mexico. A significant contribution to the launch of the project was made by the WPA Volunteering WG members: Dr. Jacques van Hoof (Netherlands), who acted as a volunteer and participated in all steps of the preparation of the pilot project, and Dr. Bernardo Ng (Mexico) as host representative, who was able to select and organize the location for the pilot project. The pilot project focused on psychotherapy in relationship with brain mechanisms. Between April 7th and June 30th, 2021, six online sessions in English were conducted with 10 early career psychiatrists and psychiatry residents. During the session, lectures were given, and a lot of attention was paid to answering trainees' questions and live communication. The report about the Pilot Volunteering project in Mexico is published in World Psychiatry (February 2022; DOI: 10.1002/wps.20952).

The second pilot project in Pakistan was organised with the participation and support of WPA President Prof. Afzal Javed and Prof. Iqbal Afridi, Dean of College of Physicians & Surgeons in Pakistan. The training team included both WPA Working Group on Volunteering members (Dr Marc Hermans, Dr Sophia

Thomson) and senior colleagues from Pakistan (Professor Nazish Imran, Dr Qurrat Ulain, Dr Jawed Dars and Dr Baloch), who worked together at all stages of the preparation and implementation of the project. It was the teamwork that brought the training closer to the practical needs of the trainees and adapted it to the cultural background of the host country. A total of 9 online sessions of 2 hours each were conducted in English. Thirty trainees from 23 different Institutions across Pakistan participated in the pilot project. The trainers created a comfortable environment for interactive learning and maximum participation of the trainees in the learning process, e.g., through the presentation of clinical cases for discussion prepared by trainees with help from Pakistani team members. Pre-post course evaluation revealed significant improvement in knowledge and skills gained in different topics covered in course. The report about the Second Pilot Volunteering project in Pakistan is published in MedEdPublish (2022; DOI: <https://doi.org/10.12688/mep.19337.1>).

The evaluations of 2 recent pilot projects demonstrated excellent feedback from trainees and senior psychiatrists participating in training. The participating trainee psychiatrists' pre- and post- evaluations demonstrated a statistically significant improvement in confidence and skills and many comments showed that the course was enjoyed and appreciated. Feedback from the volunteer trainers have also reported a high level of satisfaction with the teaching work and a great sense of commitment to future volunteering work. An additional important outcome of the project is that there is an active discussion within the Pakistani colleagues about the possible future development of child and adolescent psychiatry as a sub-specialty fellowship in Pakistan.

(6) Ongoing projects

WPA Volunteering projects in Guatemala, Honduras and Libya are being prepared. Preliminary meetings have been held with representatives of these countries. WPA Zonal Representatives are involved in the preparation of the WPA Volunteering Programme in these countries.

We have just had a very successful meeting with colleagues in Libya and Tunisia and plans have been agreed for senior colleagues in Tunisia to give online training in Psychopharmacology to colleagues in Libya. Professor Amine Larnaout in Tunisia also offered placements at his hospital in Tunisia for trainees from Libya for a few months. We await details of their plans.

(7) Ways forward

The WPA Volunteering platform is now being made available to all WPA Member organisations. Member organisations who would like to request assistance with training in any area of psychiatry are welcome to have a conversation with the two co-leads of the WPA WG on Volunteering to discuss their needs and to understand how the WG can link them with suitable volunteer trainers. Member organisations with psychiatrists who would like to offer their skills and time on a voluntary basis are also invited to speak with the two co-leads.

Authors: Roger M. K. Ng, Sophia Thomson, Egor Chumakov



The World Psychiatric Association (WPA) Geopsychiatry Action Plan Working Group (WG) was established in June 2022. Geopsychiatry is an exciting new intersectoral field focusing on the interface between geopolitical events and their impact on practice of psychiatry across all ages and subspecialties^{*}.

Terms of Remit:

To identify topics related to geopsychiatry that are of substantial interest for psychiatry and create recommendations for WPA's involvement in problem-solving research, policy, practice, teaching, and service development of that type relevant to mental health/mental illness across the globe.

To support member societies, institutions and individuals interested and willing to participate in WPA's programs of research, service development and education related to geopsychiatry

To communicate with other international organisations with a view to ensure that geopsychiatry issues are considered in the work of these groups and vice versa.

Membership: *meetings every month.*

Albert Persaud,

Institute of Psychiatry, Psychology & Neuroscience, King's College London, London. United Kingdom
Co-Chair, World Psychiatric Association Geopsychiatry Action Plan Working Group.

João Mauricio Castaldelli-Maia:

Professor of Psychiatry, Department of Neuroscience, Medical School, Fundação do ABC, Santo André, SP, Brazil

Co-Chair, World Psychiatric Association Geopsychiatry Action Plan Working Group.

Pichet Udomratn

Professor, Department of Psychiatry: Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand

Kanthee Anantapong.

Professor, Department of Psychiatry: Faculty of Medicine, Prince of Songkla University, Songkhla, Thailand

Padmavati Ramachandran

Director at Schizophrenia Research Foundation (SCARF, India).

Helena Ferreira Moura

Professor, University of Brasilia, Faculty of Medicine, Department of Internal Medicine. Brazil

Dinesh Bhugra [CBE](#).

Professor Emeritus Mental Health and Cultural Diversity, King's College London, London, United Kingdom.

Professor Javid Afzal

President of the World Psychiatric Association

Activities:

Scientific Articles

Our group have produced 2 State of the Art discussion documents titled;

[WPA Migration and Mental Health: The Perspectives from Geopsychiatry](#)

[WPA Geopsychiatry; climate change and geopolitical determinants of mental health](#)

Which will be launched at the WPA Congress in Vienna Austria at the end of September 2023; in addition, an abridged paper titled; *Geopsychiatry Perspective: climate change, migration, and mental health* – is being edited for publication.

A World Health Organization commissioned paper titled- *Geopolitical Determinants of Mental Health and Global Health Inequities*-has been submitted and expected to be published in January 2024.

Contributed a chapter titled- *Social justice and policy - The role for mental health professionals in promoting social justice* for a book- *Social Justice, Social Discrimination and Mental Health: Theory, Practice, and Professional Issues*.

Provided a chapter titled -*Geopsychiatry and social psychiatry* for the *Oxford Textbook of Social Psychiatry* published end of 2022. This chapter discusses the geopolitical determinants of mental health and proposes that a greater focus on these factors can improve patient care, through strengthened advocacy, research, policy, and practice.

*International Review of Psychiatry Special Issue-

Our group co-chair, João Mauricio Castaldelli-Maia, guest edited a special issue on Geopsychiatry for the International Review of Psychiatry. A selection of 15 papers

(<https://www.tandfonline.com/toc/iirp20/34/1?nav=tocList>).

Key topics covered in this issue include (but are not limited to):

- The intersection of cultural psychiatry and global mental health,
- The impact of geopolitical determinants on mental health and psychiatric disorders,
- Methodological challenges in conducting global mental health research,
- The role of digital health interventions in global psychiatry,
- The potential influence of climate change on mental health outcomes.

The WPA Action Plan Group has developed and utilized the Community Assessment of Psychic Experiences (CAPE) in various contexts. This widely-used self-report questionnaire measures the presence and impact of psychotic-like experiences, and is an important tool for assessing individuals' mental health and well-being.

The paper titled "**CAPE Vulnerability Index**" (published in the International Review of Psychiatry, 2021 <https://pubmed.ncbi.nlm.nih.gov/32293208/>) introduces and explicates the Compassion, Assertive action, Pragmatism, and Evidence (CAPE) Vulnerability Index, a vital instrument designed by Albert Persaud to identify countries in need of foreign aid and determine the prioritization of such assistance. Authored by Albert Persaud et al., this study uses mental health as the foundation for its analysis.

The second edition **CAPE Vulnerability Index** has been completed and will be published soon,

The paper titled **"Global mental health and climate change: A geo-psychiatry perspective"** (published in the Asian Journal of Psychiatry, 2023 <https://www.sciencedirect.com/science/article/abs/pii/S187620182300117X>) presents an innovative approach to understanding the impact of global environmental and geopolitical factors on mental health.

The paper titled **"CAPE Vulnerability Index: Compassion, Assertive Action, Pragmatism and Evidence - Version for Latin America and the Caribbean (CAPE VI - LAC) 'Globalisation, conflict, climate change, natural disasters: putting mental health into foreign policy'"** (published in the Anales de la Facultad de Ciencias Medicas, 2021 http://scielo.iics.una.py/scielo.php?pid=S1816-89492021000100021&script=sci_abstract&tlng=en) introduces the CAPE Vulnerability Index as a tool for identifying countries in Latin America and the Caribbean (LAC) region that should be prioritized for foreign aid. The index is designed to guide bi-lateral agreements by incorporating mental health as a fundamental aspect.

Participation in Global/WPA Events

Our group has presented at many events and has proudly represented the WPA Geopsychiatry Action Plan Group at several global events. Notably, we participated in the WPA meeting in Bangkok, Thailand in 2022, followed by two significant WPA events in Karachi and Lahore, Pakistan in 2023. These events not only provided us the opportunity to interact with professionals and experts globally but also allowed us to present and discuss our research and work. Our group mentor and member, Dinesh Bhugra has been particularly proactive and participated in numerous events, contributing effectively to the knowledge exchange.

Global Webinars

Our group has participated in many webinars where the concept of Geopsychiatry was discussed. These included:

The Geopsychiatry, Royal Society for Public Health, WPA Webinars

The group took an active part in the WPA webinar in collaboration with the Royal Society for Public Health in December 2022. The topic, *"Geopolitical Determinants on Mental Health,"* attracted a wide audience. Experts in the field highlighted the significance of geographical and political elements in determining mental health outcomes, emphasizing the need for comprehensive strategies in dealing with such complex issues. A paper arising from this event has been accepted by Think Global Health an Initiative from the Council on Foreign Relations in the USA. The webinar can be accessed at: <https://www.youtube.com/watch?v=Omt-ERITy7s>

This webinar followed an earlier, successful event lead by Persaud and Bhugra *Geopolitical Determinants of Health* <https://youtu.be/sUWn4-nlIrM>

An insightful webinar titled "Geopsychiatry - Geopolitical Determinants of Mental Health: Displacement and Gender-Based Violence" is scheduled on Wednesday, 15th November 2023, from 1:00pm to 2:15pm (GMT). This webinar aims to unravel the complex interplay between mental health, displacement, and gender-based violence under the broader umbrella of geopolitical determinants. We are keen to foster robust discussions and insights during this session.

Centres for Geopsychiatry

Five Centres for Geopsychiatry has been established across the globe -more will be announced in the coming months.

Some selected Geopsychiatry publications.

Persaud A, Bhugra D, Valsraj K, Bhavsar V. Understanding geopolitical determinants of health. *Bull World Health Organ.* 2021 Feb 1;99(2):166-168. doi: 10.2471/BLT.20.254904. Epub 2021 Jan 7. PMID: 33551512; PMCID: PMC7856359.

Persaud A, Valsraj K, Gnanapragasam S, Tribe R. Time for hard choices: A new global order for mental health. *Int J Soc Psychiatry.* 2023 Feb;69(1):227-228. doi: 10.1177/00207640221112538. Epub 2022 Aug 17. PMID: 35979543.

Persaud, A., Day, G., Bhugra, D., Castaldelli-Maia, J. M., Torales, J., Valsraj, K., Bhavsar, V., Watson, C., Clissold, E., & Ventriglio, A. (2021). CAPE Vulnerability Index. *International Review of Psychiatry*, 33(1-2), 43–55.

Bhugra D, Ventriglio A. Overpopulated planet, and mental health? *International Journal of Social Psychiatry.* 2023;69(1):3-4. doi:10.1177/00207640231151774 1.

Bhugra D, Ventriglio A (2023): . Political determinants of mental health. *International Journal of Social Psychiatry.* 2023;69(3):521-522. doi:10.1177/00207640231168544

Bhugra D, Ventriglio A. (2023): Commercial determinants of mental health. *International Journal of Social Psychiatry.* 2023;0(0). doi:10.1177/00207640231175047

Bhugra D, Ventriglio A. (2023): Geographical Determinants of Mental Health. *International Journal of Social Psychiatry.* 2023;69(4):811-813. doi:10.1177/00207640231169816

Anantapong, K, Sampson, EL, Davies, N. A shared decision-making model about care for people with severe dementia: a qualitative study based on nutrition and hydration decisions in acute hospitals. *Int J Geriatr Psychiatry.* 2023;e5884. <https://doi.org/10.1002/gps.5884>

Ornell F, Benzano D, Borelli WV, Narvaez JCM, Moura HF, Passos IC, Sordi AO, Schuch JB, Kessler FHP, Scherer JN, von Diemen L. Differential impact on suicide mortality during the COVID-19 pandemic in Brazil. *Braz J Psychiatry.* 2022 Nov 24;44(6):628-634. doi: 10.47626/1516-4446-2022-2581. PMID: 35839315; PMCID: PMC9851756.

Ornell F, Borelli WV, Benzano D, Schuch JB, Moura HF, Sordi AO, Kessler FHP, Scherer JN, von Diemen L. The next pandemic: impact of COVID-19 in mental healthcare assistance in a nationwide epidemiological study. *Lancet Reg Health Am.* 2021 Dec;4:100061. doi: 10.1016/j.lana.2021.100061. Epub 2021 Sep 3. PMID: 34518824; PMCID: PMC8427141.

Work in Progress

Geopsychiatry academic training modules

As part of our future, the WPA Action Plan Group has embarked on a mission to produce a series of short *Geopsychiatry academic training modules* led by Helena Moura. Recognizing the intersection of geographic, environmental, and geopolitical factors with mental health, these educational modules will shed light on how these factors influence the mental wellbeing of individuals and communities. The design of these modules will follow a multimedia approach, primarily comprising short video packages, facilitating easier comprehension and engagement.

WPA Vienna September 2023

Our group will hold two State-of-the-Art symposiums and a plenary session led by Dinesh Bhugra at the upcoming WPA Vienna in September 2023. The sessions will delve into the latest advancements and research in our field.

"CAPE Vulnerability Index - Role of Global Vulnerability and Mental Disorders"

The symposium, under the chairmanship of Albert Persaud will provide an in-depth understanding of the methodology, design, and real-world utility of the CAPE Vulnerability Index, João Mauricio Castaldelli-Maia will discuss the implications of the Index in the context of Latin America and the Caribbean. Jibril I.M Handuleh will take the baton next, focusing on the application and outcomes of the CAPE Vulnerability Index in Africa

"Geopsychiatry: Geopolitical Determinants of Mental Health - a global perspective"

Chaired by Dinesh Bhugra, this symposium offers a comprehensive exploration of the emerging field of Geopsychiatry. Antonio Ventriglio will start the session by giving a bird's eye view of geopolitical determinants of mental health from a global perspective. Helena Moura will discuss the intersection of these determinants and the climate crisis. Finally, Kanthee Anantapong will present the perspectives from Geopsychiatry on migration and mental health.

In addition, we have an open session dedicated to the development of Geopsychiatry research, policy, and clinical practice.

Textbook on Geopsychiatry:

The Group is working tirelessly on a significant project: a comprehensive textbook on Geopsychiatry. We believe that this endeavor will help consolidate and share our profound understanding of the interface between geographical factors and psychiatric illnesses.

Our textbook is intended to be a cornerstone resource for students, practitioners, and researchers in the realm of Psychiatry. By delving into the influence of geopolitical, cultural, economic, and environmental determinants on mental health, it aims to provide a holistic and nuanced understanding of psychiatric disorders in various global contexts.

Given the breadth and depth of the subject matter, we are committed to making the content engaging, accessible, and pedagogically sound. The textbook will include comprehensive chapters, real-world case studies, latest research findings, and expert insights to facilitate a well-rounded learning experience. Our goal is to spark thought-provoking discussions, inspire further research, and empower informed, culturally sensitive, and effective psychiatric practice worldwide.

Webinars

We are discussing 2 more Geopsychiatry Royal Society for Public Health, WPA State of the Art webinars.

Papers:

We have been communicating with colleagues at the **Institute for Health Metrics and Evaluation** USA, with a view to collaborating to produce the *third edition of the CAPE Vulnerability Index*. We acknowledge the advice and information they have shared.

A CAPE Vulnerability Index: Compassion, Assertive Action, Pragmatism and Evidence - Version for Africa is being developed with colleagues in Africa. A similar version for Asia is evolving.

We are drafting a paper on how the CAPE Vulnerability Index can prioritize mental health funding for the Climate Crisis in Low- and Middle-Income Countries.

Presentations

Presentations on Geopsychiatry, Geopolitical Determinants of Mental Health and the CAPE Vulnerability Index will continue in the coming year. These include:

Geopsychiatry Symposium at COP 28 in Brazil 2024 (possibility)

And a long-awaited presentation with:

UK Members of Parliament and from the House of Lords on Utilizing CAPE Vulnerability Index in Foreign Aid as a Mental Health Foreign Policy goal

Status of this Group

It is proposed that this Action Plan Group be escalated to a World Psychiatric Association Geopsychiatry Special Interest Group (WPAGSIG). This will require an expanded active membership to include a wider cross section of individuals, professions, disciplines to include economist, humanitarians, geographers, politicians, NGOs, entrepreneurs. cartographers, media.

Contact; info@geopsychiatry.com

Author: Albert Persaud, on behalf; WPA Geopsychiatry Action Plan Group



The WPA Education Portal is a notable achievement of the 2020-2023 Action Plan. The availability of highly informative and relevant modules provides mental health professionals around the globe (especially those in low-and-middle-income countries) unparalleled opportunities to learn and to update their psychiatric knowledge and skills. Such enhancement of knowledge and skills directly translates into enhanced mental health capacity and improved access to care by patients in these underserved populations.

Background:

Before the Education Portal was established WPA's Education materials were housed on the WPA website. A large proportion of the resources were dated and, in some cases, incomplete. These resources were also in PDF format with limited interactivity for learners.

Since our foundation in 1953, WPA's goal has been to share practical skills and knowledge across the globe. With capacity building a key focus in the 2020-23 Action Plan, it was critical WPA reviewed its education capabilities. With some 70% of university psychiatric faculty members concentrated in just 30% of countries in the world, access to quality mental health education was not easily accessible for everyone. e-technology was identified as the way WPA could reach and educate even more psychiatrists and their communities especially in lower- and middle-income countries. In 2020, WPA received an unrestricted grant from TEVA pharmaceuticals for US\$70,000 to develop WPA's new Education Portal.

The Technology

The former Communications Consultant, Andrea Pound, with support from the Secretary of Education, Roger NG, undertook a needs analysis to determine what WPA needed in terms of functionality, cost and access requirements. All options in the market were researched to identify the most suitable platform for WPA's Education Portal.

The technology selected for The Education Portal was Learnbook. This Learning Management System is a subscription service using Moodle technology. Moodle is the leading technology in this space. It is a robust, secure and integrated system used by universities across the globe.

Over the coming months the portal will be upgraded to a new platform. There will be minimal disruption to users as the transition takes place and once complete there will be opportunities to make the portal even more engaging.

In addition to the Learnbook platform, WPA has an education zoom subscription to enable WPA to deliver live webinars.

Setup and Implementation (2020)

In July 2020, Catherine Devine was appointed as the Education Coordinator to set up and deliver the project.

The WPA website housed almost 250 education resources. To determine what could be migrated to the Education Portal, a comprehensive review of each resource took place.

The Education Portal was a blank canvas, so the architecture of the platform was determined. From over 250 existing education resources only 16 were identified as suitable to migrate to the new platform. The relevant existing resources were updated where required and loaded onto the portal. There were also several courses that had been developed in anticipation of the portal, so these were also added prior to launch.

Launch of Education Portal

The Education Portal was launched in January 2021. It was never in doubt that the portal would be a valuable tool – but nor had we envisaged the overwhelming response. Within days of launching the system, **over 1,000 mental health professionals** registered to access WPA’s learning materials (more than double our initial technical subscription). **More than 3,000 website visitors** read our news stories related to the Education Portal and close to **4,000 viewed** the Education Portal webpage.

Growth and Expansion

Through the Education Portal, WPA enhances education and training opportunities for psychiatrists, health professionals, students of relevant specialties, service users and carers all over the world. In particular, it supports those in LMIC who might not otherwise have access to many of the educational curricula and tools.

The portal has continued to evolve with the addition of relevant and up to date resources since its inception with new materials and resources continuing to be developed on current and relevant topics facing the world’s mental health community. Focus continues to remain on:

- Developing any static content that is currently available, making it more interactive and accessible to a broader group of learners
- Where possible, translating content that is currently available in a single language so that it is accessible to a broader group of learners
- Identifying and developing new content based on the emerging needs of WPA stakeholders
- Enabling, developing and delivery of quality training programs that support medical graduates and trainees, especially those in LMIC
- Developing educational curricula that focuses specifically on improving interventions to treat mental disorder, prevent mental disorder and promote mental wellbeing

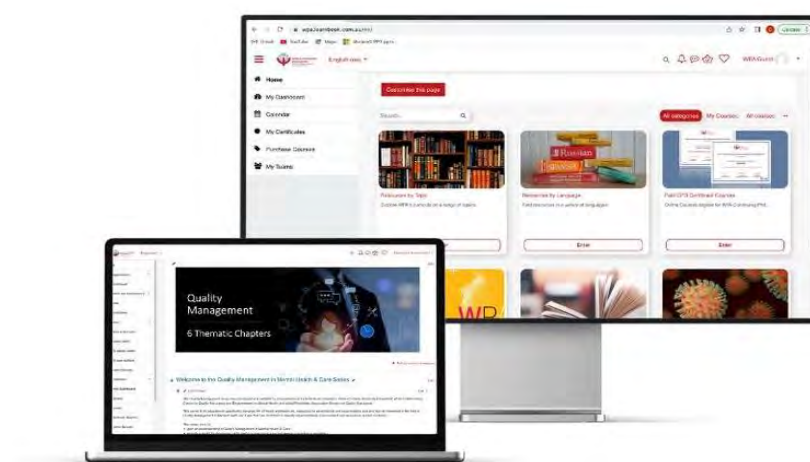
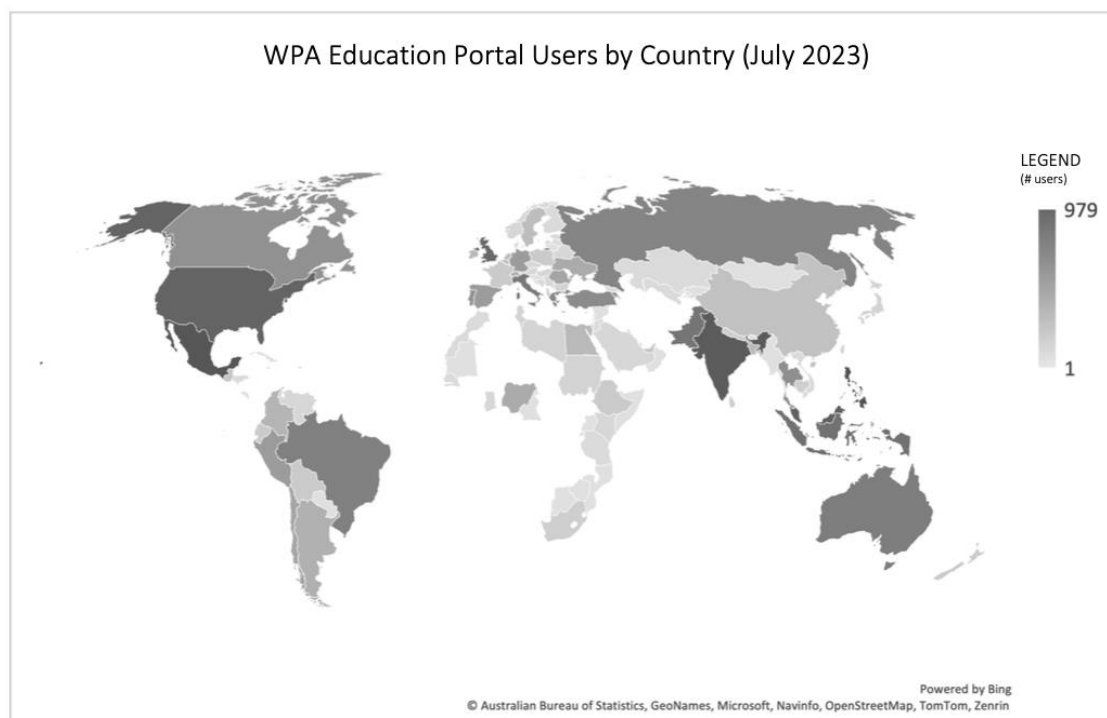
During COVID, WPA’s educational materials and the virtual nature of the portal became more important than ever before given the restriction of face-to-face educational opportunities. During these difficult times, WPA responded with offering virtual courses and live webinars. Most notably the Psychotherapy course that took place in April 2021 was an overwhelming success with over 1,000 registered and almost 600 attending.

Even with COVID restrictions relaxing in recent years, people still widely connect virtually. WPA continues to offer webinars, both WPA run and hosted by others, on relevant topics across time zones and in different languages. Following each live event, recordings are made available via the Education Portal. A large proportion of these webinars are made possible by unrestricted educational grants from Viatrix and Gedeon Richter Plc.

The portal also houses a comprehensive collection of education modules covering key topics relevant to the mental health globally. Education modules include such interactive elements as recordings of live events, presentations, self-assessment opportunities and recommended readings. Learners are also able to purchase CPD Certificates for a nominal fee of US\$15 and associated CPD points for a large proportion of WPA’s educational resources.

Today, WPA's Education Portal has **2,543 subscribers** from **114 countries**, houses **123 individual education resources** and offers materials in **21 different languages**. An additional 15 resources will be added in the coming months with 11 resources scheduled for upload and another 5 under development. Content continues to be developed and created by WPA's experts and members across the globe. A full list of resources on the portal is included in the table you can view [here](#) and includes links directly to the portal.

WPA would like to express sincere gratitude to the authors and contributors who have dedicated their time and expertise in creating and developing content for the Education Portal. Their valuable efforts have helped make the platform the success it is today. Above all, WPA would like to extend a special acknowledgement to our learners from all corners of the world. It is for them that this platform was created. Their engagement and commitment to learning has been the driving force behind the portal's evolution. We are deeply thankful to all those who have contributed to the growth and success of WPA's Education Portal. Together, we are empowering learners globally and making a positive impact in the world of education and mental health.



Author: Catherine Devine, Education Coordinator



Stigma, the pervasive devaluation and marginalization of people with mental illnesses has become a matter of major concern for public health officials, academics in social psychiatry, and an important practical issue for health providers involved in the care of people with mental illnesses. Stigma is attached to mental illnesses and to all that touches it, i.e., mental health services, psychiatrists, mental health workers, psychotropic medications, families of those suffering from mental illness and other people taking their care and institutions in which people with MI are treated.

It is time to end all forms of stigma and discrimination against the people with mental health conditions, for whom there is double jeopardy: the impact of the primary condition and the severe consequences of stigma.

Numerous National and International organizations have now included stigma reduction as one of their policy aims. The World Psychiatric Association (WPA) includes a programme in its current Action Plan aiming to increase knowledge and skills necessary for work in the field of mental health and care for individuals living with mental illnesses.

WPA, through its network of international members is carrying out several activities to reduce stigma associated with mental disorders. Stigma is universal, however in developing countries it is highly prevalent, and it results in the treatment gap. Keeping this in mind the current leadership of the WPA has formed a special task force on fighting stigma, especially in Asian region.

The Asian Task Force on Stigma has four major goals:

1. To carry out a critical review of studies looking at stigma in Asian countries focusing on preferences with high income countries, with special focus on role of traditional healers and success of the existing healthcare system.
2. To carry out critical review of literature of intervention programs focusing on failure and success of the program and lessons for the low-income countries.
3. To disseminate information about stigma due to mental disorders through academic symposium and webinars.
4. To come up with culturally appropriate and sensitive interventional plans for Asian region.

The WPA Asian Task Force on Stigma has planned webinars on the following dates with expert speakers in this field. Kindly note down the date and circulate the same in members and fellows of your country to help this movement in reducing stigma associated with mental disorders.

Following are the details of webinars conducted till date:

1. Fight against stigma: an unmet need for practicing psychiatrists (by Dr Mrugesh Vaishnav, India)

Historical and Contemporary Perspective (by Dr. Vinay Lakra, Australia),

Prevalence of Stigma and its Impact (by Dr. Vinay Kumar, India),

Intervention Program to Reduce Stigma (by Dr. Kapila Ranasinghe, Sri Lanka)

2. Ending stigma and discrimination (published in *Lancet*) by Prof. Sir Graham Thornicroft (London)

Panellists: Prof. Armen Soghoyan (Armenia), Dr. Ghulam Rasool (Pakistan), Prof. Brig. Gen.(Retd.) Dr. Md. Azizul Islam (Bangladesh), and Prof. Andi. J Tanra (Indonesia).

3. Reducing the stigma of mental disorders: new paradigms by Prof. Norman Sartorius (Switzerland)

Panellists: Prof. Wang Xiaoping (China), Dr. Robert Buenaventura (Philippines), Dr. Chan Kit Wa, Sherry (China)

4. LGBTQ+ mental health: are we narrowing the gap? By Prof. Petros Levounis (USA)

Panellists: Dr. Chawanun Charmsil (Thailand), Prof. Bernardo Ng (USA), Dr. Taiwo Lateef Sheikh (Nigeria), Dr. Ramune Mazaliauskiene (Lithuania)

5. Stigma in child and adolescent mental health by Prof. Tarek A. Okasha (Egypt)

Panellists: Prof. Gary Chaimowitz (Canada), Prof. Liliia Panteleeva (Kyrgyzstan), Dr. Chandra Prasad Sedain (Nepal), and Prof. Zarifjon Ashurov (Uzbekistan)

The sixth webinar of the series is scheduled on September 02, 2023 of which the details are:

Speaker 1: Prof. Andreas Meyer-Lindenberg (Germany)

Topic: **"Managing Internal Stigma"**

Speaker 2: Prof. Elizabeth Moore (Australia)

Topic: **"Affiliate stigma in the family of people with dementia - Geriatric Mental Health"**

Panellists: Prof. Marisol Taveras (Dominican Republic), Prof. Cora Luguercho (Argentina), Dr. Jin Yong JUN (Korea).

The tentative draft of meta-analysis **"Stigma of mental illness in Asian countries and its comparison with Stigma in high-income countries: A literature review and practice implications"** is prepared. This draft is still open for discussion and inputs by the members of the WPA Asian Task Force on Stigma.

We have also invited research studies and reports of activities/programs carried out in the regions of the members of the task force for which the meeting is scheduled on September 09, 2023. We are planning to publish a research article for any good journal of Asian countries. We are also planning to publish a book by December 2023 jointly by WPA Asian Task Force on Stigma and Education & Publication Committee of the Indian Psychiatric Society on **"Fight against Stigma: An unmet need for practicing psychiatrists."**



World Psychiatric Association (WPA), Asian Federation of Psychiatric Association (AFPA), and SAARC Psychiatric Federation (SFP) Initiative for the Advancement of Child and Adolescent Mental Health Services for Low-Middle Income Countries

Introduction

The WPA, AFPA, and SFP presidents have jointly announced an initiative to advance child and adolescent mental health services in Low and Middle-Income Countries. Globally, with over 42% of the population comprising children, adolescents, and young adults, recent surveys and studies have consistently advocated for early recognition and better mental health services for the young population. With high levels of depression (48%) and anxiety (51%), there is an urgent global need to establish systems for early diagnosis and timely interventions.

For developing countries with an increasingly young population, achieving the above goal is momentous. “Inadequate training in treating child mental health problems, a lack of confidence to counsel children, family-oriented care, and limited support/supervision for complicated patients” are common barriers identified in the literature.

Program Structure

This project's guiding force are Dr. Afzal Javed (President of the World Psychiatric Association), Dr. G. Prasad Rao (President of the Asian Federation of Psychiatric Associations), and Dr. Gautam Saha (President of the SAARC Psychiatrists Federation).



Under their leadership, Dr. Ahsan Nazeer, who is co-leading this effort, has convened a working group and advisory panel of international child and adolescent psychiatrists, researchers, scholars, and policymakers to conceptualize and implement strategies that align with low and middle-income countries' needs. A National Lead of that particular country will identify the specific areas where help is needed for a respective country.

Basic Tenants of the Program and Objectives

The basic model consists of a more hands-on and individualized approach in the following areas:

1. Mental health policy development
2. Establishment of child and adolescent mental health services (outpatient, inpatient, fellowship training programs etc)
3. Guidance in training and education to trainee clinicians
4. Research

Some of the specific examples are:

1. Webinars on common child and adolescent disorders
2. Virtual, state-of-the-art clinical and research updates to practicing and in-training psychiatrists for ongoing education
3. Lectures with special emphasis on medication management, management of side effects, and psychosocial rehabilitation
4. Case-based multidisciplinary discussions
5. Basic research seminars
6. Engagement in research projects, including presentations at international conferences
7. Working with key stakeholders to establish programs to reduce stigma



SCHOOL MENTAL HEALTH PROJECT

Navigating Mental Health in Schools Project:

Teacher's mental health Literacy concerning Anxiety, Depression and Non suicidal Self Injury.

Emotional problems are leading contributors to health burden among adolescents worldwide. Covid Pandemic has worsened the situation and anxiety and depression rates have been exacerbated.^{1,2} This situation demands an urgent need to look for possible ways to provide mental health support to adolescents in distress to ensure that they can access the support they need. In low- and middle-income countries, lack of child and adolescent mental health services, poor awareness of mental health problems, stigma, societal and cultural barriers continue to be significant barriers to provision of evidence based mental health services to adolescents.³

World Health Organization urges everyone who care for children to be mindful of their emotions and look for signals of anxiety and stress.⁴ In this context, schools and teachers are uniquely placed to have a front-line role in promotion of children's psychological health and well-being. Teachers play a crucial role in school mental health initiatives. They are an influential figure in students' emotional and social development and learning. Except for parents, they are perhaps the only adult person, who knows a child well because of their regular interaction with them over extended period of times. Considering that more than half of all the mental illnesses begin in childhood and adolescence, it is important that teachers are capable of caring for their students, who may be struggling with any psychiatric difficulties. Teachers own knowledge and beliefs with respect to psychological problems including anxiety and depression influence the way, they deal with student's mental health issues.⁵ Their misperceptions would hinder addressing anxiety and depression in school settings and more importantly may miss opportunity to refer to mental health professionals where needed.⁶

Evidence suggests that although teachers do consider mental health as extremely important for student outcomes and well-being but are often unaware of the basic symptoms, behaviours, and outcomes of mental health disorders and the strategies and interventions available to support them.⁷ Without the skills and knowledge needed to address mental health concerns, overwhelmed teachers may find it difficult to meet the complex demands of students in their classrooms. The main objective of the Navigating Mental Health in Schools Project is to establish an understanding of the level of teachers' literacy about internalizing mental health disorders (anxiety and depression) and Non suicidal Self Injury (NSSI) in school aged children and how these disorders manifest in the school setting in order to devise strategies and guide intervention to improve it.

Plan:

Following WPA approval, proposed project is being conducted in selected schools in seven participating countries, including Pakistan (Nazish Imran), Armenia (Khachatur Gasparyan), Colombia (Rodrigo Nel Cordoba Rojas), Kenya, (David M. Ndeti), Morocco (Soukaina Bouchebti), Qatar (Muhammad Waqar Azeem) and Uganda (Prof Godfrey Zari Rukundo).

Between 150-200 secondary school teachers are being targeted for baseline mental health literacy survey. Directors and Principal of selected schools will be invited to participate in the project. They will be provided an overview of the study, including its rationale, and anticipated potential benefit to the target population. All the secondary school teachers of grade 8-12(corresponding to age of adolescents between 13-18 years in these grades in selected countries) in the consenting schools, will be provided written information about the project to seek consent and those willing to participate voluntarily will be recruited for the study. Participants' mental health literacy concerning anxiety, depression, and Non suicidal Self Injury (NSSI) will be measured using structured

questionnaires. Teachers will have the option to respond to questionnaire by either using pen and paper or online google form. Countries where English language is used primarily in education will use the English questionnaire. Participating countries having different languages being used in education sector will translate the questionnaire in native language using standard back translation method. The data will be entered and analysed using the SPSS 26 statistical package.

Impact:

As 10–20% of those children and adolescents have a mental disorder, the teachers working with them throughout a substantial period of their childhood and adolescence can have as significant impact on supporting them in classrooms and referring them to appropriate mental health systems. Results of the study will help in having baseline of teacher's mental health literacy in different parts of the world to help design specific culture sensitive targeted interventions. Underlying this project is the understanding that when teachers engage in appropriate professional development, their self-efficacy, literacy, and practices can improve.

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Reports and Position Statements from Working Groups

(Submitted to 2023 General Assembly)





Working Group on Providing Mental Health Care for Migrants and Refugees

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Position Statement:

The COVID-19 Pandemic and Mental Health of Migrants and Refugees

Introduction:

As COVID-19 (caused by the SARS-CoV-2 virus) sweeps the globe, resulting in high morbidity and mortality, health care workers, their patients, families, and caregivers face unprecedented, rapidly evolving significant social, economic, and medical challenges. It is evident that the COVID-19 pandemic is affecting not only physical health but also mental health and well-being (Brooks et al., 2020; Shigemura et al., 2020; Gruber et al., 2021). Moreover, it is clear that the number of people who are not mentally ill and who suffer from the psychosocial consequences of the pandemic as well as the number of those who need psychiatric help have increased. In addition to infection by the SARS-CoV-2 virus itself, the fear of infection and especially the containment measures associated with the pandemic, including quarantine, social distancing (meaning physical distancing, Wasserman et al, 2020) and self-isolation, have a substantial impact on mental health (Kluge et al, 2020; Moreno et al., 2020; Kumar & Nayar, 2021; Gruber et al., 2021). In particular, reduced social interactions and increased loneliness are risk factors for onset of various mental disorders, particularly anxiety disorders and major depression, and exacerbation of existing mental disorders, including schizophrenia and substance use disorders. A positive correlation has been found between increased length of quarantine or isolation and higher levels of anger, anxiety, avoidance behavior, and stress-related disorders, including PTSD (Henssler et al., 2021). Social isolation is associated with neurophysiological changes (Shams et al., 2016) and can lead to an increase in depression, anxiety, and stress symptoms as well as stigmatization (Röhr et al., 2020). Other direct consequences of general lockdown measures range from stressful family conflicts to traumatizing domestic violence (Ghoshal, 2020; Mazza et al., 2020; WHO, 2020).

Migrants and forcibly displaced persons (Internally Displaced Persons, Refugees, Asylum Seekers)

The estimated number of international migrants has increased over the past five decades and in 2020 was estimated to be 281 million – 3.6% of the world population (World Migration Report, 2020). The estimated number of internal migrants is 763 million. In 2021, UNHCR (2021) estimated that, of the total number of global migrants, 84 million are “persons of concern” (experiencing forced displacement): 48.0 million were internally displaced persons, 26.6 million refugees, and 4.4 million asylum seekers. Migrants are a heterogeneous population, including regular and irregular migrants, labor migrants (both internal and international), temporary migrants (e.g., international students and tourists), and persons who have experienced forced displacement. The various types of migrants have had very different experiences prior to and during migration and confront distinct circumstances in

the countries to which have migrated. They therefore have diverse health needs and face varying, and often substantial, barriers to care (Greenaway et al., 2019). Eighty percent of refugees live in low-income and middle-income countries, many of which have weak health care systems, scarce protective equipment, poor testing and treatment capacity, and very low vaccination rates. While nearly 60% of the world population has received at least one dose of a COVID-19 vaccine, this rate is only about 9.5 % in low-income countries (Our World in Data, 2022). It is clear that low- and middle-income countries need enormous global support to deal with the COVID-19 crisis (The Lancet, 2020).

Direct and indirect consequences of the COVID-19 pandemic

Although individual psychological and financial resources, social support, successful acculturation, and time since resettlement are significant protective factors that can reduce the risk of mental disorders among international migrants, multiple factors increase the risk of poor mental health as a result of COVID-19. Among these are lack of social support, social exclusion, limited familiarity with rights and entitlements, gaps in health literacy, and limited access to authoritative pandemic-relevant information (Guruge et al., 2015; Moreno et al., 2020). The prolonged periods of worry associated with the global reach of COVID-19 can increase the risk of serious mental disorder, including anxiety disorders (e.g., panic disorder), obsessive-compulsive disorder, and stress and trauma-induced disorders (Brooks et al. 2020; Gruber et al., 2021). In addition, the negative economic impact of the pandemic is expected to be greater among migrants and refugees along with other underprivileged groups than in the general population (Abedi et al., 2020). Loss of savings and economic security pose a greater and more lasting risk to mental health among these groups in particular, associated with a significant rise in suicides (Economou et al., 2016; Sher, 2020).

