

WPA – Social justice for the mentally ill

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I am truly honoured and humbled to take this role on. Nearly nine months into the job, I am realizing how much hard work my predecessors had put in over the years and would like to thank them for their input and efforts into making the organization what it is.

Following the publication of the WPA Action Plan 2014-2017 in the October 2014 issue of *World Psychiatry* (1), it is worth recalling that the General Assembly in Madrid approved this programme, which aims to highlight the public mental health agenda. Its themes form the core of social justice for people with mental illness. The aim is to improve the outcomes and chances for recovery.

There is no reason why people with mental illness should die 15-20 years younger and face discrimination and prejudice. Five parallel themes have been identified. These include: a) domestic gender-based interpersonal violence; b) child sexual, physical and emotional abuse; c) prisoner mental health care; d) mental health care of underserved groups such as elderly; lesbian, gay, bisexual and transgender; those with intellectual disabilities, migrants, refugees and asylum seekers; and e) mental health promotion for all.

Although these five streams are vertical, they also form a horizontal basis and for each of them a Presidential Task Force has been appointed. The details of the Task Forces are available from me directly or the WPA Secretariat. The aim is to launch reports at international conferences. If any individual or group wishes to take part in this, please do not hesitate to contact the Secretariat.

For the first time ever, the World Economic Forum has appointed a Global Agenda Council on Mental Health and this gives me a unique opportunity to work with a number of key

stakeholders to develop and deliver the agenda on mental health. The WPA is working very closely with the World Health Organization to develop and deliver this mental health agenda. I was invited to speak at the H20 Health Summit in Melbourne as a prelude to the G20 summit in Brisbane and I strongly believe that around the globe we are reaching a point where mental health is being taken seriously. We all have a role to play and once again I would strongly urge you to contact your policy makers making sure that often it is other stakeholders such as Ministers for Education, Economy or Employment who may be more interested in getting families back to work.

There are examples from other countries which we can attempt to emulate. But the key to all this is social justice. Social justice means that patients with mental illness should have the same rights to employment, housing, social functioning and outcomes and recovery as those who have physical illness.

The WPA website is under renovation and reconstruction with an attempt to make it more interactive and user-friendly. I have also established a Presidential Task Force to develop social media presence for the organization. Another Presidential Task Force has been established on public education and I am delighted that A. Sharma from India is leading it. A. Tasman is leading the Presidential Task Force on setting up a qualification in collaboration with our collaborating centres and university partners. I am determined to get more early career psychiatrists involved in various committees and activities of the WPA and as agreed by the Executive Committee they will have observer status on all standing and operational committees.

The new Executive Committee has had two meetings since the election and we are all keen to work together to provide added value to the member organizations of the WPA at a number of levels.

As you know, Prof. Juan José López-Ibor passed away on January 12, 2015. He was a true giant of Spanish psychiatry and of world psychiatry. The Executive Committee and the whole organization will miss him. His contributions will be part of his legacy and will form a part of the global psychiatry for decades to come. We are all immensely grateful that he contributed so much to psychiatry research, policy and development at a number of levels. On a more personal level, I am really grateful for his support, help and friendship and we shall miss his sage advice. Our thoughts are with his family and friends and may his soul rest in peace.

Before the recent WPA Regional Meeting in Hong Kong, I had the opportunity of meeting the Secretary for Health as well as the Secretary for Social Care to discuss what changes are needed to improve services in Hong Kong. I have had similar meetings in the UK. In the recent Indian Psychiatric Society annual meeting, some of the most exciting research and work that is going on in India and in the region was presented. These observations illustrate that there is an opportunity where we should be learning from each other about what is the best practice for our patients.

Preparations are underway for the International Conference of the WPA in Bucharest and a Regional Meeting in Osaka and I very much hope that as many members as possible will attend these so that we can continue to learn from each other.

I am keen to hear from our members and societies about what the added value of the WPA is. So please do feel free to get in touch with ideas on how we can improve the organization and communication both within the organization and with other agencies.

Reference

1. Bhugra D. The WPA Action Plan 2014–2017. *World Psychiatry* 2014;13:328.

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