

WPA Secretariat: the global link to Member Societies

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WPA Secretary General

The WPA Secretariat is located at the Geneva University Psychiatric Hospital, in splendid surroundings, in a campus full of beautiful trees and open spaces with lush greenery. It is the headquarters of the WPA.

Ever since the establishment of the Association, the WPA Secretariat used to move with the incumbent office bearers. As the size of our office grew, the need for a permanent secretariat became increasingly evident. Besides administering the WPA, we needed a place to keep our valuable documents in safe custody.

There were several reasons for which Geneva was chosen as the location of the Secretariat. It was the town where the headquarters of the World Health Organization (WHO) were situated, and working in physical proximity and in collaboration with the WHO on mental health matters was an obvious advantage. But the most important factor was the offer from the Geneva University Hospital to provide free space and facilities to WPA for its Secretariat in their campus. In many ways, this can be considered as a gift to the psychiatrists of the world by that university. The permanent secretariat of WPA at Geneva came into being when an "accord of collaboration" between the WPA and the Geneva University Hospital was signed by M.B. Gruson (Director General of the hospital) and A. Okasha (WPA President) on September 6, 2004. This accord is valid for an initial period of 20 years and is subject to renewal thereafter.

The WPA Secretariat provides the global link to 135 Member Societies and more than 200,000 members. Member Societies are the most important components of the WPA, and the Secretariat keeps them informed about the discussions and decisions of the Executive Committee, other Committees and the WPA General Assembly.

Similarly, the Secretary General relates the opinions and concerns of the Member Societies to these bodies and conveys decisions and actions back to them.

The Secretariat makes every effort to keep in constant touch with the Member Societies and provide information sought by them. It co-ordinates the admission process of Member Societies, Affiliated Associations and individual affiliated members. It gives logistical support to the WPA President and its leadership and makes arrangements for its business meetings.

The WPA Secretary General is in charge of the WPA Secretariat and is responsible for the administrative tasks of the WPA. We have 18 Zonal Representatives who constitute the WPA Board. The Board advises the Executive Committee and the General Assembly on the work of the WPA and helps to strengthen collaboration between Member Societies and in the implementation of the WPA Action Plan. Through the Secretariat, the Secretary General co-ordinates the work of the Zonal Representatives and serves as a liaison between them and the WPA governing bodies.

The services provided by the Secretariat include the following:

- *WPA News*. This is a quarterly publication with issues in March, June, September and December every year. It publishes news and photos received from the Member Societies, Executive Committee members, Zonal Representatives, Scientific Sections, Affiliated Associations, etc.. Other highlights are the message from the WPA President and an update on educational activities, WPA publications and forthcoming meetings. It is edited by the Secretary General, and digital copies and a limited number of print copies are sent to all Member Societies and office bearers.
- *Directory of WPA components*. This database includes all information including postal addresses,

telephone numbers, e-mail addresses, etc. of all WPA office bearers, Presidents and Secretaries of Member Societies. A printed copy is also made available during every triennium.

- *WPA Library*. This is located at the Secretariat in Geneva and has several new books and journals. Entrance to the library is unrestricted for the Member Societies and office bearers.
- *WPA archives room*. This is located at the basement of the Geneva University Hospital. We have space constraints, and efforts are now on towards e-archiving of important documents.
- *WPA central files*. These are maintained in the Secretariat in both digital and print formats.
- *WPA information folders*. They are edited and updated every three years for public relations and promotional activities.
- *WPA general survey*. This is prepared every triennium under the guidance of the Executive Committee and then distributed to all WPA components. It analyses the achievements and deficiencies and helps us to chart new directions.
- *Manual of Procedures*. This is updated every three years, reflecting changes in the Statutes and By-laws adopted at each General Assembly, and prescribes the mode of functioning of the Secretariat and the WPA components.
- *Visitors*. The Secretariat encourages visits by Member Societies and office bearers. Their impressions are recorded in a visitor's diary kept in the office.