Stay-at-home policies have been implemented worldwide to reduce the spread of the SARS-CoV-2 virus. Evidence of elevated levels of anger has been reported in populations under quarantine or isolation, increasing with greater duration of containment (Henssler et al., 2021). However, there is a growing concern that these policies may increase domestic violence, a concern borne out by recent evidence (Agüero, 2021). The COVID-19 outbreak has confronted people with an invisible enemy that can cause severe illness or sudden, depersonalized death, leaving them feeling disarmed and facing the loss of individuality and the fear of becoming just a number in the flood of mass casualties (Mazza et al., 2020).

People with a refugee background are disproportionately affected by exposure to extreme stressors such as torture and war before and during migration (Bogic et al., 2012; Priebe et al., 2016). In times of containment measures, it can be assumed that very distressed refugees make even less use of potential support. Although voluntary support systems can be very helpful as social contacts, during lockdowns these supports are reduced or discontinued, with a disproportionately large impact on vulnerable populations, including refugees.

Only limited data are available on the impact of COVID-19 on morbidity and mortality indicators specifically among migrants. Migrants living in refugee camps, detention centers, and reception centers are at particularly high risk for COVID-19 exposure (ECDC, 2020), as are international labor migrants living in labor hostels and other such crowded and poor-quality accommodations.

Migrants in general, and refugees and labor migrants in particular, are more likely to live in areas of cities where medical care is limited or of poor quality. The disproportionate burden of chronic medical conditions is compounded by lower access to healthcare among some racial and ethnic minority groups. The higher observed incidence and severity of COVID-19 in ethnic minority groups and some migrants are likely due to the complex interaction of socioeconomic health determinants, barriers to accessing care, and higher prevalence of underlying medical co-morbidities that lead to more severe disease (Tai et al., 2021). These populations often live in crowded multi-generational dwellings,

increasing the risk of transmission within households and making it impossible to physically distance or isolate from family members who are elderly or have underlying co-morbidities (Platt et al., 2020). Ethnic minority, migrant, refugee, and asylum seeker groups generally have poor access to health care due to poverty, cultural and linguistic barriers, racial discrimination, difficulties navigating the health care system, and/or lack of entitlement to health care (Platt et al., 2020). The ability to access health care services in humanitarian settings is usually compromised and exacerbated by shortages of medicines and lack of health care facilities (WHO, 2018). Migrants and refugees are often stigmatized and unjustly discriminated against, accused of spreading disease, especially Asian-background migrants. Such unacceptable attitudes further increase the risk of negative public health outcomes, including for the host populations, since refugees and migrants may become afraid of seeking treatment or disclosing symptoms, thus potentially contributing to the unchecked spread of the virus (Norwegian Refugee Council, 2020).

Refugees and migrants are the world's collective responsibility as unanimously agreed at the United Nations General Assembly's New York Declaration, which recognized that "No one state can manage such movements [of refugees and migrants] on its own" and that "greater international cooperation is needed to assist host countries and communities" (UN General Assembly, 2016). It is essential that high-income countries discharge their obligations in this time of need, by supporting low- and middle-income countries with large numbers of refugees and migrants and by increasing their own intake of migrants and refugees rather than continuing to leave the great majority to be cared for in resource-constrained low- and middle-income nations.

The COVID-19 pandemic has exposed health disparities among ethnic minorities and migrant groups that have resulted from long-standing structural inequities and individual socioeconomic health determinants (Greenaway et al., 2020). It has also created an opportunity to address the causes underlying these inequities. Global mental health efforts focused on enhancing public health messaging and interventions that are adapted to the linguistic, cultural, and social circumstances of marginalized groups are crucial to effectively prevent transmission within and beyond these communities (Tai et al., 2021). The spotlight that the pandemic has shone on structural inequities experienced by migrants and refugees also highlights the need, and presents an opportunity, to strengthen and reform general health and mental health systems so that they are able to meet the needs of all members of the population, especially those who are most vulnerable.

WPA established an Emergency Response Executive Group, which initiated emergency responses in 2020. An Advisory Committee for Responses to Emergencies (ACRE) brought together the leaders of several interested Member Societies to facilitate practical and concrete aid to Member Societies in need. The group is fostering education, information collection and the development of local, national and international strategies to cope with the mental health consequences of emergency conditions.

Our working group supports ACRE and has prepared the supplementary followings regarding The COVID-19 pandemic and mental health of migrants and refugees:

Recommendations:

1. Understanding the physical and mental health of migrants requires substantially improved health and mental health information systems and disaggregated analysis and reporting of data. Governments must include collection of migration-relevant data in their health information systems and in their pandemic-related data collection.
2. Barriers that impede access by migrants and refugees to authoritative pandemic-related health and mental health information must be identified and eliminated. Governments and health agencies must provide culturally and linguistically accessible information about COVID-19 and its impact on oneself and others. In addition to general information strategies, it is of utmost importance to establish excellent communication with those migrant groups that show

distrust in governments, including because of their background experiences, and refuse methods to avoid virus contamination and vaccination against COVID-19. Appropriate outreach methods will vary according to the particular needs and preferences of different migrant and refugee groups.

3. Where migrants, asylum seekers and refugees live in circumstances that increase the risk of SARS-CoV-2 infection - such as labor hostels, refugee camps, and administrative detention centers – it is the responsibility of governments and employers to ensure that these accommodations are COVID-safe or to provide alternative accommodations that are.
4. Migrants and refugees must have equitable and affordable access to appropriate personal protective equipment, especially if they continue to live in relatively unsafe environments, such as labor hostels, refugee camps, and detention centers.
5. During the pandemic, migrants and refugees must receive equitable and free access to testing as required, measures that protect against infection and serious illness including vaccines, and equitable and free access to high-quality health and mental health care.
6. Mental health workers need training in cultural and structural competence to understand these vulnerable groups. Mental health care services need to reduce barriers to access for these vulnerable groups, such as providing adequate resources like interpreter coverage and mandatory skills training for staff. An inclusive approach to refugee and migrant health that leaves no one behind during the COVID-19 pandemic should guide global mental health efforts.
7. As governments tighten border controls and implement other measures in response to COVID-19, they need to consider the impact on refugees and migrants and ensure that such actions do not prevent people from accessing information, safety, and health care services. Not only would such a decision result in a humanitarian crisis but it would contribute to further sociopolitical unrest with far-reaching global implications (Brito, 2020). A transnational humanitarian action agenda is needed.
8. To maintain the best-possible balance of measures, decision makers must constantly monitor the outbreak and the impact on specific population groups of the measures implemented (Nussbaumer-Streit et al., 2020), including refugees and migrants. There can be no public mental health without refugee and migrant mental health (Tai et al., 2021; Kluge et al., 2020).

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Background

Recent controversies in many countries suggest a need for clarity on same-sex orientation, attraction, and behaviour (formerly referred to as homosexuality). Many cultures consider these behaviours as pathological.

Along with other international organisations, World Psychiatric Association (WPA) considers sexual orientation to be innate and determined by biological, psychological, developmental, and social factors.

Over 50 years ago, Kinsey et al (1948) documented a diversity of sexual behaviours among people. Surprisingly for the time, he described that for over 10% of individuals this included same-sex sexual behaviours. Subsequent population research has demonstrated approximately 4% of people identify with a same-sex sexual orientation (e.g., gay, lesbian, and bisexual orientations). Another 0.5% identify with a gender identity other than the gender assigned at birth (e.g., transgender) (Gates 2011). Globally, this equates to over 250 million individuals.

Psychiatrists have a social responsibility to advocate for a reduction in social inequalities for all individuals, including inequalities related to gender identity and sexual orientation.

Despite an unfortunate history of perpetuating stigma and discrimination, it has been decades since modern medicine abandoned pathologising same-sex orientation and behaviour (APA 1980). The World Health Organization (WHO) accepts same-sex orientation as a normal variant of human sexuality (WHO 1992). The United Nations Human Rights Council (2012) values Lesbian Gay Bisexual and Transgender (LGBT) rights. In two major diagnostic and classification systems (International Classification of Diseases (ICD-10) and DSM-5), same sex sexual orientation, attraction, and behaviour and gender identity are not seen as pathologies (WHO 1993, APA 2013).

There is considerable research evidence to suggest that sexual behaviours and sexual fluidity depend upon a number of factors (Ventriglio et al 2016). Furthermore, it has been shown conclusively that LGBT individuals show higher than expected rates of psychiatric disorders (Levounis et al 2012, Kalra et al 2015), and once their rights and equality are recognised these rates start to drop (Gonzales 2014, Hatzenbuehler et al 2009, 2012, Padula et al 2015).

People with diverse sexual orientations and gender identities may have grounds for exploring therapeutic options to help them live more comfortably, reduce distress, cope with structural discrimination, and develop a greater degree of acceptance of their sexual orientation or gender identity. Such principles apply to any individual who experiences distress relating to an aspect of their identity, including heterosexual individuals.

WPA believes strongly in evidence-based treatment. There is no sound scientific evidence that innate sexual orientation can be changed. Furthermore, so-called treatments of homosexuality can create a setting in which prejudice and discrimination flourish, and they can be potentially harmful (Rao and Jacob 2012). The provision of any intervention purporting to “treat” something that is not a disorder is wholly unethical.

Action

1. The World Psychiatric Association (WPA) holds the view that lesbian, gay, bisexual, and transgender individuals are and should be regarded as valued members of society, who have exactly the same rights and responsibilities as all other citizens. This includes equal access to healthcare and the rights and responsibilities that go along with living in a civilised society.
2. WPA recognises the universality of same-sex expression, across cultures. It holds the position that a same-sex sexual orientation per se does not imply objective psychological dysfunction or impairment in judgement, stability, or vocational capabilities.
3. WPA considers same-sex attraction, orientation, and behaviour as normal variants of human sexuality. It recognises the multi-factorial causation of human sexuality, orientation, behaviour, and lifestyle. It acknowledges the lack of scientific efficacy of treatments that attempt to change sexual orientation and highlights the harm and adverse effects of such “therapies”.
4. WPA acknowledges the social stigma and consequent discrimination of people with same-sex sexual orientation and transgender gender identity. It recognises that the difficulties they face are a significant cause of their distress and calls for the provision of adequate mental health support.
5. WPA supports the need to de-criminalise same-sex sexual orientation and behaviour and transgender gender identity, and to recognise LGBT rights to include human, civil, and political rights. It also supports antibullying legislation; anti-discrimination student, employment, and housing laws; immigration equality; equal age of consent laws; and hate crime laws providing enhanced criminal penalties for prejudice-motivated violence against LGBT people.
6. WPA emphasises the need for research on and the development of evidence-based medical and social interventions that support the mental health of lesbian, gay, bisexual, and transgender individuals.

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THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) was established in October 2021, and includes 2 co-leads and 5 members.

- Co-leads: Roger MK Ng, John Allan
- Members: Santiago Levin, Yong Chon Park, Narei Hong, Pichet Udomratn, Egor Chumakov

WORKING GROUP TASK

In accordance with the decision of the WPA General Assembly in October 2020, the WG was tasked to review and, if necessary, update the WPA Position Statement on High Quality Post-Graduate Training in Psychiatry.

THE WG WORKPLAN

The activities of the WG consisted of regular online meetings during which the Position Statement and proposed changes (updates) were discussed. The proposed updates were based on published scientific literature reviews as well as on the expert position of the WG members. Communication was also carried out through email communication.

PUBLICATIONS

As a result of the WG's activity, the Position Statement has been substantially updated and is awaiting approval by the WPA General Assembly in September 2023. Once approved, the document will be published on the WPA website.

Foreword

The World Psychiatric Association (WPA) for the benefit of our patients places the highest importance on the quality of training for psychiatrists at all levels including: undergraduate, post-graduate and continuing medical education (CME).

Introduction

In this Position Statement, we note that there exist huge variations between countries not only in levels and duration of training but also in quality and supervision of training especially at undergraduate and post-graduate levels.

What the Position Statement aims to achieve:

- *The aim of this Position Statement is to give recommendations to fill the gaps in education in LMIC* (see Isaac M et al, 2018; Ng et al., 2020): It is important to understand that equity of access to quality health care requires ensuring competence of the healthcare staff in delivering the care. In the previous WPA survey of postgraduate training of psychiatrists in 2017, almost 30% of respondent national associations reported having a post-graduate psychiatric training curriculum of less than three years (Ng et al., 2020). Around 10% reported that training a psychiatrist would take only one year. As there is increasing amount of knowledge and skills being developed in the mental health care field, learning to become a competent psychiatrist within a period of twelve months is definitely sub-optimal. Besides, the WPA survey has also highlighted the importance of training in various sub-specialties and in other related fields of public health. In the past two years, the travel restrictions caused by COVID-19 pandemic have aggravated the limitation in dissemination of knowledge and skills. However, internet technology has partially overcome the restrictions through the increasingly widespread use of online platforms for conferences and workshops. WPA is one of the global organisations that have also promoted the use of an online education portal to achieve its educational initiatives (Ng, 2021).
- *Educational needs from a cultural perspective (different countries/regions)*: It is important to understand that many current knowledge in epidemiology, aetiology, and interventions of mental health disorders was mainly conceptualised, developed and tested in the high-income countries which are mostly Western countries. Due to limited resources devoted to large scale and methodologically rigorous research studies in many under-served populations, the culture-specific epidemiology and interventions have been under-investigated. It is important that the high- and middle-income countries should take the lead to develop researchers working for under-served populations and collaborate with them to conduct research studies on the above important issues. Global organisations should also take the lead to coordinate such international collaborative initiatives in the training and education of health workers in understanding culture specific mental health issues.
- *Differences in education duration across the globe, and length of training programs*: In most high- and middle-income countries training programs are 3-5 years with at least part of the time in different streams for subspecialties (a minimum of 3 years is recommended; see “WPA Recommendations: Principles and Priorities for a Framework for Training Psychiatrists”).
- *The role of people with lived experience and family and informal carers*: The meaningful involvement of service users and family carers is an important part of contemporary psychiatric training and practice. Countries and regions are at different stages of development in lived experience contributions to mental health policy, service development and education. The WPA has an important role in developing partnerships that allow psychiatrists and trainees to appreciate the lived experience of their patients and families.

In order to ensure that our patients get the best treatment they need and deserve no matter where in the world they reside, WPA makes the following recommendations. We urge all our member associations and societies to disseminate these to regulatory bodies, all trainees and training facilities. WPA recommends that:

- **Ethical issues**

1. Our patients should receive and expect the highest levels of professional standards of psychiatric care, regardless of the training grade of the doctor treating them. Trainees (residents and registrars) must be aware of the high levels of responsibility and trust placed on them by patients, their carers and families and others.
2. Those responsible for organising and delivering training are accessible, fair and trained in up-to-date methods of assessment and therapeutic interventions. As professionals, it is critical that trainees are truly engaged in the process of training. They should be able to raise concerns without fear and have the courage to share ideas for improving the quality of their training. The training should be seen as a two-way process, and the trainers and trainees should have regular confidential supervision sessions.
3. As the number of patients with mental health issues far outweighs the number of psychiatrists available, it is understandable that other mental health professionals and sectors including primary care will play an increasingly important role in the delivery of mental health care. However, psychiatrists will remain as key leaders of mental health teams and should be a key advocate of mental health friendly environments at all levels of the community. As such, psychiatrists in the 21st century should also be equipped with the skills and knowledge of working as an influential leader in the field.
4. Psychiatrists should be aware that effective interventions exist to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience. However, significant numbers of those with mental disorder do not receive treatment and there may be limited attention to prevention or promotion. This implementation gap breaches the right to health and results in population scale preventable suffering and associated economic costs. To supplement clinical skills, psychiatrists should receive training in public mental health which involves a population approach to improve coverage, outcomes, and coordination of such interventions by different sectors. This supports efficient, equitable and sustainable reduction in mental disorder and promotion of population mental wellbeing (see Champion et al, 2022).
5. Trainees at all stages should be encouraged to demonstrate professionalism at all levels including ethical and culturally appropriate practice.
Training system
6. Training settings should be accredited by a body accountable for standards of care and training on a regular basis. Ideally this should be independent of the training institute such as a national training accreditation body or professional psychiatric society when training takes place in a separate institution such as a university program.
7. Trainees should be encouraged to participate actively in training so that they are fully prepared to be high quality independent practitioners at the end of their training. The importance of building a portfolio, self-direction in education, responsibility of the trainee for progress in education should not be underestimated, given that adult education emphasizes the importance of enhancing learning through understanding personal educational needs.
8. Local health care systems and regulations must be taken into account while designing and delivering training. Cultural values and settings should be recognised. Core training should be of a high standard matching international levels and higher training should focus on specific needs of the country (see “WPA Recommendations: Principles and Priorities for a Framework for Training Psychiatrists”). Training should follow international standards with due and appropriate cultural variations. Educational needs from a cultural perspective (different countries/regions)

would need to be addressed in the training curricula through utilisation of relevant scientific data and conduct of relevant scientific research to address research gaps.

9. Difference in education duration across the globe is a major concern (see Isaac M et al, 2018; Ng RMK et al., 2020) as this is the viewpoint of the task force that developing a competent psychiatrist will require a minimum number of years of clinical exposure, training and supervision. We would recommend a minimum of three years of training in psychiatry with full awareness of the limitations of resources dedicated to training in many countries to develop a competent psychiatrist. However, fewer years of training should not affect the acquisition of competencies, which should increase from year to year, with the transition from observation and learning to supervised clinical practice with progressively greater autonomy in the clinical settings.
10. Training during a major event which disrupts usual practice such as the COVID-19 pandemic should not be compromised because of restricted access to face-to-face clinical training and exposure to patients in wards. Training units should ensure that trainees be given adequate exposure to patient care in various clinical settings through proper infection control training, provision of adequate personal protective equipment, and appropriate use of internet technology (see Kalayasiri R & Wainipitapong S., 2021).
11. Post-graduate psychiatric training should not end after completion of the formal training courses offered by the national training bodies. Each trainee and psychiatrist should continue receiving continued medical education on a regular basis so as to ensure that his knowledge and skills are up to date.
Curriculum
12. Training should not be limited to clinical aspects (such as patient assessment, risk assessment, management of patient, psychopathology, psychopharmacology, psychotherapy, sexology, addictions etc.), but should also include aspects of understanding the scientific approach in medicine, so we recommend the inclusion of a training in public mental health and on research methodology, as well as including trainees in scientific teams to gain experience conducting research to complete one research paper in the final year of training (see “WPA Checklist of training curriculum
13. A psychiatrist must be skilled in diagnosing and treating patients of different ages and genders, as well as in different settings (hospital, outpatient clinic, day clinic, home, etc.), and with different methods (psychopharmacology, psychosocial interventions, etc.). It is important that the Curriculum of psychiatry education fits the cultural and regional characteristics of the training country.
14. Mental health competencies should take priority over the duration of training, which can be achieved through supervision and professional development. As a competent psychiatrist, there should be a minimum number of competencies to be possessed in order to deliver safe and optimal care to patients with mental health needs.
15. Training takes place in the context of service delivery, so it is imperative that a regulated amount of time for training only be set aside. This would include supervision, attending ward rounds, grand rounds, journal clubs, academic lectures and activities and suitable conferences. Only organisations that provide a safe environment for training with sufficient time and resources should be encouraged to provide training.
16. In the context of service delivery, the involvement of service users and carers has become increasingly important. There are many advantages of having users and carers involved in the policy development, design, delivery, and evaluation of mental health services. Trainees should have clinical training and exposure to working with service users and carers at different levels of service users-led or users-involved services. Understanding and addressing the perspectives of service users and carers is best achieved by involving service users and carers as trainers in the psychiatric curriculum. For example, psychiatrists need to be trained in supported/shared decision-making and become fully aware of their roles and how best to exercise them in supporting alternatives to coercion (Rodrigues et al 2020).

Supervision

17. Trainees need regular assessment of progression through training, using a judicious mix of competency based assessment and knowledge based assessment with feedback to encourage review and improvement. WPA recommends that the assessment processes are well-regulated, evidence based and delivered by highly trained trainers. Assessment for and of training are both relevant but the former is more relevant in order to improve standards of training.
18. In the area of supervision of trainees, educational supervision cannot be ignored. Such supervision should be provided by senior trainers who have extensive experience in developing young generations of psychiatrists. Early career psychiatrists should receive support as well as advanced training in order to develop as trainers. The supervision process should focus on the career pathways and plans of the trainees, strategies used for attaining work-life balance, identifying risk factors and early signs of burnout related to work, as well as giving advice on seeking proper mental health support in case of needs. Resources permitting, the task force would also recommend offering mentoring for trainees. Mentors can be senior psychiatrists or senior clinicians from different disciplines or medical subspecialties who can coach trainees in developing appropriate attitudes and perspectives about being a leader in a field, managing conflicts in a workplace, navigating different choices at different stages of life.
19. Supervisors need to receive regular training in the tasks of supervision and updates to the curriculum and assessment methods with regular booster sessions. Supervisors will also need to review their competence in providing supervision and education through a body accountable for standards of care and training.
20. With respect to the composition of trainers, it is important for the training bodies to ensure that there will be a good balance of trainers with respect to gender, ethnicity, sexual preference, and religious diversities, as well as lived experiences of mental health issues or of taking care of people with mental health issues. The recruitment of trainers of great diversity will enrich the learning experiences of the trainees and enhance the trainees' competencies with respect to sub-cultural mental health issues.
Safe training environment
21. As mentioned in the above, it is imperative that the training bodies should provide safe training environments for the trainees and the trainers. This includes systems and processes to maximise the safety of trainees and supervisors in the workplace. Mechanisms such as afterhours policies, safe assessment areas, duress alarms, access to support and security staff, video-monitoring of ward areas with high risks of violence should be available, along with training in the management of challenging behaviors and post-incident crisis management. The workplace should be free from bullying, harassment and discrimination, and be respectful of an individual's experience with an awareness of potential boundary violations. There should be clear and fair mechanisms for complaint resolution.
22. Psychological well-being and mental health of trainees and trainers should be considered as a top priority in the design and delivery of psychiatric curriculum. There should be mechanisms in place to enhance self-awareness among trainees and trainers about how to prevent stress and mental ill-health , how to provide peer buddy system to allow mutual support and emotional ventilation, and to offer early intervention through confidential referral systems to reliable psychiatrists with special training and interests in taking care of sick doctors.

- **Conclusion**

The WPA advocates the importance of providing high quality training programs available to psychiatrists worldwide in all countries.

- **Summary**

Trainees at all stages should be encouraged to demonstrate professionalism at all levels including ethical and culturally appropriate practice. Each country needs to have an established training system. The training system must be formalized and meet both the specific needs of the country and high standard matching international levels. We would recommend a minimum of three years of training in psychiatry, that said mental health competencies should take priority over the duration of training. A psychiatrist must be skilled in treating patients of different ages and genders, as well as in different settings and with different methods. Supervision and mentoring are important in the training process. Training must be safe and psychological well-being and mental health of trainees and trainers should be considered as a top priority in the design and delivery of psychiatric curriculum.

- **Recommendations for Action**

WPA urges policy makers in each country to create enough training posts to ensure that sufficient numbers and range of placements are available to meet the comprehensive mental health needs of its population.

All countries need to be assured that training is safe and ethical so that more people want to become psychiatrists.

For more details on curriculum recommendations, see “WPA Recommendations: Principles and Priorities for a Framework for Training Psychiatrists”.

Position Statement can be used as a lobbying document, so its content can be used to influence policy decision makers.

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Background

The purpose of this Position Statement is (1) to recognize the substantive role of psychiatry in implementing alternatives to coercion in mental health care and (2) to support action in this regard, essential to improving mental health treatment and care. The call for alternatives to coercion in mental health care is growing both within the profession and among people with lived experience of mental health conditions. There is widespread agreement that coercive practices are over-used.ⁱ Considerable work is warranted across the mental health sector and in communities and governments to ensure that people living with mental disorders and psychosocial disabilities uniformly have access to high-quality care and support that meet their needs and respect their personhood and rights.

Of central concern is the protection of human rights, and the extent to which coercive interventions violate these. These include rights to: life, liberty, and security of person; autonomy; freedom from torture, inhuman or degrading treatment; physical and psychological integrity of the person; non-discrimination; and a home and family life. These rights have been set out most recently in the UN Convention on the Rights of Persons with Disabilities (2006) as they apply specifically to people with disabilities, including those with psychosocial disabilities. The question of whether coercive interventions can ever be justified as part of mental health treatment, to protect rights holders' own interests or on other grounds, is highly contested.^{ii,iii,iv} A similar question arises about coercion interventions used with persons with delirium or dementia in general health care systems. This Position Statement recognises the diversity of views and experiences among mental health professionals, people with lived experience of mental health conditions and their families and carers.

The WPA emphasises that this Position Statement and Call to Action is relevant and vital to improving the quality of mental health care in low-, middle-, and high-income countries. It has been developed in consultation with member societies as detailed in the [report found here](#). It marks an important step in a longer-term process, which will continue to engage with member societies, people with lived experience of mental health conditions, families, and other partners to encourage and support the implementation of alternatives to coercion in mental health care. This statement sets a direction and provides a guide for action, based on widespread agreement that coercion is overused in mental health systems and that implementing alternatives is crucial to improve quality of care and promote the human rights of people with mental disorders and psychosocial disabilities.

Complexity of Coercion in the Mental Health Sector

In this Position Statement, the term 'coercion' describes a range of interventions, from involuntary treatment to forceful action and threats undertaken in the course of providing treatment or addressing the perceived harm that a person poses to herself/himself or others due to a mental health disorder or psychosocial disability.

Practices that constitute coercion include:

- **Formal detention** (or ‘involuntary hospitalisation’) restricting the ability of an individual to leave a facility or treatment environment
- **Treatment without consent** (or ‘compulsory treatment’), any form of treatment including the use of psychotropic medication
- **Seclusion** locking or confining a person to a space or room alone
- **Restraint** actions aimed at controlling a person’s physical movement, including holding by other person(s), the use of any physical devices (‘mechanical restraint’, chaining etc.) and the use of psychotropic drugs for the primary purpose of controlling movement (‘chemical restraint’). This applies irrespective of whether the action is considered “safe” or “unsafe”. Note: chemical restraint does NOT include the appropriate use of medication prescribed for treatment purposes.

The use of coercive practices, such as those listed above, carries the risk of harmful consequences, including trauma and death.^{v,vi,vii} People who have experienced coercion in mental health services, as well as their family members and supporters, and psychiatrists and other mental health professionals promoting quality care have drawn attention to some of the harms of those practices through testimony and advocacy.^{viii} Individuals subject to physical coercion are susceptible to harms that include physical pain, injury and death. Individuals who have experienced trauma in the past (such as family violence, sexual assault or other abuse) are especially vulnerable to harm from coercive practices.^{ix} The use of coercive measures can traumatise or re-traumatise patients, undermine therapeutic relationships, discourage trust in mental health systems, and dissuade service users and family members from seeking help in the future. Coercion may also traumatise other service users, damage morale among or traumatise mental health workers, and contribute to tarnishing the image of psychiatry as a medical discipline.^x

The WPA acknowledges the complexity of the use of coercion in clinical practice. There is a range of views among clinicians about the appropriateness and feasibility of completely abolishing the use of coercion.^{xi} Some believe that judicious and limited use of some coercive practices, such as involuntary hospitalisation, is essential to: (1) protect patients from harming themselves or others or (2) provide treatment for people whose psychosocial disability may impede their capacity to make decisions about their treatment. This includes persons with life-threatening conditions such as delirium (e.g. during alcohol withdrawal) or malnutrition in dementia. Others believe that elimination is possible if recovery-oriented systems of care are established to effectively prevent the extreme crisis situations described above. This includes appropriate community responses and care for people who use licit and illicit substances. Community attitudes and law also play a critical role in regulating involuntary detention and treatment in mental health care.

Of primary concern is whether it is possible without involuntary treatment to meet the needs and interests of some service users, such as those with suicidal intent, intent to harm others, acute withdrawal or other somatic complications who refuse or are unable to consent to treatment. Other concerns include the question of competing rights and the current state of mental health systems. In many parts of the world, health services face systemic challenges and barriers such as high demand, underfunding, a lack of mental health specialists, and very few clinical staff with training and experience in care for people with mental health problems. In many places there is neither access to care nor to professional support for family members providing care, and the facilities and resources that are available fail to meet basic standards of care.

Overuse of coercion in mental health care, however, is prevalent in high-income countries (HICs) as well as low- and middle-income countries (LMICs). A range of social, cultural, and economic barriers to implementing high quality alternatives may exist in all these settings irrespective of the level of resourcing. Despite these barriers, significant steps have been taken to implement alternatives to coercion and rights-based mental health treatment and care, including in places with few material resources. A case study of the [Quality Rights Gujarat initiative](#), provided below, demonstrates a strong example of how this has been achieved in the public health system of one state in India. Patterns of practice across the mental health professions, attitudes toward care in health service management and workers, and the arrangement of facilities all act as facilitators or barriers to implementing alternatives to coercion in services across a wide range of settings.

WPA Call for Action

The WPA advocates a practical approach to implementing viable alternatives to coercion. Failing to put these in place poses risks for people in need of treatment, especially when stigma and discrimination surrounding mental disorder and psychosocial disabilities prompt fear, exclusion, sensationalised media coverage, and politicisation of efforts to stop coercive practices.

There is a considerable and growing evidence base to support the implementation of alternatives to coercion^{xii}. Research and guidance are now available to support implementation in a range of social and cultural settings across low-income, middle-income and high-income countries. These alternatives support the rights of persons living with mental disorders and associated psychosocial disabilities without reducing access to effective care or increasing safety risks for themselves or staff. The WPA calls on psychiatrists, clinical care providers, and policymakers to:

- Consider the evidence base relating to alternatives to coercion (such as ‘Safewards’, ‘Six Core Strategies’, ‘open door policies’, and the WHO Quality Rights Initiative), and learn from the experiences of those who have generated change. An extensive list of resources can be found in the [Discussion Paper](#) and [case studies](#) linked to this document below.
- Identify alternatives that are feasible to implement.
- Take active steps to work with partners to develop and implement evidence-based alternatives to coercion in the delivery of mental health care. The importance of psychiatrists working with all stakeholders is exemplified by the WPA recommendations on best practices in working with service users and family carers that are now incorporated in the WPA ethical declarations.^{xiii}

The Way Forward

The WPA wishes to emphasise that implementing alternatives to coercion is an essential element of the broader transition across the mental health sector toward recovery-oriented and trauma-informed systems of care. Recovery-oriented treatment and care require not only respect for human rights and service user involvement, but realisation of rights through sound pathways to non-coercive care. This includes attention to all the important steps along the way – prevention, early intervention, and continuity beyond clinical settings – to provide integrated and personalised care, maximise therapeutic outcomes and promote the rights and recovery of people with mental health conditions and psychosocial disabilities.

The WPA recommends a program of continuing work to support the following changes:

Changes to delivery of treatment and care

Psychiatrists in leadership roles, and all those working with other colleagues to provide treatment and care have a part to play in enabling changes so that:

1. Health services responsible for treatment and care examine existing evidence and successful experience elsewhere to identify, adapt and implement non-coercive and trauma-informed practices such as those described in 'Safewards', 'Six Core Strategies', 'open door policies', and the WHO Quality Rights Initiative.
2. Health service managers and training providers work together to equip all staff involved in mental health service delivery (including those working in general health and social care) to provide high-quality non-coercive treatment and care.
3. Mental health service providers ensure that service delivery staff are informed about and trained in the use of advance care directives and supported decision-making to empower mental health service users to make informed choices about their treatment and care.
4. Mental health care providers make use of evidence-based resources for implementing non-coercive practices and improving quality of care.
5. Mental health care providers adopt a recovery oriented and trauma informed approach to care which places emphasis on the experience and feedback from service users in finding alternatives to coercion and preventing problematic situations from arising.
6. Mental health care providers form meaningful partnerships with service users and families in governance and review of treatment and care which ensures that lived experience of coercion is properly considered.

Policy Changes

Psychiatrists have an important role in persuading policymakers to:

1. Give priority to supporting the implementation of alternatives to coercion in mental health care and regard successful implementation as an indicator of mental health service performance. This support includes allocating appropriate resources for implementation.
2. Work with health facilities to establish public databases to record the frequency and duration of detention and involuntary treatment, and of seclusion and restraint used in mental health services for benchmarking and accountability.
3. Support legislative change by governments and lawmakers to strongly regulate coercive measures, and to promote incentives to find alternatives to coercion.
4. Give priority to supporting intervention early in the onset of an episode of mental ill health. This is crucial to avoiding situations in which coercion is perceived as necessary.

Psychiatrists also have a key role to play in:

5. Supporting advocacy in communities and with politicians to generate political will for change, including the development and introduction of evidence-informed policy.
6. Advocating for the involvement of service users and their families and carers in policy-making and in implementing change in services to ensure that measures are practical, effective, and informed by people with lived experience of mental health conditions.
7. Sharing experiences with colleagues and partners in other settings and countries.

Changes in service culture and attitudes

Psychiatrists need to work with

1. Health institutions, such as government agencies, treatment facilities, professional organisations/societies, and with training institutions such as universities to shift professional, sectoral, and public norms surrounding the use of coercion in mental health services.
2. Other mental health professionals and policy-makers to raise awareness about the availability of alternatives to coercion and the risks involved with using coercive practices, and to increase understanding of the circumstances in which coercion is most likely to be used and how those circumstances may be altered. Families and informal carers of people with a lived experience of mental health conditions also need greater knowledge in these spheres.
3. Mental health professionals, policy-makers and media outlets to reduce stigma and discrimination against people with mental ill health. Stigma feeds misguided perceptions that widespread use of coercive mental health practices is necessary for public safety, and places undue pressure on service providers to overuse coercive practices.
4. Health services responsible for treatment and care to establish a culture of participation, in which meaningful involvement of mental health service users and their families and carers is the norm when it comes to decision-making.

Changes in professional training

1. Curricula of medical schools and training schools for psychiatrists and other mental health professionals should include ethical principles and human rights in medicine and address the need for implementing alternatives to coercion in mental health care and include mental health service users and their families and carers in the development and delivery of training.

Research

1. Research institutions and funding bodies should prioritise development and testing of alternatives to coercion and prevention of coercion appropriate to a wide range of settings, including settings with vastly different access to resources.^{xiv}
2. Researchers should aim to contextualise existing resources, diversify the evidence base, and generate a better understanding of barriers, enablers, and consequences of change.
3. Researchers should engage people with lived experience of mental health conditions and their families and carers, as people with lived experience of coercion bring insight that is crucial to successful development and evaluation of non- coercive mental health care.
4. In addition to investigating formal health care settings, research institutions and funding bodies should address coercion in informal settings, such as family homes, communal areas in villages and towns, including sheds, cages, 'prayer camps', or 'mandated re-education centres', as a matter of serious concern, especially in countries with significant mental health treatment gaps. More work is needed to understand how to eliminate such practices.

Resources Produced by the WPA

The WPA is committed to supporting mental health professionals and their organisations to implement alternatives to coercion. To this end, the WPA has produced the following resources in partnership with the RANZCP and in consultation with our member societies:

- Implementing Alternatives to Coercion in Mental Health Care – This [Background Paper](#) from the WPA Taskforce outlines recent developments in practice, research and international human rights law concerning coercion in mental health settings with the aim of supporting psychiatrists and other mental health professionals in their work towards improving the quality and safety of mental health services and putting sound alternatives to coercion in place.

- [Implementing alternatives to coercion in mental health care: A growing list of tools and resources](#) – Findings from a review conducted on behalf of the WPA to identify existing tools and resources available to support implementation of non-coercive practices. This document will be extended and updated in 2023.
- Implementing Alternatives to Coercion: Examples from Practice – A set of three case studies that examine how progress has been achieved in different settings, including those in three geopolitical regions and two low- and middle-income countries.
 - Campo Abierto, Colombia – an example of a mental health facility implementing alternatives to coercion
 - [Quality Rights Gujarat \(India\)](#) – an example of implementing alternatives to coercion at the state level
 - Towards eliminating coercion in Australia and New Zealand – an example of implementing alternatives to coercion at the national level

All of the resources above are available on the [WPA website](#).

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ⁱ See for example Dinesh Bhugra et al, 'The WPA- Lancet Psychiatry Commission on the Future of Psychiatry' (2017) 4(10) The Lancet Psychiatry 775; Faraaz Mahomed, Michael Ashley Stein and Vikram Patel, 'Involuntary Mental Health Treatment in the Era of the United Nations Convention on the Rights of Persons with Disabilities' (2018) 15(10) PLOS Medicine e1002679, 3.

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Foreword

Intimate partner violence (IPV) and sexual violence (SV) are global public health and human rights problems and cause serious physical and/or psychological harms in every country of the world. IPV and SV affect both women and men, although it is significantly more common for men than women to perpetrate IPV and SV and women's injuries (including death) tend to be more severe than those of men. Studies have shown that one-third of patients receiving mental health services are victims of IPV or SV. Mental health consequences of IPV or SV include depression, anxiety, posttraumatic stress disorder, substance abuse, self-harm/suicide, low self-esteem, sexual problems and somatization. Children who witness IPV are more likely to develop mental health problems and to later be involved in abusive relationships. Partner violence during pregnancy is known to be associated with poor pregnancy outcomes and higher rates of depression as well as self-harm. While addressing IPV and SV are important in all psychiatric settings, several barriers have been identified both for disclosure by women and enquiry by professionals. It is important for all mental health professionals including psychiatrists to be aware of the extent of the problem, the impact on clinical presentation and ways in which women facing violence can be supported.

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Introduction

Definitions:

Intimate partner violence (IPV) is defined as behaviour by an intimate partner that causes physical and/or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. It may be perpetrated by a current or previous partner in a heterosexual or same-sex relationship and also includes stalking. Other terms used include (1)

- Spouse abuse = wife abuse = wife battering
- Domestic or family violence (violence by anyone in the family)
- Violence against women or gender-based violence (violence based on gender)
- Interpersonal violence (between any two people)

Sexual Violence - The World Health Organization (WHO) defines sexual violence as: 'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work'(2). Coercion can encompass: varying degrees of force; psychological intimidation; blackmail; or threats (of physical harm or of not obtaining a job/grade etc.). In addition, sexual violence may also take place when someone is not able to give consent – for instance, while intoxicated, drugged, asleep or mentally incapacitated (1).

What the Position Statement aims to achieve

The position statement aims to:

1. Describe the relevance and importance of the influence of IPV and SV on the mental health of women.
2. Discuss what psychiatrists need to know about assessment and interventions.
3. Emphasise the need for sensitive enquiry about IPV and SV in clinical assessment and providing appropriate interventions and referrals.
4. Discuss system level changes to support women facing violence in mental health facilities.
5. Discuss collaboration and partnership opportunities for various agencies and departments and how key stakeholders can best implement the position statement itself.

Main Text

Although IPV/SV has been reported in all countries, prevalence rates have been difficult to compare due to differential sampling and variability in definitions, with the most common variability being whether or not threats of violence and emotional or psychological violence are considered in population estimates. The World Health Organization (WHO) conducted a 10-country survey involving 24,097 women using comparable methodologies and found that 15 to 71 % of women reported lifetime physical or sexual violence by a partner, with the highest rates found in rural Ethiopia and Peru(2). The WHO Global Status Report on Violence Prevention found one in three women has been a victim of physical and/or sexual violence by an intimate partner during her lifetime and the WHO Demographic and Health Survey of 15 countries found physical abuse during pregnancy ranged from 2 to 13.5% (3). Same-sex IPV data are sparse but suggest that the prevalence may be even greater than in heterosexual partnerships(4). Generally, rates are higher in rural than urban areas, most IPV/SV is not reported to police and it is also underreported in healthcare settings; consequently, the data reported in epidemiologic studies are likely gross underestimates. Thirty percent of psychiatric patients have experienced IPV or SV and most of these were not reported to mental health service providers(5).

IPV and SV are known to increase the likelihood of developing mental health problems such as anxiety, panic, depression, somatic symptoms, sleep disorders and post-traumatic stress disorders. Persons with depression and other common and severe mental illnesses also have higher rates of experiencing IPV/SV (3).

IPV in pregnancy is not uncommon and is associated with poor pregnancy outcomes in addition to mental health consequences. A systematic review of 24 studies in low and lower-middle income countries (LLMIC) between 1997 and 2017 found the prevalence of physical IPV in pregnant and postpartum women to range from 2-35%, sexual IPV- 9-40% and psychological abuse - 22-65% (6,7). The odds of depression increased up to 7-fold following IPV depending on country and IPV type and severity. Suicidal ideation was also found to be associated with IPV both in pregnancy and the postpartum period. It is hence important to address IPV in this vulnerable period.

