

Interventions aimed to promote healthy lifestyles also improve youth mental well-being. Sleep is pivotal to youth mental health, cognitive functioning, and school performance. Nevertheless, up to 70% of youth report less than eight hours of sleep per night. School-based sleep education programs were found to significantly prolong weekday and weekend total sleep time and improve mood, and delayed school starting times were found to extend sleep duration and reduce daytime sleepiness^{12,13}.

Meeting the recommended level of physical activity is also crucial for achieving good health and mental health. Interventions aimed at enhancing levels of physical activity were found to reduce depression, anxiety and stress, while promoting resilience, well-being and self-esteem in young people¹⁴. The available evidence also supports a positive association between a healthy diet and better mental health in youth, although further studies are needed.

A limitation of universal youth mental health interventions is that their effects tend to fade over time. Positive mental health outcomes can be sustained only when the acquired awareness, coping strategies, lifestyle and social skills are internalized and become part of everyday life. Therefore, the WPA Action Plan 2023-2026 will be dedicated to promoting a life-course and holistic approach to improving mental health and

preventing mental disorders by fostering the adoption and preservation of healthy lifestyle practices from an early age, spanning households, educational institutions, and health care facilities¹⁵. Previous WPA efforts in this area^{16,17} are recognized, but the focus on fostering healthy lifestyles, complementary to existing treatments, will become an absolute priority in the new triennium.

Healthy lifestyles are an excellent addition to existing treatments for psychiatric disorders. They increase self-governance, decision latitude, and self-confidence. When they are performed in a group, the sense of loneliness diminishes and belongingness increases. Educational materials in the form of booklets and videos, currently in the production phase, will be disseminated, and their effectiveness will be investigated by the WPA¹⁸. Achieving this objective necessitates a multi-stakeholder partnerships involving families, education and social services, mental health agencies, and the research community.

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The WPA Expert International Advisory Panel for Early Intervention in Psychosis in Low- and Middle-Income Countries: an update on recent relevant activities

In 2019, the WPA set up an Expert International Advisory Panel for Early Intervention in Psychosis (EIP) in Low- and Middle-Income Countries (LMICs), as part of a presidential initiative¹ linked to the WPA Action Plan 2020-2023²⁻⁴. Here we present an update on recent activities related to that initiative.

The WPA has promoted several symposia and keynote/plenary lectures at international conferences on EIP models in LMICs, their clinical effectiveness, cultural contextualization, and implementation challenges. These conferences included the 21st World Con-

gress of Psychiatry (virtual, October 2021); the WPA/UK National Institute for Health and Care Research (NIHR) Webinar on EIP in LMICs (December 2021); the WPA Thematic Conference "Public Health and Associated Opportunities" (Lahore, Pakistan, March 2022); the 22nd World Congress of Psychiatry (Bangkok, August 2022); and the WPA Thematic Conference "Early Intervention across the Lifespan" (Athens, June 2022).

Some recent examples (illustrative, not an exhaustive list) of EIP programmes in LMICs include the Schizophrenia Research Foundation (SCARF)'s dedicated EIP service

in Chennai, India⁵, developed in collaboration with the Prevention and Early Intervention Program for Psychosis in Montreal⁶; the University of Chile High-risk Intervention Program for Ultra-High-Risk Youth⁷; and a pilot EIP service in Malawi⁸.

Understanding that inadequate mental health workforce, fragmented health care systems and scarcity of research and implementation capacity are significant barriers to introducing such programmes in LMICs, the Warwick-India-Canada (WIC) network was formed with a shared strategic vision to reduce the burden of psychotic disorders

in resource-poor settings⁹. This network brought together knowledge and expertise of four internationally recognized institutions: the University of Warwick, UK; the McGill University, Canada; the All India Institute of Medical Sciences (AIIMS), New Delhi, India; and the SCARF, Chennai, India. The largest cohort of first-episode psychosis cases in LMIC settings was recruited and followed through the WIC programme at SCARF and AIIMS. A comprehensive package of biopsychosocial care, ready to use in any LMIC setting, has been developed.

The integration of faith/traditional/indigenous healing with mental health services in LMICs appears a promising way for community detection of untreated psychosis, but there are significant challenges in such collaborations. Trusting relationships are difficult to build, ongoing training and supervision beyond the project timelines are hard to deliver, and sustainability is more easily promised than achieved. The Collaborative Shared care to Improve Psychosis Outcome (COSIMPO) trial¹⁰ assessed the effectiveness of a collaborative shared care (CSC) for psychosis delivered by traditional healers and primary health care providers, compared to enhanced care-as-usual, in Ghana and Nigeria. Participants randomized to the CSC model had significantly lower symptom scores at 6-month follow-up. CSC led to greater reductions in overall care costs. Such models offer the prospect of scaling up across LMICs. A new programme of such collaborations is under way in Nigeria and Bangladesh.

Digital technology can play a vital role in overcoming resource and infrastructure limitations in LMICs¹¹. The WIC early psychosis study⁹ co-designed the *Saksham* app for people with schizophrenia and their caregivers. The app is ready for public roll

out in India. Telepsychiatry offers another innovative approach to reaching individuals in rural regions who may otherwise not have access to treatment. Several models of telepsychiatry have been launched in India: the SCARF STEP tele-psychiatry model¹²; the *psychiatristonweb* application¹³; the *Ganiyari* model; and the National Institute of Mental Health and Neurosciences (NIMHANS) hub-and-spoke model¹⁴. Emerging evidence suggests that these models improve medication and appointment adherence, and lead to reductions in relapses and fewer hospitalizations.

Our Panel will submit a detailed action plan with recommendations to the forthcoming WPA General Assembly, which will include the following principles:

- Early intervention should be the target of a WPA Scientific Section, to advance the field, facilitate sharing of expert contributions on the rapidly changing landscape of EIP in LMICs, and provide education and support for clinicians.
- In LMICs, EIP services should not focus only on first episodes, but rather provide good clinical care for early and established untreated or inadequately treated psychosis.
- Shared care models such as COSIMPO offer promise for scaling up EIP programmes in LMICs by drawing on local resources.
- Early intervention models in LMICs need to be co-designed with those with lived experience either as patients or carers.
- A public health approach is needed to increase mental health literacy and reduce stigma, in order to facilitate early access to care.
- There is a need for capacity building programmes at the clinical, research and implementation level.

- There is a need for regional and national meetings with stakeholder input to develop a network of collaboration that facilitates development and implementation of EIP.
- Telepsychiatry and leveraging digital approaches can help increase reach of services to individuals in rural areas and provide a more cost-effective approach.

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The World Psychiatry Exchange Program: expanding the world of early career psychiatrists

Global development seems to have openness to the world as a prerequisite. In psychiatry, this intercultural dialogue is particularly relevant, considering the diversity in illness manifestations and classifications¹

and the growing number of diasporas around the world². Although early career psychiatrists have been calling for overseas training to acquire global health competencies, accessing such opportunities remains a chal-

lenge for many.

With this in mind, the WPA Section of Early Career Psychiatrists has proposed, in line with the WPA Action Plan 2020-2023³⁻⁵, the organization of an exciting new ini-