

psychiatric profession. The Ministry of Health is leading the dialogue about the reform process with engagement of the psychiatric associations as well as civil society and other ministries. The UPA adopted the recommendation to approach international bodies that monitor the implementation of Ukraine's obligations as a signatory to international conventions. In July 2020, the UPA sent letters to the United Nations (UN) Special Rapporteurs on the Right to Health and the Rights of Persons with Disabilities, hoping that their involvement will strengthen the motivation of the Ukrainian authorities to solve the current psychiatric crisis.

The work of the Expert Committee illustrates the way in which the WPA can help to develop an effective and rapid response to a request for support from its Member Societies. The work of the Committee also exemplifies the collaboration between the WPA and the FGIP, which

facilitated responding to a crisis with the help of leading experts.

The experience gained on this occasion will be helpful in responding to similar crises. It will also help in design of a training program to provide skills for addressing such situations. Success in these circumstances requires working in partnership with policy makers and community groups. Among the skills are those essential in advocacy, communication with media, the management of professional organizations, the application of the basic principles of the UN Convention on the Rights of Persons with Disabilities³, and the implementation of alternatives to coercion in mental health care⁴⁻⁶.

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International classification systems: views of early career psychiatrists

Classification systems are an important part of medical education and clinical practice. A classification system that is reliable, clinically useful, and globally applicable provides an essential foundation for the diagnosis of mental disorders, helping to identify the patients with higher mental health needs, and ensuring the best care provision¹. A system that is not clinically useful will likely not be implemented by clinicians².

The World Health Organization (WHO) developed the Clinical Descriptions and Diagnostic Guidelines (CDDG) for ICD-10 Mental and Behavioural Disorders³ for clinical, educational and service use. Surveys undertaken as a part of the development of ICD-11 suggested that many clinicians regularly use this material, reviewing it systematically when making an initial diagnosis⁴.

The WPA-WHO Global Survey of Psychiatrists' Attitudes Towards Mental Disorders Classification was an international study published in 2011, reporting responses by 4,887 psychiatrists from 44 countries⁵. Respondents regarded communication among clinicians as the most important

purpose of a diagnostic classification system, followed by informing treatment and management decisions. The use of classification systems was very common, and the ICD-10 was by then the most widely used classification system across the world. Since one of the inclusion criteria of the survey was that participating psychiatrists had completed their training, the study did not cover the views of those still in training. This is particularly important, as much of the clinical practice worldwide is done by psychiatrists in training, who are responsible for making clinical diagnoses for their patients to the best of their knowledge.

The WPA Early Career Psychiatrists (ECPs) Section developed an online survey based on questions from a prior WHO survey⁶ and asked ECPs across the world to respond about their experience and opinions on classification systems. The survey was circulated through the online platforms of the WPA ECPs Section to its members between August and September 2019. The included questions explored: the frequency of providing direct mental health services to pa-

tients, the responsibility for assigning a psychiatric diagnosis to patients, the frequency of using different classification systems, the purpose of such usage and its usefulness, as well as their interest in classification systems, and suggestions for the involvement of ECPs in the implementation of ICD-11.

Responses were collected from 52 countries across Europe, Asia, Africa, Americas and Australia. The sample consisted of 202 ECPs (52.5% female; mean age: 33 years, range 25-59 years). Of the respondents, 41.1% were psychiatrists in training, and the rest were still in their early career.

An overwhelming majority of 86.6% of respondents reported that they usually assign psychiatric diagnosis themselves, 0.5% that they assign it together with their supervisor, 9% that diagnosis is assigned by another health professional, and 0.5% that a consultant psychiatrist assigns it in a weekly meeting.

During a typical work week, the majority of respondents (33.7%) spent 40 hours or more providing direct mental health services to patients, while 18.3% spent between 30 and 39 hours, 14.9% 20 to 29 hours, 12.4%

10 to 19 hours, 13.9% 4 to 9 hours, 5.4% 1 to 4 hours, and 1.5% less than one hour.

The majority of respondents (63.9%) used ICD-10 routinely; the DSM-5 was sometimes used by 35.6% of participants. When inquired about the main purpose of use of classification systems, the ICD-10 ranked first with respect to assigning diagnoses for administrative purposes (81.7%) and clinical practice (74.3%), whereas the DSM-5 ranked first for teaching and education (66.4%) and research (56%).

Most ECPs were interested (47.0%) or very interested (41.6%) in classification systems, with only very few (0.5%) not at all interested. ECPs were very interested (55.0%) or interested (36.1%) in the ICD-11, and very interested (38.1%) or interested (48.5%) in the DSM-5. Many ECPs reported their wish and availability to be involved in the implementation of and training for the ICD-11, and suggested the use of technology (e.g., smartphone apps, videos and webinars) for these purposes.

These findings document the important role of ECPs in assigning psychiatric diagnosis in routine clinical practice worldwide. When developing the ICD-11 CDDG, the importance of clinical utility has been emphasized as a core principle¹, and field studies conducted in 13 countries in clinical settings reported that clinicians considered the clinical utility of ICD-11 to

be high⁷. While the Global Clinical Practice Network, through Internet-based field studies, allowed mental health and primary care professionals worldwide to contribute to the development of the ICD-11², there was little involvement of ECPs.

The WHO is now working with its Member States, health professionals, academic centers, and professional organizations such as the WPA on ICD-11 implementation and training. Based on the findings of this survey, the WPA Secretary for Education will convene a new Task Force with members from the WPA ECPs Section and the International Federation of Medical Student Associations, who will advise on the key strategic implementation steps in enabling competent use of ICD-11 classification.

With the launch of the new WPA learning management system in the WPA website^{8,9}, online training and discussion forums can be conducted and disseminated to ECPs working in any part of the world. We hope that voicing the views of ECPs will raise awareness of their critical role in clinical practice, and support them in utilizing current and future psychiatric classification systems across the world.

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Updates from the WPA Section on Education in Psychiatry

The WPA Section on Education in Psychiatry, which is one of the oldest sections in the WPA, having been established in the 1970s, is committed to improve the quality of education in psychiatry.

In particular, the aims of the Section are the following: a) to improve psychiatric care provided to patients and their carers; b) to update training curricula for residents in psychiatry worldwide, and in particular in low- and middle-income countries; c) to develop educational materials about mental health and mental disorders for clinicians, researchers and academic professionals involved in teaching activities for undergraduate students, trainees in psychiatry, and primary care workers; d) to increase the

attractiveness of psychiatry as a profession among medical students; e) to promote the public image of psychiatry among the general population; f) to improve the mental health literacy of the general public.

In many countries, education in psychiatry is still based on a knowledge formed in the last century, while the recent scientific, clinical, social and economic changes require the update of psychiatric training curricula¹. In fact, psychiatry is now a modern medical specialty that deals with the structure and function of the brain, the operations of mind (i.e., thoughts, feelings and consciousness), human behaviours and social relationships. Accordingly, the target of psychiatry has also changed, and very

often psychiatrists are called to deal with conditions which are not proper mental disorders, but mental health problems associated with high levels of personal burden and reduced social functioning, thus requiring professional help². New diagnostic and therapeutic approaches are continuously proposed, and these should be integrated in training curricula. At the same time, some classical psychiatric disorders, which seem almost disappeared from daily practice, should not be disregarded³. The Section on Education in Psychiatry has participated in the development, update and revision of the WPA core curriculum for medical students⁴⁻⁶.

The post-graduate training curricula of