Violence against children and adolescents, particularly sexual violence has lasting harmful effects. Traumatic experiences, including that of witnessing physical violence against the mother, increase the risk of suffering or perpetrating violence. They increase the risk for common psychiatric symptoms and for early onset of severe mental disease, with chronic, complex presentations that are less responsive to treatment. Sexual violence is linked to academic failure and to a significant increase in suicidal ideation during pregnancy. Special efforts need to be devoted to stopping children's maltreatment, sexual violence and witnessing of IPV, in order to stop the intergenerational transmission of violence (3).

The COVID pandemic has led to an increase in all forms of gender- based violence globally, especially domestic violence (8,9). Psychiatrists need to be aware of safe ways of remote (online, tele-based and use of trusted people in areas inaccessible by modern means of communication) to support women facing violence during pandemics and lockdowns. Mental health specialists need to have access to safe ways to support people suffering from violence in disaster, conflict areas and during times when in person services are unavailable (such as lockdowns) This is an area of active research, to better understand the effectiveness and the ethical considerations.

The recent Lancet Commission on IPV and Mental Health has strongly emphasised the need to address the mental health impact of violence against women in secondary mental health care(5). The commission has also discussed the need to involve people with lived experience of IPV and mental health problems in the design of services. Finally, the commission has brought attention to the fact that gender inequality and normative tolerance of violence are linked to the high prevalence of violence against women. This is a powerful argument for gender transformative interventions and advocacy as important tools in the primary prevention of violence.

Conclusion:

Mental health providers, including psychiatrists, should develop awareness and skills in identifying, supporting and treating victims of IPV/SV who comprise one third of mental health service users, especially among women. The WPA Curriculum on IPV/SV on the WPA website is a useful resource for education, training and advice on best practice in treating victims of IPV/SV.

Summary:

IPV/SV are global causes of physical and psychological harms including depression, anxiety, posttraumatic stress disorder, substance abuse, self-harm/suicidal, sleep disorders, low self-esteem and somatization. One third of patients seeking mental health services are victims of IPV or SV which disproportionately affects girls and women. It is vital for all mental health providers, including psychiatrists to be aware of IPV/SV and their mental health sequelae, to safely identify them in clinical encounters and to intervene at multiple levels to provide the best support and treatment for victims of IPV/SV.

Recommendations for Action:

As psychiatrists and other mental health professionals play vital roles as mental health care service providers, educators, researchers and policy advocates, who help shape mental health professional practice and public opinion, be it resolved that the World Psychiatric Association:

- Approve and publish on its website this Position Paper that recognizes violence against women including IPV/SV as major determinants of mental distress and psychiatric illness in women and strongly condemn all forms of violence against women.
- Publish the WPA Curriculum on IPV/SV on the WPA website as a useful resource for education and support other programs to improve the education of practicing and training psychiatrists to recognize and treat victims of violence including IPV/SV. This education should include, as a starting point, the routine inquiry about violence and victimization in all psychiatric assessments, the recognition of the role of violence and sexual abuse in the genesis of many psychiatric illnesses and as a treatment issue.
- Promote safe, respectful, non-blaming, ambulatory and inpatient treatment programs for women victims of violence including IPV/SV. These include services for LGBTQI + groups.
- Support research to develop and evaluate the best treatments for women who have suffered from violence including IPV/SV, and for their children and the perpetrators.
- Validate measurement methods to assess IPV/SV among women with mental health problems in different cultural contexts.
- Support health professionals and develop public awareness of violence against women including IPV/SV as a critical women's mental health determinant.
- Psychiatrists including those in training need to learn about sensitive enquiry of IPV/SV as part of a mental health assessment.
- Every facility should have a referral network of multiple stakeholders so that liaison can happen if violence is identified.
- There need to be institutional policies and procedures about handling situations where IPV/SV is identified.
- Explore opportunities for greater inter-professional collaboration (legal, social, medical, and policy makers) on an international level to prevent and ameliorate violence against women, including IPV/SV.
- Explore wide ranging psycho-educational and socio-cultural interventions designed to change the objectification of women, which is a major determinant of violence against women including IPV/SV.
- Censure public statements which seek to normalize violence against women as acceptable or a cultural norm.
- Use clinical approaches that are gender sensitive, trauma informed and have user involvement.
- Have training on IPV/SV as part of postgraduate curriculum and as part of continuing medical education
- Ensure that support staff working in psychiatric clinics and facilities are also trained in trauma informed care to prevent revictimisation and psychiatrists should try and facilitate a system level response.
- In view of the system being responsive to situations such as the COVID pandemic and lockdowns, to train and develop protocols for tele support and counselling for women facing violence ensuring that the intervention is both safe and supportive and does not lead to any escalation of violence.

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Purpose of Statement

This Position Statement focuses on the important role that ‘good work’ [defined below] can have on an individual’s mental health. It highlights the role of workplace in fostering positive mental health and prevention of mental health disorders. The Position Statement draws attention to the risks posed by a poor work experience for people with existing mental health problems and provides recommendations to key organisations and individuals who have a role to play in promoting mentally healthy workplaces.

The WPA believes that supporting individuals with mental health disorders in the workplace positively contributes to their recovery, social inclusion, and improved quality of life. Furthermore, occupational environments that foster good mental health are associated with greater social and economic prosperityⁱ through healthier more productive workers.

All healthcare professionals should formally consider whether employment is a precipitating and/or maintaining factor in someone’s mental health disorder. Furthermore, clinicians should view being in good work as a key treatment outcome for people who are of working age.

Background

Mental health problems are a leading cause of work disability and economic lossⁱⁱ across the globe. Access to work is a central concern with significant, negative impacts for a large proportion of people with mental health problems. These include social exclusion, and a lack of meaning to their lives, and the wider effects of poverty on their health and the wellbeing of their families.

Good work is associated with better mental health, yet people with mental health problems are often excluded from the workplace or find themselves in precarious work. Furthermore, poor mental health is associated with absenteeism and presenteeism (reduced occupational functioning). This is a particularly important consideration for those in safety critical roles.ⁱⁱⁱ Supporting short- and long-term recovery from mental health conditions often involves addressing the employment, educational and benefits needs of patients. Ensuring that working age adults can find, and remain in, employment requires multiple, diverse stakeholders to work collaboratively with the aim of promoting mentally healthy workplaces and supporting people with mental health problems to access, and remain in, good work.

What is good or appropriate work?

Good work is work which is appropriate to an individual's knowledge, skills, and circumstances, and undertaken in a safe, healthy, and supportive working environment; it promotes good physical and mental health, helps to prevent ill-health, and can play an active part in helping people recover from illness. Good or appropriate work also rewards the individual enhanced self-worth and beneficial effects on social functioning^{iv}.

Stressors in the workplace

Workers' mental health may be adversely affected by many types of stressful experiences at work. These can be associated with the context of their work (the demands from it, levels of control or autonomy over it, manager support, role clarity, interpersonal relationships and the impacts from changes at work). Some occupational groups such as healthcare staff, military, emergency services are also routinely exposed to traumatic situations^v. Stressors that originate outside of the workplace, such as family or relationship difficulties, health problems or bereavement can also impact mental health at work - all sources of stress have the potential to adversely affect someone's mental health. By addressing workplace stressors and supporting people with non-work related stressors, the mental health of working adults can be improved together with the productivity of the organisation.

Recommendations

The following actions by various individual and organizational stakeholders to foster good mental health for people of working age are recommended by the WPA:

National and Local Governmental Organisations should

- 1) Require employers to have policies and guidelines in place that address the risks to workers' mental health and promote workplaces that foster good mental health.
- 2) Require employers to make reasonable adjustments so that people with mental health difficulties are able to work.
- 3) Ensure that occupational health capacity is available for timely access to advice for workers with mental health problems that helps them access, remain in or return to good work.
- 4) Make available vocational support services for patients with mental health problems to help them access, remain in, or return to, work.
- 5) Incentivise employers to offer people with mental health disorders (especially chronic or fluctuating conditions) more flexible working arrangements, time off work (short-term disability/sick leave) and access to support services without adversely impacting their employment.

Employers should

- 1) Adopt policies and practices which actively assess and manage the risks to mental health at work, with a primary focus on occupational stressors.
- 2) Support people who develop mental health conditions to remain in, or return to, good work.

- 3) Create a culture that encourages early engagement in help-seeking behaviours and lowers barriers to care, including stigma and fear of reprisals in the workplace.
- 4) Enable their staff to access occupationally focused mental healthcare needed to help their staff remain in, or return to, good work.
- 5) Ensure that all managers have the skills, attitudes, behaviours, and confidence to identify potential mental health difficulties in their staff^{vi} and are able to guide them towards appropriate support pathways.
- 6) Ensure that workplaces foster a culture of mutual care and enable peer support amongst workers.

Healthcare Providers should

- 1) Ensure they have a broad awareness of the nature of someone's work and the risks that it poses to their mental health.
- 2) Understand the close links between the people's mental health and their ability to work. This is especially important when providing care for people with safety critical roles [e.g., vehicle operators, emergency services etc.]
- 3) Ensure that all healthcare staff provide care in a way that helps working age adults to stay in, or return to, good work.
- 4) Ensure that all healthcare staff understand the key role of occupational health services in supporting patients accessing, remaining in, or returning to, good work.
- 5) Ensure that healthcare staff provide care in way which recognises being in good work as a key treatment outcome for working age adults.

Mental Health Professionals should

- 1) Ask about their patients' work history, including their current work status, current and previous occupational stressors, to understand what role work may have played in contributing to their mental health.
- 2) Recognise that helping their patients to access, remain in, or return to, good work is an important treatment outcome.
- 3) Encourage their healthcare colleagues to recognise the mental health benefits of being in good work and consider work a key treatment outcome for any care provided.
- 4) Advocate for their patients by appropriately communicating with employers, and other involved professionals, to challenge any discrimination or stigma that exists about mental health with the aim of helping their patients to access, remain in, or return to, good work.

Specific considerations for mental health professionals

1. Routine assessment of employment and education history

An employment and education history should be a part of routine clinical assessment for those of working age. This information should be an easily accessible part of patient records and updated regularly. An exploration of the relationship between symptoms, work and education, and the impact of symptoms, and medication, on occupational and social functioning is essential when patients are recovering. Asking about future hopes for work, education and training is key - wanting to return to work is the strongest predictor of a return to work after illness.^{vii} Mental health professionals should aim to facilitate a return to good work wherever possible, taking into the account the wishes of the individual and the nature of the work that they do.

2. Define work-related treatment outcomes

It is important that mental health professionals see work, work-related activities and education, as desirable treatment outcomes for all working-age patients. Discrimination against people with mental health problems, in particular severe mental illness, continues to be a major barrier to work. Yet, there is strong evidence that employment support enables people with severe mental illness to return to work. Vocational rehabilitation programs such as Individual Placement and Support have positive employment and health outcomes and strong efforts should be made to ensure all those of working age have access to them.^{viii}

3. Address work-related challenges

Work may be the first place that symptoms become unmanageable for people with mental health problems. This is often associated with mistakes, poor performance or a breakdown of relationships at work. It is not unusual for patients to feel a sense of embarrassment, humiliation and reduced confidence. Return to work can be extremely difficult without mental health treatment and occupational support. Ensuring that return to work is a key treatment goal can help, as can appropriate liaison with someone's workplace to ensure that any reasonable adjustments are considered and appropriately implemented. Mental health professionals may need to act as advocates for their patients, with employers or other professionals, to optimise the likelihood that individuals can work safely and effectively.

4. Support patients with employment and disability rights

Mental health professionals need have a working awareness of employment support and disability rights so they can support patients to know their rights in the workplace. People with mental health problems are often marginalised and unaware of available support and disability legislation. Employment support within mental health services offers a key opportunity to support recovery from mental health problems. Employment support embedded within mental health services has been shown to be effective at helping people, even those with considerable barriers, move into work.^{ix} Research has demonstrated that employment support is often not offered or available to mental health services users, and that this is even more pronounced for some marginalised groups.^x

Summary and Conclusions

Fostering psychologically healthy workplaces requires timely, effective, and ongoing collaboration between key stakeholders. When this is achieved, working age adults can thrive individually with consequential positive impacts for employers, and the economies of the nations in which they work. Whilst national and local governmental organisations and employers have important roles to play, it is also essential that all healthcare staff consider the impact of health on work and work on health in order to provide the most effective care possible for their patients.

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Foreword

Mental health conditions are among the most common health problems of the perinatal period (pregnancy and the year after birth). Prevalence rates of perinatal depression are >10% of women in high income settings with higher prevalence in many low and middle income countries (LMICs). While most of the attention in services, public and provider education and research has been towards postpartum depression, there is growing evidence on the impact of other disorders including anxiety disorders (post-traumatic stress, obsessive-compulsive, panic and generalised anxiety disorders) which are common, and less common disorders including bipolar disorder, psychosis, eating disorders and personality disorder, all of which can occur in both the antenatal and postnatal period (Howard et al 2014; Jones et al, 2014; Wisner et al, 2013).

The perinatal period is a time when there is an increased risk of most psychiatric disorders. The impact of psychological morbidity includes adverse impacts on pregnancy outcomes (e.g. low birthweight, prematurity) (Stein et al 2014;); deficits in mother-infant interactions which are associated with an increased risk of child behaviour, cognitive and emotional problems; impaired growth in children from LMICs (Stein et al 2014; Weobong et al 2015); infant mortality (Stein et al Lancet 2014); and maternal mortality resulting from suicide, substance misuse, domestic violence homicides and comorbid physical health problems (including HIV) (Langer et al 2015).

The development of perinatal mental health services and training of psychiatrists in perinatal mental health has not been uniform across the world. While several countries like the UK, Australia and New Zealand have seen policy driven changes in accessible services, there are many HIC countries where services are not uniformly available. The situation in LMICs is even more concerning with most countries not having any screening or case identification protocols for perinatal mental health problems and inadequate specialised services or training. Psychiatrists and other mental health professionals need to be actively involved in training of primary care and maternity practitioners and developing protocols for identifying perinatal mental health problems and providing appropriate interventions.

Psychiatrists should also ensure that services are developed for women with perinatal mental illness - in the clinic, within hospitals and in the community. The Marcé International Society for Perinatal Mental Health has several important resources including a Position Statement on screening and assessment (Austin et al, 2014; <https://marcesociety.com/>). The COVID 19 pandemic exposed many deficiencies in the mental health care and support for women in the perinatal with mental health problems and the WHO guide for integration of perinatal mental health in maternal and child health services (<https://www.who.int/publications/i/item/9789240057142>), is a welcome step for many countries to integrate maternal mental health into routine antenatal and postnatal care (WHO, 2022).

Introduction

Psychiatrists frequently come across perinatal mental health problems in their day-to-day practice. Perinatal anxiety and depression are the most common conditions; however, there are several other psychiatric conditions that are relatively common in secondary care but have received less attention. These include PTSD, OCD and personality disorders. Women may present with postpartum bipolar disorders and postpartum psychosis. Many women with severe mental illness such as schizophrenia will also need attention during pregnancy and after birth. In addition, preconception support and medication as well as health related counselling does not occur routinely or uniformly in most countries.

Perinatal depression and anxiety have been linked to risk factors including a personal and/or family history of psychopathology, poverty, young age, gender based violence and abuse, unwanted pregnancy, traumatic life events, poor social support, medical conditions (notably HIV in Sub-Saharan Africa) and other stressors including living in a conflict zone, giving birth to a daughter in cultures with a strong male preference, and being a refugee or asylum seeker (Howard et al, Lancet 2014). Specific situations that may have mental health impact include the experience of infertility and treatments with assisted reproductive technologies (Cesta et al 2016; Seibaek et al 2015). Obstetric violence (disrespect and abuse during childbirth; Bohren et al 2015) and severe obstetric complications increase the risk of mental health problems (Fillipi et al 2007; Mannava et al 2015), while having a severe mental illness increases the risk of life-threatening obstetric complications (Easter et al 2022). The COVID 19 pandemic led to increase in rates of anxiety and depression among pregnant and postpartum women due to lack of services, poor access and concerns about infection. Suicide is a leading cause of mortality in the perinatal period with data from Confidential Enquiries the world over highlighting this. However, Low levels of reporting and poor audit systems in LMIC mean that the extent of suicides in the perinatal period is grossly underestimated in these settings (Fuhr et al, 2014).

High rates of morbidity and mortality are also related to substance abuse in the perinatal period that needs addressing. A growing global literature supports the efficacy of psychosocial and psychological interventions for mild to moderate disorders (e.g., Nillni et al, 2018; Howard and Khalifeh, 2020; Rahman et al 2013) and for pharmacological interventions for moderate to severe disorders (Jones et al 2014). Regarding the use of psychotropic medication during the perinatal period. The data on the long-term impact of antidepressants and atypical antipsychotics on children exposed in utero and during lactation are generally reassuring (Jones et al, 2014; Kimmel et al, 2018; Staub et al, 2022). The risks of perinatal mental disorders, which are associated with adverse maternal and child outcomes, need to be considered when considering the type of treatment needed. In addition, partners or other significant people in the woman's social network may also need their own mental health support.

Services vary internationally (Baron et al, 2016; Howard and Khalifeh, 2020) and while specialized services are not uniformly available, at the primary care level at least. Interventions in LMICs may be cost-effective when integrated with maternity and postnatal healthcare/primary care based on data from the USAID MOMENTUM Landscape Analysis (McNab et al 2021). Interventions should also address risk factors (e.g., poor nutrition, smoking, partner violence) and associated problems in addition to the mental disorder, and need to be culturally appropriate and acceptable.

Care planning is essential for women with severe mental illness such as schizophrenia and bipolar disorder, which ideally should take place pre-conception so that risk-benefit decision making for medication and other risk factors (poor nutrition, smoking, substance misuse, intimate partner violence, social support) can be considered before the crucial first weeks of embryo development. In some countries women with severe postnatal disorders are admitted to psychiatric mother and baby units to avoid separation from the baby at a critical time for mother-infant bonding, but availability is inequitable (Glangeaud-Freudenthal et al 2014). There are low-cost models available such as the Mother Baby inpatient in India where family caregivers stay with the woman in the inpatient unit and a family approach to intervention is provided (Chandra et al, 2015). Finally, there is global emphasis on using gender transformative approaches to

perinatal mental health care addressing the role of the father during pregnancy and infant care, the importance of gender equity and addressing gender-based violence (Raghavan et al, 2022).

What the Position Statement aims to achieve

The position statement aims to:

1. Describe the relevance and importance of perinatal mental health conditions
2. Discuss what psychiatrists need to know about assessment of different mental health conditions and the risk factors in pregnancy and the postpartum
3. Emphasise the need for active liaison with maternal health services and pediatricians and community-based services
4. Discuss system level changes to ensure integration of mental health into maternal health services
5. Advocate for the need to develop services for women with severe mental health problems including collaborative care planning
6. Focus on the role of the family, including the partner in prevention and treatment

Main Text

Competency in perinatal mental health is crucial for practitioners and patients, due to several reasons:

1. Good quality research has repeatedly demonstrated that anxiety and depression are highly prevalent during pregnancy and the puerperium, especially in LMIC's.
2. The impact of untreated mental health problems in pregnancy on birth weight, gestational age and future mental and physical health of the fetus:
 - a. The evidence that exposure to antenatal depression is associated with childhood cognitive and behaviour problems, attention-deficit/hyperactivity disorder (ADHD) and autism.
 - b. Postnatal depression is associated with increased mortality and hospitalisation among children in the first year of life. In LMIC settings, an association was found between postnatal depression and poor infant health as well as lower rates of breastfeeding.
 - c. The high rates of maternal mortality because of suicide in the first year after childbirth related to untreated mental health problems
 - d. The association between maternal mental health problems and obstetric complications, including pre-eclampsia
3. The existence of well-defined risk and protection factors:
 - a. The fact that having a personal and familial history of depression is a powerful risk factor allows for identification of a vulnerable group
 - b. Other risk factors such as exposure to intimate partner violence, sexual violence in childhood and lack of social support that are amenable to reduction or eradication
 - c. Pregnancy during adolescence, whether related to violence or to cultural pressures has serious negative consequences for the young women, their offspring and the community. It perpetuates poverty and hinders the integral development of girls. There is a need for dedicated services that provide a friendly, empowering environment
4. The availability of effective psychosocial and pharmacological interventions:
 - a. The existence of clinical guidelines for the management of mood and other psychiatric disorders in the perinatal period, that are periodically updated and allow for safe use of pharmacotherapy and other interventions.
 - b. There is evidence that psychological interventions are effective for postpartum depression. Some of these may be peer led or delivered by community mental health workers.
 - c. The importance of community mental teams to ensure the continuity of care

- d. The availability of effective pharmacotherapy, although there is the need to have better quality data to inform the user and the prescriber; there is also clarity about the adverse outcomes of the exposure to specific medications, such as valproate, which is not to be used in pregnant women and that has prompted specific guidelines about its use in women of reproductive age
 - e. The rich clinical experience from various countries that support joint admission of mother infant dyads when a mother has postpartum mental health problems and needs inpatient care
 - f. The need to involve partners, family and older children in the planning and delivery of care
 - g. The special need to involve service users as experts by experience in the planning of service
5. The abundant qualitative literature that informs about the expectations of women: non-judgmental care, access to information about adverse effects on mental and physical development as well as information on the effects of stopping treatment and clear information on the genetic risk for their children

Recommendations for Action

WPA urges all health care professionals and policy makers to improve pregnancy outcomes, reduce maternal and infant mental and physical morbidity, and mortality, improve care of the infant and enhance the mother infant relationship:

a. Recommendations for Health Systems

- 1. WPA recommends that mental health data include information on whether women are pregnant, have recently experienced any obstetric problems (e.g., pregnancy loss, fertility treatment, surgery) or have recently given birth. Psychiatrists should also be advocates for mental health indicators to be included in routine maternity data and enable maternal and child health systems to carry out appropriate screening and case identification.
- 2. WPA calls for all care providers in contact with women in the perinatal period to be trained to be equipped with knowledge and skills to identify and treat, or refer for treatment, women with perinatal mental disorders. These providers should also receive appropriate remuneration, personal mental health support and receive regular supportive supervision in order to be sustained in the work they do and to ensure quality of care. These include mental health professionals, nurses, midwives, obstetric care providers and pediatricians.
- 3. WPA calls for integration of mental health assessments as well as assessment of demographic, educational and social resources and vulnerabilities and core packages of mental health services into routine antenatal and postnatal care (including infant care such as baby clinics) including establishing of effective referral mechanisms. Tools that have been validated for a target population and interventions that are culturally appropriate and culturally sensitive for the local context should be used.

b. Recommendations for Clinical Care

- 4. WPA calls for all health professionals and other care providers to focus on symptoms of anxiety, PTSD, somatic symptoms (as potential indicators for depression) and psychotic disorders in addition to perinatal depression.
- 5. Women with severe mental illnesses need to be recognised as a high-risk group requiring coordinated obstetric, paediatric, primary care and mental health care including community based services, in order to reduce mental illness and suicide as an important cause of maternal mortality and morbidity.
- 6. WPA calls for all care providers to provide, or refer appropriately for, pre-pregnancy consultation including contraceptive services for childbearing aged women with a past, current

or new mental illness.

7. Many women with severe mental illness (and in the general population) have unplanned pregnancies, so it is unrealistic to expect more than a small proportion of women to access preconception care even where it is available. WPA recommends that generic adult psychiatric services include routine preconception discussions within usual care for women. These give an opportunity to discuss medication use but also provide a window to discuss physical and mental preconception health, including pregnancy planning, relationships, nutrition, physical exercise, weight management, smoking, substance misuse, and folic acid supplementation.
8. WPA recommends offering mental health support to the partner and family in perinatal mental health services. There is evidence that depression among fathers on the perinatal period is common and needs addressing.
9. WPA emphasises the need to assess the quality of mother infant interactions and the care of the infant while providing interventions as needed. Simple methods such as video-based interaction feedback and education to enhance maternal sensitivity maybe provided to all dyads when the mother has a mental health problem.
10. WPA calls for all health professionals caring for women with, or at risk of, perinatal mental illnesses to develop an integrated care plan in collaboration with women, their partners and their families.

c. Recommendations for Information and Guidance

11. WPA urges mental health, maternity and primary care services to provide universal accurate and accessible information about emotional and physical health, to de-stigmatise mental illnesses, in addition to providing a range of specific information related to the perinatal period.
12. WPA recommends specific guidance for providing care to pregnant and postpartum women for situations such as pandemics, natural and other humanitarian crises.
13. WPA urges all relevant stakeholders to address stigma related to mental illness and to recognise the 'embedding opportunities' in the maternal mental health field – including maternity, public health, child health, early childhood development and HIV – to facilitate integration of mental health into maternity and child programmes.

d. Recommendations for Policy and Governance

14. WPA recommends each national society to develop a user-friendly directory of resources, which should be updated regularly and provide as much detail as possible. The resources need not only be medical personnel or institutions. Community groups and associations, effective peer educators and other informal sources of support are all important resources.
15. WPA urges mental health policy makers to develop evidence-based policy for prevention, early intervention and treatment for women in the perinatal period and develop leadership and clinical governance structures to ensure that services are implemented and audited. These must be carried out in the local cultural contexts, customs and adequate resources provided.
16. WPA urges policy makers to work with National associations where appropriate, to ensure that there are relevant and affordable medication options available on the essential drug list suitable for women of reproductive age in LMICs.

17. WPA urges research funders to provide support for research on the effectiveness and cost-effectiveness of pharmacological and psychosocial interventions, including low cost technological solutions such as mHealth, and care pathways and protocols for perinatal mental disorders across the diagnostic spectrum, including the impact on the child. Research must be translated into clinical practice and communicated as meaningful and engaging communication for policy makers, budgeters, implementers and evaluators. Equity of resources between physical and mental health needs of mothers must be a priority in terms of investment into research, training, treatment, and prevention.
18. WPA recommends developing, evaluating and implementing interventions for health promotion and enhancement of maternal wellbeing, including the use of culturally appropriate care and supportive customs and interventions designed to reduce known risk factors; these include violence against women, particularly intimate partner violence and unintended or unwanted pregnancy including reproductive coercion.
19. WPA recommends that interventions for PMH are also gender transformative especially in countries where women have no agency related to childbirth.

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Foreword

WPA has established partnerships with persons with lived experience of mental health conditions and family and informal carers over many years. The 2011 WPA recommendations on best practices in working with service users and family carers (Wallcraft et al, 2011, World Psychiatry) are a result of a cooperation with psychiatrist WPA members and people with personal experience of mental health conditions and family carers. The ten recommendations range from respect for human rights as the basis for partnerships to a collaborative approach in clinical, training and research contexts to the obligation to promote and support the establishment of meaningful and authentic inclusion of users' and carers' representation within international and local professional organizations including WPA.

The ten recommendations were developed for the international mental health community and subsequently six of these were incorporated into WPA's Madrid Declaration of ethical principles (www.wpanet.org/current-madrid-declaration). All ten recommendations remain relevant for WPA and its Member Societies. WPA calls for constant efforts to ensure the recommendations are endorsed as obligations and furthermore that progress in meeting these obligations is reviewed and monitored.

The WPA Working Group on Developing Partnerships with Service Users and Family Carers was founded as a WPA Advisory Group in 2018 and has worked to support WPA in planning and conducting its Congresses and on core work programs such as the WPA program on implementing alternatives to coercion. Their participation was key to the WPA 2020 Position Statement on Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care.

This position statement focuses on the obligations of professional psychiatric associations including WPA and its Member Societies to meaningful, authentic and sustainable involvement of persons with a personal experience of mental health conditions, family and informal carers and their representative organizations in all training, research, decision-making processes and policy and practice developments concerning mental health.

Introduction

With human rights, respect for dignity and non-discrimination at the centre of international and national mental health policies worldwide, no significant development can advance without the meaningful and authentic involvement of experts in their own right. Persons with a lived experience of mental health conditions and family and informal carers bring their unique expertise and perspectives to the table in different ways. In a historic first, in the early years of this century, mental health related conditions became recognised as part of the broader disability sector and within this context, were referred to as psychosocial disabilities. This allowed for persons with mental health conditions to feature prominently in global disability-related advocacy initiatives to promote and protect human rights of all persons with disabilities.

In another historic first, self-advocates were an essential part of the negotiating and drafting process of the UN-Convention on the Rights of Persons with Disabilities (www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html). The first human rights treaty of the 21st Century is the product of a truly participatory process and makes the longstanding request of ‘Nothing about us without us!’ a legal obligation: No policy development, review and amendment of legislation or additions to regulations shall be undertaken without including experts in their own right, namely persons with psychosocial disabilities.

What the Position Statement aims to achieve

The position paper aims to update and expand upon WPA’s position on the necessity and the opportunities of international, national and local professional psychiatric organizations to work in partnership with persons with a lived experience of mental health conditions as well as with family and informal carers. This position paper highlights the obligations of professional organisations and international examples on best efforts towards meaningful and authentic involvement of persons with lived experience backgrounds.

International consensus and examples

The international consensus on working in partnership is in the process of turning into reality around the globe. The 2020 World Health Organisation’s Mental Health Atlas reported that 35% of the 171 countries that responded to their 2020 survey report ongoing formal collaboration with service users and/or family/caregiver advocacy groups, (<https://www.who.int/teams/mental-health-and-substance-use/data-research/mental-health-atlas>).

To promote successful partnerships, professional psychiatric organisations have a crucial role to play to create opportunities for meaningful, authentic and sustainable involvement of persons living with a psychosocial disability in their work. International examples include the World Association of Psychosocial Rehabilitation, which includes persons with lived experience of mental health conditions and family carers as board members; the European Psychiatric Association, which includes ex-officio members of the boards of the European Federation of Associations of Families of people with mental illness (EUFAMI) and the Global Alliance of Mental Illness Advocacy Networks (GAMIAN), and the Collaboration Agreement between Mental Health Europe (MHE) and the European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP).

Examples of national psychiatric organizations include the Royal Australian and New Zealand College of Psychiatry (RANZCP) with their Community Collaboration Committee, whose members contribute to the training, assessment and accreditation of psychiatrists as well as to mental health policy direction and to internal operations of the RANZCP, and the Royal College of Psychiatrists of the UK with a family carer and a user representative as council members.

Government bodies also have persons with lived experience background on board. Examples include the National Mental Health Commission of the Australian Government and the Advisory Committee of Mental Health set up by the Hong Kong SAR Government. The Advisory Committee is the top advisory body of mental health policy development. With their advice and support, the Hospital Authority of Hong Kong has ensured that every mental health service cluster recruits a specified minimum number of trained peer expert workers in their mental health teams for people with serious mental health problems.

International policy and research endeavours with partnerships include the 2021 Lancet Commission on Mental Health, Stigma and Discrimination, which includes people with lived experience background in key leadership roles, and the WHO Quality Rights initiative, which has taken multipronged actions to put people with lived experience at the centre of its global and country level work to transform policy, law and services and to build capacity on person-centred and rights-based approaches to mental health.

The GMHPN (www.gmhpn.org) developed formal partnerships with several international organisations, such as with the International Initiative for Mental Health Leadership, Ember, Recovery IPSS, amongst other academic and research institutions. These partnerships are aligned with the GMHPN's 'Considerations when working and engaging with persons with lived experience with mental health conditions' (www.gmhpn.org/lived-experience-engagement.html). Rules of engagement for successful partnerships include principles of transparency and fairness, ways of finding a common language, making decisions by consensus or democratically, and moving from tokenistic participation to active and engaged partnerships.

Examples of training partnerships include the US National Association of Mental Illness (NAMI)'s in-service training for mental health professionals taught by a team consisting of an adult with a mental health condition, a family member and a mental health professional who is also a family member or has a mental health condition themselves (www.nami.org/Support-Education/Mental-Health-Education/NAMI-Provider), or the Fundación Mundo Bipolar (Morales Cano & Wooley, 2016) trainings developed within the EU Horizon2020 Research Project Recover-EU (www.youtube.com/watch?v=b4A2Sw2eU3s), or EUFAMI's training programme 'Prospect for People' (<https://eufami.org/?s=prospect+programme>) joining together all three groups to improve their communication. For more than three decades, the Trialogue (Amering, 2017) experience of learning and practicing communication on equal footing has been providing a discrete and independent acquisition and production of knowledge for people with lived experience of mental health conditions, family members and friends as well as persons working in the mental health field.

Conclusions and Recommendations

The ethical and legal consensus on the obligations to include persons with psychosocial disabilities, personal experience of mental health conditions, family members and informal carers in all aspects of mental health policy and practice developments create an urgent need for successful global implementation of authentic and meaningful partnership work for education, research and quality improvement.

- WPA recommends that all international and local professional organizations, including WPA programs and member societies, find appropriate ways to work in authentic and meaningful partnerships with people who have personal experience of mental health conditions as well as with family and informal carers. In many cases it might be most appropriate to partner with organisations that represent these groups. The training of psychiatrists and other mental health professionals should involve and be informed by these partnerships, as should research and policy development. Psychiatrists need to be trained in supported/shared decision-making and to become fully aware of their roles and how best to exercise them in supporting alternatives to coercion (WPA, 2020).

- WPA recommends that member organizations actively look for organizations and persons to realize such partnerships.
- WPA recommends using and developing educational materials and methods to prepare psychiatrists and other mental health professionals to work in meaningful, authentic and sustainable partnerships
- WPA recommends including these partnerships in research on mental health practice and quality improvement, and policy development.
- WPA recommends developing activities with service users, family members and their representatives in a respectful framework and from the beginning of an activity, making sure that the conditions are clear and understood by all parties.
- WPA recommends being very careful to never instrumentalize these groups, maintaining equal and mutual respect among collaborating groups.

Authors: WPA WG on Developing Partnerships with Service Users and Family Carers

** In line with the Lancet Commission on Ending Stigma and Discrimination in Mental Health ‘We refer here to “persons with lived experience of mental health conditions” when referring to a person who has or had received a diagnosis of a mental health condition and/or who may be receiving or have received treatment in the past, for mental health problems. Our choice of terminology is derived from the Lancet Commission on Ending Stigma and Discrimination in Mental Health who conducted a survey with people with lived experience of mental health conditions where these terms were identified as more acceptable by the lived experience community. In terms of family members or other types of caregivers who are or have been the primary carers of a person/s with a mental health condition we refer to as “formal and informal carers”. Our intention is not to exclude any person/s or groups who prefer to be identified with other terms used in the mental health space. We do acknowledge that there is no consensus on one universally preferred term. We further note that terminology, as it has in the past, evolve over time and may change in the future.’ (Thornicroft et al, 2022)*

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FOREWORD

This Position Paper will summarize the mental health aspects of COVID-19 and how the WPA and its members should respond.

INTRODUCTION

As COVID-19, caused by the virus SARS-CoV-2, continues to sweep the globe, causing high mortality and morbidity, psychiatrists, their patients, families, caregivers and other healthcare workers face unprecedented evolving challenges. The high prevalence/incidence of mental disorders, especially among vulnerable individuals, related to the infection and its necessary public health measures, requires guidance from psychiatrists that this Position Paper will describe.

WHAT THIS POSITION PAPER AIMS TO ACHIEVE

The increased awareness of mental health professionals of the effects of the COVID-19 pandemic, post-COVID-19 conditions, and the need for augmenting psychiatric services.

MAIN TEXT

The COVID-19 pandemic has spawned unprecedented levels of anxiety, uncertainty and fear about contagion, sickness, and death. Necessary public health measures, such as quarantine, masking, physical distancing and sheltering in place, further increased levels of stress. There was a significant rise in severe maltreatment of infants during lockdowns (Lazarescu 2022) and greatly increased use of pediatric emergency visits for children and adolescents post lockdown (Long 2022). Children and adolescents have been especially affected by disruption of their social and learning environments.

International evidence suggests that COVID-19 is linked to increases in mental disorders, especially anxiety and depression (World Health Organization, 2022b). Elevated symptoms of depression were particularly prevalent among people with low household income, who were unmarried and experiencing multiple stressors (Ettman et al., 2022). Females, adolescents and younger adults were most affected (COVID-19 Mental Disorders Collaborators et al., 2021). Poor coping skills, multiple psychiatric comorbidities, previous trauma exposure, deteriorating physical health, problems in family relationships and lack of physical exercise were other risk factors (Robillard et al., 2021). Some psychosocial impacts including depression, anxiety and posttraumatic stress disorder might manifest later as a result of COVID social changes rather than the infection itself.

The impact of the pandemic has been greatest for people with serious mental illness, including schizophrenia and other psychotic disorders, bipolar disorder, and major depression, with significantly higher rates of COVID-19 infection, hospitalization, and death (Wang et al., 2021; Yang et al., 2020). The disproportionate impact of the pandemic on people with serious mental illness is likely due

to worse pre-existing health and poorer access to timely medical services. Even in the absence of infection, people with serious mental illness have experienced marked decreases in measures of well-being and mental health during the pandemic (Barrett et al., 2022).

Overall, suicide trends did not increase and even declined during the first year of the pandemic (Pirkis et al., 2022). Nevertheless, increased suicide trends were reported in certain demographics. For example, in Japan suicide rates increased in females and adolescents, in India for males, in Poland for females, in Spain and France for adolescents, and in USA for ethnic minorities (Ehlman et al. 2022). Detecting at-risk groups requires continued alertness and improved monitoring strategies, which will permit the development of targeted preventive measures.

Healthcare workers experienced very high levels of stress as they were asked to respond rapidly to an unexpected crisis in situations of extreme work pressure. The previously unseen numbers of critically ill patients and deaths, the shortage of adequate protective equipment and resources, medicines, and medical equipment, and risk of infection represent some of the factors contributing to burnout and poor mental health outcomes. Meta-analyses estimated a 30-40% prevalence of anxiety and depressive symptoms among healthcare workers during the pandemic (Aymerich et al., 2022). An even higher prevalence of post-traumatic stress symptoms and sleep disorders was reported. Females, younger workers, and those who are parents of dependent children showed worse mental health. The pandemic highlighted an already existing need for mental health resources for healthcare workers that is now amplified. Effective approaches should address challenges such as the reluctance of healthcare workers to access psychological support, and the effects of racism and gender inequalities in these professions (David et al., 2021).

The COVID-19 pandemic has had many effects on family life, including job or income loss, working from home, quarantine, increased workloads, social isolation, food insecurity, school closures, virtual learning and diminution of social supports, all of which have disproportionately affected marginalized populations (World Health Organization, 2020). Children have been among those hardest hit by the psychological impact of the pandemic. Being quarantined at home, facing school closures, virtual learning, masking, witnessing family distress, lack of outdoor activity, isolation from friends, overcrowding, changes in diet, and altered sleep arrangements have taken their toll.

A United Nations Women survey reports one in four women feels less safe at home and new and existing conflicts have increased within households since the pandemic started (UN Women, 2021). Physical, psychological and sexual abuse have also increased. Psychiatrists should be alert for and prepared to inquire about family violence and intervene appropriately when needed. (See WPA Position Paper on Intimate Partner Violence and Sexual Violence)

Lingering symptoms following infection with SARS-CoV-2 have been given various names including long COVID-19, long-haulers syndrome, post-acute sequelae of COVID-19 (PASC), chronic COVID-19 and others. The World Health Organization has proposed the following definition: "Post COVID-19 condition occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis" (World Health Organization, 2022a). Common symptoms include fatigue, shortness of breath, loss of smell, cognitive dysfunction, anxiety and depression, can impact everyday functioning, and may fluctuate or relapse over time. Multiple organ systems can be involved, including central nervous system, immunologic, cardiorespiratory, metabolic, musculoskeletal, and gastrointestinal. Symptoms may arise following initial recovery from an acute COVID-19 episode or persist from the initial illness. As the etiology of psychiatric/psychological symptoms of long COVID-19 remains unknown, psychiatrists should be familiar with strategies known

to improve coping, such as self-management, mindfulness meditation, cognitive behavioral therapy, and supportive therapies. The role of psychopharmacology is unclear. The UK Health Service provides a helpful website, “Supporting your recovery after COVID-19” (NHS England, 2021).

The burgeoning number of people needing psychiatric treatment because of COVID-19 has strained already inadequate mental health services. In wealthy countries there is an acute shortage of mental health professionals, including psychiatrists, especially child psychiatrists. Shortages are even more pronounced in low- and middle-income countries. WHO data show the median number of mental health workers per 100,000 population was 40 times higher in the European Region than in the African Region and 20 times higher than in the South-East Asia Region. Similarly, there were 0.1 psychiatrists per 100,000 population in low-income countries compared with more than 8 in high-income countries (World Health Organization, 2021).