The WPA Secretary General is the head of the Secretariat and is ably assisted by the Administrator and the Deputy Administrator. The Administrator is in charge of handling all activities related to staff, contacts with the Swiss authorities, attending WPA Executive Committee meetings and

WPA General Assembly, liaison with the Geneva University Hospital, maintaining financial records, monitoring budgets for all Standing and Operational Committees, etc.. The Deputy Administrator handles correspondence with WPA components and replies to general inquiries and requests under the guidance of the Secretary General, updates the mailing lists, manages mass mailings of the WPA News, WPA Directory, etc.. Some tasks, such as electronic and hard copy filing and archi-

ving, progressive organization of the materials in the archives room, are jointly performed by them.

The Secretariat works towards achieving the aims, objectives and mission of the WPA and ensuring success of the Action Plan 2014-2017 (1). We are obliged to President D. Bhugra, President-Elect H. Herrman, the members of the Executive Committee, the Zonal Representatives and the Member Societies for their constant help and support.

Making the Secretariat a global link for the psychiatrists of the world, responsive to their needs and aspirations, is our goal. We hope to work committedly towards this end!

Reference

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

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The ICD-11 beta draft is available online

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The beta draft of the chapter on mental and behavioural disorders of the eleventh revision of the International Classification of Diseases (ICD-11) is now available online at <http://apps.who.int/classifications/icd11/browse/l-m/en>.

In addition to reading the contents, registered users can actively contribute to the development of the chapter by: a) commenting on the available materials and responding to the comments that have already been made; b) answering some questions about the quality of the materials; c) making proposals of changes or additions to the classification.

The ICD-11 Clinical Descriptions and Diagnostic Guidelines for each disorder will finally contain the following elements: a definition, a set of inclusion and exclusion terms, a description of the essential (required) features, a characterization of the boundary of the disorder with normality (threshold for the diagnosis) and with other disorders (differential diagnosis), a series of coded qualifiers/subtypes, and a description of course features, associated clinical presentations, culture-related features, developmental presentations, and gender-related features (see 1). At present, the beta draft includes the definitions of the

various disorders (summary statements of about 100-125 words each), the inclusion and exclusion terms, and, in some cases, the definitions of qualifiers/subtypes.

From the available materials, registered users are able to appreciate several features of the revised classification that have been already extensively discussed in the scientific literature (e.g., 2-13).

Among them is the introduction of the grouping of disorders specifically associated with stress, including the new categories of complex post-traumatic stress disorder and prolonged grief disorder, and an extensively revised category of adjustment disorder. Acute stress reaction is now characterized as a non-disordered response and classified among “conditions associated with psychosocial circumstances” (see 6).

The definitions and subtyping of personality disorders and bodily distress disorder have also been extensively revised and simplified (see 2,13), and are being lively discussed on the beta draft platform. The grouping of impulse control disorders now includes also pathological gambling and compulsive sexual behaviour disorder (see 11). A new name (“disorders of intellectual development”) and characterization is provided for those conditions that were subsumed under the heading “mental retardation” in the ICD-10 (see 10).

In the definition of schizophrenia, disturbances of self-experience are high-

lighted in addition to those of thinking, perception, cognition, volition and affect. The one month duration criterion is kept, and functional impairment is not mentioned as a mandatory criterion, contrary to the DSM-5. Qualifiers referring to the course of the disorder are introduced. Schizoaffective disorder is characterized cross-sectionally as a disorder in which the diagnostic requirements for schizophrenia and a mood episode are met within the same episode of illness, either simultaneously or within a few days, contrary to the longitudinal characterization of the DSM-5 (see 3).

In the grouping of mood disorders, the concept of mixed episode, characterized by either a mixture or a very rapid alternation of prominent manic and depressive symptoms on most days during a period of at least two weeks, is kept, contrary to the DSM-5 (see 4). The categories of bipolar type II disorder and premenstrual dysphoric disorder are introduced (see 4), and the definition provided for the latter is already being debated on the beta draft platform.

In the grouping of feeding and eating disorders, subtypes of anorexia nervosa “with dangerously low body weight” and “with significantly low body weight” have been included, and the new category of avoidant-restrictive food intake disorder has been introduced (see 5).

Internet-based and clinic-based field studies of the new classification are now