As a result of the pandemic, access to mental health care became difficult due to restrictive measures to contain the contagion and the shortage of staff and other resources. Digital technologies offered an immediate solution to continue delivering mental health treatment with similar efficacy to in-person interventions. Nevertheless, the lack of legal and ethical regulation, standardization and preparation posed several challenges to the large-scale application of telepsychiatry. Recognition of the opportunity to increase access to mental health care led the World Psychiatric Association to develop global guidelines for telepsychiatry (World Psychiatric Association, 2021). Public health agencies’ commitment to increasing mental health awareness and self-help during the pandemic also enhanced interest in other digital mental health interventions, such as those based on mobile apps, sensor data, social media, and virtual reality. They have showed promising results in the assessment and self-management of psychological wellbeing, as well as in the management of long-term psychiatric disorders. The integration of these interventions into real-world clinical practice requires ongoing progress (Torous et al., 2021).

Even as the pandemic fades, the psychological burdens of long COVID will create new needs for care. Furthermore, the easing of restrictions and the “return to the new normality” will require coping with new sources of stress. Governments, insurers and other funders should support increased resources for mental health services, commensurate with the growth in demand for treatment. Longer-term solutions, including a commitment to augmenting the mental health workforce, are also needed.

CONCLUSIONS:

The COVID-19 pandemic has unsettled the world in many ways. It has also severely impacted children and youth and may put the next generation at higher risk for mental disorders. Here we have highlighted its varied impacts on mental health and suggested ways in which these issues can be addressed. We recognize that the pandemic has had different effects around the world and our recommendations may need to be tailored for local conditions. In addition, while future epidemics/pandemics may be caused by different pathogens, some of these recommendations may be applicable.

SUMMARY:

The COVID-19 pandemic has created unprecedented stresses for society, disproportionately affecting people with mental disorders. Addressing these burgeoning mental health needs will require identification of groups at particular risk, development of targeted interventions, and a commitment of sufficient resources to meet the demands of this extraordinary situation.

RECOMMENDATIONS FOR ACTION:

ROLES OF PSYCHIATRISTS:

1. Psychiatrists must not abandon their patients but should continue to take care of them by all possible means (e.g., virtual visits, online psychotherapy, rehabilitation programs) during this pandemic.
2. Psychiatrists should be aware of, and address COVID-19 impact on children and youth.
3. As physicians, during the pandemic, psychiatrists may volunteer or agree to be redeployed if the need arises to assume other duties in their institutions or communities.
4. Psychiatrists must preserve their own health by following recommendations for avoiding infection and promoting well-being.
5. Psychiatrists and other mental health professionals should assist in developing self-help, peer support groups or individual supports or treatments for distressed colleagues and their families and should avail themselves of such services when indicated.
6. Psychiatrists, as leaders in their hospitals or communities, should be prepared to assist with educational activities and support groups for persons with mental disorders, healthcare workers, and the public about the pandemic, its restrictions and their medical and mental health implications.
7. Psychiatrists should advocate for equitable interventions by governments and others to maintain the continuity of mental health services, provide COVID vaccines and treatments and reduce the toll of pandemic-related mental distress, including suicide.
8. Psychiatrists should be aware of the effects of long COVID on their patients and remain current with the research on its diagnosis and treatment.

PROTECTION OF PEOPLE WITH MENTAL DISORDERS:

9. Appropriate precautions to protect patients' health should be taken on inpatient units and in outpatient treatment settings.
10. Telepsychiatry and other virtual means of conducting psychiatric evaluations and treatment have an important role to play in protecting the health of both patients and mental health professionals. Psychiatrists should work with their governments to advocate for necessary regulatory changes if needed to facilitate access to telepsychiatry services.
11. When resources are limited and triage becomes necessary, mental disorders should never be factors in establishing eligibility for admission to hospitals, medical or intensive care units or access to ventilators or other treatment.

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Purpose of Statement

This position statement focuses on the promotion of Psychiatry among medical students. A competent and resilient workforce is essential to the provision of mental health services to individuals with mental health illnesses. Promotion of mental health among medical students prepares the healthcare workforce to provide compassionate care and ends stigma towards mental health even if the healthcare providers are working in specialties other than psychiatry. This statement highlights some of the barriers to promoting psychiatry among medical students and identifies opportunities and practical recommendations. It will also provide recommendations at the individual, regional, national, and international levels to help spark initial interest and maintain students' interest in Psychiatry and Psychiatric subspecialties. These recommendations, if implemented, can also address the global shortage of psychiatrists, which is imperative to sustain and increase psychiatric workforce.

Background

Availability of mental health care is a global public health problem. COVID-19 pandemic has highlighted the urgent need for Psychiatrists and Psychiatry subspecialties. There is a critical workforce shortage that needs to be addressed with short-term and long-term interventions. Goldenberg et al mentioned in an article in American Journal of psychiatry that Psychiatry accounts for 5% of residency slots nationally, since 2011 only 50%–62% of these slots have been filled by graduates of U.S. medical schools. Similar concerns are shared globally as well. As far as interest of medical students in the field of Psychiatry is concerned, Lyons wrote an article in Academic Psychiatry discussing Impact of Psychiatry Clerkship on medical students where it showed that the properly structured Psychiatry clinical experience has a positive impact but also identified that it's difficult to maintain that interest after the clinical experience is over. It highlighted the importance of maintaining contact with students through other means such as mentorship, research, scholarly work collaboration and career guidance. Stigma reduction was another factor identified.

Factors affecting Awareness about Psychiatry

Psychiatry as a career choice and awareness of psychiatry is influenced by factors that can be premedical and intra-medical in origin. Stigma, burnout, and cultural attitudes towards psychiatry are potential factors that deter choosing psychiatry as a career choice. It also affects providing compassionate and quality care to individuals with psychiatric disorders. The supernatural and religion-magical factors are frequently conceptualized as the etiological factors for psychiatric disorders in different parts of the world. These beliefs and attitudes frequently stem from misperceptions about the scientific understanding and prognosis of psychiatric disorders. Moreover, these misperceptions result in a lack of prestige and respect, low salaries for healthcare providers, and unfavorable societal attitudes.

Recommendations

The following actions by various individual and organizational stakeholders to foster good mental health for people of working age are recommended by the WPA:

1. Thoughtful and well-designed curriculum and clinical interactions with patients can provide an opportunity to have meaningful exposure to the field.
2. Psychiatry has not been regarded as a mainstream specialty globally. It is critical to provide ample learning and clinical opportunities to break myths around psychiatry.
3. Psychiatry should be considered as a core specialty with adequate allocation of resources such as time spent in psychiatry in undergraduate and graduate medical education.
4. Addressing stigma through curriculum and improving student's perception of Psychiatry as a career is critical. The increased knowledge and improved perception can potentially lead to empathic and compassionate care to patients with psychiatric disorders.
5. Exposure to less acute patients who the students are able to interview to feel competent as well as seeing progressive improvement to observe recovery can improve the perception about the prognosis. Inpatient settings can be intimidating and stressful at this stage of the training.
6. Post clerkship engagement programs to captivate the initial interest in psychiatry can be helpful. Many institutions have created student interest groups with favorable outcomes.
7. Enthusiastic and positive mentorship and supervision can provide ongoing motivation, guidance and support. These mentors can also serve as role models.
8. Promoting Psychiatry as career choice which offers flexible hours as well as optimal work life balance.

Summary and Conclusions

Compassionate and resilient workforce ensures empathic and quality care to individuals with psychiatric disorders. Psychiatry is commonly disregarded as a career choice due to various factors such as misperception about psychiatric disorders and prognosis, burn out, lack of social prestige and significant stigma. Thoughtful and well-designed curriculum, adequate allocation of educational resources, post-clerkship engagement of medical students, and passionate mentors can play a pivotal role in appreciation of psychiatry as a career choice. Moreover, exposure to psychiatry ensure quality of care among non-psychiatric healthcare providers.

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Preamble

The Working Group (WG) on Intellectual Disabilities/Intellectual Developmental Disorders (IDD) under the auspices of the World Psychiatric Association (WPA) leadership was charged for developing a comprehensive statement on the Rights of Persons with IDD with co-occurring mental disorders. To date, no such prior document exists. The statement addresses the needs for inclusive services, training, and research for improved mental health outcomes for persons with IDD across the lifespan. An important justification for this effort is that mainstream psychiatry as a profession has the means and motivation to appreciably improve the mental health care of persons with IDD with special relevance for low resource settings.¹ A major change is required in emphasis that is inclusive of grassroots efforts in implementing person-centered care tailored to the abilities and aspirations of persons with IDD and their families and communities, blending the social and medical models of development and disability within a human rights framework.

Foremost, in considering the preparation of this statement we would like to address head on:

- Why we believe the United Nations (UN) Universal Declaration of Human Rights² serves as the foundational framework and why universalism and world citizenship on this topic is critical
- How such a statement on the rights of persons with IDD and co-occurring mental disorders interfaces with the UN Convention on the Rights of Persons with Disabilities (CRPD)³
- How such a statement on rights of persons with IDD and co-occurring mental disorders is relevant for optimal Public Mental Health globally as intended in the WPA Presidential Action Plan⁴ – providing synergies between Public Mental Health, Disability, and Human Rights and points of reference in terms of development of “benchmarks” to be assessed and compared across persons with and without IDD and across world populations
- What can be learned in adapting these benchmarks in terms inclusive services, training, and scholarship in psychiatry and allied mental health sciences

Universal Declaration of Human Rights

A year following the introduction of UN Universal Declaration of Human Rights in 1948, the philosopher Hannah Arendt, in the aftermath of Second World War and Holocaust, was first to wonder about their universalism⁵. The Declaration had been adopted emphasizing the right to life, liberty, and security of all persons in society, but there was only secondary mention of disability. The idea of human rights belonging to all, simply by virtue of being human, is the basis of the Universal Declaration. According to Mahatma Gandhi this moral entitlement was not seen as adequate unless it was combined with duty. In a letter written to Julian Huxley, then Director- General of UNESCO, Gandhi boldly asserted that *“all rights come to be deserved and preserved from duty well done.”* For Gandhi, *“the very right to live accrues to us only when we do the duty of citizenship of the world,”* encouraging us to “begin with a charter of Duties of Man.” The rights he promised the will follow *“as spring follows winter.”*^{6,7}

The ratification of human rights by states has been necessary, but not sufficient, and for universalism to be achieved there would need to be an open world where human beings transcend borders and national jurisdictions. Universal Human Rights therefore applies beyond state borders, and to all persons who are citizens of the world, including those who are stateless and those who are state protected wards, among whom persons with IDD stand as a most vulnerable group.

The Universal Declaration Foundational Article 1, translated in 500 world languages, asserts that all human beings are “*born free and equal in dignity and rights*” entitled to full equality under the law, including free speech, freedom of assembly, social and economic rights, education, social security, right not to be tortured, not to be subject to arbitrary arrest, and with right to seek asylum from danger and persecution. The Declaration, as well as the treaties and conventions that have flowed from it, is not merely a secular numeration of these basic rights, but the essential point is that the character of such rights are inalienable and cannot be taken away or given up. The rights imbued in the Declaration were therefore not created in 1948, but rediscovered, and part of an international *magna carta* of human rights worldwide. Indeed, when the UN human rights commission membership were convened at Eleanor Roosevelt’s home in Manhattan in 1947, as the United States delegate, to draft the Universal Declaration (to which Mahatma Gandhi had been invited but could not attend due to other commitments), the voices of many traditions and peoples of the world were absent, including the voices under colonial rule from Africa, India, as well as China, and the Islamic world⁸.

Ironically, the same year in 1947, in Staten Island, 20 miles southwest of Manhattan, the New York State Department of Public Health opened the Willowbrook State Residential School for children with IDD, among those housed there were many with autism spectrum disorders, cerebral palsy with and without intellectual impairments, as well as Down syndrome, and other congenital developmental conditions, referred to then as “the mentally retarded”. Children were tied to chairs, slept naked on cold floors, and were denied medical care and food. Many were also used in the notorious hepatitis research studies and countless died. After a visit, the late Senator Robert Kennedy called the place “a snake pit.”⁹ With the efforts of families, activists, and lawyers Willowbrook finally closed in 1987. A US Congressional bill, drafted by the Disability Rights International (DRI) will help support disability activists and families in many countries worldwide to make sure that children grow up within families and help shut down Willowbrook like institutional settings that still exist around the world¹⁰.

The question then and now remains: Is human rights universal as they apply to the most vulnerable with IDD and co-occurring mental disorders? Are human rights immersed in cultural values, or are they universal because they are considered natural and inalienable? As the rise of fundamentalist and authoritarian regimes further challenge universalism in many world contexts, our world order now is vastly different than in the aftermath of the Second World War.

On the upcoming 75th anniversary of the Universal Declaration of Human Rights, irrespective of these challenges to universalism by politicization and by authoritarian revival, a central framework is a timely undertaking for the WPA, that human rights of persons with IDD with co- occurring mental disorders ought not be based on the good faith alone, but a professional ethos in promoting care linked with rights for all vulnerable persons with IDD and co-occurring mental disorders. Such a framework needs to be attentive to poor resource settings, attentive to women and children, people with limitless sexual orientations and gender identities, minorities, people of all races, religions, and ages. Indeed, such an idea of universalism is not a Western construct, its roots lie across time and space, beginning in 539 B.C., when Cyrus the Great, first king of ancient Persia, on conquering Babylon, declared that all people had the right to choose their own religion, establishing racial equality, and freeing the slaves with decrees recorded on a baked- clay cylinder in the Akkadian language in cuneiform script¹¹. The Cyrus Cylinder record is now recognized by the UN as the world’s first charter of universal human rights.

United Nations Convention on the Rights of Persons with Disabilities (CRPD)

In 2001, initiated by Mexico, with subsequent crucial support of New Zealand, the UN General Assembly established the *ad hoc* committee for a Convention to be developed to uphold dignity and rights of persons with all disabilities. In December 2006, this work eventually led to the CRPD, and its accompanying Optional Protocol (OP) that eventually entered into effect in May 2008. The CRPD is currently ratified by 186 member states, with 164 signatories of OP emphasizing “*one voice*” and the notion of “*nothing about us without us*.” The OP endorsement signifies intent of state legislatures to take binding steps for (1) reasonable accommodations; (2) no-gaps; (3) habilitation and rehabilitation (Article 26); (4) international cooperation (CRPD article 32); and (5) assistance in situations of risk and emergencies. The CRPD has come to represent a “paradigm shift”: persons with disabilities are no longer to be considered as objects under the law but citizens with equal rights. An 18-member Committee on CRPD continues to annually monitor the application of the treaty with representation of persons with lived disability. Although disability is not specifically defined under CRPD, it includes long-term physical, mental (euphemistically referred as “psychosocial”), intellectual, or sensory impairments which in interaction with various barriers hinder effective participation in society on an equal basis with those without disability.

In 2015, the UN Department of Economic and Social Affairs (DESA) in collaboration with the Secretariat of the CRPD and Government of Japan, organized the Sendai Framework 2015-2030 for Disaster Risk Reduction¹⁵ that adopted the Charter on Inclusion of Persons with Disabilities in Humanitarian Action with 5 commitments: (1) non-discrimination; (2) participation; (3) inclusive policy; (4) inclusive response and services; and (5) cooperation and coordination. The goal has been to enhance recovery needs of persons with IDD with provision of psychosocial support and mental health services. Further, in 2015 the UN also adopted the *2030 Agenda for Sustainable Development Goals (SDGs)* emphasizing disability-inclusive development as an essential condition for a sustainable future¹⁶. In 2018, the UN launched a first-ever, flagship report on disability and the SDGs entitled, “*Disability and Development Report on the Realization of the SDGs by, for, and with Persons with Disabilities*” pledging to leave no one behind¹⁷. Finally, in 2018, the Sphere Handbook was published and has become an interactive movement allowing posting of links to newly published resources, share of case studies and success stories of persons with disabilities and their families in decisions affecting their lives¹⁸.

In summary, the CRPD has been an extraordinary instrument supporting the lives of persons with disabilities, mental and physical, with unprecedented implications for social, economic, political, and legal systems with relevance for mental health providers globally. Significant changes have arisen in the aftermath of the CRPD, notwithstanding the remaining challenges. Most important among these has been the protection from non-discrimination and freedom from coercion based on legal capacity (CRPD Article 12) representing a shift from a substitute decision model to supportive decision making¹². First, this has necessitated a shift in emphasis from an impairment- focused Biomedical to Social Model of Disability (as a product of an individual’s interaction with his or her environment), applied to both mental and psychosocial disabilities. Second, there has been the Social Model of Disability needing to be assessed with relevance to context – equalizing differentially abled persons with the same rights and opportunities. Third, since the Social Model could not offer adequate guidance in changing the circumstances that marginalize persons with disabilities as equal citizens, further shift was needed for persons with disabilities (especially those with co-occurring mental disorders) to be valued as part of human diversity. Therefore, the Human Rights Model has emerged as the foundation stone of CRPD, with the social justice discourse in terms of disability laws and policies representing a revolution in thinking.

An important question remains with respect to the question of “legal capacity” related to circumstances of persons with impaired Decision-Making Capacity (DMC) and the exercise of their rights. The UN system has remained somewhat divided on this issue. The International Covenant on Civil and Political Rights (CCPR) has accepted the “necessary and proportionate” involuntary placement and non-consensual treatment of persons with mental health problems (“psychosocial disabilities”) as a last resort¹⁹. On the other hand, CRPD calls for their elimination. Indeed, the UN Working Group on Arbitrary Detention (WGAD) states, “*denial of legal capacity of persons with disabilities with detention in institutions against their will, without their consent or with the consent of a substituted decision-maker constitutes deprivation of liberty in violation of international law.*”¹⁹ The contrast between substitute vs. supportive decision-making is highly salient in the care of the most vulnerable persons with IDD with adaptive and cognitive impairments and co-occurring mental disorders. The discussion is also relevant across the psychiatric care of persons with loss of DMC, e.g., dementias, schizophrenia, and bipolar illness, irrespective of a pre-existing diagnosis of IDD^{13, 14}.

Increased prevalence and ascendant recognition of the importance of mental disorders in the Global Burden of Disease (GBD) and the rise of neurodevelopmental disabilities with improved childhood survival in LMICs disproportionately effects the most marginalized communities (10- 15% of the global population with range of disabilities, and 80% of persons with disabilities live in LMICs)^{1, 14, 20}. The GBD burden therefore is increasingly highlighting a significant role for the Human Rights Model in addressing disparities in the care of vulnerable persons with IDD with co- occurring mental disorders.¹⁴ In such poor resource settings health systems continue to lack capacity to provide basic services, including access to basic primary healthcare²¹. The COVID-19 pandemic has further exacerbated inequities producing further obstacles in mental health care with disproportionate impact on persons with disabilities²². It is clearly not adequate for mental health services to prioritize certain rights, as in access to care and treatment, while not emphasizing importance of autonomy, choice, and community care. This underscores the inter-sectoral commitment of psychiatry, i.e., in humanizing our understanding of mental health, access to education, habilitation, rehabilitation, and alliance with work environments that are “*open, inclusive, and accessible*” (CRPD Article 27 of CRPD – Right to Work and Employment). Consistent with this view, the CRPD Article 7 emphasizes early intervention approaches combined with taking “*all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.*” Development of child and youth orientation with (1) robust tele-health access and legal platforms, financially supported intervention packages for economically distressed families; (2) appreciation of Adverse Childhood Experiences (ACEs) and social determinants disproportionately impacting persons with IDD²³; and (3) reduction of pathologizing with emphasis on healthy parenting and caregiving.

World Report on Disability and WHO Rehabilitation 2030

In 2017, the World Health Organization (WHO) in tandem with CRPD published the World Report on Disability in 2011²⁴, has followed by the launch of an important initiative to promote universal access to rehabilitation entitled “Rehabilitation 2030: A Call for Action” with more than 200 rehabilitation experts from 46 countries in attendance²⁵. The goal was to develop a “unified message” to become a “political priority worldwide.” In July 2019, the WHO convened a “Second Global Rehabilitation 2030” meeting with stakeholders from member states, international and professional organizations, NGOs, rehabilitation service users and experts—including journal editors. This was followed In May-July 2021, by the convening of the WHO Development Groups on Rehabilitation 2030, including sections on IDD, autism spectrum disorders, schizophrenia, and dementia with (1) linkage to Chronic Non-Communicable Disease (NCD) framework, (2) creation of a Crosswalk between WHO International Classification of Disease (ICD) and International Classification of Functioning (ICF), (3) emphasis on preventive interventions and habilitation entails, (4) emphasis on habilitation as well as rehabilitation, and (5) application of evidence- based approaches and developing further research to study contexts.

Statement on Rights of Persons with IDD and Mental Health

The Human Rights Model therefore represents a “consilient” approach (linking-together)²⁶ IDD and mental health long beset by a historic cleavage since 1980s with paucity of mainstream inclusive psychiatric services, training, and research^{27,28}. This WG on the rights of persons with IDD and co-occurring mental disorders proposes several principles, envisioned as “benchmarks” to be implemented with implied responsibility in remedying the current situation that is especially urgent in the context of LMICs globally:

- Persons with IDD with co-occurring mental disorders shall enjoy the same human rights and fundamental freedoms as all other citizens (Benchmark: Equitable Human Rights and Freedoms)
- Persons with IDD ought not to be subjected to stigma and discrimination on the grounds of co-occurring mental disorders. They ought to be protected from exploitation, abuse, and degradation, in accordance with the Declaration of Hawaii ethical standards approved by the General Assembly of the WPA in Vienna, Austria, in July 1983²² (Benchmark: Protections from Harm).
- Persons with IDD and co-occurring mental disorder have the right to humane, dignified, and professional treatment. The aim of psychiatry, as affirmed in the Declaration of Hawaii²⁹, ought to be inclusive of the treatment of persons with IDD with co-occurring mental disorders and the promotion of their mental health consistent with accepted scientific knowledge and ethical principles. Persons with IDD and co-occurring mental disorders, as a principle, ought to be treated along the same lines as other patients, favored by the fact that great majority of patients may be treated informally and voluntarily in outpatient facilities without hospitalization (Benchmark: Equitable Care and Treatment).
- Whenever possible, psychiatric services for persons with IDD and co-occurring mental disorders ought to be integrated within the general health and social care system and all such persons ought to be cared for, as far as possible, in the community where they live, and not excluded in receiving the same standard of treatment as those without IDD. (Benchmark: Integration and Inclusion in Mainstream Health and Social Care).
- The mental health services for persons with IDD and co-occurring mental disorders ought to be of adequate standard with safeguards of both their right to effective treatment within the care system (Benchmark: Standard of Care).
- The mental health service provision to persons with IDD and co-occurring disorder ought to pay attention to the training of care personnel (Benchmark: Training of Care Personnel).

Action Points

As directed by this statement, the WG on IDD will:

- Take steps to enhance and further the public mental health with regards the human rights of persons with IDD with co-occurring mental disorders (Benchmark: Enhancing IDD and Public Mental Health Interface)
- Include perspectives of persons with IDD and co-occurring mental disorders from low- resource regions and LMICs, as well as perspectives of persons with lived experience of disability to reclaim their histories (Benchmark: Including LMIC and Lived Experience Perspectives)
- Plan to understand communities — past, present, and future — drawing upon efforts to consult and convene resource persons, enable consequential conversations, and help set agendas for action (Benchmark: Consulting, Convening, Collaboration)
- Embedding the work into the life of WPA with visibility and accountability. Ensuring that the efforts continue with assessments, improvements, and new ideas over time — not just over the short term — this is critical, as the human rights perspectives in IDD and mental health and disabilities is at an important threshold (Benchmark: Visibility, Accountability, Continuity of Efforts)

- Attract individuals who will carry on this work, and who can contribute to the thinking on: How can we move ahead in improving the status of IDD and mental health within psychiatry? It is important to establish a sustainable framework to pursue efforts, to ensure cross-fertilization, and sharing across sections (Benchmark: Recruitment, Training and Cross-Fertilization)

Postscript

The WG on IDD and the President of the WPA are committed to the success of this effort, and an important aspect of the effort is to support the implementation of the recommendations. For the achievement of these benchmarks, the commitment needs to be long term, the effort does not operate as a grant-sponsored body, but nevertheless the WPA will stay committed to a long-term process in terms of building a foundation for learning, teaching, and research promoting human rights and care of persons with IDD and co-occurring mental disorders.

This statement recognizes that there is still a lot to learn, both about how to address and redress the human rights violations of persons with IDD and co-occurring mental disorders, and their legacies, in specifically creating and support educational opportunities for those who do not have real, effective access to knowledge and resources in the field. We approach this work with humility, and it needs to be a long-term commitment, that needs to be sustained well beyond the work of the WG on IDD is completed.

We are very grateful for the time and reflectiveness of those who helped assist in this process, and in beginning to address legacies of human rights violations of persons with IDD, thankful for the wisdom and experiences of the contributors to this process. The persons with IDD with lived experience of stigma, discrimination, and suffering, have taught us important lessons, and there is still much more for us to learn. For too long, people whose lives have been affected most directly by the legacy of discrimination and abuse have not had the sustained attention, not only the WPA, but across other institutions in society, in terms of health, education, and social care, that has often contributed to the supporting hierarchy, and injustice and suppression of the rights of persons with IDD and co-occurring mental disorders. This is a time for listening and learning while dedicating ourselves to a different future. This statement emphasizes the need for repair of the legacies of locked institutionalization, eugenics, inhumane care (*'out of sight and out of mind'*)³⁰ and invasive treatments of persons with IDD and co-occurring mental disorders. In the light of lived experiences of persons with IDD and co-occurring mental disorders, we need to be cognizant of our shared responsibilities especially with respect to establishment of these principles and benchmarks for LMICs^{31,32}. We are inspired by the examples of persons globally who have committed themselves to thoughtful and intensive efforts to address human rights violations, past and present, of persons with IDD and co-occurring mental disorders. The WG on IDD is not the first to undertake work, and we must learn from those who are already doing it.

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[Munir K, Roy A, Javed A. WPA Human Rights Preamble and Framework on the Rights of Persons with Intellectual and Developmental Disabilities and Co-occurring Mental Disorders -- to be submitted to BMJ Open]

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FOREWORD

The WPA recognizes the potential benefits that can derive from the relationships of psychiatrists, health care organizations, and psychiatric associations with the pharmaceutical industry, but also acknowledges the risk of harm that can result from the sometimes divergent interests of these groups. To maximize the benefits and reduce the risk of harms, the WPA offers this set of recommendations to guide these relationships.

INTRODUCTION

Psychiatrists, health care organizations (HCOs) working in the psychiatric field, and psychiatric associations (PAs) often have relationships with the pharmaceutical industry in areas including patient care, research, and education. Some of these relationships arise from contacts with pharmaceutical representatives who market products, while others derive from industry-sponsored educational or research activities. For HCOs and PAs, relationships encompass activities conducted within the organizational framework (e.g., teaching and research), and those based on the financial relationships of organizational leadership or the organization itself with industry (e.g., stock ownership, licensure of patents). Many benefits can flow from such relationships, including the opportunity for psychiatrists to have input into product development and organizational access to increased resources that can be devoted to the entity's primary missions. However, there is also the possibility that financial and other benefits for psychiatrists, HCOs and PAs may negatively affect fidelity to patients, research subjects, and trainees.

WHAT THE POSITION STATEMENT AIMS TO ACHIEVE

The WPA Position Statement on the Relationships of Psychiatrists, Health Care Organizations Working in the Psychiatric Field and Psychiatric Associations with the Pharmaceutical Industry provides a set of recommendations aimed to: a) protect the role of the physician and the missions of medical organizations from being adversely impacted by relationships with the pharmaceutical industry; and b) encourage national PAs to develop and update guidelines for relationships with the pharmaceutical industry based on these recommendations and provide ongoing education for their members on these issues. These recommendations will be reviewed and updated periodically by WPA in response to changing circumstances.

MAIN TEXT

The main text of the document is organized in 6 sections: Patient Care, Psychiatrists' Participation in Professional Meetings, Formularies, Research, Education and Issues Specific to Psychiatric Associations. Each section contains a summary of the main issues and relevant recommendations

1. Patient Care

In the delivery of patient care, the interests of patients should take primacy over all other considerations. A persuasive body of research suggests that visits from representatives and the acceptance of gifts, including items with industry/brand names and logos, or of medication samples influence physicians' prescribing practices.

Recommendations

Psychiatrists should be aware that the primary role of pharmaceutical representatives is to market medications and other products, and that the information received from such sources may not be completely objective. Psychiatrists should be aware of the data indicating the likelihood of subtle influences on their behavior and should never rely on pharmaceutical representatives as a primary source of information about treatments. Pharmaceutical representatives should be required to make appointments to see psychiatrists and should never be involved in patient encounters. *HCOs* should develop policies that regulate contacts between psychiatrists and pharmaceutical representatives, in particular by limiting encounters to fixed appointments that should never take place in patient-care areas or otherwise involve the presence of patients.

Psychiatrists should not accept gifts, including meals for themselves and their staffs, from pharmaceutical companies and should ensure that items carrying companies' logos do not appear in patient care areas; *HCOs* working in the psychiatric field should adopt policies that preclude psychiatrists and other staff from accepting gifts from pharmaceutical companies. Items carrying logos of pharmaceutical companies should never appear in patient care areas.

Psychiatrists should be aware of the reasons why pharmaceutical companies may distribute samples and should generally not accept them. If they continue to accept medication samples, they should do so only for patients who would otherwise be unable to afford medications. *HCOs* that desire to continue accepting samples should develop mechanisms for central receipt and distribution (e.g., in a hospital or clinic pharmacy) to ensure that individual psychiatrists do not feel pressured by the receipt of samples for their patients to prescribe medications recommended by pharmaceutical representatives.

2. Support for Travel to Professional Meetings

Pharmaceutical companies may offer to provide support for psychiatrists to attend professional meetings, including registration, travel costs, hotel rooms, and meals. By offering such support, the companies may hope to induce feelings of gratitude that will result in greater receptivity by the psychiatrists to promotional materials and a greater likelihood of prescribing the companies' products.

Recommendations

Psychiatrists, especially from low-income and middle-income countries, who would not otherwise be able to attend professional educational meetings may accept support from pharmaceutical companies to do so. Support should be limited to psychiatrists themselves, not extended to family members or friends. Since the primary goal of accepting such support is to enhance psychiatrists' professional knowledge, recipients should be diligent about attending educational sessions. Psychiatrists who accept such funding should be aware of the possible influence on their treatment decision making and should be vigilant in ensuring that all subsequent decisions regarding selection of treatments are based on patients' interests. Psychiatrists should not accept support to attend meetings that is contingent on the use of a company's products. If questions arise about the appropriateness of accepting such support, psychiatrists should consult with their national psychiatric association's ethics committee.

3. Formularies

Many national health systems, hospitals, and clinics maintain formularies, i.e., lists of medications that will be kept in institutional pharmacies and that can be ordered for patients. Decisions about which medications should be listed in formularies should be made based on their utility for patient care, taking into account limitations on resources. These choices can have significant financial implications for pharmaceutical companies, which may try to influence the decisions.

Recommendation

HCOs should develop policies prohibiting persons with current, recent or prospective financial relationships with pharmaceutical companies, or whose first-degree relatives have such relationships, from serving on national or institutional formulary committees.

4. Research

In many parts of the world, a substantial proportion of funding for clinical research comes from industry, which has an interest in demonstrating the efficacy of its products. Industry-funded research can yield valid and important results, so long as its integrity is protected from adverse influence. Preservation of public trust in the integrity of the research process is critical to maintaining public support and funding for the research enterprise. Psychiatrists, HCOs working in the psychiatric field, and PAs may have financial relationships with industry that call into question the objectivity with which they and their employees conduct research on products in which the pharmaceutical industry has an interest. For PAs, this concern extends to development of practice guidelines and similar documents based on existing research. Insulating the research enterprise from possible negative effects of industry relationships with investigators begins with transparency about those relationships. In addition, the pharmaceutical industry

may fund research projects by entering into contracts either with medical organizations where the research will be performed, or directly with individual physicians. At times, provisions in these contracts have restricted the ability of investigators to publish the data they collect, allowing companies to control the presentation of results. Suppression of unfavorable findings has led to significant distortions in the medical literature, resulting in the risk of less-than-optimal treatments being chosen for patients.

Recommendations

Psychiatrists with more than a minimal financial relationship with a pharmaceutical company (excluding grant or contract support for the research itself), or whose first-degree relatives have such relationships, in general should not engage in research involving that company's products. In those uncommon instances in which an exception may be appropriate, organizationally based investigators should seek review by their institution's conflict of interests committee. Investigators who are not organizationally based should identify an appropriate conflict of interests committee that would be willing to review their situation or seek advice from their national psychiatric association's ethics committee.

HCOs that conduct research should establish an institutional conflict of interests committee to review potential studies for which an organizational relationship with industry exists and develop and implement appropriate management strategies to protect the integrity of the research from organizational pressures. Organizations should also develop policies requiring disclosure of investigators' financial relationships with industry. An individual conflict of interests committee (which could be the same committee that reviews institutional conflicts) should be established to review and manage investigators' financial relationships.

PAs that conduct research should follow the recommendations for health care organizations. In addition, associations that produce practice guidelines and similar documents should apply these approaches to the relationships with industry of members and consultants who serve on the committees that develop these resources. *Psychiatrists* engaged in research should affirmatively disclose the existence and nature of their relationships with industry, and the relationships with industry of their first-degree relatives, to potential research participants.

HCOs and *PAs* should develop policies requiring investigators to disclose the existence and nature of organizational and investigator relationships with industry to potential research participants.

Psychiatrists and *HCOs* should avoid entering into research contracts with industry that contain provisions allowing the company to restrict publication of research findings, limit investigators' access to the original research data, or give the company the right to control how the findings are analyzed and presented. *PAs* should develop policies that preclude organizational involvement in industry-funded research in which investigators do not have access to data analysis and cannot control decisions about publication of findings.

5. Education

Physicians, medical organizations, and professional associations are often involved in the education of students in medical, nursing, and other health professional programs, the training of house officers and other staff, and the provision of continuing education for physicians, nurses and other professions. Pharmaceutical companies may provide support for educational activities, and are often heavily involved in supporting continuing education programs for physicians. This involvement has raised concerns about the objectivity of information presented with industry funding, which may be designed to shed a favorable light on the funder's products. Exposure to industry-controlled continuing education programs has been shown to have a direct effect on the prescription practices of trainees and practicing physicians. Psychiatrists' primary obligations to patients' interests require that steps be taken to minimize the impact of pharmaceutical companies on medical education.

Recommendations

Psychiatrists should avoid participating – as speakers or attendees – in educational presentations in which the speaker does not directly control the content of the presentation, and should not accept funding from the pharmaceutical industry for educational presentations unless they have control over the topic and content of their presentations.

HCOs and *PAs* should develop policies that preclude educational presentations on their premises, at their meetings, or with their sponsorship in which the speaker does not directly control the content of the presentation. *HCOs* and *PAs* should develop policies that prohibit receipt of funds from industry for educational programs conditioned on industry designation of topics, speakers, or target audiences. Industry funding for education should come in the form of unrestricted grants, with the stipulation that the organization or association shall have control of topics, speakers, and audiences. Pharmaceutical marketing materials should not be distributed at educational presentations.

Psychiatrists should seek out and *HCOs* and *PAs* should develop educational programs on how to avoid or manage problems that can arise from relationships with the pharmaceutical industry. Such programs should emphasize data on the nature and positive and negative effects of relationships with industry.

6. Issues Specific to Psychiatric Associations

In addition to the recommendations above, the unique role of professional associations in formulating standards – including ethical standards – and providing education to members raise additional issues that should be considered.

Recommendations

PAs should seek to minimize reliance on industry support of their activities. Public disclosure should be made of all industry support, and association leaders should disclose their relationships with industry on at least an annual basis. Institutional conflict of interest committees should consider strategies for managing or eliminating conflicts that may arise from organizational or individual relationships with industry. *PAs* should not participate in marketing activities on behalf of pharmaceutical companies,

including endorsement of commercial products. Finally, PAs have a responsibility to develop guidelines for their members regarding members' relationships with industry.

When organizing national or international conferences or congresses, *PAs* can accept support from industry, but should make reasonable efforts to seek sponsorship from multiple sources. All commercial support should be openly disclosed to attendees. *PAs* should identify the topics, content, and presenters at their meetings independent of influence from pharmaceutical and other companies, and ensure that they meet appropriate guidelines for continuing medical education. Satellite symposia should be held to identical standards as presentations that are part of the official program. *PAs* should place limits on exhibits and exhibitor conduct to ensure that the tone of the exhibit area is professional in nature. *HCOs* working in the psychiatric field and *PAs* should establish a process to develop and implement guidelines regulating organizational relationships with industry, including the creation of conflict-of-interest committees, consistent with the recommendations above.

SUMMARY AND CONCLUSIONS

Relationships of Psychiatrists, Health Care Organizations Working in the Psychiatric Field and Psychiatric Associations with the Pharmaceutical Industry may be beneficial for the advancement of research, care and knowledge. However, when these relationships are not guided by the principle that the interests of patients should take primacy over all other considerations, they may negatively affect patient care, research and education.

In this document we have highlighted the main areas in which we envisage a risk of putting the interests of the pharmaceutical industry, individual psychiatrists, *HCOs* or *PA* above patient interest, and have provided relevant recommendations. The collaboration between medical doctors and pharmaceutical industry is an important resource and should not be jeopardized by misbehaviors of individuals, *HCOs*, or associations. It should be characterized by mutual respect for the different roles and interests involved, fruitful exchanges of scientific and clinical knowledge, a shared goal to advance treatment outcomes, and by transparent disclosure of potential conflicts of interest arising from the collaboration itself.

RECOMMENDATIONS FOR ACTION

WPA encourages national psychiatric associations to develop and update guidelines for relationships with the pharmaceutical industry based on these recommendations and to provide ongoing education for their members on these issues.

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FOREWORD

This Position Statement on the use and safety of electroconvulsive therapy (ECT) has been prepared on behalf of the WPA by the above Working Group of ECT clinicians and researchers at the request of Dr. Afzal Javed, President of the World Psychiatric Association.

WHAT THE POSITION STATEMENT AIMS TO ACHIEVE

In this Position Statement, we aim to summarise the scientific evidence-base on the indications for ECT as well as for the effectiveness, safety and tolerability of modern ECT practice.

INTRODUCTION

ECT is an essential, medical brain stimulation procedure for serious, often treatment-resistant and sometimes life-threatening, mood and psychotic disorders, particularly when a rapid response is required.(1-3) In addition to a robust scientific evidence base, a wealth of global clinical experience with ECT has accumulated since its first development 85 years ago, during which time the procedure has been substantially refined. For example, the use of anaesthesia and muscle relaxation has been routine since the 1950s and practice shifted from a sine-wave stimulus to a more efficient square-wave brief pulse stimulus in the 1980s.

Contemporary ECT involves passing a small electrical charge through the brain to induce a generalised seizure lasting about 30 seconds. This is achieved under controlled conditions, using short-acting generalised anaesthesia plus a muscle relaxant along with oxygenation. ECT is a multidisciplinary procedure and clinics are run and supervised by appropriately trained and experienced psychiatrists and nurses who are also responsible for professional development, supervising trainees and quality assurance within their service. Anaesthesia and airway management are provided by an anaesthetic medical specialist, assisted by trained nurses who also help manage patient recovery immediately after the procedure. Usually, 8–12 treatments are given in a course, two or three treatments per week. Treatment sessions can take place in either in-patient or out-patient settings.

About 1.4 million people worldwide are treated annually with ECT. However, rates of use and indications for ECT vary between, and even within, countries. This is primarily influenced by limited availability of ECT and lack of clinical knowledge about it, as well as stigma and legal restrictions (often ideologically based) on ECT practice. Despite these latter issues, a large body of preclinical (including sham-controlled rodent and primate studies) and translational research over the past few decades indicates that ECT mediates some of its therapeutic effects through molecular and cellular neuroplasticity mechanisms in the brain. Systematic reviews and meta-analyses of historical and modern randomised trials confirm that real ECT is superior to sham ECT (i.e., where patients were anaesthetised but did not receive an electrical stimulation), that ECT is superior to antidepressant drugs, that different forms of ECT can have different outcomes, and that ECT is superior to other brain stimulation techniques for depression.(4-7).

In Western industrialised nations, the most common indication for ECT is depression, whereas worldwide schizophrenia is the most common indication. This reflects the greater number of published clinical trials of ECT for depression than other disorders, and the priority given to randomised controlled trials and systematic reviews in informing national and international guidelines in Western nations. For a comparison of contemporary international guidelines see (3). ECT is also an exceptionally effective treatment for catatonia, usually related to mood disorders or schizophrenia, and can be used for resistant mania.

ECT can be deemed a second-line intervention when patients have not responded to adequate trials of pharmacotherapy and/or psychotherapy. A recent economic analysis from the USA found that ECT for depression is cost-effective and recommended that it should begin to be considered after two failed therapeutic trials.(8) However, ECT is not a treatment of “last resort” and should never be delayed if the clinical situation is urgent, e.g., catatonia, depression with psychosis, distressing agitation, high suicide risk or deteriorating health due to food/fluid refusal or extreme self-neglect. Other first-line indications for ECT include patient preference and previous good response to ECT.

ECT-RESPONSIVE DISORDERS

Depression

ECT is a highly effective treatment for depression. Real ECT has been shown to be superior to sham ECT (standardised effect size of -0.91 (95% CI -1.27 to -0.54)) and more effective than antidepressant drugs (effect size -0.80, 95% CI -1.29 to -0.29).(4) The remission rate across modern ECT trials is 52%, a remarkably high figure when the main indication is treatment-resistance to pharmacotherapy and psychotherapies.(6) Some clinical features that modestly contribute to predicting remission with ECT for depression are psychosis, older age, and greater overall depression severity.(9) The latter factor may mediate its effect via psychomotor disturbances that are core features of both melancholia and catatonia.

Modern ECT trials in depression have focused on optimising effectiveness and minimising the cognitive side-effects of ECT (see below). This has mainly entailed assessing different electrode placements (e.g., bitemporal, bifrontal and unilateral), electrical stimulus dose (e.g., moderate- and high-dose in relation to the seizure threshold, the minimum electrical stimulus charge required to induce a generalised seizure), and stimulus pulse width (e.g., ultrabrief pulse (0.25 - 0.3 msec) and brief pulse (0.5 – 1.5 msec)).(2) Varying these parameters can influence the effectiveness and cognitive side-effects of ECT and expert advice should be sought when deciding what form of ECT is best for individual patients.

In general, the evidence from meta-analyses of clinical trials is that ultrabrief pulse high-dose (i.e., 6 times seizure threshold) unilateral ECT is less efficacious than brief pulse high-dose unilateral ECT, which is similar to brief pulse moderate-dose (1.5 times seizure threshold) bitemporal ECT.(5, 6) Ultrabrief pulse high-dose unilateral ECT has fewer cognitive side-effects than brief pulse high-dose unilateral ECT, which in turn affects cognition less than brief pulse bitemporal ECT. Bifrontal ECT is broadly similar to bitemporal ECT but may less frequently induce bradycardia/asystole during treatment sessions. It should be borne in mind that this level and quantity of research on stimulus application is not yet available for other indications for ECT.

If rapid response is required for critical illness, bilateral ECT can be considered as a first-line form of ECT. If minimising cognitive side-effects is a priority, then forms of high-dose unilateral ECT can be considered.

Schizophrenia

There is reasonable meta-analytical evidence to support using ECT as an option for treatment-resistant schizophrenia and related disorders.(10) It may also have a role in clozapine non-responders. There is a need for larger high-quality randomized controlled trials. For this reason, ECT was not recommended for schizophrenia by the Food and Drug Administration (FDA) in the USA in their comprehensive 2018 review of ECT devices

(<https://www.federalregister.gov/documents/2018/12/26/2018-27809/neurological-devices-reclassification-of-electroconvulsive-therapy-devices-effective-date-of>). However, in many Asian countries ECT has an important role as an effective and acceptable treatment for schizophrenia and many international guidelines have incorporated ECT as a third- or fourth-line option in treatment-resistant schizophrenia and when rapid improvement is required, e.g. suicidality, inanition, risk of harm to self or others.(1, 3)

Mania

ECT can be used to treat mania in the rare instances where pharmacotherapy is not sufficiently effective and where manic symptoms are severe, prolonged, and life-threatening (e.g., excitement, delirium). In such life-threatening circumstances, ECT should not be delayed. In their 2003 review of ECT, the UK National Institute of Health and Care Excellence (NICE; <https://www.nice.org.uk/guidance/ta59>) supported a role for ECT in the rapid control of mania and ECT has been incorporated as a third- or fourth-line option for mania in several international guidelines.(1, 3) However, the FDA did not include mania in the recommended indications for ECT in their 2018 review and noted that additional studies are required.

Catatonia

Due to severe abnormalities in motor activity, ranging from stupor to excitement, as well as autonomic instability, catatonia is a medical emergency and rapid relief is required before disability or death ensues. There are no major modern trials of ECT for catatonia, the most common causes of which are mood disorders and schizophrenia. However, observational studies and clinical experience show that catatonia typically responds very well to ECT, which should be considered early if first line treatment with high-dose benzodiazepines does not work.(1-3) Delirious mania and neuroleptic malignant syndrome are catatonia-like syndromes that are medical emergencies where ECT can be effective and life-saving. All relevant international guidelines, including from NICE and the FDA, support ECT for treating catatonia.

Other indications for ECT

Emerging indications for ECT, based mostly on off-label use described in case reports and case series rather than randomised trials, include: neuroleptic malignant syndrome, self-injurious behaviour in autism, agitation and aggression in dementia, Parkinson's disease not responding to standard therapies, and intractable epileptic seizures. The existing evidence base is currently insufficient to firmly endorse ECT for these conditions. In such instances, expert advice should be sought from a senior psychiatrist who is experienced in using ECT for these less common indications.(1, 3)

ECT IN SPECIAL POPULATIONS

ECT can be used for the above indications in adolescents, for whom safety and effectiveness appear to be similar to that in adults. In their 2018 review, the FDA advised that ECT could be used for persons 13 years or older for severe resistant depression and catatonia. In practice, a second opinion from a child and adolescent psychiatrist is advisable along with seeking expert advice from a psychiatrist experienced in ECT practice.

ECT can also be used for the above indications in pregnancy and may be preferable to medications. Risks need to be weighed against those of other treatments or no treatment at all. Close liaison between the ECT psychiatrist, anaesthesiologist and obstetrician is essential. After 20 weeks gestation, ECT should be given where obstetric support is immediately available. Additional anaesthetic management includes placing the pregnant woman in the left lateral position, using pelvic wedge tilt, and avoiding hyperventilation. Both mother and the foetus need to be closely monitored before, during and after ECT sessions.(1)

There is no upper age limit for ECT, which is generally effective, safe and well-tolerated in older adults. However, older adults are likely to have more medical comorbidities than younger ones, e.g., cardiac and respiratory disease, cerebrovascular disease and diabetes. Together, these can increase the risk for medical adverse events and cognitive side-effects. Where possible, physical health screening and optimal management of all known or identified medical conditions is required before starting a course of ECT. Close liaison between the ECT psychiatrist, anaesthesiologist and specialist physicians is essential.

CONTINUATION AND MAINTENANCE ECT

The relapse rate after successful ECT for depression is 37% after three months and 50% after six months.(11) This is similar to relapse rates with pharmacotherapy and reflects the underlying nature of depression itself.

After successful acute treatment of an index illness episode, some patients benefit from continuing with ECT to prevent relapse, but at a lower treatment frequency.(1-3) This is usually for patients at high risk for relapse and/or who are good ECT responders but have experienced little benefit from other treatments. Such “continuation ECT” usually involves an initial schedule of once-weekly ECT sessions for four weeks (sometimes referred to as “tapering”), followed by gradually increasing the treatment intervals over time, e.g., once every two weeks, once every four weeks, etc. The schedule should be flexible and can be adapted to meet the needs of the individual patient, subject to regular clinical review; pharmacotherapy should also be continued.

The term “maintenance ECT” applies to ongoing ECT when the schedule continues beyond six months, when the aim is to prevent recurrence.

Continuation/maintenance ECT is useful for preventing relapse or recurrence of illness episodes in selected patients with depression (unipolar and bipolar) and also schizophrenia (though RCT data are lacking). Because of the wider treatment intervals, continuation/maintenance ECT is not usually associated with cognitive side-effects.

SAFETY AND TOLERABILITY OF ECT

Like all effective medical procedures, ECT has adverse effects that need to be weighed against benefits of treatment. These need to be fully discussed with patients and balanced against medication side-effects, the efficacy and risks of alternative treatments, as well as the potentially devastating effects of unresolved and severe psychiatric illness.

ECT is a remarkably safe medical procedure. The main medical risks of ECT are related to general anaesthesia and the cardiovascular changes that can occur during ECT, including vagally mediated bradycardia and asystole, tachycardia and hypertension. These changes are typically self-limiting and uneventful. Mortality with ECT is extremely low, at about 2.1 deaths per 100,000 treatments. In fact, ECT is associated with reduced all-cause mortality, possibly due to increased medical attention prior to ECT, treatment of the psychiatric disorder itself and reduction in suicide.(12) Reassuringly, there is no credible evidence that ECT causes any brain damage at either the cellular or structural level. In support of its longer-term safety, recent large national registry studies have found no increased risk for dementia or stroke in patients previously treated with ECT.(2, 3)

The effects of ECT on cognition are the side-effects of greatest concern to patients and practitioners but are mostly transient. Meta-analyses of standardised tests assessing short-term memory (e.g., delayed verbal recall) and executive function (e.g., Trail Making Test B; letter fluency effect) reveal that these are the functions most affected by ECT.(13) While interindividual differences occur, at the group level, such objectively measured deficits usually resolve within a few weeks of completing a course of ECT. By that stage, most cognitive measures improve when compared with performance before starting ECT. ECT often improves many of the cognitive deficits associated with severe depression and schizophrenia.(13, 14)

Less clear is the effect of ECT on retrospective autobiographical memory. This is mainly due to the challenges of quantifying how we can recall previous personal events and information and that depression itself causes deficits in autobiographical memory. Additionally, there is a normal rate of loss of consistency in recall of autobiographical memories of 25–40% over a few months, which overlaps with the range reported in modern ECT trials. What is clear, though, is that bitemporal ECT has more pronounced effects on autobiographical memory than unilateral ECT and that ultrabrief pulse ECT has fewer negative effects than brief pulse ECT.(5, 6)

Objective measures of cognitive performance may not correlate with patients' subjective experience and about one quarter of depressed patients report subjective worsening of their memory after a course of ECT. It is not currently possible to predict who will experience cognitive impairment but risk factors for subjective complaints have been reported to include female gender, younger age, fewer prior subjective memory complaints, being a non-remitter, and treatment with brief pulse rather than ultrabrief pulse ECT.

A key element of ECT practice therefore is to monitor both objective and subjective cognitive function before and throughout the course of ECT. If any deficits emerge, the treatment can then be adjusted to minimise any cognitive side-effects. This can be achieved, for example, by switching from bilateral to unilateral electrode placement, switching from brief to ultrabrief pulse ECT, or reducing the frequency of ECT sessions.

CAPACITY AND CONSENT ISSUES

ECT should be performed in line with local legislation and used where there is evidence for effectiveness as outlined above. As with any other medical treatment, where possible, patients should be assessed for capacity to make decisions to have ECT and valid informed consent is required. Information should be provided about ECT methods, side-effects and potential adverse events as described above as well as other available alternative treatments. Families, carers and advocates can assist with the consent process. For patients who lack capacity to consent to ECT, relevant national mental health legislation needs to be followed if ECT is deemed clinically necessary.

Unmodified ECT (i.e., without anaesthesia and/or muscle relaxant) is an outmoded practice; in some countries, it is illegal, e.g., India. As such, unmodified ECT is not recommended except under extreme conditions where it is considered to be life-saving and anaesthesia facilities are not available.(15)

CONCLUSION

ECT is an essential medical treatment that has been used worldwide for more than 80 years for treating severe mood disorders, catatonia and certain psychotic disorders. This is a testament to its clinical utility and general safety, tolerability and acceptability. Though usually a second-line treatment, ECT should be considered early in the course of serious debilitating illness where treatment delay poses an unnecessary risk. Refinements in ECT procedures have helped to reduce side-effects. Appropriate national and/or international guidelines on ECT administration should be followed where possible.

RECOMMENDATIONS FOR ACTION

- Access to ECT needs to be improved to be both fair and equitable
- Public and medical education about ECT is essential for improving understanding of ECT in the community, reducing stigma and ensuring appropriate use of ECT
- Further research on optimising ECT technique should focus on maintaining effectiveness and minimising both objective and subjective cognitive side-effects
- Large high-quality randomised controlled trials of ECT are required for treating mania as well as schizophrenia and related disorders
- The WPA should support and promote the work of international research consortia towards understanding the mechanisms of action of ECT

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Introduction

In 2020, there are 703 million people aged 65 or older and projected to reach 1.5 billion by the year 2050¹. Of these, approximately 20 percent will have some mental health conditions, including but not limiting to dementia, depression, anxiety, and substance use, which are often complicated by physical and psychosocial comorbidities culminating in significant disabilities.

According to the Global Burden of Diseases 2019^{2, 3} mental disorders remained among the top ten leading causes of burden worldwide. In the group of persons aged 50 years and over, depression and anxiety disorders are the leading causes of disability (DAYLS) and years lived with disability (YLDs). Further, the number of people with dementia is expected to increase from 57 million cases globally in 2019 to 153 million cases in 2050. These projected increases are attributed to population growth and aging population, although their relative importance will vary by regions/countries³.

In a world of limited resources and with the majority of mental health systems around the globe in pandemic-related crisis, the gap between older people's needs in terms of health and well-being and support to meet these needs has increased sharply, accompanied by several violations of basic human rights. Older persons may experience multiple jeopardies of discrimination and stigma conferred by age itself (ageism) and by having a mental disorder ("mentalism")⁴. Some of the most disadvantaged older individuals are sometimes segregated to spend their lives in institutions often becoming "invisible" and have "no voice" with limited support to protect themselves against abuse, neglect and violence.

Older persons with mental health needs are often left behind and disproportionately excluded from protection, including life sustaining measures which was particularly observed during COVID-19 pandemic in jurisdictions⁵. This "grossly unmet need" resulted from a combination of multiple factors including failure to incorporate these vulnerable people's voices in health and government policies, in the context of inadequate environmental, social, and crumbling home and family support⁶. Human Rights assure each one of us the peaceful attainment of our personal objectives in life, including our "will and preferences" and promote the feeling that each life counts for the global community. Older persons should not be deprived of these vital aspects of health ageing.

The WPA supports the efforts of the international community as expressed through various international rights covenants and conventions, but recognizes the limitations of these documents in actualizing the rights of older people due to ageism, systemic inertia, and failure to recognize the specific needs of older adults with mental health conditions. Critical health perspectives and social considerations tailored to the needs of older people are warranted to safeguard their human rights and promote health equity.

What the Position Statement aims to achieve

The World Psychiatric Association (WPA), a global organization representing nearly 250.000 psychiatrists, urges ALL Governments and Intergovernmental agencies to ensure that older persons with mental health conditions are not discriminated against based on their age and on their mental health status and are treated as full citizens enjoying all rights on an equal basis with other citizens. The respect of basic Human Rights is essential to ageing with dignity. Human Rights sustain the ethical and the legal framework to support healthy ageing and to protect those whose autonomy and self-determination may be compromised by the presence of mental health conditions.

Main text

The WPA reiterates that older adults with mental health conditions are owed exercise of these rights and to be treated with respect and dignity on an equal basis with other citizens. Human Rights most relevant to older persons' mental health include, but are not limited to, the rights to (not in any hierarchical order)⁶:

1. enjoyment of the highest attainable standards of affordable mental and physical health, including at the end of life, and respecting specific needs that arise on account of disability;
2. autonomy with equal recognition before the law, including the right to equal legal capacity, expression of will and preferences, with support for decision-making when required;
3. dignity and quality of life;
4. an ageism-free world;
5. the absence of any distinction based on gender;
6. safeguarding against undue influence and abuse, freedom from cruel, inhumane, degrading treatment, and punishment;
7. living independently and being included in the community, participating in the cultural and social life of the community;
8. making contributions to the community through work or other activities, and to be protected during these activities as any other citizens;
9. provision of adequate income to meet basic needs for food, housing, clothing, and other necessities;
10. accessible, integrated, affordable housing, the right to which is protected even when legal capacity is compromised;
11. living in a safe environment, including protection against climate negative consequences on mental health;
1. 10. Accessible leisure and education as available to other citizens;
12. respect for family, relationships, sexual health, and the right to intimacy;
13. confidentiality and privacy; and
14. to practice a spiritual life of one's choosing.

Recommendations for Action

WPA has identified key strategies to promote, sustain and protect these rights and recommend^{7, 8}:

- the publication of a **United Nations convention on the rights of older persons** that could provide a framework for limiting social and economic inequities, insecurities and vulnerabilities; to promote opportunities to improve older persons quality of life and to articulate further developments in the future;
- the creation of an **international agency** with capacity and resources to lead and coordinate UN activities related to human rights of older persons, to propose guidance to promote physical, mental, social wellbeing and related political and economic aspects. This agency could offer support to national governments, collaborate with the efforts of civil organizations working in the field and implement policies, programmes and services;
- **active collaboration and joint advocacy** by all national and international organizations working for the rights of older people, especially with respect to sensitizing the Governments for action.

WPA strongly recommends integration of future generations of older persons in all such developments related to the Human Rights of older persons in coordination with other agencies to support the humanity-enhancing need to age well. An international convention will go a long way in providing a legal and systemic framework for protecting the human rights of older adults and thus facilitate healthy ageing.

Author/s:

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Summary

This WPA Position Statement on public mental health (PMH) outlines the impact of mental disorder and wellbeing as well as the existence of evidence based PMH interventions to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience. It highlights the global failure to implement such interventions resulting in population scale preventable suffering, associated impacts and economic costs. It sets out required actions to address this implementation failure.

Introduction

Public mental health (PMH) involves a population approach to improve coverage, outcomes and coordination of PMH interventions. This supports efficient, equitable and sustainable reduction in mental disorder, promotion of population mental wellbeing and achievement of the UN SDG target of universal coverage (UN, 2016; Campion et al, 2022).

This Position Statement reflects WPA's prioritisation of public mental health (PMH) and the global need to sustainably address the implementation gap in treatment of mental disorder, prevention of associated impacts, prevention of mental disorder, and promotion of mental wellbeing and resilience (WPA, 2020). As such, PMH is relevant to every mental health professional.

Aims of Position Statement

This WPA Position Statement outlines the reasons for the impact of mental disorder, the existence of evidence based PMH interventions and the associated implementation gap. The Position Statement aims to highlight the importance of a PMH approach to sustainably improve coverage of interventions to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience. It sets out recommendations to support this.

Impact of mental disorder and wellbeing

Mental disorder accounts for at least 20% of global disease burden (GBDCN, 2020) although even this underestimates true burden by at least a third (Vigo et al, 2016). Associated annual global economic cost is projected to exceed \$US6 trillion by 2030 (Bloom et al, 2011). The size of disease burden is due to a combination of high prevalence of mental disorder, most lifetime mental disorder arising before adulthood, and a broad range of impacts across health, education, employment, social relationships, crime, violence and stigma (Campion et al, 2022). Mental wellbeing also has a broad range of impacts. Crises such as COVID-19 and conflicts have further increased risk of mental disorder, relapse of mental disorder and poor mental wellbeing.

Evidence-based public mental health interventions and the implementation gap

Effective PMH interventions exist to treat mental disorder, prevent associated impacts, prevent mental disorder from arising and promote mental wellbeing in a variety of sectors (Campion et al, 2022; WHO, 2022). Groups at higher risk of mental disorder and poor mental wellbeing require targeted approaches to prevent widening of inequalities. Many PMH interventions also have cost benefit evaluation highlighting economic returns even in the short term (Chisholm et al, 2016; Champion et al, 2022).

However, only a minority of those with mental disorder receive any treatment even in high income countries (WHO, 2021; Champion et al, 2022). Provision of interventions to prevent associated impacts of mental disorder is even less, and provision of interventions to prevent mental disorder or promote mental wellbeing is negligible. This implementation gap contravenes the right to health and results in population-scale preventable suffering, broad impacts and associated economic costs. Furthermore, the PMH implementation gap has widened as a result of the COVID-19 pandemic (WHO, 2021; WHO, 2022).

Several reasons account for the implementation gap (Campion et al, 2022). These include insufficient resource, insufficient PMH knowledge, insufficient mental health policy or policy implementation, insufficient political will, political nature of some PMH activities and insufficient appreciation of cultural differences. Causes of the treatment gap include insufficient staff with required clinical skills, insufficient integration with primary care, insufficient perceived need, stigma and discrimination, poor quality treatment, insufficient evidence about scale implementation of treatment, and insufficient involvement of services users and families.

Recommended PMH actions

Public mental health involves a population approach to improve coverage, outcomes and coordination of PMH interventions. This supports efficient, equitable and sustainable reduction in mental disorder, promotion of population mental wellbeing and achievement of the UN SDG target of universal coverage by 2030 (Campion et al, 2022).

Specific actions to improve the coverage of PMH interventions include (Campion et al, 2022):

- Effectively making the case for PMH: This includes through PMH needs assessment, estimation of impact and associated economic benefits from improved coverage, collaborative advocacy and leadership including with services users and families.
- PMH practice to inform policy and implementation: PMH practice includes use of PMH needs assessment to inform choice and coverage of PMH interventions. This is followed by implementation and then evaluation of coverage and outcomes.
- Improved PMH knowledge: PMH training included in all psychiatry undergraduate and post graduate training programmes (WPA, 2022). Such training is also required for key decision makers including in policy. Furthermore, improved population PMH literacy is important in order to empower services users, families and the community to promote their own health and recognise mental disorder at an early stage.

- Settings-based approaches: Coverage of multiple PMH interventions can be increased by targeting particular settings such as schools and workplace.
- Integrated approaches within and between different sectors.
- Use of digital technology to deliver PMH interventions and training (Campion, 2020).
- Maximising existing resources including through self-management, collaborative care and task shifting.
- Focus on high-return interventions.
- Use of human rights approaches and legislation.
- Research to support effective implementation of evidence based PMH interventions.

Conclusion

WPA has prioritized the global need to sustainably address the implementation gap in treatment of mental disorder, prevention of associated impacts, prevention of mental disorder, and promotion of mental wellbeing and resilience (WPA, 2020). Several actions support a PMH approach to address the PMH implementation gap. These will result in sustainable reduction in burden of mental disorder and promotion of population mental health as well as associated impacts and economic benefits across sectors.

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THE FINAL REPORT OF THE WORKING GROUP

The Working Group (WG) was established in August 2022, and includes 2 coordinators and 4 members.

- Coordinators: Maitreyi Misra, Namrata Sinha
- Members: Maitreyi Misra, Namrata Sinha, Neeraj Gill, Soumitra Pathare, Afzal Javed

WORKING GROUP TASKS

- To highlight the issues that hinder the fairness of the criminal justice system, particularly with respect to imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities; delineate the role of psychiatrists in ensuring the rights of persons with mental illness or developmental and intellectual disabilities are upheld in the criminal justice system; and develop recommendations to protect accused persons with mental illness or developmental and intellectual disabilities at risk of being sentenced to death or executed.
- To identify the areas of training required for psychiatrists towards fulfilling their obligations as experts while also upholding their ethical obligations.
- To disseminate information regarding the disproportionately adverse impact of the death penalty on persons with mental illness or developmental and intellectual disabilities.
- To identify and reach out to institutions and member-societies willing to engage with the recommendations provided in the position statement through training programs for psychiatrists underscoring their role in the administration of the death penalty and the development of the law.

THE WG WORK PLAN

Dissemination of Knowledge generated by the WG activities

- Website
- Publications
- Presentation of data on death penalty and mental health in seminars
- Webinar
- Printing and distribution of information booklet

Engagement with WPA Member Societies

- Internal and external consultation on the WPA Position Statement
- Designing panel discussion on mental health and the death penalty
- Engagement with member- societies for collaboration

Development of tools and resources

- Designing and developing training program for institutions
- Preparation of practice guidelines for psychiatrists with respect to the death penalty

COMMUNICATION/DISSEMINATION ACTIVITIES

WPA Regional Congress, 14-16 April 2023 in Kolkata

Symposium title: Mental Health and the Death

Penalty Symposium Chair: Dr. Afzal Javed

Symposium Participants: Maitreyi Misra, Dr. Soumitra Pathare, Dr. Pratima Murthy

MEETINGS

- 4 virtual Working Group meetings
- Bi-weekly meetings for coordinators for 6 months

FUNDRAISING ACTIVITIES

To support the advocacy efforts of the coordinators and facilitate their travel, funding was raised.

WORK IN PROGRESS

1. Publication in Asian Journal of Psychiatry on Mental health and the death penalty
2. Training in teaching institutions in member-societies
3. Liaising with member-societies to engage with the recommendations

Dissemination of the background document and the position statement among relevant stakeholders working in the field of criminal justice as well as mental health through webinars, information booklet and social

**WORLD PSYCHIATRIC ASSOCIATION
POSITION STATEMENT
MENTAL HEALTH AND THE DEATH PENALTY**

SUMMARY

International law and laws of various countries prohibit the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities due to the special barriers faced by them in defending themselves; their limited moral culpability; and their diminished ability to understand the nature and reason for their execution. However, due to lack of accommodations in criminal proceedings and legal safeguards, persons with mental illness, developmental and intellectual disabilities are at a greater risk of being sentenced to death and having their fair trial rights denied. Further, as has been shown through research, often there is an onset of mental illness after a person has been sentenced to death and while living on death row. The death penalty has disproportionately impacted persons with mental or developmental and intellectual disabilities. Psychiatrists play a significant role in preventing the imposition of the death penalty on persons who may have mental illness or developmental and intellectual disabilities. In addition to assessing and informing the courts of the mental state of persons at risk of being sentenced to death or executed, they also help develop the law in tandem with contemporary medical and scientific jurisprudence; and provide treatment to persons sentenced to death, with mental illness or developmental and intellectual disabilities. Accordingly, this position statement aims to prevent the imposition on the death penalty on persons with mental illness or developmental and intellectual disabilities.

I. INTRODUCTION

The death penalty remains a punishment in many countries across the world, even though most countries have abolished it as a form of punishment. As of July 2023, 112 countries had abolished the death penalty for all crimes, with only 55 countries being retentionist in practice, i.e., those which continue to carry out executions.¹ The remaining countries have either retained the death penalty for exceptional offences or have retained the death penalty but have not executed anyone in the past 10 years. In 2022, only 20 countries carried out executions.² Even though under international law, the death penalty is to be imposed only “in the most exceptional cases and under the strictest limits”,³ there are multiple instances across countries, where the death penalty is imposed on the most vulnerable persons, including those with mental illness⁴ or developmental and intellectual disabilities⁵, as shown in the sections below.

Various professional organisations have taken a position against members participating in executions,^{6,7} have recognised the disadvantages that persons with mental illness and intellectual disability face in the criminal justice system⁸ and have also taken a position against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities.^{9,10} For instance, in 2018, the World Medical Association adopted a resolution that affirmed that it would be unethical for physicians to participate in capital punishment processes in any way.⁶

The WPA has always aligned itself with social justice, non-discrimination and rights of persons with mental illness.¹¹ It has been instrumental in moulding the role of psychiatrists as one of respecting and protecting the rights of persons with mental illness, and in facilitating recovery and holding hope.¹² For instance, the WPA’s Position Statement on Prison Mental Health states that health care providers should never be involved in cruel, inhuman or degrading treatment and punishment.¹³ The statement holds the view that prisoners shall not be subjected to, and shall be protected from, torture and other cruel, inhuman or degrading treatment or punishment. The statement recognises that “mental disorders have a higher prevalence amongst prisoners than amongst people in the community”^{13(p7)} and underscores the rights of prisoners to healthcare and rehabilitation. In addition, it recognises that the loss of a prisoner’s liberty is punishment itself and that the prisoner should not undergo additional suffering. Further, the WPA’s position statement on the Roles and Responsibilities of the Psychiatrist of the 21st Century highlights the therapeutic role that psychiatrists should play.¹²

Its position statement on Social Justice for Persons with Mental Illness acknowledges that persons with mental illness face discrimination and calls upon countries to actively engage psychiatrists and other mental health professionals in the implementation of the UN Convention on Rights of Persons with Disabilities.¹¹ In line with the therapeutic role that it urges psychiatrists to play, the WPA has taken the position that psychiatrists should neither participate in executions nor in the assessments of competency to be executed.⁷

II. SOCIO-ECONOMIC DEMOGRAPHY OF PRISONERS SENTENCED TO DEATH

The United Nations Secretary-General (UNSG) in their report on the state of the death penalty in the world has acknowledged that socio-economically marginalised and vulnerable communities are disproportionately affected by the death penalty and are overrepresented among those sentenced to death.¹⁴ The UNSG notes that not only does the death penalty disproportionately impact poor and economically vulnerable individuals but it is also discriminatorily applied against persons with mental or developmental and intellectual disabilities. This concern has also been voiced by the UN Special Rapporteur on extreme poverty and human rights.¹⁵

Empirical evidence from multiple countries which frequently impose the death penalty also documents this reality. For instance, data from India shows that 74.1% of the death row population are economically vulnerable¹⁶ and more than 76% of the prisoners sentenced to death belong to marginalised communities, including religious minorities.¹⁶ A study in the US found that poor black men formed a majority of death row prisoners in the state.^{17,18} A study from Bangladesh found that 72% of prisoners belonged to economically vulnerable backgrounds.¹⁹ A similar situation exists in Kenya where the majority of those on death row are poor and have little to no education.^{15,20,21} Similarly, death row prisoners in Pakistan, China, Malaysia and Nigeria have also been found to be from economically vulnerable backgrounds.²²

In addition to socio-economic vulnerability, studies have found that an overwhelming number of death row prisoners experience multiple adversities during childhood and adolescence. For instance, a study in the United States found that a considerable number of those on death row had pre-confinement histories of disturbed families of origin, parental alcoholism, childhood abuse and neglect, and/or personal substance dependence.¹⁷ A study from India found that 82% of the prisoners on death row experienced three or more adverse childhood experiences, and 90% had been exposed to traumatic experiences.²³

III. HIGH RATES OF MENTAL ILLNESS AND DEVELOPMENTAL AND INTELLECTUAL DISABILITIES AMONG PRISONERS SENTENCED TO DEATH

In addition to these vulnerabilities, evidence indicates high rates of mental illness and developmental and intellectual disabilities among persons living under the sentence of death. A study from India found that 62.2% of death row prisoners interviewed had at least one mental illness. Rates of depression and anxiety were 11 and 3 times higher among those interviewed than the community population, respectively. Rates of schizophrenia were approximately 6% higher than the community population and cognitive impairment was found in 19.3% of the prisoners.^{23(chIV)} The rate of suicidal ideation among prisoners sentenced to death was 13.8%, and eight prisoners had attempted suicide in prison while 94% of them were at risk of suicide.^{23(chIV)} This study also found connections between conditions of death row incarceration and poor mental health and mental illness.^{23(chIV,V,VII)} The study found that persons with intellectual disability were disproportionately represented among death row prisoners. The rate of intellectual disability was found to be 10 times higher than the community population.^{23(chVI)}

Similar evidence has emerged from the US. For instance, one study found that a significant percentage of death row prisoners in the US had histories of significant neurological insult, developmental history of trauma, family disruption and substance abuse. This study found that the rates of mental illness among death row inmates were high, with conditions of confinement appearing to precipitate or aggravate mental illness.¹⁷ A survey conducted in Kenya also highlighted

the severe adverse psychological impact of the death penalty. It found “psychological torture and emotional discomfort” to be a prominent impact of the death sentence.”²⁴

IV. INTERNATIONAL LAW ON DEATH PENALTY FOR PERSONS WITH MENTAL ILLNESS OR DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

While under international law there is no explicit prohibition against the death penalty²⁵, there has been an incremental expansion of categories of persons on whom the death penalty cannot be imposed. Initially, there was a prohibition on the use of the death penalty on juveniles and pregnant mothers.²⁵ The prohibition was later extended to persons with mental illness or developmental and intellectual disabilities.^{3,26,27,28,29(para5d)} Since 1984, the United Nations has called upon the international community to not impose or execute persons with mental illness³⁰ or intellectual disability³¹, or those with “any form of mental disorder”^{32,33,34,35,36,37}. It has referred to the special barriers that persons with mental illness and intellectual disability face in defending themselves.³ It also prohibits the imposition of the death penalty on persons with “limited moral culpability” and “diminished ability” to understand the nature and reason for their execution.^{3(para49)} In their quinquennial report, the UNSG noted that persons with mental illness or developmental and intellectual disabilities might “face a greater risk of incurring the death penalty because of a lack of procedural accommodations in criminal proceedings.”³⁸ The United Nations Special Rapporteur on Torture discussed the death row phenomenon,³⁹ mental suffering of persons on death row, and the “unimaginable anxiety” death row prisoners have over their imminent death. The Special Rapporteur concluded that it was “inherently cruel to execute... persons with mental disabilities” and that it is a “violation of the prohibition of torture and cruel, inhuman and degrading treatment”.^{39,40} In addition, the Special Rapporteur also concluded that the death row phenomenon constitutes torture and cruel, inhuman and degrading punishment and recommended that the death penalty be abolished for persons with mental disabilities.^{39,40} The Committee on the Rights of Persons with Disabilities has also noted that persons with mental illness or developmental and intellectual disabilities are at a greater risk of being sentenced to death and more likely to have their fair trial rights denied because of lack of procedural accommodations.^{41,42,43,44(para22-23)} Owing to these concerns the Committee has called for the abolition of the death penalty and the suspension of all death sentences of persons with mental illness or developmental and intellectual disabilities.^{41,42,43,44,45(para21)}

V. DOMESTIC LEGAL SAFEGUARDS REGARDING THE DEATH PENALTY FOR PERSONS WITH MENTAL ILLNESS OR DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

In addition to international law, various countries have also restricted the execution of the death penalty on persons with mental illness or developmental and intellectual disabilities. In the US, imposing the death penalty on persons with intellectual disability is prohibited because it does not conform to the evolving standards of decency and also because the vulnerabilities of persons with intellectual disability put them at a “special risk of wrongful execution.”⁴⁶ With respect to mental illness, the US Supreme Court has held that persons sentenced to death who have lost “sanity”⁴⁷ or who do not have a rational understanding of the punishment⁴⁸ should not be executed as that would amount to cruel and unusual punishment.

The Supreme Court of India has held that onset of mental illness post-sentencing amounts to a supervening factor, warranting the commutation of death sentence to life imprisonment.⁴⁹ Severe mental illness after incarceration has also been recognised as a factor to commute the death sentence.⁵⁰ Execution of such persons is considered to be cruel and unusual punishment. Recently, the Pakistan Supreme Court also prohibited the execution of persons with mental illness because of their impaired ability to comprehend the rationale and reason behind their punishment.⁵¹ In 2015, the Privy Council quashed the death sentence of a prisoner from Trinidad and Tobago who had chronic schizophrenia and in 2017 it agreed that the execution of a person with “severe learning difficulties” was a cruel and unusual punishment.^{38,14}

VI. CONTINUED EXECUTION OF DEATH ROW PRISONERS WITH MENTAL ILLNESS OR DEVELOPMENTAL AND INTELLECTUAL DISABILITY

Despite these international and domestic legal safeguards, there have been multiple instances where death row prisoners with mental illness or developmental and intellectual disabilities have been executed. This is because national laws are either at odds with contemporary understanding of mental illness and developmental and intellectual disabilities or because the legal threshold is so high as to exclude a large majority of persons with mental illness and developmental and intellectual disability from protection.

For instance, a death row prisoner with intellectual disability and another with schizophrenia were recently executed in the US.^{52,53} Another prisoner in the US was scheduled for execution despite having been diagnosed with bipolar disorder and, who between brief periods of lucidity, had psychotic thoughts, grandiose delusions and smeared himself with his own faeces.⁵⁴ In yet another case, the United States Supreme Court permitted the state of Arkansas to forcibly medicate a death row inmate with an impending execution date so that he could become competent to be executed.^{55,56} In Singapore, a death row prisoner with intellectual disability was recently executed because he did not qualify the domestic legal threshold of 'substantial impairment'.⁵⁷ Pakistan also reportedly executed death row prisoners with mental disabilities.^{38,14} In one instance, Pakistan executed a prisoner who displayed extreme anxiety, paranoia and auditory hallucinations; his mental condition during incarceration had deteriorated to such an extent that he could no longer recognise members of his family.⁵⁸

VII. ROLE OF PSYCHIATRISTS IN DEATH PENALTY CASES

Psychiatrists can play an important role in preventing the imposition of the death penalty on persons who may have a mental illness or developmental and intellectual disabilities by helping the defence in bringing these issues to the court's notice at the relevant and appropriate time. The study from India, for example, found that death row prisoners with intellectual disability had never had their disability identified and the fact of their disability was not presented before any courts.^{23(chIV)} Execution of such persons would be a violation of international legal standards. Psychiatrists may also be required to treat death row prisoners in prison for therapeutic purposes well before the stage of execution. These roles are compatible with the WPA's position that psychiatrists should not be a part of executions, since in these positions, the psychiatrist does not harm the interest of the death row prisoner. In fact, this is in line with the WPA's Code of Ethics which as part of the principle of non-feasance, allows psychiatrists to participate in forensic evaluations that have been authorised by a court or counsel for the detainee.⁵⁹ Psychiatrists are often engaged by the State to determine a person's competency to be executed. This, however, may create a conflict for a psychiatrist since their participation in such proceedings goes against the WPA's Madrid Declaration.⁷

There are multiple reasons for the disjunction between the legal safeguards available and the practical reality that persons with mental illness and intellectual disability continue to be sentenced to death and executed. The law's outdated understanding of various mental illnesses and intellectual disability; the lack of mental health experts aiding the defence in accurately identifying persons who may have a mental illness or developmental and intellectual disabilities; and vague legal thresholds fail to ensure the protection of persons with mental illness or developmental and intellectual disabilities.

Psychiatrists also have a role to play in informing the justice system of contemporary medical standards to enable the law to evolve alongside the science, and to ensure that outdated standards do not govern the administration of justice. For instance, in many countries outdated and unscientific phrases like 'mental retardation', 'lunatic', and 'idiot' continue to influence legal standards. Scientific evidence and understanding of various mental health concerns has progressed to discard vague terms and scientific rigour needs to inform the law as well. Thus, psychiatrists not only play an important role in the administration of justice but also in moulding the correct standards of the law.

VIII. CONCLUSION

Even though there exist legal safeguards which prohibit the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities, evidence shows that persons with mental illness or developmental and intellectual disabilities are more vulnerable to unfair imposition of the death sentence and are disproportionately represented in the death row population. Evidence also suggests that many prisoners experience serious mental illness while on death row and because of the traumatic experience of being sentenced to death.

The administration of the death penalty on persons with mental illness or developmental and intellectual disabilities is against all the principles that the WPA stands for. In light of the information presented in this document, we propose that the WPA adopt a position statement against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities, and the execution of such persons.

IX. AIMS OF THE POSITION STATEMENT

The Position Statement aims to safeguard the human rights of accused persons with mental illness or developmental and intellectual disabilities, particularly, those at risk of being sentenced to death and executed.

X. MAIN TEXT OF THE POSITION STATEMENT

The World Psychiatric Association

- *Recognises* that a majority of death row prisoners across the world belong to vulnerable and marginalised communities and have gone through adversities during crucial stages of their life
- *Recognises* that persons with mental illness or developmental and intellectual disabilities are disproportionately impacted by the death penalty
- *Acknowledges* that the death penalty may be perpetuating a mental health crisis among those sentenced to death
- *Recognises* the international law prohibition on the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities
- *Acknowledges* that persons with mental illness or developmental and intellectual disabilities continue to be executed despite existing international and domestic law safeguards
- *Recognises* that persons with mental illness or developmental and intellectual disabilities are at heightened risk of violations of fair trial rights and an overall violation of their dignity in the criminal justice system
- *Notes* the position of various professional organisations of doctors, psychiatrists, psychologists and other stakeholders against the imposition of the death penalty on persons with mental illness or developmental and intellectual disabilities
- *Recognises* that criminal law, particularly the law on the death penalty, needs to be aligned with contemporary scientific standards with respect to mental illness or developmental and intellectual disabilities
- *Acknowledges* that legal systems are often not equipped to accurately identify mental health concerns of the accused, which may lead to violations of their right to fair trial
- *Recommends* that mental health evaluations of persons either sentenced to death or at risk of being sentenced to death be conducted at the time of sentencing by the court of first instance, and at every subsequent stage, including at the time of execution, to protect the rights of persons with mental illness or developmental and intellectual disabilities
- *Recognises* that psychiatrists need to be regularly updated with the latest scientific and legal developments so as to provide adequate assistance to the court and to ensure that the law is in line contemporary scientific standards
- *Recognises* that though the WPA discourages psychiatrists from participating in the administration of the death penalty and in assessments of competency to be executed, it does not prevent them from assisting the defence in death penalty cases or from establishing a therapeutic alliance with death row prisoners for the purposes of treatment

Thus, in line with principles enshrined in various Position Statements and its Code of Ethics, the World Psychiatric Association resolves that:

- The death penalty should not be imposed on any person with mental illness or developmental and intellectual disabilities and no person with mental illness or developmental and intellectual disabilities should be executed.

XI. RECOMMENDATION FOR ACTION

Persons at risk of being sentenced to death should be subjected to mental health evaluations at the time of sentencing. Mental health evaluations should be conducted at every judicial stage to ensure that persons with mental illnesses or developmental and intellectual disabilities are neither sentenced to death nor executed.

Psychiatrists should assist the defence and the court in death penalty cases to identify persons with mental illness or developmental and intellectual disabilities and contribute to the development of the law, particularly the law on death penalty, to align with contemporary scientific and medical standards. To this end, psychiatrists should be regularly updated with developments in the scientific and legal fields so as to ensure that effective assistance may be provided to the court.

The death penalty should not be imposed on any person with mental illness or developmental and intellectual disabilities and no person with mental illness or developmental and intellectual disabilities should be executed on account of the heightened risk of violation of fair trial rights and overall violation of their dignity in the criminal justice system.

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Background

The World Psychiatric Association's (WPA) Position Statement on Social Justice for Persons with mental illness (2017)ⁱ acknowledges the detrimental impact of discrimination and stigma on social justice for persons with mental illnessⁱⁱ and psychosocial disabilitiesⁱⁱⁱ. While the position statement does make critical points, the manner in which it defines social justice needs to be expanded. Particularly, in the aftermath of the COVID-19 pandemic the WPA feels it is pertinent to address the significant role and influence of social, political, and economic disparities in hindering processes of social justice for persons with mental illness and/or psychosocial disabilities.

Research has shown that there is a significant correlation between socioeconomic disparities and poor mental health. The COVID-19 pandemic, pre-existing social and economic inequalities and mental illness have led to a syndemic.^{iv,v} Vulnerable and marginalized populations, including persons with mental illness and/or psychosocial disabilities, have been disproportionately affected in the pandemic's aftermath, and are faced with a variety of barriers in access. Persons with mental illness and/or psychosocial disabilities are likely to face denial of rights, unemployment, homelessness, poverty, food insecurity and have limited access to healthcare and education. Moreover, the pandemic has also increased the overall burden of illness^{vi}. Notably, these challenging social and economic circumstances have heightened the risk of distress and mental health problems, driving the burden of mental illness.^{vii}

In its position statement on the Roles and Responsibilities of the Psychiatrist of the 21st Century, WPA noted that 'psychiatry in the 21st century will be affected by human and financial resources and demographic and societal factors... Under these changing circumstances, the role of the psychiatrist is also due to change in a number of a^{viii}renas.'^{ix} The pandemic and its significant impact on mental health and wellbeing has demonstrated the need for psychiatrists to engage with mental health, not just as medical practitioners, but as advocates of social justice.

Thus, in this position paper, WPA further expounds what social justice for persons with mental illness and/or psychosocial disabilities may be envisioned as, and the role psychiatrists can play in making it a reality.

WPA recognises that persons with mental illness and/or psychosocial disabilities have faced historical injustices and exclusion within communities and institutions around the world and continue to. Unfortunately, little progress has been made in addressing these injustices, resulting in systemic and structural barriers in exercising rights and full participation of persons with mental illness and/or psychosocial disabilities in society. To dismantle these barriers effectively, a rights-based, person-centred systemic response which takes into account the social and structural determinants of mental health is required. Person-centred responses refer to services and policies that are designed from the perspective of service users, rather than service providers or administrators.^x Most importantly, these responses must be informed by persons with lived experience of mental health conditions and their families and informal carers.

Social Justice and Mental Health

Historically, social justice has been perceived as an alternative to charity: to be addressed through redistribution of economic resources among groups affected by hierarchical inequalities: experienced or inherited. Over the years, this conceptualisation has evolved and today, social justice is understood as having access to and being able to exercise fundamental rights and duties, economic opportunities and social conditions that promote wellbeing and enable participation on an equal basis in society.^{xi}

While there is no singular definition of social justice, broadly it may be understood to imply social welfare through equal rights and equitable access to resources and opportunities. It is critical that processes of social justice ensure equity and not just equality, since equality of access alone does not account for persons having differing levels of resources, which in turn influences their capability. In pursuit of social justice, equality of capability^{xii} must be the goal, and not mere equality of access.^{xiii,xiv}

It is essential to recognise and uphold the inherent rights of persons with mental illness and/or psychosocial disabilities, followed by systemically disassembling structures which promote inequity of access and resources, by addressing exclusionary and discriminatory practices. These responses to address these systemic barriers must be informed by the guiding principles of the UN Convention on the Rights of Persons with Disabilities (CRPD), which include non-discrimination, equality of opportunity, and full and effective participation in society.^{xv}

There exists a bi-directional relationship between mental health conditions and poverty, homelessness, and unemployment, meaning that while poverty, homelessness, and unemployment can be caused by mental health conditions, they also play a significant role in predisposing individuals to mental health conditions.^{xvi} For instance, studies have shown that persons – children and adults – from low-income households are at an increased risk of poor physical and mental health, and that these risks persist across the lifespan. However, due to limited resources such persons are least likely to be able to access quality physical or mental health care.^{xvii}

Researchers have also highlighted the importance of addressing risk factors for mental illness during pregnancy, childhood, and adolescence, as the onset of a majority of chronic mental health conditions occurs before adulthood.^{xviii} While the risk of mental illness is increased by factors such as exposure to violence or other traumatic events, multiple studies have found social inequalities to be a critical risk factor, with implications on long-term physical and mental health.^{xix,xx} In addition to psychiatry, research studies in the fields of psychology, community medicine and epidemiology too have found evidence of social inequalities being a substantial risk factor.^{xxi}

Ensuring access to employment and housing; improving parenting skills; promoting perinatal, infant, and school-aged children's mental health are known to be effective measures for reducing social inequalities. A variety of research studies with different population groups have established that investing in the aforementioned areas is likely to significantly impact mental health outcomes.^{xxii}

Therefore, in additions to elaborating upon the scope of social justice for persons with mental illness and/or psychosocial disabilities, in this position paper the WPA also focuses on the systemic and policy level changes required to ensure social justice for all persons, as in its absence, communities and individuals are at a higher risk of experiencing distress and poor mental health.

The subsequent sections of this position paper identify the key areas requiring immediate addressal to ensure social justice for persons with mental illness and/or psychosocial disabilities.

1. Facilitating access to Mental Health Care

As per the Global Burden of Disease study, the estimated global prevalence of mental disorders is 13% (not including substance use disorders).^{xxiii} Another study found that mental health, neurological and substance use disorders contributed to 7.4% of the global disease burden.^{xxiv} Yet, there exists a significant treatment gap, wherein a minority of people in need of mental health treatment and services are able to access adequate care^{xxv}, due to poor quality, high costs or unavailability.^{xxvi}

There also exist significant disparities, globally, in the demand and supply of services and resources for mental health care and treatment. Even though 80% of the global population resides in low-and-middle-income countries (LMIC), where mental health resources are limited, 90% of the resources for mental health are located in high income countries.^{xxvii} As a result, an estimated 76-85% of persons with severe mental disorders, residing in LMIC, receive no care or treatment due to limited resources. At the same time, in high-income-countries, with better resources, the treatment gaps continues to persist due to stigma, discrimination and rights violations.

This gap can be attributed to inaccessible and poor-quality services, insufficient human resources for mental health care, low funding and investment in mental health infrastructure and negative attitudes of healthcare providers. Quality plays an integral role in facilitating access to services. To ensure quality, mental health services should be designed keeping in mind not just the nature of care provided, but also in a manner that it does not violate the basic and inherent rights that persons with mental illness and/or psychosocial disabilities are entitled to.^{xxviii}

To bridge the treatment gap, concerted efforts must be made to make mental health services accessible and affordable, alongside improving the availability and quality of specialised mental healthcare services. These efforts must not be limited to using community spaces as a means of delivering services, rather they should be channelised to harness knowledge, resources and strengths within communities to promote mental health and wellbeing.

To ensure accessibility, it is crucial that mental health services offered within, and outside communities are designed to respond to the mental health needs of a variety of groups. They must be designed to accommodate diverse social, economic, and cultural realities, and take into consideration the influence exerted by the social and structural determinants of mental health.^{xxix} The process of designing these services must be collaborative and done in consultation with persons with mental illness and/or psychosocial disabilities, their families and communities, and in compliance with international rights-based frameworks like the Universal Declaration of Human Rights, the CRPD and other relevant international and national legal frameworks and instruments.

The planning of mental health services requires a complex healthcare ecosystem approach. In addition to providing funds and efforts on making available specialised mental health care services for people in acute distress who are asking for help, the focus must include providing care and services within the community. Most importantly, rather than focusing solely on establishing mental health hospitals and in-patient psychiatric facilities, efforts must be made to mainstream mental health care services, by shifting the centre of gravity of mental health services from hospital-based/institutional care to community-based services integrated with primary healthcare services and identifying strategies to mitigate the impact of social and economic stressors on mental health and wellbeing.^{xxx} Community based services must not be limited to out-patient services, and must be expanded to include voluntary acute inpatient services and care as well.

Studies have found that the provision of mental health services in a location different from services for physical health care contributes to stigma and may discourage persons from seeking care and treatment for mental health conditions.^{xxxvi} Thus, the integration of mental health treatment and care with general health care services could serve as a means to destigmatise seeking mental health care and treatment, and also address challenges related to insufficient human resources.

To facilitate access to mental health care services, efforts by mental health professional and policymakers must extend beyond making mental health services available. As per Article 25 of the CRPD on the right to health, all persons with disabilities, including persons with mental health conditions, are entitled to enjoy the highest attainable standard of health without discrimination on any grounds. Article 25 also emphasises the principle of parity, mandating that treatment and care for mental health conditions, is provided at par with physical health conditions, without discrimination on any grounds.^{xxxvii} Yet in several parts of the world persons with mental illness and/or psychosocial disabilities face discrimination and exclusion in insurance coverage or inhumane treatment such as long periods of forced hospitalisation, seclusion and restraint.

Studies have found that lower insurance benefits for mental health conditions, compared to physical health conditions, restricted insurance coverage and low rates of reimbursement also contribute to barriers in accessing mental health services.^{xxxviii} By advocating for insurance coverage and universal health care, psychiatrists can play an important role in making mental health services accessible.

A key intervention, to eliminate the array of barriers in accessing mental health care, particularly in LMIC, would be through increased funding for and investment in mental health care. At present, a majority of countries spend less than 2% of the health budget on mental health.^{xxxix} Psychiatrists must advocate for accessible mental health care – at the primary, secondary, and tertiary level - to be made a governance priority.

2. Facilitating access to physical health care

Mortality rates and morbidity associated with communicable and non-communicable diseases are known to be higher among persons with severe mental health conditions, owing to lifestyle risk factors (e.g. smoking, less physical activity, poor diet, side effects of medication), limited access to quality healthcare services, diagnostic overshadowing, and the stigma and subsequent poor treatment of people considered to have a mental illness.^{xxxv, xxxvi}

It is estimated that 14.3% of deaths worldwide can be attributed to mental health conditions.^{xxxvii} The mortality rate among persons with mental illness and/or psychosocial disabilities is 2.22 times higher compared to the general population or persons without psychosocial disabilities; the mortality rates among persons with mental illness and/or psychosocial disabilities receiving inpatient care are significantly higher compared to those receiving outpatient or community-based care. This can be attributed to the severity of mental health conditions among those receiving inpatient treatment and sometimes to effects from coercive measures such as excess medication and the use of restraints^{xxxviii}. Furthermore, persons with mental illness and/or psychosocial disabilities experience reduced life expectancy compared to the general population^{xxxix}; research has shown that persons with mental illness and/or psychosocial disabilities are likely to live 10-20 years less compared to persons without mental illness.^{xl, xli}

However, the link between mortality and mental health conditions is not so straightforward, as persons with mental illness and/or psychosocial disabilities are unlikely to die of their condition, rather they are likely to die of suicide, heart disease or other chronic diseases and infections.^{xlii}

Evidence demonstrates a bi-directional relationship between mental illness and physical health problems. Common mental disorders like depression and anxiety can increase the risk of onset of a range of physical health conditions^{xliii}, while chronic stress has a direct impact on the cardiovascular, nervous, and immune systems, increasing susceptibility to a range of physical health conditions^{xliv}. At the same time, persons having two or more chronic health conditions are more likely to experience symptoms of distress and depression, than those without any such conditions.^{xlv} The premature mortality of persons with mental health conditions, is a manifestation of the health inequities between persons with and without mental health conditions, across the life course.^{xlvi}

These correlations between physical health conditions and mental illness also have wider economic consequences for the person affected, such as limited productivity or unemployment, leading to depletion of financial safety nets and worsening mental health.^{xlvii} The interaction between mental ill-health, poor physical health and lower socio-economic status often leads individuals and their families into the cycle of poverty.

Even though access to healthcare is a basic human right for all persons, including persons with mental illness and/or psychosocial disabilities, as outlined in Article 25 of the CRPD, persons with mental illness and/or psychosocial disabilities continue to face stigma and discrimination in healthcare settings, leading to delayed help-seeking as a result of late referrals and diagnosis.

Psychiatrists can play an important role in ensuring access to physical healthcare services by listening to and working in collaboration with persons with mental illness and/or psychosocial disabilities, their caregivers, other specialists, and healthcare professionals to ensure coordinated care for mental and physical health conditions is provided. Psychiatrists must work with policymakers for the integration of physical health and mental health services and increased funding for strengthening public health systems, including public mental health systems and integrated models of care.

3. Addressing Social & Structural Determinants of mental health

The World Health Organisation (WHO) recognises mental health as an integral part of health and well-being--which can, like other aspects of health, be affected by a range of socio-economic factors--and as a basic human right.^{xlviii}

Describing the linkages between health and socio-economic factors, General Comment 14 of the Committee on Economic Social & Cultural Rights (CESCR) explains the right to health, which includes mental health, as embracing ‘a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment’.^{xlix}

Owing to barriers in exercising rights and due to the historical injustice faced, persons with mental illness and/or psychosocial disabilities continue to face social, economic, and political discrimination and denial of the right to full and equal participation in society. Thus, alongside facilitating access to mental and physical health service, addressing socio-economic inequities is equally important to ensure social justice. It is in the light of these long continuing exclusionary processes that the CRPD recognises the right of persons with mental illness and/or psychosocial disabilities to access justice (Article 13), health (Article 25), work and employment (Article 27), and an adequate standard of living and social protection (Article 28). Accessing and exercising these rights is critical to upholding the right to life (Article 10), which places upon relevant stakeholders the responsibility of ensuring

measures are taken to ensure that persons with mental illness and/or psychosocial disabilities can live and enjoy life on an equal basis with others.ⁱ

Social and structural determinants are key drivers of health inequalities, which disproportionately affect persons with mental illness and/or psychosocial disabilities.ⁱⁱ The social determinants of mental health refer to socio-economic inequities, like poverty, unemployment, social isolation, discrimination, and lack of access to education and healthcare. The structural determinants of mental health refer to the societal structures and policies that further perpetuate inequality or are discriminatory towards persons with mental illness and/or psychosocial disabilities; these include socio-economic policies, employment laws, healthcare policies, and social welfare programs.ⁱⁱⁱ

Studies have shown that individuals with mental health conditions are more likely to experience poverty, homelessness, and unemployment, resulting in increased mortality and reduced quality of life, as well as in exacerbating their condition and making it difficult to access necessary treatment and care. Reducing exposure to these risks contributes to prevention and promotion efforts. Addressing these determinants is critical for promoting equity and social justice for persons with mental illness and/or psychosocial disabilities.ⁱⁱⁱⁱ

3.1. Stigma and Non-Discrimination

General Comment 18 on Non-discrimination, by the UN Human Rights Committee recognises that equality before the law and legal protection from discrimination, together with non-discrimination is essential for protecting human rights. The Committee also notes that to ensure equality, affirmative action may be required to eliminate conditions which contribute or lead to discrimination.^{lv}

Owing to stigma and discriminatory and exclusionary practices, persons with mental illness and/or psychosocial disabilities are likely to have lower levels of education, limited access to health care, employment opportunities and are less likely to experience social mobility.^{lv, lvi, lvii}

Simultaneously, experiences of discrimination or exclusion owing to stigma can be a contributing risk factor for mental illness. For instance, persons living with HIV are likely to delay seeking help for physical health conditions owing to stigma and discriminatory practices by health care providers, leading to poor physical health, thereby further impacting their mental health.^{lviii}

Thus, while persons may experience stigma and discrimination due to having a mental health condition, experiencing stigma or discrimination on the grounds of gender, race, class, caste, ethnicity, or socio-economic status can be a contributing factor for mental ill health.

While anti-stigma campaigns do have limited positive effects, curbing discriminatory and exclusionary practices – within communities^{lix} and at the structural level – must be prioritised. Policies and programmes aimed at community-based treatment, public education programmes, media awareness and highlighting the lived experience of persons with mental illness and/or psychosocial disabilities, along with anti-discrimination laws and policies related to care, work and participation in society have been found effective in countering structural stigma.^{lx}

Psychiatrists have a crucial role to play in eradicating the stigma and discrimination experienced by persons with mental illness and/or psychosocial disabilities, in all aspects of their life. This can be done through advocating for affirmative action, anti-discrimination laws and policies, leading and participating in public health campaigns, and advocating for the rights of persons with mental illness and/or psychosocial disabilities in different forums related to employment, education, housing, etc. In countries, where such laws and policies already exist, psychiatrists have a critical role to play in

the implementation of the provisions of these laws and policies. The role of psychiatrists can no longer be limited to diagnosis and treatment, they must also be advocates for and allies of persons with mental illness and/or psychosocial disabilities, their carers', communities and societies at large, given the significant correlation between stigma, discrimination and mental health outcomes.

3.2. Poverty Eradication

Since the COVID-19 pandemic, for the first time in three decades, global poverty rates have increased. It has been estimated that global poverty could increase by 8% , with rates in rural areas being three times higher compared to urban areas.^{lxi} This rise can be attributed to inequities in accessing basic and essential resources like food, employment, education, income, and housing during and after the pandemic.

Inequalities in income have been linked with physical morbidity, mortality, and psychosocial outcomes in countries of all income levels.^{lxii, lxiii} These inequalities are further compounded by inequities in access to employment opportunities, housing, education, and justice, having a profound impact of mental health and wellbeing.^{lxiv}

A significant body of evidence establishes the bi-directional linkages between mental health and poverty.^{lxv} Socio-economic poverty brings greater risk of exposure to traumatic experiences, which increase vulnerability to poor mental health or chronic mental illness, while long-term mental health conditions can push persons into poverty due to limited functioning owing to disabilities, inequities in access to opportunities of employment and participation in society.^{lxvi} Given this relationship between mental health, and poverty and social inequities, it is important to improve everyday life conditions across the life span of individuals by improving material conditions and enabling access to food, drinking water, sanitation facilities and social welfare support services.^{lxvii} The costs of living with a psychosocial disability cannot be measured just monetarily, there are several indirect costs like loss of employment or limited livelihood options which worsen socio-economic inequities, leading persons into the vicious cycle of poverty and mental ill health.^{lxviii}

Reducing relative poverty is known to enable persons to access their rights and entitlements, and reduce social isolation, thereby improving mental health outcomes.^{lxix} Given the role and influence of poverty on mental health and wellbeing, it is essential for psychiatrists to join efforts for eradicating poverty, through demanding systemic and structural changes. Studies conducted in countries like Brazil, Kenya, Mexico and Indonesia, found that cash transfer programmes had a lasting effect in reducing distress and improving wellbeing, as a result of decreased concerns around household expenditures, increased self-esteem and improved food security.^{lxx, lxxi, lxxii}

While there is a large body of evidence to show the effectiveness of cash transfers as a financial tool in reducing poverty and improving individual and community mental health and wellbeing^{lxxiii}, such measures are yet to be adopted and recognised as a key intervention for addressing socio-economic inequities. Measures to address poverty, however, cannot be an alternative to strengthening mental health service and sufficient budgetary resources must be directed towards both.

3.3. Access to Financial Security and Employment

Persons with mental illness and/or psychosocial disabilities face more challenges in achieving financial security and accessing employment, which can exacerbate their symptoms and affect their quality of life. Persons with severe mental health conditions are more likely to be denied employment or face inequality and discrimination at work. The barriers to employment result from stigma, structural discrimination, lack of support from employers and social exclusion.

The Committee on the Rights of Persons with Disabilities in General comment No. 8 on the right of persons with disabilities to work and employment, observed that the right to work is an inherent part of human dignity and an essential right for the realisation of other human rights.^{lxxiv} Decent work is known to support mental health and wellbeing by providing persons with a livelihood, sense of purpose and achievement, opportunities for assimilation and inclusion within their communities, and also facilitate social recovery.^{lxxv}

Both - unemployment and underemployment - significantly affect mental health. Studies have found that unemployment is associated with a higher risk of depression and anxiety, as well as an increased risk of suicide. Similarly, lack of financial security owing to debt, lack of savings or inability to purchase basic necessities can lead to increase in depression and anxiety.^{lxxvi} Multiple studies have demonstrated that population groups which experience higher income inequality are at greater risk of experiencing symptoms of depression and schizophrenia.^{lxxvii}

Conversely, financial stability and employment, alongside reducing financial stressors, also enables access to healthcare services, resources, and opportunities, thereby having a positive impact on mental health and wellbeing.^{lxxviii}

In the wake of the COVID-19 pandemic, unemployment and income inequality have increased significantly, and are likely to have an impact on the prevalence rates of mental illness globally. To mitigate the impact on mental health of this increased income inequity, psychiatrists must advocate for the social policies that facilitate improved access to education, financial literacy, opportunities for employment, and access to universal health coverage.

3.4. Access to Housing

The relationship between homelessness^{lxxix} and mental illness is complex. Studies have found that people experiencing homelessness are at a higher risk of developing mental illnesses such as depression, anxiety, and post-traumatic stress disorder (PTSD) due to the trauma related to homelessness and the challenges of living on the streets.^{lxxx} Mental illnesses can also contribute to homelessness by causing financial instability, job loss, and social isolation.^{lxxxi} Women and children are more likely to experience high levels of distress due to homelessness or unsafe housing^{lxxxii}, and the location of housing may further act as a compounding factor.^{lxxxiii}

Studies have found that between 25% and 45% of people experiencing homelessness have a psychosocial disability, compared to the general population's prevalence of about 18%.^{lxxxiv} People experiencing homelessness often live in poverty, leading to chronic stress, food insecurity, and other physical and mental health problems. Additionally, homeless persons with mental illness and/or psychosocial disabilities often face significant barriers in accessing mental health services, such as lack of insurance, limited access to transportation, and a shortage of mental health professionals. Substance use disorders are also common among people experiencing homelessness; studies show that 25% to 75% of homeless individuals have a substance use disorder, which can contribute to chronic homelessness and worsen mental health outcomes.^{lxxxv} Studies have shown that access to housing reduces anxiety associated with crime and personal safety and is a protective factor for mental illness.^{lxxxvi}

Addressing the linkage between mental illness and homelessness, it is critical to adopt a multipronged approach to address intersecting issues of poverty, unemployment, substance use and limited access to affordable mental healthcare services. Psychiatrists must advocate for structural interventions to address the challenges posed by mental illness and homelessness, through

provisions for free housing, on-site mental health services, outreach programmes, expansion of social and financial safety programmes and improved availability of mental health services.

Conclusion

Psychiatrists have a key role to play in protecting and promoting the rights of persons with mental illness and/or psychosocial disabilities. It is important to recognise that promoting social justice for persons with mental illness and/or psychosocial disabilities requires a shift towards community-based mental health care. Institutional settings such as mental health hospitals and in-patient psychiatric facilities by design limit opportunities for persons with mental illness and/or psychosocial disabilities to exercise the range of rights they are entitled to and hinder processes of social justice. Thus, as also postulated by the CRPD and WHO, for the true realisation of social justice for persons with mental illness and/or psychosocial disabilities, psychiatrists must actively contribute towards efforts for the de-institutionalisation of mental health care, and advocate for the adoption of community-based models of treatment and care.

To facilitate the transition towards models of community based mental health care, it is crucial to democratise mental health care by addressing the social and structural determinants of mental health, alongside facilitating access to treatment and care. Thus, it is vital for psychiatrists to work in collaboration with policymakers to promote evidence-based policies and programmes to eradicate systemic barriers and socio-economic inequities which hinder access to care and contribute to experiences of homelessness, poverty and discrimination, which are known to negatively impact mental health and wellbeing.

The role of psychiatrists can no longer remain limited to treatment and diagnosis, it must expand to include advocacy, research and collaboration to bring about systemic and structural change to eradicate barriers in achieving social justice and promoting equitable access to resources and opportunities for all persons. By working together with a range of stakeholders including people with lived experience of mental health conditions and their caregivers, psychiatrists have a significant role to play in creating a more just and equitable world wherein all persons can experience mental health and wellbeing.

Recommendations/ Call for Action

The recommendation made by the WPA in its position statement on Social Justice of Persons with mental illness in 2017, continue to be valid, however more needs to be done to ensure social justice for persons with mental illness and/or psychosocial disabilities.

The WPA calls upon the psychiatrists, the international community, national governments, aid organizations, international health and development organizations, professional mental health and health organizations and mental health and health service providers to advocate for and work towards bringing about systemic and structural transformation for ensuring social justice for persons with mental and society at large, by :

- a. Working collaboratively with persons with lived experience of mental health conditions and their formal and informal caregivers and stakeholders across sectors and disciplines to develop policies and interventions which by design address inequities in access to resources related to employment, health, access to rights, and enable persons with mental illness

and/or psychosocial disabilities to exercise and enjoy the range of right they are entitled to. Efforts must also be extended to ensure social justice for all communities to promote mental health and mitigate risk factors for mental health condition.

- b. Increasing funding for, investment in and spending on mental health to reduce the cost of mental health services and the economic burden it places on persons with mental illness and/or psychosocial disabilities and their families. The cost of care can push families into cycles of poverty, resulting in increased distress and poor mental health.
- c. Providing training and education in a manner that creates awareness and fosters a critical understanding of the correlations between mental illness and access to healthcare, poverty, discrimination, and other social determinants of health.
- d. Actively engaging and participating in discussions relevant to public mental health, generating awareness on the correlations between mental health and other physical health and advocating for models of integrated care.
- e. Advocating for social welfare schemes and programmes, like cash transfers, housing for all, unemployment benefits and universal health coverages, which are known to reduce risk of mental health conditions and enhance the capability of persons with mental illness and/or psychosocial disabilities to participate in society on an equal basis, by countering socio-economic inequities in a systemic manner.

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This is a revised version of the WPA Position Statement on Spirituality and Religion in Psychiatry, originally published as Moreira-Almeida et al, *World Psychiatry*. 2016 Feb; 15(1): 87–88. Members of the revision committee are: Wai Lun Alan Fung (Chair), Alexander Moreira-Almeida, Peter J. Verhagen, Christopher C.H. Cook, Avdesh Sharma*

The WPA and the World Health Organization (WHO) have worked hard to assure that comprehensive mental health promotion and care are scientifically based and, at the same time, compassionate and culturally sensitive^{1, 2}. In recent decades, there has been increasing public and academic awareness of the relevance of spirituality and religion to health issues. Systematic reviews of the academic literature have identified more than 3,000 empirical studies investigating the relationship between religion/spirituality (R/S) and health^{3, 4}.

In the field of mental disorders, it has been shown that R/S has significant implications for prevalence (especially depressive and substance use disorders), diagnosis (e.g., differentiation between spiritual experiences and mental disorders), treatment (e.g., help seeking behavior, compliance, mindfulness, R/S-adapted psychotherapy, compassion-focused and forgiveness therapies, engaging in R/S community activities for patients who have self-identified with a R/S tradition, complementary therapies etc.), outcomes (e.g., recovering and suicide) and prevention, as well as for quality of life and wellbeing^{3, 4, 5, 6, 7, 8}. The WHO has now included R/S as a dimension of quality of life⁹. Although there is evidence to show that R/S is usually associated with better health outcomes, it may also cause harm (e.g., treatment refusal, intolerance, negative religious coping). Surveys have shown that R/S values, beliefs and practices remain relevant to most of the world population and that patients would like to have their R/S concerns addressed in health care^{10, 11, 12}.

Psychiatrists need to take into account all factors impacting on mental health. Evidence shows that R/S should be included among these, irrespective of psychiatrists' spiritual, religious or philosophical orientation. However, few medical schools or specialist curricula provide any formal training for psychiatrists to learn about the evidence available, or how to properly address R/S in research and clinical practice^{11, 13}. In order to fill this gap, the WPA and several national psychiatric associations (e.g., Brazil, India, South Africa, UK, and USA) have created sections on R/S. WPA has included "religion and spirituality" as a part of the "Core Training Curriculum for Psychiatry"¹⁴.

Both terms, religion and spirituality, lack a universally agreed definition. Definitions of spirituality usually refer to a dimension of human experience related to the transcendent, the sacred, or to ultimate reality. Spirituality is closely related to values, meaning and purpose in life. Spirituality may develop individually or in communities and traditions. Religion is often seen as the institutional aspect of spirituality, usually defined more in terms of systems of beliefs and practices related to the sacred or divine, as held by a community or social group^{4, 12}.

Regardless of precise definitions, and whether or not they are explicitly labelled as such, spirituality and religion are concerned with the core beliefs, meaning making, values and experiences of human beings,

and have been associated with hope and resilience for many¹⁵. A consideration of their relevance to the origins, understanding and treatment of psychiatric disorders and the patient's attitude toward illness should therefore be central to clinical and academic psychiatry.

Attention to R/S in clinical practice should show due attention to ethical and professional standards, should never be discriminatory on grounds of race, ethnicity, gender, sexuality, or religion, and should not in any way be allowed to detract from the usual biopsychosocial concerns of psychiatry^{16, 17, 18}. In recent years there has been increasing recognition of the value of mental health and faith community partnerships^{15, 19}. Such collaborations are facilitated by mutual respect and trust, and by recognition of the different languages and paradigms that psychiatry and faith communities use to address their common concerns about mental health and wellbeing.

In particular, WPA proposes that:

1. A tactful consideration of patients' religious beliefs and practices as well as their spirituality should routinely be considered and will sometimes be an essential component of psychiatric history taking.
2. Religion and spirituality may be relevant for treatment planning, and when they are, should be supportive of other (e.g., physical, psychological and social) interventions. Psychiatrists should facilitate the utilization of evidence-based treatments, including those with R/S elements.
3. An understanding of religion and spirituality and their relationship to the diagnosis, etiology and treatment of psychiatric disorders across the lifespan should be considered as essential components of both psychiatric training and continuing professional development.
4. There is a need for more research on both religion and spirituality in psychiatry, especially on their clinical applications. These studies should cover a wide diversity of cultural and geographical backgrounds.
5. The approach to religion and spirituality should be person-centered. Psychiatrists should not use their professional position for proselytizing for spiritual or secular worldviews. Psychiatrists should be expected always to respect and be sensitive to the spiritual/religious beliefs and practices of their patients, and of the families and carers of their patients.
6. Psychiatrists, whatever their personal beliefs, should be willing to work with leaders/members of faith communities, chaplains and pastoral workers, and others in the community, in support of the well-being of their patients, and should encourage their multi-disciplinary colleagues to do likewise.
7. Psychiatrists should demonstrate awareness, respect and sensitivity to the important part that spirituality and religion play for many staff and volunteers in forming a vocation to work in the field of mental health care, as well as in promoting resilience.
8. Psychiatrists should be knowledgeable concerning the potential for both benefit and harm of religious, spiritual and secular worldviews and practices and be willing to share this information in a critical but impartial way with the wider community in support of the promotion of health and well-being.

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1. Introduction

Digitalization in Mental Health and Care is the process of implementing and using digital health technologies in supporting and transforming mental health systems and services to ensure availability and access to universal quality health coverage. Overall, Digitalization in Mental Health and Care represents an “umbrella” concept and term that includes a wide range of technologies and technology-aided approaches that can enhance health and healthcare service delivery.

The COVID-19 pandemic has accelerated the digital progression in mental health services over the last years, intensifying the delivery of mental health and care by digital tools and platforms (Dave et al., 2020; Mucic et al, 2021), especially for young people (Rosič et al., 2020). Indeed, one of the most remarkable impacts of the COVID-19 outbreak on psychiatry is that it precipitated a global adoption of digital tools, also including low- and middle-income countries (LMICs) (Gaebel and Stricker, 2020; Ramalho et al., 2020a; Orsolini et al., 2021).

The World Psychiatric Association (WPA), in its 2017 Position Statement (Wise et al, 2017), focused on a narrower concept of e-Mental Health. Since then, also due to the Covid-19 pandemic and its associated public health restrictions, the use of digital tools in mental health and care has dramatically expanded worldwide, requiring a repositioning of WPA and its future action plans.

2. Digital health technologies and interventions

Digital health technologies comprise all current digitally driven tools and interventions aimed at care delivering, care (self-)monitoring, diagnostic and therapeutic processes. The list of digital tools and interventions in psychiatry is continuously growing and currently includes the following:

- *Telemental Health Care* is the use of real-time and interactive synchronous video- and/or audio-conferencing as well as asynchronous technology modalities (often referred to as ‘store-and-forward’) (Hilty et al., 2013). Telemental health may significantly improve patients’ and mental health providers’ access to healthcare, reduce the costs of mental health care, and help ensure continuity of care, particularly among rural areas and remote geographic locations with limited access (Langarizadeh et al., 2017; Tahir et al., 2021). Telemental health care has demonstrated to be cost effective, by providing efficient and adaptable solutions in the treatment of several mental disorders, including mood, anxiety and psychotic spectrum disorder (Hilty et al., 2013).
- *Internet-based interventions (IBIS), stand-alone (guided or unguided) or blended care* include interventions based on or supported by Internet or digital technologies (i.e., web and mobile-based), with varying degrees of human support. IBIS can help patients with symptomatology self-management and -monitoring, facilitating precision interventions and preventive strategies and treatments, with blended approaches being even more effective than no treatment controls (Erbe et al, 2017). IBIS appears to be slightly more effective compared to usual care in terms of quality-adjusted life years gain, with cost-effectiveness comparable to traditional usual care (Rohrbach et al., 2023).

- *Digital Therapeutics* (DTx) are digital technologies offering therapeutic interventions to alleviate a disease through a specific software or algorithm (Torous et al, 2021), often embedded into smartphone applications (“apps”) and/or integrated digital platforms. Many DTx have been developed for stress reduction or induction of mental wellbeing as well as for specific mental disorders (i.e., affective disorders, psychotic disorders, post-traumatic stress disorder, attention-deficit hyperactivity disorder, suicide and self-harm) (Koh et al, 2022). However, to date, there are yet few efficacy data in the long-term period, and their use and reimbursement vary significantly from country to country (Philippe et al., 2022). DTx, especially when registered officially as “software as a medical device” should be supported by evidence-based randomized controlled trials (Espie et al, 2022).
- *Mobile applications* are a type of application software designed to run on a mobile device, widely used as a platform to deliver digital treatments to users with mental health problems or disorders, also allowing the tracking of behavioral, physiological and environmental variables, both actively and passively (Torous et al, 2021). Mobile applications (or “apps”) are also widely used as alternative tools for delivering treatments to those individuals who have difficulties participating in traditional face-to-face therapy and for engaging at-risk individuals for early intervention at the very prodromal illness phase (Melbye et al., 2020).
- *Wearable sensors* are devices allowing the tracking of physiological (e.g., heart rate, breathing patterns, etc.) and behavioral parameters (e.g., sleep quality, physical activity, social interactions, etc.) (Torous et al, 2021). They may provide real-time feedbacks to individuals about their mental health, help them to identify clinical patterns and trends, to indicate the need for prompt interventions, and, collecting real-time data helping clinicians in treatment decisions, by supporting contemporary mental health interventions (Gomes et al., 2023).
- *Digital phenotyping* refers to the moment-by-moment in situ assessment of passive and active data retrieved from wearable sensors or smartphone keyboard interaction and/or subjects’ voice and/or speech (Torous et al., 2021). Digital phenotyping could help tracking patient’s symptomatology and lifestyle changes, by potentially predicting clinical outcomes or early identifying a crisis and/or relapse risk and, hence, facilitating the delivery of personalized and targeted ‘just-in-time’ interventions. However, there is still the need to clearly identify diagnosis- and symptomatology-specific digital patterns (Orsolini et al., 2020).
- *Extended Reality* (XR) is an emerging “umbrella term” comprising all immersive technologies (i.e., virtual reality, augmented reality, and mixed reality), in which an ecological setting is simulated through a digital human-machine interface in real time, creating a controlled digital environment, that may provide relevant alternative approaches for mental health assessment and treatment of several psychiatric disorders (Kim and Kim, 2020). Several XR approaches have emerged to deliver exposure-based behavioral treatments for anxiety and post-traumatic disorders, while more recently also XR programs for depression, eating disorders and schizophrenia have been developed. To date, however, technical inhomogeneity and high costs may limit their universal use in routine practice (Torous et al, 2021).
- *Serious gaming* refers to digital games that have as a primary purpose education rather than entertainment, that is also provided (Kagohara, 2013). Two key areas of serious gaming in the field of health care are serious games for health professionals, for training purposes, and for patients, for treatment or rehabilitation purposes. However, serious gaming has been increasingly developed for the improvement of cognitive, emotional and behavioral problems, particularly for children and adolescents affected with neurodevelopmental disorders (Vacca et al., 2023). Future studies should focus on demonstrating the clinical effectiveness of serious gaming also in other fields of mental health.

- *Social media* are online environments (websites and apps) where users can produce and consume content, mostly generated by other users (McGowan et al., 2012). Social media can help providing real-time symptom monitoring, spreading mental health correct information, provide social support, and tracking patient's symptomatology and lifestyle changes in various mental disorders (Moorhead et al., 2013). To date, despite the growing attention for the use of social media for mental health and care, current research is still suboptimal and further studies should be implemented to evaluate ethical and validity issues connected to their use (Torous et al., 2021).
- *Artificial Intelligence* (AI) refers to a specific information technology section involved in designing intelligent computer systems capable of imitating and/or reproducing some aspects of the functioning of human mind and/or behavior. AI could help clinicians perform personalized medical diagnosis, identify the severity of a mental illness, monitor treatment adherence, early detecting illness onset, and variations in clinical course (Graham et al., 2019). Although AI has already been considerably developed in many fields of medicine, there is the need to develop further evidence-based studies also in mental health treatment and care (Verma et al., 2022).
- *Machine Learning* is a specific application of AI in the creation of predictive models and algorithms, which could help clinicians with differential diagnosis, early identification of prodromal signs and/or symptoms of a mental disorder, as well as in creating predictive models of clinical risk conditions or response to treatment (Rebala et al, 2019). However, these patterns/models are virtually verified and then developed to predict the course/pattern of a specific variable over time. They should be tested to modify possible mistakes/errors and improve the performance/sensibility of the same algorithm (Graham et al., 2019).
- *Chatbots* are a specific form of software that can simulate human conversations, allowing users to interact with digital devices as if they were communicating with a real person (Pham et al., 2022; Neog et al., 2022). Although chatbots have already been widely used in everyday life (for instance, voice assistants on smartphones or smart speakers), their applications in the field of mental health are still limited. However, chatbots remain a focus of interest in digital psychiatry as they may represent a first step toward a process of greater "automation" of the mental health care process also in psychiatry (Torous et al, 2021).

3. Towards digitally transformed mental health and care systems

Overall, one of the most compelling reasons for the digitalization of mental health care systems is its potential to address unmet needs in mental health and help reduce mental health inequities globally. A study from WHO found that 52.6% of persons with depression in low-income countries did not receive any treatment in the past 12 months, and only 20.5% of persons with depressive disorder received minimally adequate treatment (Thornicroft et al, 2017). Similarly, another WHO study reported that severe mental disorders go untreated at a global level (including developed countries) in 35.5-50% of the cases (Demyttenaere et al, 2004). Beyond the problem of geographic inequalities, serious mental disorders are still affected by significant gaps in mental health and care worldwide, and digitally supported mental health care systems could help to overcome these gaps (Ramalho et al., 2020b).

Digital mental health and care may significantly increase mental health access and care, facilitate mental health promotion, provide screening and early recognition of clinically relevant symptomatology, prompt detection of psychopathological relapse, and ensure treatment adherence for patients with mental disorders, with significant impact on successful relapse prevention and psychiatric rehabilitation. Digital tools can play an important role in the treatment of various mental health conditions and provide effective outputs in terms of screening and symptom alleviation (Donker et al., 2013; Fu et al., 2020; Sin et al., 2020). For the treatment of depression, digital tools are used for both data collection and analysis, and the use of these methods has promising results in

terms of both treatment and prevention of depression (Van Assche et al., 2022). The European Psychiatric Association (EPA) has provided evidence-based guidance on the usefulness of digital interventions in the treatment of psychotic disorders (Gaebel et al., 2016) and PTSD (Gaebel et al., 2017). The eMEN initiative also recently provided a policy reference to upscale mental health services in North-West Europe (Gaebel et al., 2021). Internet tools/programs can be used for early recognition and diagnosis of mental disorders, especially in anticipating potential relapse (Torous et al., 2016). Reduction of relapse rates are of crucial importance in most psychiatric disorders (Kishi et al., 2021) and digital interventions and techniques can provide effective prevention strategies via risk detection, digital phenotyping, and close monitoring for many psychiatric disorders such as schizophrenia spectrum disorders, depression, and alcohol use disorder (Van Assche et al., 2022).

Additionally, internet-based psychoeducational programs have been found to be effective in improving caregivers' mental health and emotional well-being (Yu et al., 2023). Overall, digital mental health and care can favor a more equitable access to mental health care and services, at times and places of patients' choosing and anonymity if wished, and by ensuring lower-cost care. It can also increase treatment engagement and adherence, limiting the detrimental effects of untreated mental disorder, and guaranteeing a faster recovery.

However, besides the few innovative digital psychiatric services in more developed countries (usually linked to individual experts), mental health services across the world have yet remained largely based on traditional workflow, with paper-based documentation or ineffective electronic record systems. In order to achieve the objective of transforming mental health services into digital care services, more personalized and more responsive to patients and healthcare needs, a technological (including restructuration of computing platforms, connectivity, software, and sensors for health care and related uses), legal and administrative update at a global level is needed, as well as an adaptation policy program to match local needs at the national/regional level. To fully exploit the great potential of digital innovations in every day clinical psychiatric practice psychiatry should move from digitization to global digital transformation of mental health care services (Adler-Milstein, 2022).

4. Current global status of digitalization in mental health and care

Despite the increasing recognition of the added value of digitally transforming mental health services, there are still tangible barriers to its full integration. In fact, despite the drive to digitalization in several fields of economy, politics, industry and health (including mental health), a variety of digital disparities are emerging worldwide. Key limiting factors of digitalization in mental health and care are related to priming the recipients (both patients and mental health professionals/clinicians, in terms of acceptability of digital delivery, attitude and opinions, as well as level of technology readiness and literacy) and the context of mental health care delivery (in terms of mental health care infrastructures, regulatory, ethical and medico-legal issues). Another limiting factor to the universal implementation of digital mental health and care is the heterogeneity between and within countries, which may be influenced by country income, resources for digital supply, training resources for mental health professionals, as well as levels of digital literacy, trust and readiness.

There are few exhaustive reports on the state-of-the-art in each WHO region and its countries regarding the level, barriers and facilitators of digitalization especially in the field of mental health and care, including unmet needs and potential solutions for digital transition and upgrading (WHO, 2010; WHO, 2021a; WHO, 2021b; WHO, 2022). To fill this gap, the World Psychiatric Association (WPA) Working Group on Digitalization in Mental Health and Care (chaired by W. Gaebel, U. Volpe, R. Ramalho), supported by the WPA Action Plan, reached out to all WPA National Psychiatric Member Societies by means of an Internet-based survey to develop a broad baseline profile of the

current status of digitalization in health and mental health care across WPA member countries. Informed by the available findings of this survey, the WPA Working Group is taking several actions and is being developing a strategic plan on supporting WPA's efforts to promote the global development and implementation of digital mental health and care with targeted priorities and actionable next steps (Volpe et al, 2023).

5. WPA Action Plan for Global Digitalization in Mental Health and Care

Despite their potential and the encouraging findings in the field of digital psychiatry, the dissemination and use of digital tools and interventions in psychiatric clinical practice is still quite heterogeneous worldwide. Firstly, among the different digital mental health solutions there is still considerable disparity in terms of the scientific evidence base supporting them. Secondly, beyond the albeit necessary scientific support, development and use of many of these tools and interventions suffer from often still 'embryonic' legal, administrative and health regulations and need international high-quality guidance (e.g., Gaebel et al., 2020), to date not available for each digital tool/disorder. Thirdly, despite the increasing diffusion of digital solutions in everyday life, the skilled use of these approaches in clinical settings necessarily involves a process of adaptation from traditional settings and the acquisition of specific knowledge and skills that is not yet an integral part of the training of mental health professionals (Volpe et al., 2012; Orsolini et al., 2022; Ruiz-Cosignani et al., 2022).

The WPA is reinforcing its commitment to contribute globally and in selected countries to digitally supplement, support and improve mental health and care, referring to the expertise and impact of the WPA Working Group on Digitalization in Mental Health and Care. Through capacity building in professional education and training, knowledge acquisition and research, adequate creation and skilled use of new health technologies and programs, (public) mental health and care shall be up-scaled. Digital mental health and care literacy, acceptance, and accessibility across WPA member countries shall be improved both on the public, governmental, provider and professional level. This is a prerequisite for successful promotion and implementation of best quality digital tools and programs for self-management, prevention, early recognition and intervention, treatment and care - helping to close gaps of routine care, and providing universal health coverage. At the same time, this initiative will be serving to strengthen the role of psychiatry and its workforce in a diverse field of mental health and care by improving professional collaboration in the best interest of people being at risk for or with a manifestation of mental illness, developing their empowerment and contributing to reducing stigma and discrimination.

To achieve these goals, a set of ten high-priority recommendations identified by the WPA Working Group on Digitalization in Mental Health and Care (see also: Gaebel et al., 2020 and 2021 for the European Region), addressed towards policymakers and stakeholders likewise at global, national, regional, zonal, institutional and personal level, is being established by the World Psychiatric Association (WPA) as part of the WPA Position Statement on Global Digitalization in Mental Health and Care to enhance the worldwide digitalization process of Mental Health and Care:

1. Promote and advocate strong political commitment, governance, and leadership for the development, dissemination, implementation, adoption, and integration of digital mental health and care within routine clinical practice.
2. Develop adequate financing strategies to supply technological equipment, Internet access, and wireless connectivity to guarantee the financial viability of digital mental health interventions also in the long term.
3. Ensure equitable access to digital mental health care, by overcoming the digital literacy and digital readiness gaps and cultural and linguistic barriers, by increasing digital engagement, acceptability

and adherence, and by implementing more scalable and affordable solutions to digital mental health care access and patients' retention.

4. Promote an adaptable integrated model of mental health care comprising in-person and digital delivery of mental health interventions, by developing also digital interventions for mental health at the workplace and in schools.
5. Ensure that only high-quality digital mental health interventions and integrated digital services are implemented in the (mental) health care sector.
6. Promote and facilitate digitalization development based on the highest possible standards of usability, ideally in co-creation with the users, as well as feasibility, country-based adaptability and interoperability.
7. Initiate and encourage international, multi-center and multi-country research in the field of digital psychiatry, by specifically targeting effectiveness, feasibility, acceptability, and strategies for digital implementation.
8. Increase awareness and acceptance of digital mental health interventions, foster trust in digital tools in mental health care and prevention efforts, and enhance digital health literacy and skills in the public and the (mental) health workforce.
9. Implement and improve formal professional training curricula in digital mental health care and interventions embedded into mental health training programs. The development of a curriculum addressing core digital competencies expected from undergraduates and postgraduates in the field of mental health should be one of the key priorities.
10. Ensure legal and regulatory clarity, ethical correctness, human rights, privacy, confidentiality and security of personal and other sensitive data in delivering digital interventions in the digital age.

The global situation is quite heterogeneous, as several countries are in different stages of implementing digital tools and interventions in mental health and care. The presented recommendations, based on the review and statements of this WPA Position Documents, should therefore be adapted and revised according to the changing needs.

Steering Group

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WPA Geopsychiatry; climate change and geopolitical determinants of mental health

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Introduction:

We are living in an era of fast-changing geopolitical challenges with an increasing number of countries experiencing recurrent, protracted chronic crises within and across countries. Conflict, populism, the erosion of human rights, climate change, inequalities, gender-based violence, terror, and fragile security are changing the cultural and historical architecture of communities which is adding to the global mental health burden and presents global challenges [1]. The occurrence of various psychiatric disorders, such as depression and post-traumatic stress disorder, tends to rise in the aftermath of past collective traumas, such as conflicts and natural disasters [1]. Among the factors that shape these trends on a global scale, one theme that emerges prominently is the impact of climate change [2].

The overall global health effects of both mental health and physical health of climate change are not well quantified, however, what is known is that countries in the global South are bearing the brunt of its impact with greater food insecurity leading to famine and hunger, increased rates of suicides, fear, anxiety, and physical illness including chronic respiratory morbidity [1, 3]. There are nearly one billion people living with mental health conditions, yet in low- and middle-income countries, three out of four do not have access to mental health services [2]. The impact of climate change is compounding the already extremely challenging situation for mental health and mental health services globally.

The complexity of this current dynamic requires new approaches to the study of risk and protective factors for mental disorders and the best ways to manage them. In this sense, Geopsychiatry is a new field of Psychiatry that aims to explore the intersection of geography and psychiatry [4].

Geopsychiatry assesses the role of geopolitical determinants in the mental health of populations [4]. Geopolitical determinants of health are processes and factors that determine health and health response, which relate to nation states, policies, and the relationships between them [1, 5]. These factors tend to produce influence on people's lives which are particularly connected with 'placed' entities such as national boundaries, continental geographies, and proximity/distance from neighbours. Geopolitical approaches to mental health not only allow for more in-depth understanding of the geographic and political context within which mental health policy decisions are made and reversed, but also highlight cultural influences on the way policy decisions are mediated in different societies, including along individual/collective lines [1, 5].

Over the next few decades there will be a greater urgency to respond to these multi-dimensional challenges and to take heed and pay greater attention to the structural issues that create them. Many theories and outcomes in global mental health including social determinants of health are framed from the perspective of the global North [6]. These do not consider ongoing challenges and the reality in the distribution of political, geographical, environmental, and socio-economic factors across low and middle-income countries. Geopolitical determinants of health have been well recognised by the World Health Organisation (WHO) and are increasingly being discussed in academic circles in psychiatry, economics, and foreign policy [1]. Furthermore, there is an additional layer, which is that of community and cultural differences that influence community responses. For example, in socio-centric cultures, geopolitical determinants will affect community participation in response to various geopolitical events. Understanding geopolitical determinants of health [3] can give mental health professionals and policymakers an important additional perspective which is essential and relevant to all countries about matters on which coordinated international action is needed.

Climate change poses a great threat to humans as it continues to affect every part of the world and efforts to understand its effects on mental health would benefit from a Geopsychiatry approach. Therefore, this paper aims to review the current evidence on climate change and mental health and to discuss future directions for research and practice.

Evidence

The influence of climate change on mental well-being manifests through a diverse range of pathways, both direct and indirect. This impact encompasses long-term consequences arising from chronic factors like global warming, as well as immediate effects stemming from acute events such as heat waves and environmental disasters [7]. Furthermore, the exploration of the intricate relationship between individuals and their environment has given rise to novel notions within the realm of mental health and concepts like ecological anxiety or grief and solastalgia have emerged as a result [8].

Instances of severe weather events, such as floods and storms, have been associated with increased prevalence of depression, post-traumatic stress disorder, and various anxiety disorders [9]. Within the spectrum of climate-related mental health consequences, specific attention has been directed towards the vulnerability of two distinct demographics: the younger generation and the elderly. Moreover, gender differences emerge, with women facing a higher likelihood of experiencing depression, anxiety, and stress-related disorders, while men are more prone to suicide mortality [10].

Studies on global warming has revealed a noteworthy association: for every 1°C rise in ambient temperature, mental health mortality, including organic mental disorders, suicide, and self-harm, increased by 2.2%. Similarly, mental health morbidity, particularly affecting mood and anxiety disorders, as well as schizophrenia, showed a 0.9% increase. These impacts were more pronounced among individuals aged 65 and above, as well as among men [6]. Moreover, being exposed to temperatures over 30-32°C was associated with decreased levels of positive feelings and increased irritability and fatigue. These effects were greater for women and people with low socio-economic status. Low-income people may have more difficulty in accessing methods for adapting to increased temperatures, and therefore suffer more from climate change [6, 11]. These findings emphasize the influence of rising temperatures on mental health, underscoring the significance of addressing climate-related mental health concerns.

Ecological anxiety or grief encompasses the feelings of stress and apprehension stemming from the anticipation of future environmental changes or the sense of loss associated with ongoing ecological degradation. Children, adolescents, and individuals whose livelihoods are closely intertwined with the land experience heightened vulnerability. Moreover, individuals with limited access to mental health care often grapple with more acute forms of eco-anxiety or grief, exacerbating the challenges they face in navigating these psychological distresses [8, 12].

Finally, solastalgia encompasses a profound distress that arises when one realizes that the cherished location they call home is undergoing a physical desolation. This phenomenon becomes evident through a profound assault on one's sense of place, eroding the feeling of belonging and identity associated with that specific environment, leading to a deep sense of distress brought about by its profound transformation. Populations which cultural roots have a greater connection with the environment, such as indigenous people, are particularly vulnerable to this phenomenon [8].

Global Challenges

The mental health consequences of climate change are still poorly understood. Nevertheless, it is evident that countries in the global South bear the heaviest burden of its impact, grappling with heightened environmental challenges while having limited coping resources at their disposal. Despite this, the majority of studies examining the mental health impacts of such events originate from high-income countries, and there is a notable lack of comprehensive preventive and treatment strategies in place [6].

There are many global climate change summits that routinely discuss the multifaceted dynamics of climate change from the economic point of view and recognised as a predominantly physical health emergency; but not much attention has been given to the nexus between changes in these new weather patterns and mental health. At the Glasgow COP (Conference of the Parties) 26 [13] health was chosen as a priority area for science, however the programme did not fully include mental health and mental illness into its considerations. However, a report by the Intergovernmental Panel on Climate Change (IPCC) [14] published in February 2022, revealed that rapidly increasing climate change poses a rising threat to mental health and psychosocial well-being; from emotional distress to anxiety, depression, grief, and suicidal behaviour.

The mental health impacts of climate change are unequally distributed with certain groups disproportionately affected because of the many compounding geopolitical factors [6]. Worsening mental health will bring huge additional personal and economic costs. Climate change is adding to the growing global awareness that geopolitical factors play a major role in the mental health and well-being of individuals [3, 5]. However, some of the solutions to mitigating and adapting to climate change can also create improvements for mental health.

Recommendations

Leadership by the WPA is context dependent if it is to address the multiple factors which are urgently needed. The evidence strongly indicates the need for integrating mental health considerations within the scope of climate change actions and vice versa. This must include the range of mental health issues as described universally in the various diagnostic classification systems. Reflections on ranges from minor mental morbidities to serious mental disorders or childhood problems to disorders of the elderly are needed in interventions that aims to integrate mental health and climate change actions. However, these actions are not exclusive to or are restricted to the mental health and climate change as they are equally valid for the other multi-dimensional crises affecting the mental health of the global population.

- 1) Risk monitoring and a watch for early warning signs are critical in prevention or implementation of early interventions that should be seen in parallel with assessment of vulnerability.
- 2) Developing an appropriate workforce, that can address psychosocial components of mental health and wellbeing, is important. The informal workforce such as community health workers or lay volunteers must become more structured. Policy decisions on syllabi for the mental health workforce need critical attention. Furthermore, training must incorporate the need for emergency preparedness.
- 3) Interventions that include actions to mitigate climate change effects on health need to be incorporated into the routine evidence-based strategies available to address the range of mental health issues.
- 4) Interventions themselves must pay close attention to climatic conditions and consequent medical comorbidities. Vocational rehabilitation programmes for chronic mentally ill persons are challenged by the clinical, cognitive and disability related status of the population under consideration. Very often the environmental factors do not receive due attention, resulting in dire medical consequences. For example, cottage industry based vocational skills training –are viewed as easy to deliver and market. However, these programmes need to be informed about factors such as pollution, toxicity, and extreme heat.
- 5) Research to understand the relationship between climate change and the onset of perpetuation of mental health problems must be promoted for deeper understanding. Funding bodies must pay heed to the urgent need for this.
- 6) Proper governance can help adaptation of climate change action which can in turn mitigate several mental health related issues. The WHO Policy document of Climate Change [2] clearly recommends the role of governance

Conclusion

Climate change poses a significant threat to mental health, especially among the most vulnerable populations. Policy-making, research and clinical practice should focus on actions that prevent, mitigate, and respond to the mental ill health arising from this global crisis and international factors. Taking a Geopsychiatry approach could prove invaluable in understanding health, illness, and health-care delivery and their complex relationships from a supranational and international viewpoint [15].

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WPA Migration and Mental Health: The Perspectives from Geopsychiatry

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Introduction

Recently, there has been a newly emerging field of Geopsychiatry, which studies the interface between geography and psychiatry. This discipline focuses on the efforts and impact of many facets, such as population growth and movement, climate change, disasters, globalisation, industrialisation, and health practices in mental health [1].

Regarding the population movement on migration, it is important to recognise the mental health needs and problems of migrants and refugees. However, differences in culture and language can make it difficult for migrants to articulate their mental health needs as well as for health practitioners to properly identify the mental health problems of the migrants, which can sometimes lead to the unnecessary medicalisation of normal psychological reactions to abnormal stressful events. This paper aims to review the effects and impact of migration on mental health and to find an appropriate approach to improving the mental health and well-being of migrants and refugees.

Evidence

Migration refers to the process of moving geographically from their usual location to another, either within a country (such as between rural and urban areas) or across an international border [2]. It can be temporary, seasonal, or permanent moves and can be divided into three stages of migration (pre-migration, migration, and post-migration) [3]. People may migrate as a group or singly. Migration can stem from various motivations, such as seeking improved educational prospects, employment opportunities, and overall living conditions (pull factors), whereas certain individuals are compelled to relocate due to economic hardships, political discord, and volatile circumstances (push factors) [4]. Refugees represent a distinct population who face extreme peril in their home countries, making it too hazardous for them to consider returning due to armed conflicts or persecution [5]. In addition, climate changes increasingly pressure people to migrate due to major disasters, land inhabitability, or climate-related conflicts [6]. Consequently, numerous migrants find themselves compelled to resort to irregular migration methods, which expose them to a range of hazards, including human trafficking, illegal occupations, sexual and physical violence, and life-threatening circumstances.

There are common stressors that migrants may encounter across the three stages of migration. For example, before leaving their homeland, many migrants often bear witness to or directly experience traumatic situations linked to adverse living conditions and unrest in their country [7, 8]. Moreover, they frequently encounter frustration arising from the protracted and intricate documentation and application procedures associated with migration. During travel, people may be exploited financially, physically, and mentally, especially those using irregular migration routes. After arrival, many migrants initially feel relieved as they arrive at 'safe heaven'; however, they subsequently come to comprehend that, to varying degrees, they must relinquish aspects of their original culture and embrace a new one—a process known as "acculturation" [9]. This can be challenging if migrants and people around them find the two cultures are conflicting. Discrimination based on, for example, race, religious beliefs, and gender is common and can further worsen migrants' acculturation and social integration [10]. Migrants also feel they lack social support as they must leave their family and social networks behind, or at least have less physical contact with them. However, remote communication technologies may help lessen this problem. Migrants who lack adequate language proficiency often face difficulties when it comes to daily communication and navigating crisis situations. It is not uncommon that migrants, especially those undocumented, are under-protected by occupational safety and social care benefits and unable to access standard educational programs and healthcare services, including mental health care [11]. These stressors lead to mental health problems and psychiatric disorders among migrants.

Many psychiatric conditions are associated with migration. In a large-cohort Swedish study, the risk of non-affective psychosis among migrants increased almost three times compared to the Swedish-born population [12]. Similarly, another recent meta-analysis reported increased rates of non-affective psychosis in both first- and second-generation migrants. No significant differences between the two generations were found [13]. Many migrants struggle with achieving new cultural and social expectations, resulting in low self-esteem [14], and this could make depression common in migrants, with the aggregate prevalence identified from a meta-analysis to be 15.6% [15]. Post-traumatic stress disorder (PTSD) in migrants is sometimes over-diagnosed, as reported in previous studies with a high prevalence of 47% [16]; otherwise, the PTSD-like symptoms can be normal reactions in people from some cultures [14]. Although substance use disorders are not uncommon among migrants [17], they can be poorly recognised and managed due to different concepts towards certain substances and addictive behaviours in migrants' original and new cultures [3]. A recent systematic review reported that, compared to their non-migrant counterpart, young migrants had higher rates of self-harm and suicidal attempt but no major differences in suicidal ideation and suicidal death [18].

Global Challenges

Certain groups of migrants are particularly vulnerable to developing psychiatric disorders and need special attention to receive screening programs and appropriate treatment. Within the context of detention or the migration process, children who are amid migrating may experience the distressing and protracted separation from their parents. This separation can be prolonged and traumatic for the children [19]. Their education may also be unnecessarily interrupted or even discontinued if host countries have no adequate policies and support in place. Older migrants often encounter the loss of their existing social network and face challenges in establishing new relationships with individuals from diverse cultures, which places them at heightened risk of experiencing physical illness and mental health issues [20]. Diagnosis of dementia in older migrants can be problematic due to language barriers and cultural influences on the applicability of cognitive assessments [21]. Women migrants can be confused about their conflicting gender roles and expectations between their homeland and host cultures. As social norms undergo transformations, there is an observable increase in the migration of women who enter the workforce, leading to shifts in family structures and support systems. However, it is crucial to acknowledge that certain women may be subjected to coerced sex trafficking and may not receive sufficient support and protection from the host country or region [22]. Refugees and asylum seekers may be frustrated by the protracted asylum procedure and feel anxious and guilty about leaving their families behind [23]. Poor access to standard education, occupational opportunities and healthcare services among displaced people is also reported.

Action for WPA

Establish Centres for Geopsychiatry across all zones to integrate the evidence of migration and mental health with other geopolitical considerations into all WPA's workstreams, supporting compassionate actions, partnering, and developing global commitment, developing community-based approaches to reduce vulnerabilities with specific mental health programmes (focusing on individuals, families, conditions, and settings). Establish the Geopsychiatry Action Planning Group as a formal section of WPA.

World Psychiatric Association (WPA) and European Psychiatric Association (EPA) have outlined recommendations about mental health care for migrants [3, 14]. They suggest every stakeholder, including policymakers, service providers, and clinicians, make public education and appropriate resources accessible to migrants and tailored to their mental health needs. Pharmacotherapies should be provided with consideration of variations in genetics, ethnicity, diets, dietary taboo, and complementary medications because these can influence clinical response to psychiatric drugs and cause side effects in migrant patients [3, 14, 24]. Migrants may find psychotherapies in the new country or culture not applicable to them and perceive clinicians would not fully understand them, so they avoid psychotherapies. Clinicians must have an accurate understanding of migrant patients' cultural backgrounds, and this requires training in cultural competency for relevant clinicians [25]. Medical interpreters should be readily available to help migrants effectively communicate their mental health needs and problems. WPA and relevant organisations should work collaboratively to design an intervention to make all these happen and have a sharing point for knowledge and practical solutions across their member parties.

To improve policies and interventions related to mental health in migrants, we need more research on such issues, both in quantitative and qualitative approaches. Existing literature is predominantly from Western studies and ego-centric societies; future research should be extended to the perspectives of Eastern and socio-centric cultures. Research on vulnerable populations needs to be examined deeply, such as migrating children and older people. Interactions between population migration and other aspects of Geopsychiatry, for example, climate changes, disasters, globalisation, urban conglomerations, and geopolitics, are still waiting to be explored.

Conclusion

Migration is a significant aspect of Geopsychiatry, an emerging field of psychiatry, and it is associated with many mental health problems and psychiatric disorders. Throughout their journey, migrants carry mental health stressors, such as pre-migration traumatic experiences, difficulty adjusting to a new culture and discrimination in a new society. These lead to higher rates of psychiatric disorders, including schizophrenia, depression, and substance use disorders. Some migrant groups are particularly vulnerable to experiencing such stressors and developing such psychiatric problems. Pharmacotherapies and psychotherapies should be tailored to the needs of migrant patients, with consideration of their biological, psychological, cultural, social and language variations. However, it is not uncommon that mental health services are not accessible and applicable to most migrants. Every stakeholder, including research sectors, should pay more attention to the mental health needs and problems of migrants. This would require efforts from national and international bodies to develop relevant policies, secure adequate funding, and provide appropriate support to migrants in need.

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Reports from Zonal Representatives





Public Health Care and Mental Health Funding

While health care in Canada is primarily financed, organized and delivered by the provinces and territories, the federal government also provides financing and is responsible for certain populations including Indigenous Peoples, members of the Canadian Armed Forces, veterans, refugees and people in federal corrections.

The federal government previously announced a commitment to establish a Canada Mental Health Transfer, which would allocate permanent, ongoing federal funding to the provinces and territories for mental health services starting in the 2023 budget. The Canadian Psychiatric Association (CPA) along with its coalition partners have long reiterated the importance of this transfer in their advocacy campaigns and pre-budget submissions to the federal government.

Despite this commitment, the most recent federal budget relies on a federal-provincial-territorial health deal to deliver on needed investments in mental health care via a series of bilateral agreements. Each province or territory negotiated deals tailored to the needs of their jurisdiction by picking among four shared priorities. These are improved access to quality mental health and substance use services, expanded access to family health services, supporting health workers and reducing backlogs, and the modernization of the health care system with standardized health data and digital tools. In return, each province and territory are to provide an action plan, measure results, and publicly report on these to their populations. To-date all provinces and territories other than Québec have signed bilateral agreements.

While this deal may lead to increased investment in mental health and substance use care, the extra money is time-limited and there is no guarantee that mental health will get a proportional amount of the funds. This is concerning, given the historic underfunding of mental health care in Canada. Pre-pandemic, public and private spending on mental health care represented just over seven per cent of Canada's total health care funding. This is well below that of most other western countries. CPA and coalition partners have consistently recommended that funding for mental health be increased to at least 12 per cent of health budgets.

COVID-19

As in other jurisdictions, the pandemic exacerbated existing structural inequities in the health care system and disproportionately affected the most vulnerable, including those with severe and persistent mental illnesses, people with substance use and addictive disorders, children, and Indigenous Peoples. It also emphasized that the pressure on the mental health system is unlikely to subside following the pandemic, and health-care workers are increasingly demoralized and exhausted as they care for patients while trying to keep a backlogged system afloat.

In June 2020, CPA appeared before the Standing Senate Committee on Social Affairs, Science and Technology to make recommendations for Canada in addressing unmet mental health needs. These recommendations included evidence-based approaches such as Housing First to shift people from crisis and institutional services to appropriate housing options in the community; more appropriately-resourced acute psychiatry beds; community-based programs and support services such as Assertive Community Treatment to assist people with mental illnesses to transition

successfully from inpatient care, institutions, or homelessness to the community; and research into the efficacy of virtual care as a mode of intervention for people with psychosocial impairments with attention to practical aspects related to provision of care.

Mental Health Care Workforce and Access to Care

Collaborative care has great promise to improve access to care (especially for marginalized and underserved populations), to integrate physical and mental health care, and to facilitate transitions in care. To fulfil this potential, a pan-Canadian health human resources data strategy to improve the collection, access, sharing and use of health workforce data, in conjunction with a national strategy to promote and implement effective health care teams across Canada, is required.

National standards to help formalize what Canadians can expect in terms of the timeliness and quality of services are a key deliverable for a new National Mental Health and Substance Use Standardization Collaborative established in April 2022.

The federal government provided \$45 million to the Standards Council of Canada (SCC) to develop standards across six priority areas: 1) integrated youth services, 2) primary care integration, 3) digital mental health and substance use apps, 4) substance use treatment centres, 5) substance use workforce, and 6) integrated services for complex health needs. CPA is proud to be a member of the Collaborative's steering committee, which will contribute to the strategic direction of, recommend contributors to, and provide advice and guidance on the work of, the collaborative and its working groups.

Medical Assistance in Dying (MAID)

Legislative Context

In 2015, the Supreme Court of Canada unanimously struck down the prohibition on physician-assisted dying in the Criminal Code of Canada. The decision limited the right to physician-assisted death to competent adult Canadians who clearly consent to death and have a grievous and irremediable medical condition that causes suffering that is enduring and intolerable to them.

The federal government subsequently introduced Bill C-14, creating a statutory framework to allow medical exemptions to the Criminal Code provision that criminalized medically assisted death. Bill C-14 tried to strike a balance between the autonomy of persons who seek MAID with the interests of vulnerable people and suicide prevention by adding the eligibility criterion that the person's natural death had to be reasonably foreseeable.

Court challenges sought to clarify aspects of Bill C-14. In the province of Québec, Jean Truchon and Nicole Gladu, who suffered from incurable, degenerative diseases, had sought and were denied MAID because their deaths were not reasonably foreseeable. In 2019, the Superior Court of Québec declared the federal criterion of a "reasonably foreseeable death" and Québec's requirement that the patient be "at the end of life" as invalid and contrary to their Charter rights. Neither the provincial nor the federal government appealed. Each crafted laws to bring them into compliance with the Truchon decision.

Bill C-7 became Canadian law on March 17, 2021. The requirement that natural death be reasonably foreseeable was removed as an eligibility criterion and a sunset clause temporarily excluded mental illness for the purposes of determining grievous and irremediable medical conditions. This meant a person could not be eligible for MAID if they had mental illness as their sole underlying medical

condition until after March 17, 2023, at which time the exclusion would automatically disappear from the law. It should be noted that a person could still be eligible for MAID and have a mental illness; however, they need another serious illness, disease or disability that meets the eligibility criteria.

The new law introduced a two-track approach to safeguards, depending on whether the person's natural death is reasonably foreseeable. In cases where natural death is not reasonably foreseeable, a more stringent safeguard track applies and there must be a minimum of 90 days between the eligibility assessment and provision of MAID. To safeguard against possible systemic inequality issues in the provision of MAID, Bill C-7 added requirements to collect information about gender identity, race, Indigenous identity and disability. The person must be informed of the means available to alleviate their suffering and must seriously consider those means.

In March 2023, Parliament passed legislation to extend the temporary eligibility exclusion for sole mental illness until March 17, 2024. The delay will be used to prepare for the safe and consistent assessment and provision of MAID, including continuing its work with the provinces, territories, and health community to finalize and disseminate key resources.

Expert Panel Report

Tabled in Parliament on May 13, 2022, the Final Report of the Expert Panel on MAID and Mental Illness was a requirement of Bill C-7. The panel's role was not to debate whether persons with a mental disorder as their sole underlying medical condition should be eligible for MAID. Instead, the panel was to provide advice to the federal government on the safeguards, protocols and guidance that should apply in these cases.

The report sets out 19 recommendations for establishing a MAiD regime that addresses situations regarding incurability, irreversibility, individual capacity, suicidality, and the impact of structural vulnerabilities on an individual's position in society. The panel concluded that many concerns are neither unique to requests for MAiD from persons with a mental disorder nor applicable to every requestor who has a mental disorder. The report says that both incurability and irreversibility "must be assessed on a case-by-case basis" and the requester and assessor "must come to a shared understanding" that the person has a serious and incurable illness, disease, or disability, and that they are in an advanced state of irreversible decline in capability.

Practice Standards and Curriculum

MAID practice standards, a draft of which was reviewed by CPA, were released in March 2023.

The model practice standard is primarily intended for the use of regulators but may assist provinces and territories, institutions, and programs as they draft MAID policy. Regulatory authorities can adopt the model standard in whole or in part to revise their existing MAID regulatory standards in preparation for the removal of the exclusion of requests with a mental disorder as the sole underlying medical condition (MAID MD-SUMC).

The model standard covers aspects of MAID practice relevant to MAID MD-SUMC as well as content relevant to all requests for MAID, particularly track two requests where a person's natural death is not reasonably foreseeable. A companion document to the standard, Advice to the Profession, provides additional guidance and clarification on specific clinical questions raised by the model standard such as irremediability, incurability, suicidal ideation, what is required to ensure a person has been informed of the means available to relieve suffering, and what it means to give "serious consideration" to the means available to relieve suffering.

An accredited MAID curriculum to support clinician education and training is also in development. The seven-module curriculum will advise on and support clinicians in assessing people who request MAID, including those with a mental disorder, complex chronic conditions, or who are impacted by structural vulnerability. Modules will begin launching in the fall, with an aim to release all seven by the end of 2023. CPA is on the Steering Committee for this project and provides feedback on modules through its MAID Working Group.

Stigma, Discrimination and Systemic Racism

Despite progress, stigma continues to be a pervasive problem faced by people with mental health and substance use disorders who seek health care. The Mental Health Commission of Canada recently gathered data from a poll of over 4,000 people in Canada, half of whom identified as living with a mental health or substance use disorder. Of these, 40 per cent reported experiencing stigma while receiving care in a health-care setting, 72 per cent reported serious self-stigma that negatively affected their self-perception, and 95 per cent reported experiencing stigma in the last five years.

Racism remains a persistent problem in Canadian medicine and psychiatry that manifests at the individual, institutional, and societal level, and results in health care disparities for people of colour and immigrants. Concerted changes in training and mental health services are required to redress the ongoing problem of systemic discrimination and structural violence. Professional organizations, health-care institutions, and training programs are increasingly documenting racism and inequity in psychiatric services, administration, research, and training and replacing them with anti-racist practices.

It has been an honour to serve on the WPA Board over the last three years.

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Document Title: **Report (2020-2023): Zone 3 - Mexico,
Central America and the Caribbean**



Date: July 2023

WPA meetings

WPA Board meeting 6
WPA ACRE meetings 4
WPA standing committee on planning 5

WPA Congresses

WPA meeting virtual 2022: organizing and fellowship committees (virtual) (2 Spanish slots, chair)
WPA Regional meeting Cartagena 2022 (participation in sessions and round tables)
WPA world meeting Bangkok 2022 (participation in sessions and webinars Spanish)

Activities representing WPA (Member societies and other organizations)

Meetings with APAL (Latin American Association of Psychiatry), San Juan de Dios religious Order, ACCAP (Central America and Caribbean Association), CES University Colombia

Sessions

American Psychiatric Association (3)
ACCAP (1)
Guatemalan Psychiatric Association (3)
Royal College of Psychiatrist (1)
Cuban Psychiatric Association (3)
Honduran Psychiatric Association (2)
APAL Peru (1) Punta Cana (1)
Mexican Psychiatric Association (3)
Colombian Psychiatric Association (1)
Costa Rican Psychiatric Association (1)
Mexican Association of Neurology and Psychiatry (1)

Other activities

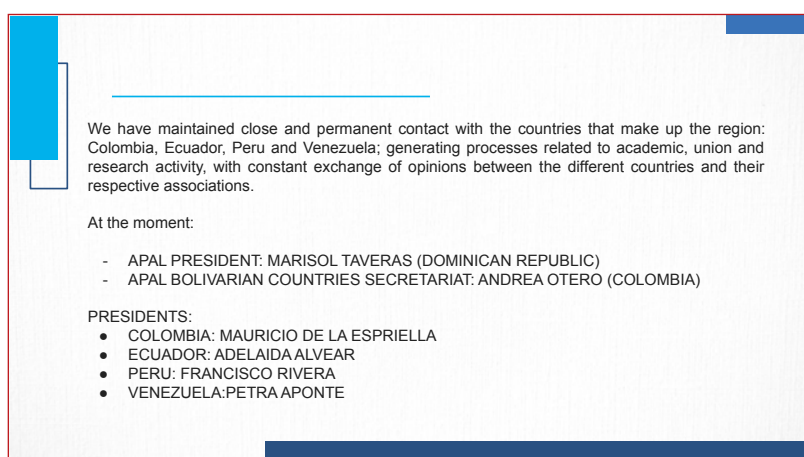
Review guidelines, participation surveys
Creation Facebook, Instagram and Twitter pages WPA Zone 3 Mexico Central America and the Caribbean
Direct link education portal to Mexican psychiatric Association
Participation Guatemala Volunteering mentorship Mexico UNAM

In process

Spanish newsletter

Author:

Thelma Sanchez
Zone 3 (Mexico, Central America and the Caribbean) Representative



WORLD CONGRESS OF PSYCHIATRY



Campus: Cartagena de Indias - Virtual
October 18- 21 2021

For reasons inherent to the covid 19 pandemic, it was held within the framework of the host city chosen by the executive committee, with participation in the organizing committee and scientific committee.

3,000 attendees from all over the world participated with speakers from all latitudes.

REGIONAL CONGRESS OF PSYCHIATRY

WPA-APAL-ACP

MODALITY: Presential meeting

CAMPUS: Cartagena de Indias, Colombia

February 23-25 2022

Attendance of 1200 participants, with the presence of the president, prof Afzal Javed, and Regional Secretaries:

- RZ 2 Dr Bernardo Ng (USA)
- RZ 3 Dra Thelma Sánchez (Mexico, Central America, Caribbean)
- RZ 4 Dr Rodrigo Nel Córdoba (South America Northern)
- RZ 5 Dr Santiago Levin (Argentina)



REGIONAL CONGRESS OF PSYCHIATRY



CAMPUS: Lima, Peru

SEPTEMBER 7 -9 2023

REGIONAL FORUM



July 21st 2022

Participants:

- Afzal Javed (WPA President)
- RZ 4 Dr Rodrigo Nel Córdoba (South America Northern)
- Luis Riofrio (Ecuador)
- Enrique Bojorquez (Peru)
- Alberto Fergusson (Colombia)

WEBINAR



STIGMA, A PERMANENT CHALLENGE IN MENTAL HEALTH

Participants:

- Afzal Javed (WPA President)
- Andrea Otero (APAL Bolivarian countries Secretariat), Colombia
- RZ 4 Dr Rodrigo Nel Córdoba (South America Northern)
- Mauricio de la Espriella (ACP President)
- Diego Vargas (Colombia)
- Jeff Huarcaya (Peru)
- Maria Delia Michat (Argentina)
- Gloria Nieto de Cano (Colombia)

WEBINAR



DON'T DISAPPOINT IN THE DESTIGMATIZATION OF MENTAL ILLNESS

Participants:

- Afzal Javed (WPA President)
- Marisol Taveras (APAL President)
- Andrea Otero (APAL Bolivarian countries Secretariat), Colombia
- RZ 4 Dr Rodrigo Nel Córdoba (South America Northern)
- Mauricio de la Espriella (ACP President)
- Ricardo Corral (AAP President)
- Pedro Gargoloff (Argentina)

Constantly participation in the different congresses, APA, APAL and regional congresses.



THANKS



WPA Zone 5 includes six countries and ten societies from Southern South America. Below I will highlight some important key facts that took place during my Triennium as Zone 5 Representative.

1. The Region as a whole was one of the hottest pandemic points on Earth, probably due to the combination of poverty and overcrowded cities. The coronavirus pandemic has caused a profound economic and sanitary crisis in the Region, and the final balance is waiting to be made after it declines. The whole Triennium was certainly defined by the appearance of the coronavirus pandemic, causing an abrupt and dramatic change in all plans and agendas.
2. Zone 5 participated actively in different initiatives launched after the pandemic such as the WPA Advisory Council on Response to Emergencies (ACRE) that started its work early in 2020. Some other similar initiatives were started in the Region with intense collaboration of all Country Societies within Zone 5. We can now proudly say that our zone performed an important role in the assessment and understanding of this Sanitary catastrophe.
3. On the other hand, pandemic has stimulated an intense and original communication between Regional Societies including especially Zones 1, 2, 3 and 4, that is the whole America's Region. The first positive consequence of this is an increase in common activities, both virtual and in-person. Webinars, Meetings and Congresses started to be better seen and more visited by colleagues from other countries. In-person Congresses started to reappear with an unprecedented number of participants.
4. Probably because of the coronavirus pandemic, Mental Health has gained new attention both by the National States and mass media. Psychiatrists were asked to participate in National and Regional Advisory Committees, allowing our discipline to convey the Mental Health message and at the same time advice in planification and intervention. Psychiatry is now more visible and audible, and more colleagues are actively participating in Communication activities with excellent repercussion in the Social field.
5. All Countries in Zone 5 are undergoing similar Mental Health reform processes. With local differences and particularities, all Reform processes have the same goal: to perform a migration from the asylum model to the Community-based paradigm. This implies a profound change both in Mental Health general understanding.
6. All Spanish speaking Societies in the Americas converged last November in Punta Cana (Dominican Republic) in the biannual APAL Congress. New authorities were elected and Argentina was selected to organize the next Congress, to be held in Buenos Aires in November 2024.

Author:

Santiago A. Levin
Zone 5 Representative
President-Elect in APAL



Western Europe Zone 6 with its 16 national societies has a high number of psychiatrists (in all over 63 000 psychiatrists according to Eurostat 2020). Zone 6 is a multilingual zone, with Dutch, English, Flemish, French, German, Italian, Luxemburger and Romanche, Swiss Italian and Schweitzer-Deutsch as major languages, notwithstanding national languages within each society.

Western Europe has fairness of care, i.e., more for those who have less, equal access to all as a cultural norm. This has been a major challenge and remains one in 2020.

It is a very active zone for psychiatry in mental health in all countries, languages and domains:

- Clinical practice with its wide variety of health systems, whether they be Bismarckian, Beveridgian or hybrid, private or public or a mix, all based on national population inclusiveness underlining the importance of mental health, serving close to 270 million population.
- Multiple scientific societies both at a national level and at a European one in Psychiatry and its subspecialties such as the European Society of Child and Adolescent Psychiatry for example, or European and national groups of international societies such as Marcé or Waimh for perinatal and infant psychiatry or European groups studying personality disorders.
- Research in mental health is active in Western Europe and the UK.

This triennium (2020-2023) the activities of the Psychiatric Associations covered by Zone 6- Western Europe – have had to face (as have all nations) an unprecedented world situation, the COVID19 pandemic in 2020 and its mental health correlate, the lockdowns. The pandemic slowly but surely being dealt with, a second period of economic and social turmoil linked to the impact of the war in Ukraine with Russia war followed. Zone 6 countries have been very active to respond to these major challenges both for the general population and for previously mentally ill patients.

During the pandemic and the following year, as everywhere, most scientific conferences including WPA took place online whether they be those of national States or European ones. It is only during the second half of 2022 and this year, 2023, that conferences have completely come back to in-person fashion. Local and regional meetings have essentially been maintained through virtual means up until today. The pandemic has most certainly transformed the way meetings and interactions take place. War and the rising concern of our planet's resources will curb use of travel for the decades to come. Nonetheless Western Europe has continued to participate in Symposiums and actions during WPA conferences and co-sponsored events, on line and more recently on site, at WPA meetings in Bangkok and St Petersburg in 2021 and the JPN annual meeting. In 2022, WPA Brazil conference and on site in-person participation in the WPA Malta conference in 2022. Zone 6 and WPA was represented at each APA meeting online during the pandemic and in 2022 in New Orleans and in San Francisco in 2023. The IFP 23rd World Congress of Psychotherapy in Casablanca in February 2023 was a major opportunity for WPA Western Europe to participate in highlighting mental health treatment approaches.

Zone 6 has participated in many WPA activities, notably:

- To the WPA Position Statement and Call to Action: Implementing Alternatives to Coercion: A Key Component of Improving Mental Health Care
- To COVID-19 and psychiatrists' responsibilities: an update of the WPA position paper
- To the proposed code of ethics for WPA member societies

– To the WPA Position Statement on Perinatal Mental Health

Thanks to Dr Santiago Levin (Zone 5), the first informal WPA Board meeting was implemented through (Zoom) during the pandemic. We co-chaired zoom meetings that were well attended responding in this manner to questions and needs of the Board. EC and WPA President promoted and supported these meetings.

Some of the ideas and suggestions for the EC included:

1. Organizing a Whatsapp group for the Board to be immediately communicated and informed. This group is now running and participates in creating interactions and network across the globe
2. Some ZR expressed problems in contacting Associations within their own Region. Support is still needed on this account, but more associations have been involved.
3. Interest in how to articulate initiatives in order to increase the engagement of Associations in WPA activities was and remains one of the main issues the Board is concerned with.
4. Increasing the in-person presence of WPA EC members in zonal meetings and activities, in order to “bring WPA” closer to Associations with economic problems to travel and meet around the world.
5. The “language issue”. Local meetings as well as big congresses should include some (and increasing) proportion of local languages. This could enhance the interest and participation of colleagues and Associations in WPA activities.
6. How to communicate the actual role and the mission of a zonal representative and disseminate the role of WPA itself remains a central issue of all Board members.

Zone 6 has a long-lasting history of psychiatry in Europe, of freeing the alienated from their chains, of considering that health and mental health are inseparable, of having medical schools that teach knowledge, knowhow, and knowing how-to-be.

Early prevention and early recognition of mental disorders is a major priority and as a child and adolescent psychiatrist specialized in perinatal and infant mental health, this has always been one my major focus of interests. Addressing the importance of prevention and treatment, care and cure, are essential to the people, and families we meet with. We therefore need to advocate for our patients and for our profession in order for us to excel in our tasks at all levels, with all populations, whether they be traumatized by war or disasters, whether they have special needs or need support in the encounter with negative life events, when they are affected by severe mental disorders. I will be represented as President of the French Society for Psychiatrists in Public Hospitals SIP by Dr Lisa Vitte. The SIP annual conference takes place at the same dates as WPA, and I am therefore unable to attend (dates are set for the next 5 years at least...).

I wish everyone a great conference and look forward to coming to a future WPA meeting and staying involved in WPA activities after stepping down from the Board at this meeting. I send all my best wishes to the next board and Zone 6 representative. We need to continue working together for mental health across the world and tomorrow’s future generations.

Author:

Gisèle APTER

Zone 6 Representative

Le Havre, France, August 2023



Zone 7 consists of 8 countries: 5 Nordic and 3 Baltic: Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden.

In 2023, in all national psychiatric associations of WPA Zone 7, there were approximately 6500 members (the number is flexible and varies during the year).

Main joint activities of Zone 7 national associations:

1. Annual meetings of the representatives of all countries to discuss the main challenges and events in mental health care in each country;
2. Nordic congress of psychiatry every third year (next in Riga, Latvia, 2024);
3. Scientific journal Nordic Journal of Psychiatry with 2 issues every year;
4. Journal Nordic Psychiatrist – 2 issues every year: discuss relevant topics for the members of Nordic zone. Now available as electronic version.

Main activities of the national associations of zone 7 according to the country:

- 1. Denmark:**
 - a. Training/education, participation in international and national activities, publications about general and specific topics relevant for psychiatry.
 - b. Statements in the media and participation in interviews in electronic and written media.
 - c. In 2021 active participation in preparation of 10-year plan for psychiatry: commenting on documents and supported the final document from the health and social authorities.
 - d. Travel grants to young doctors in training.
- 2. Estonia:**
 - a. Finishing update of Development Plan of Psychiatry and Child and Adolescent Psychiatry; taking part in activities of Green Paper of Mental Health (mental health policy paper) written by Ministry of Social Affairs will start; supporting development of mental health department in Ministry of Social Affairs.
 - b. Together with Health Insurance Foundation and family doctors' association started out-patient care pilot project "Klaabu" for better integration of family doctors and psychiatrist in out-patient treatment. It includes training of GP's, definition of primary patient in out-patient care, psychiatric patient priority groups for psychiatry and other activities to share workload between psychiatrists and GP's more meaningfully and increase patient movement between special care and GP's.
 - c. Together with Health Insurance Foundation started development of "The care pathway of a working-age person with depression, and to identification high-priority development needs ". The care pathway is a structured multidisciplinary plan that describes the most important steps to help people with specific health problems. The most important goal of a person-centered, integrated approach is to increase people's well-being by comprehensively improving the process of service provision.

3. Finland:

- a. Training/education, participating to international and national activities, publications, giving statements, giving scientific, professional and travel grants.
- b. The Nordic Congress of Psychiatry in June 2021, in collaboration with NPA.
- c. In addition, there has been planning and preparations for the Finland's health and social services reform (all the services and organizations change on January 1, 2023).

4. Iceland:

- a. Development of some more specialized teams, i.e., neurodevelopmental disorder team, ADHD team and mental health team for prisons. The latest addition was the Centre for TMS treatment that started last year as a part of the primary care system in the Reykjavik area.
- b. Education, conferences.

5. Latvia:

- a. Regular conferences free of charge for the members of association.
- b. Creation of National level guidelines for GP: For neurotic spectrum patients; Chronic patients long term treatment and follow up; Guidelines to GP about PTSD (response to Ukraine crisis).
- c. Active work with Mental Health governmental action plan for 2023-2025, most important topics included: early intervention, multidisciplinary teams, support groups for patients and relatives, outpatients' clinics development, dementia, eating disorders treatment programs, quality assessment, e- health, medicines for depression, dementia, role of psychologists.
- d. Ongoing discussion about the role of Latvian Medical association and professional associations in the process of certification and recertification of physicians.

6. Lithuania:

- a. Training of psychiatric residents: increase from 4 to 5 years.
- b. Reform of mental health system (as a part of the reform of medical system in Lithuania).
- c. Taking part in all activities of Ministry of Health and Parliament (working groups, expertise, etc.).
- d. Commenting in media on mental health topics.
- e. Collaborating with other mental health organizations.
- f. Post-graduate education: live conferences, virtual conferences, orientation to both practical, and scientific issues, international collaboration.
- g. Web page and regular up-dates to the members.
- h. Journal "Psichiatrijos žinios" ("Psychiatry News"): 3-4 issues a year.

7. Norway:

- a. The aims for the Norwegian Psychiatric Association are to improve Norwegian psychiatry in cooperation with countries health authorities and use groups. Way of working is by taking part in meetings about psychiatry, debates, writing newspaper articles and comments to new laws and other proposals from the National Health Agency.
- b. Organize national meetings yearly.
- c. Active part on social media with updating on news from the Association.
- d. Newsletter to our members 4 times a year.

8. Sweden:

- a. Three subdivisions: The Swedish Society for Bipolar Disorder, Consultant Psychiatry, Swedish Association for Elderly Psychiatry whose members are also members of SPF.
- b. The Education Committee covered issues relating to medical education and internships. The introduction of 6-year medical training, so called BT service, and a new ST regulation entails major changes. The Education Committee monitored local and regional development work.
- c. Collaboration with Swedish Medical Society (SMS). In 2021 SPF decided to join SMS as a full member and changed some by-laws.
- d. Journal of Swedish Psychiatry. 4 issues in a year.

Main challenges of the national associations of the zone 7:

1. All associations have been challenged by decreasing number of psychiatrists (old psychiatrists retiring, too few young doctors specializing) and lack of nurses. There is also an escape of mental health specialists from public sector to private sector.
2. Not sufficient financing in some countries.

Author:

Ramune Mazaliauskiene

Zone 7 Representative



As you all know, WPA publications have undergone in the past ten years an extraordinary revolution with the emergence and the development of its official journal: “World Psychiatry”, which has gradually become the standard of our association and the most indisputable source of its international recognition. His publisher, Prof Mario Maj will report on this specific action of which he is the project manager and the founder.

As secretary for scientific publication I dealt with other publication matters serving some of the other multiple objectives of the WPA, in accordance with the principles I set out when I applied for this position: beside the importance given to the dissemination of scientific excellence and the promotion of universal good practices in our field, contribute to the development of mental health research in less favored contexts and the visibility of the work of the psychiatrists who practice there whatever the obstacles they face (economic, linguistic and cultural).

With this objective my action has developed along four axes during this triennium.

Covid pandemic

Number of mental illnesses as a result of the COVID-19 pandemic. The number of patients in hospitals and those who asked help from a psychiatrist for the first time, it is assumed that the number of psychiatric illnesses has increased 20-30% more than usual. Psychiatric patients should be among the first to be vaccinated against Covid-19. The good side of the epidemic is the greater development of telemedicine.

At a time when the Covid-19 epidemic has spread around the world, faced with an increase in the number of infected patients and the development of psychiatric illnesses, and with 2 major earthquakes that hit Croatia in 2020. year were held:

- 3rd Conference Schizophrenia 360 ° with international participation in virtual space from 16 to 17 December 2020.
- 16th Croatian Psychiatric Days with international participation in a virtual way from 25 to 27. November 2020.

Both Conferences were virtually visited by over 250 participants who were able to listen to expert lectures by more than 30 lecturers from Europe, 2 from America, from neighboring countries and Croatia.

Lectures and workshops discussed new treatment options in the challenging period of the Covid-19 epidemic, diagnosis and treatment of psychiatric patients. Participants enjoyed a wide range of discussions in the field of invited experts and sharing examples of good practice of experts from various countries, especially from the region, wanted to continue international cooperation, share modern scientific and clinical knowledge and spread knowledge in the field of psychiatry.

Young Psychiatrists Awards 2020

In 2020, the Section of Young Psychiatrists and Specialists in Psychiatry awarded the annual award for the most active and most successful members of the Section of Young Psychiatrists and Specialists in Science.

Joint Zonal 9 collaboration

1. Number of mental illnesses as a consequence of the COVID-19 pandemic
Participation in country research to see the results of the consequences of the epidemic and the development of new diseases.

Research to see the results of the consequences of the epidemic physical comorbidities and multi-morbidity in chronic mental patients and the consequences on the success of treatment.

2. Detection of physical comorbidities and multi-morbidity in chronic mental patients and consequences on treatment success.
Also, detection of physical comorbidities and multi-morbidity in chronic mental patients and the consequences on the success of treatment.

Regarding somatic diseases and psychiatric patients, the importance of prevention due to high suicidality, many EU projects are being implemented to prevent it.

3. Study and prevalence of multi-morbidity and multi-morbidity in psychiatric patients
(Pilot project is currently being implemented at the Psychiatric Hospital "Sveti Ivan")

4. Post COVID-19 mental disorders

Aid to Ukraine

Zonal efforts to organize aid to Ukraine.

WPA Member Societies provided direct help to Ukraine. They have helped refugees in the receiving countries with psychiatric aid. Specialized psychiatric services for women and children with a focus on Ukrainian families have been established.

The Polish Psychiatric Association regularly invite the WPA to attend their meetings with the two Ukrainian Psychiatric Associations, as well as with the neighboring European countries' psychiatric associations, to continually discuss the needs regarding humanitarian and medical aid in Ukraine. The transfer to Ukraine of several medical supplies, including psychotropic drugs, was provided by the central office of Lundbeck in Europe, stimulated by the WPA. A series of medication transports to Ukrainian hospitals, based on the lists provided by the Ukrainian Psychiatric Associations.

Congress

Activities to organize the World Psychiatric Congress in Bangkok Thailand.

WPA thematic congress Tbilisi.

Promotion congress in Vienna 23rd WPA World Congress of Psychiatry in Vienna, Austria.

18th Psychiatric Days of Bosnia and Herzegovina.

Involvement of Board members in various committees & working groups.

New zone members

Admission of the Georgian Psychiatric Society to zone 9.

In elected year for some psychiatric societies in zone 9 presentation of new presidents of psychiatric societies and representatives in zone 9.

Report about future activities by the member societies countries of Zone 9-Central Europe about improvement of psychiatric care in their countries.

2023 year

March 2023 hold meeting with the topics:

1. **Presentation of new presidents** of psychiatric societies and representatives in zone 9,
2. **Congress promotion in Vienna** 23rd WPA World Congress of Psychiatry in Vienna, Austria, 28th September – 1st October 2023:
 - a. report on sections and submission of abstracts by the end of March
 - b. information about the electoral assembly
3. World psychiatric association position statement on the rights of persons **with intellectual developmental** disabilities (IDD) and co-occurring mental disorders – (ideas / changes in written form),
4. **WPA Action Plan Working Group on Digitalization in Mental Health** and Care to personally ask for your kind help with the completion of the survey initiated by our Working Group (deadline for completion extended to mid-March, **15.3.2023**),
5. A brief report of each psychiatric society's activities during the past 6 months in Zone 9,
6. Financial report,
7. Various topics.

Author:

Igor Filipcic
Zone 9 Representative



Reporting period (2020-2023) in the World Psychiatric Association (WPA) 10th Zone had been characterized by the COVID pandemic as well as social and political circumstances raised in the countries of the region. Beyond the internal tension in the number of countries of the region (Belarus, Kazakhstan etc.) during the triennium the open war showdown between another ones (Russia and Ukraine) creates atmosphere of instability. These obstacles have influenced critically the way of implementing our working plans. We have to find appropriate ways to fulfil our expectations in safe and convenient manner.

Three main topics of my working plan were covered:

- (1) Ongoing development of *educational activity* for young psychiatrists of the region as well as mental health professionals;
- (2) *Research activity* for comparative evaluation of the state of the mental health services in the countries of the region, as well corrected by the COVID pandemic;
- (3) *Information provision* of mental health professionals of the WPA 10th Zone with up-to-date trends in the world psychiatry in order to improve the quality of psychiatric care across the region.

In the scope of ***educational activity*** in 2021 I'd like to stress next major events:

- Regional Congress "Interdisciplinary Understanding of Co-morbidity in Psychiatry: from Science to Integrated Care" (St. Petersburg, Russia, 15-18 May 2021) which was connected with the regular Congress of the Russian Society of Psychiatrists;
- The International Congress in Moldova dedicated to "Mental health in this challenging world" (June, 2021);
- The Regional Congress "Psychopathology in Period of Transition" (July 2021, Kyiv, Ukraine);
- All-Russian School of Young Psychiatrists "SUZDAL-2021"(September 2021, Suzdal, Russia);
- III Congress «Mental health of the human of the XXI century» hold by the Union of Mental Health, Moscow, Russia, October 2021.

Additionally, we'd like to mention a wide range of activities organized by NPA's with the matter of implementation of humanitarian mission of the WPA in the prevention of acute stress reactions and PTSD as a result of aforementioned circumstances in the countries of the region. Countries faced the urgent needs to manage the MH-service adaptation to work with acute stress survivors. NPA's worked closely with the WPA Advisory Committee on Response to Emergencies and received a valuable support in educational collaboration with the Royal College of Psychiatrists.

In the 2022 the principal goal of the continuous improvement of psychiatric education and training among medical students and young MH-professionals was the spread to the Asian region of the WPA 10th Zone. It was achieved by the implementation of the educational initiative named the «First Samarkand School for Young Psychiatrists», which was held 25-28 of April 2022 in hybrid format both in-person and online. It was arranged in concordance with the actual WPA Action Plan for the ongoing triennium in the format of effective transmission of mental health' knowledge and practice from experts to early-career specialists. This project has been supported by the WPA and engaged a wide range of experts in mental health service provision from different countries: Great Britain, USA, Japan, Hungary, India, Russian Federation, Belarus, Kazakhstan, and Kyrgyzstan. Such kind of educational initiative, named "School", has been effectively introduced in Russian-speaking countries of the region and has highly valuable feedback from the audience.

Another exceptional professional congress of the 2022 was hosted by the Association of specialists working in the field of Mental Health in Kazakhstan with the joint meeting of the presidents of the NPA's (September 2022). It was dedicated to the actual problems of the national MH-services of the countries of the region.

In 2023 the most prominent meetings was:

- All-Russian School of Young Psychiatrists "SUZDAL-2023" (April 2023, Suzdal, Russia) to commemorate Prof. Peter Morozov;
- On June 13–14, 2023, in a hybrid format, Moscow hosted the III Scientific and Practical Conference with international participation "The value of everyone: The life of a person with mental disorders: life arrangement, support, social integration". The conference is organized by Russian non-profit organizations that protect the rights and provide services to people with mental disabilities;
- IX Scientific and practical conference with international participation "Psychotherapy and psychosocial work in psychiatry" with the joint VIII School of Young Psychiatrists of St. Petersburg dedicated to the topic of mental disorders associated with stress and PTSD (June 2023, St. Petersburg, Russia)

In the scope of **research activity** in the countries of the region the great job was done in comparative assessment of mental health consequences of COVID infection as well as psychological and behavioral response to COVID outbreak and quarantine measures. It was rather interesting taking into account that the countries of the 10th Zone are quite different in the ways that their health care systems developed against COVID pandemic. It was a number of collaborative publications with the Konstantinos N. Fountoulakis' team on that topic.

Moving forward in realization of the WPA Action Plan in the topic of engaging students in psychiatry, WPA Working Group on Medical Students initiated a survey. In order to compare the place of psychiatry in education of medical graduates across the world, the 10th Zone countries participated in it.

In 2023 regional NPA's initiated a survey of comparative assessment of mental health services for the elderly people among the countries of the region. At the time of this report's preparation, it's results are in the process of statistical evaluation.

With the matter of ***promotion and dissemination of the worldwide relevant psychiatric and mental health information*** among the countries of the region NPA of the WPA 10th Zone provided:

- preparation and submission to the WPA Secretariat objective and important information concerning activities in the mental health field in the WPA Zone 10 for the publication on the WPA resources;
- continuation of translation from English into Russian of the «World Psychiatry Journal» and promotion of its distribution via all appropriate channels.

Author:

Oleg Skugarevsky
Zone 10 Representative



From the time I was elected in October 2020, I had a deep faith that a change could be possible within my zone with the aim of a better collaboration with the zone countries.

Starting with the diagnosis, I found:

1. Egypt and Morocco, and Tunisia were the most active countries within the WPA zone. The Libyan Association of Psychiatry, Neurology and Neurosurgery does not seem to be non-functional since the country is at war. The president of the Algerian Psychiatric Association never responded to my e-mails. I am still looking for a contact with the Sudanese Association of Psychiatrists.
2. The zone is divided between two kinds of countries: French and English speaking. While Algerian, Moroccan and Tunisian psychiatrists prefer to conduct their scientific activities in French, their colleagues in Egypt, Libya and Soudan speak English and they do not understand French, what makes the collaboration within the zone a bit difficult. Fortunately, younger generations (Early Career Psychiatrists) have more fluency with English.
3. Some associations within the zone does not show any interest in WPA activities and do even not pay their contribution to WPA.

What was done:

1. Creation of a social media platform for Psychiatrists of North Africa, under the umbrella of WPA to bring together and better-known colleagues of the zone, and to open ways of collaboration. This will help also attract areas and associations that collaborate the least within the zone.
2. Working with colleagues from Libya to rebuild the Libyan Association of Psychiatry again. The colleagues from Libya are taking steps forward and are currently at an advanced stage of the project.
3. Helping the Tunisian Association of Psychiatry to pay its fees to the WPA. I failed to establish a contact with the Algerian Association of Psychiatry!
4. Establishing collaboration with the WPA Volunteering Group to help Libya. Libyan colleagues will benefit from theoretical and practical training. The theoretical training will be mainly online (seminars), but the practical one will take place in psychiatric departments in Tunisia. This project is one of the most important during my triennium and aims to improve psychiatry training in a country in my zone that still need a big support. This project will certainly be of a great added value to our colleagues in Libya. It is still in progress. The courses and the practical training will start around September 2023.
5. Including Tunisia as a pilot country for the coercion in psychiatry working group
6. The exchange program: Tunisia hosted 2 Nigerian colleagues in 2022 and will host an Iranian colleague in August 2023 for the WPA exchange program.
7. Organizing a webinar on stigma (July 5, 2023) with the help of Professor Botbol. This webinar is in French.
8. The African Regional Congress of Psychiatry: It was my flagship project for my term 2020-2023. With the collaboration of the WPA EC at its lead Professor Afzal Javed and Professor Michel Botbol and my colleagues Juliet Nakku and Aida Sylla, representatives of the two other zones of Africa, we succeeded to organize one of the best African congresses of Psychiatry in Hammamet, Tunisia in December 2022. Around 400 delegates and 100 speakers representing 18 African nationalities were present.

My program for the future...

1. Continue the work and the collaboration with my colleagues from Africa on different aspects of mental health in our continent.
2. Work on the organization of the next version of the African Regional Congress of Psychiatry that will take place in Senegal in 2024.
3. Working on reducing coercive measures within my zone
4. Conducting a project on education in psychiatry in Africa.
5. I will also work for the establishment of a Northern Africa early career psychiatrists' network.

Author:

Amine Larnaout

Zone 11 Representative



الجمعية السعودية للطب النفسي
SAUDI PSYCHIATRIC ASSOCIATION



The list I received from WPA Secretariat after the election includes 12 countries with 12 National Societies and one Regional Society namely:

1. Afghanistan National Psychiatrist Association (ANP)
2. Arab Gulf Psychiatric Association
3. Emirates Society of Mental Health
4. Iranian Psychiatric Association
5. [Iraqi Psychiatric Association](#)
6. Jordan Association of Psychiatrists
7. Kuwait Psychiatric Association
8. Lebanese Psychiatric Society
9. Pakistan Psychiatric Society
10. Palestinian Psychiatric Society
11. Saudi Psychiatric Association
12. Syrian Arab Association of Psychiatrists
13. [Yemen Psychiatrists & Neurologist Association](#)

This is the list of society in Zone 12 as I received from the WPA immediately after the election. However, their contact information where not updated and I did not receive any endorsement from my predecessor, and I have difficulty in contacting them. At the beginning, I tried to make a WhatsApp group for the Zone 12 societies to make sure that we are in touch but unfortunately it was also difficult to find the responsible person at that time. After several trials and persuasion, I managed to get some contacts with the new leader of the society. For this reason, I think that the WPA should make a form or template format for all society or association to fill and update it annually during the request for the annual payment of their dues.

As I suggested in the general assembly, I think the zonal representative meeting with their zonal society's chairpersons should be tabulated in future congress agenda so that they can update their contact information and plan together their next activities.

Although the region shares the common Arabic language and main Islamic religion, they also speak Persian, Pakistan (Urdu) and Afghani (Dari & Pashto) languages with common English language for medical communication. The Region as a whole is one of the politically disturbed zone with war and political unsettlement. The coronavirus pandemic has caused a profound economic and health crisis. The whole Triennium was certainly affected by the appearance of the coronavirus pandemic and political conflict, causing an abrupt and dramatic change in all plans and agendas.

Three societies namely, Afghanistan National Psychiatrist Association (ANP), Iranian Psychiatric Association and Pakistan Psychiatric Society were not sure whether they are belonging to Zone 12 group or another zone like 15 and 16 and until now we could not officially verify this. If we exclude these three societies, then the remaining ten societies will be as follows:

- 1. Arab Gulf Psychiatric Association**

This society has been registered under the governance of Ministry of Social Security at the Kingdom of Bahrain. We couldn't find any contact with any of the board member and one of our colleagues in Bahrain they told me that the society has been delisted, so, it doesn't exist anymore. For this, I suggest that the WPA should take a decision on those societies or associations who did not renew their membership and pay their annual dues after 2 or 3 consecutive triennium.

- 2. Emirates Society of Mental Health**

This society is still active and participate in continuous development activities through workshop and conferences. The last activity was a WPA thematic conference 2023 in Abu Dhabi, United Arab Emirates.

3. **[Iraqi Psychiatric Association](#)**

Iraq Psychiatric Association has been active as well and recently they had a new election for new board member, and they have sent their reports as attached in the link. [Iraqi Psychiatric Association](#)

4. **Jordan Association of Psychiatrists**

This society is still active and new board member has been recently elected.

5. **Kuwait Psychiatric Association**

This society is still active and new board member has been recently elected.

6. **Lebanese Psychiatric Society**

This society is still active and new board member has been recently elected.

7. **Palestinian Psychiatric Society**

This society board member expired, and they could not manage to have the quorum for new election waiting for their new leadership update.

8. **Saudi Psychiatric Association**

This society is still active and participate in continuous development activities through Workshop, Annual Conferences Solo or with other agencies and participating in national and international activities including WPA activities such as: Lectures and workshops discussed new treatment options in the challenging period of the Covid-19 epidemic, diagnosis, and treatment of psychiatric patients. Participants enjoyed a wide range of discussions in the field of invited experts and sharing examples of good practice of experts from various countries, especially from the region. Currently, the association is in the process of organizing an international conference, and to call for a general assembly and make new board member elections.

The association and zonal representative participated in several activities such as:

- Representative and board member with the World Psychiatric Association from 2020 to date.
- Worked closely with the WPA Advisory Committee on Response to Emergencies. Member of Emergency Response executive Group (ERGE) from 2020 specially action on Lebanon Port disaster as well as help in refugees' camps through King Salman Center Humanitarian Aid and relief Centre in Jordan, Yemen, and Turkish earthquake.
- Member of Covid-19 Committee with the World Psychiatric Association.
- Participated in the following:
 - National Committee for Mental Health Promotion (NCMHP) Ministry of Health, Riyadh Kingdom of Saudi Arabia
 - Research Committee, Saudi ADHD Society.
 - National Committee for Mental Health Promotion, Saudi Arabia
 - National Mental Health Committee, Health Council, Ministry of Health, Saudi Arabia
 - Scientific Council, National Committee for Drug Addiction, Ministry of Interior, Saudi Arabia
 - National Family Safety Program, Council of Health Services, Saudi Arabia
 - Local Committee for Anti-Drug Addiction, Saudi Arabia

9. **Syrian Arab Association of Psychiatrists**

This society is still active but little information is available.

10. **[Yemen Psychiatrists & Neurologist Association](#)**

This Society has been splitted in two society namely, Yemen Psychiatrist Society and Yemen Neurologist Society and they have sent their report as attached in the link.

[Yemen Psychiatrists & Neurologist Association](#)

Author:

Dr. Mahdi S. Abu Madini

President, Saudi Psychiatric Association Zone 12

Representative



When I was elected in October 2020, I was so excited to work with many African societies in west and central Africa.

What I found was just three countries were members and they are all in west Africa: Ghana, Nigeria and Senegal.

It was very difficult for me to reach the presidents of the society's members. The addresses available to the WPA had not been updated. In the end, after many attempts, I was able to establish email or WhatsApp contacts.

The three societies are in countries using different languages: English in Ghana and Nigeria and French in Senegal.

Many other countries in west and central Africa don't have psychiatrist or just one or two and are not able to have a society.

Communication is not easy with the society's members. Sometimes, we don't get response to our e-mails.

What was done?

- We organized with our colleagues Juliet Nakku and Amine Larnaout with the first edition in Hammamet Tunisia in December 2022.
- We work with our African colleagues in the group for making guidelines for low-income countries.
- We worked with some countries to affiliate to WPA: Burkina Faso, Congo, Togo, Côte d'Ivoire. Congo is accepted and the others are in the pipeline.
- We work also with SASM, The African Society to reach the countries without society and since March 2023, I'm the president of SASM.

For the future

- Continue the work and collaboration with other African zone on mental health in our continent.
- Establish a link with South American Association of Psychiatry, which will receive our friend Santiago Lewin as president.
- We planned with the two other zone to organize the second African Regional Congress of Psychiatry in 2024 in Senegal

Author:

Aida Sylla
Zone 13 Representative



WPA Zone 5 includes six countries and ten societies from Southern South America. Below I will highlight some important key facts that took place during my Triennium as Zone 5 Representative.

Publication of newsletters and informing members through the public telegram channel, telegram group of members of the association, Instagram and the website:

- Public education on mental health through the website, Instagram and Telegram channel
- Preparing clinical guidelines or standards on the management of bipolar disorder in adults, management of depressive disorder in adults, repetitive transcranial magnetic brain stimulation (rTMS) in psychiatry, and remote psychiatric services.
- Preparing Clinical standards for different approaches to the psychotherapy
- Announcing mental health research priorities to the Ministry of Health of IR Iran
- Identifying the criteria for intractable psychiatric disorders for Iran
- Identifying the indications for long hospitalization in the psychiatric ward
- Publication of the book "Professional commitment in psychiatry"
- Holding the elections for 15 scientific committees and 12 branches of the association.

Author:

Seyed Ahmad JALILI
Zone 15 Representative



During my 3 years – term, it has been my great honour and pleasure to serve WPA as a Zonal Representative for zone 16.

I have done many jobs which can be summarized some of them as follow:

1. Distributing WPA action plan to all members society and later we agree to have subcommittees on 3 topics (public mental health, comorbidity of mental health and physical health, child and adolescent mental health). Finally, we have finished a review on comorbidity of depression and medical illnesses among countries in our zone.
2. Collaborating with Secretary of Education (Dr. Roger Ng) to organize a webinar on the topic of “Rethinking and Experience Sharing on Psychiatric Rehabilitation” on 28 October 2021, 14.00-15.30 CET with speakers from Zone 16 and also invite a speaker from Zone 17.
3. Developing partnerships for joint collaborative work and strengthening partnerships with mental health and other organizations
4. Helping WPA to organize World Congress of Psychiatry in Bangkok, Thailand (Zone 16) in the year of 2021 and 2022
5. Helping to organize WPA Regional Congress at Kolkata, India 14-16 April 2023
6. Other Roles of Prof. Pichet Udomratn in WPA
 - 6.1 WPA Education Standing Committee
 - 6.2 WPA Working Group on revising the Position Statement on High Quality Post-Graduate Training in Psychiatry
 - 6.3 WPA Working Group on Public Mental Health
 - 6.4 WPA Working Group on Geopsychiatry
 - 6.5 WPA Working Group on Guideline for Schizophrenia/Psychosis
This working group has now completed the second survey but the first draft of this WPA guideline is still confidential
7. Suggestions from Prof. Pichet Udomratn for what WPA should do to improve its work in Zone 16

Document Title: **Report (2020-2023): Zone 17- Eastern Asia**

Date: July 2023



The East Asian Academy of Cultural Psychiatry (EAACP): 17th Symposium

Theme: Psychotherapy and culture

Place: Centennial Hall at Kyushu University, School of Medicine, Fukuoka, Japan

Date: November 16-18 (Thursday to Saturday), 2023

The East Asian Academy of Cultural Psychiatry (EAACP) is an East Asian academic organization for Cultural Psychiatry founded in 1987. The academy was founded on 13 February 1987 with the purpose of promoting cultural psychiatry in East Asia. It was organized initially by Professor Bou-Yong Rhi in Korea and Professor Kyoichi, Kondo in Japan. They were later joined by Professor Shen Rin in Taiwan.

The Academy's core activity is a biannual Cultural Psychiatry Symposium. The Symposiums aim at intense discussions and exchanges of opinions on specific cultural psychiatric issues chosen by members. Membership is limited and the symposiums have been held as closed meetings except for a few invited guests.

View the website: <http://eaacp.net>

Author:

Yong Chon PARK

Zone 17 Representative



RANZCP 2023 Congress, 28 May – 1 June, Perth, Australia

The Royal Australian and New Zealand College of Psychiatrists' (RANZCP) held its largest ever annual Congress in Perth from 28 May – 1 June. With over 1700 delegates participating in-person and another 400 participating online, it was the biggest event in RANZCP history. The theme for Congress 'New horizons, connected futures' invited reflection on how our interconnectedness is our greatest strength, including connections in our personal and professional lives, our connections with the diverse cultures in our communities, and our connection to place.

Throughout the week, delegates heard from keynote speakers from Australia, Canada, New Zealand and the USA and had the opportunity to attend presentations covering all aspects of psychiatric practice.

At the Annual General Meeting, the RANZCP was pleased to welcome Dr Elizabeth Moore to the role of President.

OPHELIA short course

Since 2020, the RANZCP has partnered with St Vincent's Postgraduate Overseas Specialist Training (POST) program and Fiji National University to deliver a short course each year in child and adolescent mental health to mental health workers in Pacific countries.

The 12-week course is delivered by Zoom and in 2023 ran from March to June with attendance ranging from between 24– 70 participants per session.

2023 is the fourth year the short course has been offered and illustrates the continuing demand in the Pacific for ongoing education and professional development in child and adolescent mental health. An advanced program is being planned for later in 2023.

Pasifika Medical Association conference

The Pasifika Medical Association (PMA) together with Te Marae Ora Cook Islands Ministry of Health are hosting the PMA Conference in the Cook Islands (Rarotonga and Aitutaki) from 6–11 September 2023.

The RANZCP will host a Pasifika Study Group in partnership with the PMA before the conference to promote development of effective and sustainable mental health, particularly child and adolescent mental health, within the Pacific region and greater collaboration between mental health professionals through networking and educational activities.

RANZCP members will also present during the conference on the College's initiatives to grow the psychiatry workforce, focusing on efforts to grow the Pasifika psychiatry workforce.

The PMA conference is the largest meeting of Pacific health workers and professionals in our region and the RANZCP looks forward to contributing to this event.

Author:

Allister Bush
Zone 18 Representative

Obituaries





Professor Pedro Ruiz

It is with great sadness that we announce the passing of Professor Pedro Ruiz, MD, who left us on the 14th of March 2023, 14 in League City, Texas, USA at the age of 86. Dr. Ruiz was a renowned psychiatrist, educator, and researcher who made significant contributions to the field of mental health throughout his distinguished career.

As one of World Psychiatric Association's (WPA) former President (2011-2014), the news of Professor Pedro Ruiz has come as a great shock and with huge sadness to WPA, his family, friends, colleagues and members of the psychiatric fraternity.

Aside from his presidency with WPA, Dr. Pedro Ruiz was professor & Executive Vice Chair as well as Director of Clinical Programs at the Department of Psychiatry and Behavioral Sciences of the University of Miami Miller School of Medicine. Born in Cuba, Dr Ruiz completed his medical school education at the University of Paris in France. Subsequently, he conducted his graduate training in general psychiatry at the University of Miami Miller School of Medicine.

Dr Ruiz was tenured Professor of Psychiatry at Baylor College of Medicine (1981-1993) and at the University of Texas at Houston (1993-2010), where he also was Interim Chair of the Department of Psychiatry and Behavioral Sciences. Dr Ruiz has also been President of the American Psychiatric Association (2006-2007), the American College of Psychiatrists (2000-2001), the American Board of Psychiatry and Neurology (2002-2003) and the American Association of Social Psychiatry (2000-2002), to name a few.

Over the span of his career, Dr. Ruiz served on more than 40 editorial boards, sat on countless National and International Committees and authored more than 1000 publications, most notably "Substance Abuse: A Comprehensive Textbook" and the Ninth and Tenth editions of "Kaplan & Sadock's Comprehensive Textbook of Psychiatry". His accomplishments, awards and recognition are too many to list.

Dr. Afzal Javed, President, WPA



Professor Petr V. Morozov

The sudden and unexpected passing of Professor Petr V. Morozov on the 17th July 2022 has come as a great shock and with huge sadness to his family, friends, colleagues and members of the psychiatric fraternity all over the world.

As World Psychiatric Association's (WPA) Secretary General, the news of Professor Petr Morozov has hit the WPA organization deeply. He was an esteemed psychiatrist and mental health advocate who demonstrated immense enthusiasm and extraordinary commitment to his profession and colleagues. His impact on psychiatry, and on those of us who were fortunate to know or work with him, is difficult to summarize in one article.

Professor Petr V. Morozov was born into a family of hereditary doctors. In 1971, Professor Morozov graduated from the Second Medical Institute and entered the Scientific Center for Health Care of the Russian Academy of Sciences, where he worked his way up from a resident to the head of a department. From 1994 to the present, he has worked as a professor at the Department of Psychiatry at the Pirogov Russian National Research Medical University.

Professor Morozov was the founder and editor-in-chief of the Gannushkin Journal "Psychiatry and Psychopharmacotherapy", Editor-in-Chief of the newspaper "Diary of a Psychiatrist", the author of 10 books and more than 250 Russian and foreign publications published in 9 languages. He worked at the WHO Secretariat, where he headed the Biological Psychiatry and Psychopharmacology Programme.

For many years, Professor Morozov represented Russia in authoritative national and global organisations in the field of psychiatry. Over the years, he has been a WPA representative for Eastern Europe, an ECNP ambassador in Russia, an expert of the Council of Europe, a member of the Council of the European Psychiatric Association, a curator of the WPA-Servier Academy for young scientists in the CIS, a member of the Supreme Council of the Union for Mental Health, a publisher and a member of the editorial board of a number of foreign publications. Since 2015 he has been Vice-President of the Russian Society of Psychiatrists (ROP), focusing on the implementation of various projects of international cooperation between the ROP and foreign psychiatric public associations, and in 2020, he was elected Secretary General of the WPA.

Prof. Morozov had a great insight to all aspects of the promotion and development of mental health services in Russia and worldwide, and his work at all levels of teaching, training and policy making will be remembered by all of us.

Dr. Afzal Javed, President, WPA

Thanks from the President

I would like to take this opportunity to thank all the WPA staff and professional advisers who work behind the scenes to ensure that the work of the WPA is carried out and we continue to have a worldwide impact.

In particular I would like to thank Fauzan Palekar, the Director of the WPA Administration, Atina Ivanovski the Deputy Director of Administration and Behzan Azizkhon, Finance Assistant. I would also like express my thanks to our consultants Kerry Jackson, (Communications), Catherine Devine (E-learning) and Vanessa Cameron (administration). Thanks must also go to Karl Schurmann our accountant and Maitre Raphael Treuillaud our lawyer. Finally, I would like to thank Roger Ng, our Secretary General who has continuously supported the Secretariat in the work they do. The WPA is grateful for all the work carried out by these individuals.

We are thankful to Viatris for grant of an unrestricted educational financial grant, for the publication of this report. No influence has been exerted on the contents or its materials. We hope this report will be used as a reference for planning future teaching & training programmes.

Dr. Afzal Javed
President, WPA

This report reveals the extensive array of activities encompassed by WPA throughout the 2020-23 Triennium. Through this release, WPA aims to highlight the invaluable impact achieved by the collective efforts of all its components. Furthermore, the report spotlights the contributions as well as the future direction of our global work.

Despite the formidable challenges encountered during these years, our objectives were successfully met thanks to the active involvement of our members and the enthusiastic engagement of our professional colleagues. By consolidating all triennial activities of WPA into a single publication, we provide a comprehensive overview of our objectives and the methods employed to realise our goals.

It is our aspiration that this report will find its way to a wide readership and serve as a reference for shaping the future course of our Association's global contributions.

Dr. Afzal Javed
President, WPA, 2020-23



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