

Implementation of the WPA Action Plan 2020-2023: an update

The year 2021 has been another tough one for us all. Uncertainty about the COVID situation, restrictions about travel, and difficulties in getting connected have been the major issues that have affected our professional work and personal lives during that year. The WPA has also struggled coping with these limitations. However, that period has given us some motivation and new insight to work under difficult circumstances and to continue with the implementation of our Action Plan 2020-2023^{1,2}.

The WPA Executive Committee and Standing Committees, along with the Secretariat staff, remained committed to fulfil their responsibilities³⁻⁸. The WPA's drive to encourage and inspire learning among colleagues and trainees around the world led to offering more online educational activities during 2021. We were delighted to organize, support and promote several new educational modules, courses, teaching sessions and online programmes⁹.

The accelerated development of the WPA education portal and learning management system (LMS) has promoted the launch of new education and training modules to support our young professionals, especially for the emergency response measures during the pandemic period. The first of these modules supports psychiatrists in using e-mental health tools. The portal also gives ready access to WPA's existing training materials available in several languages. Available programmes also include ICD-11 and Yoga courses, free webinars on Early Intervention in Psychosis, updates in Psychopharmacology and courses on Telepsychiatry, Psychotherapy and Child and Adolescent Psychiatry.

We continued with our projects outlined in the Action Plan. Various Working Groups offered a number of activities in areas of training, research and clinical updates. The Working Groups on Co-morbidity in Mental Illnesses, Early Intervention in Psychosis, Public Mental Health, and Promotion of Psychiatry among Medical Students highlighted their contributions in various activities¹⁰⁻¹². I am pleased that we also completed some unfinished pro-

jects started in the previous triennium¹³. The WPA Scientific Sections likewise supported the scientific work of the Association in an inspiring way¹⁴⁻¹⁶.

Since the start of the network of WPA Collaborating Centres in 2016, these centres are providing practical advice on teaching, policy, research and clinical activities in psychiatry worldwide. During 2021, the network, now including eight sites, supported the implementation of the WPA's strategic plan to build a global alliance for better mental health¹⁷.

In addition to the pandemic, unfortunately, we saw many adversities in 2021 in several parts of the world. Following WPA's mission to help and support our membership during disasters, we established an Advisory Committee for Responses to Emergencies (ACRE), that brought together the leaders of the larger Member Societies to facilitate practical and concrete aid to Member Societies in need. This work continued mobilizing and fostering education, information collection, and development of local, national and international strategies to cope with the mental health consequences of emergencies throughout 2020-21.

The WPA recently formed a sub-committee of the ACRE for Afghanistan's deteriorating conditions, that are not only causing a humanitarian crisis but also adding concerns about provisions and delivery of health care for the general population. We, at the WPA, as a part of our ACRE project, are working with our fellow Afghan mental health professionals to offer ongoing support through the provision of medicines, patient assessments and training.

With the start of the WPA eNewsletter in 2021, we are facilitating sharing of activities and reports from our membership. The Newsletter has emerged as a strong medium for our visibility on the social media platform and a better communication among different components of the Association.

World Psychiatry, the WPA official journal, achieved an impact factor of 49.548. It was reaffirmed that it is ranked as the number one in the list of psychiatric jour-

nals and in the Social Science Citation Index, and number five among all the journals in the Clinical Medicine category. The journal 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, Arabic, Turkish, Japanese, Romanian and Polish). More than 60,000 mental health professionals regularly receive the electronic or the print version of the journal. All the back issues can be freely downloaded from the PubMed system and the WPA website.

We very much enjoyed our successful virtual World Congress of Psychiatry that took place in October 2021. As always, the current pandemic is all about adapting and innovating, and we feel that we were able to redesign the event from the ground up to ensure that we could bring the most timely clinical, academic and research topics to our membership. I am also pleased that we are actively working for our next World Congress to be held in Bangkok on August 3-6, 2022.

We are optimistic that the new challenges that will undoubtedly come, as the full impact on mental health following this pandemic becomes evident, will be addressed effectively. Like many, the WPA is learning fast with the changes and looks forward with confidence to its future, remaining fully committed to fulfilling its triennium's goals.

Let's shape the future of psychiatry and mental health together.

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The “Meet the WPA Council” Panel at the 21st World Congress of Psychiatry

The WPA Council is the organ including the Past Presidents of the WPA, which has the mandate to offer recommendations and advice to the WPA Executive Committee about any matters affecting the mission and strategy of the Association. It is currently chaired by me, and its other members are Profs. J.A. Costa e Silva, F. Lieh-Mak, N. Sartorius, J.E. Mezzich, M. Maj, P. Ruiz, D. Bhugra and H. Herrman.

Within the 21st World Congress of Psychiatry, a “Meet the WPA Council” Panel took place virtually on October 21, 2021. It included presentations by Profs. N. Sartorius, J.E. Mezzich, M. Maj, H. Herrman, J.A. Costa e Silva, D. Bhugra and myself, plus a speech by the WPA President Elect, Prof. D. Wasserman.

I welcomed the participants, and offered a brief presentation about the risks in the future of digital psychiatry. How will digital psychiatry reach those most in need in community settings? How will it reach children in low-income households and their parents, who disproportionately lack access to devices and high-speed Internet? Moreover, confidentiality breaches might seriously impair public cooperation in big data projects. There is the risk of being unable to respond to psychiatric emergencies in a timely manner. Patients with schizophrenia are known to have cognitive impairment, which may hinder their ability to engage with telepsychiatry. People experiencing homelessness may also be disproportionately excluded from accessing appropriate care and interventions if largely delivered virtually. How we can proceed with telepsychiatry for legal implications and involuntary admission, forensic psychiatry and confirmation of identity? Lastly, can we practice rehabilitation by digital psychiatry?

N. Sartorius’ presentation dealt with comorbidity of mental and physical disor-

ders as a priority issue for psychiatry. The prediction that this comorbidity will continue to be a major problem rests on the examination of two trends. The first is the increasing expectancy of life of people with noncommunicable diseases, for which we have treatments that prolong life but no treatments that cure them. The second is the increasing fragmentation of medicine into ever finer specialties, with practitioners who are willing to deal with the diseases of their specialty but not with others¹. The various efforts to develop collaborative care, involving action of several specialists in the management of the person with several diseases, were successful in some settings due to the presence of exceptionally committed physicians linked in a well functioning system. This is unlikely to be developed in less endowed situations. The resolution of the problems of comorbidity will require changes in the education of medical practitioners and in the organization of health services.

J. Mezzich’s speech focused on the future of person-centered medicine and psychiatry. He reported that, as a reaction to modern medicine’s hyperbolic emphasis on organs and diseases and its accompanying neglect of the doctor-patient relationship, a worldwide programmatic movement has evolved to re-humanize medicine and public health. The epistemological definition of person-centered medicine proposes a holistic and collaborative medicine that is informed by evidence, experience and values, and aimed to health restoration and promotion of the whole person. The WPA has actively contributed to the increasing centrality of the person in medicine and health. In 2005, an Institutional Program on Psychiatry for the Person was established by the WPA General Assembly, which engaged many Member Societies and Scientific Sections in symposia and publications.

The WPA Section on Classification developed the Person-centered Integrative Diagnosis model², which was applied by the Latin American Psychiatric Association for its Latin American Guide for Psychiatric Diagnosis. So, the person centered approach is emerging as a widely recognized and respected core feature of psychiatry and medicine.

M. Maj’s presentation dealt with some current trends in psychiatry emerging from the latest issues of *World Psychiatry*. He focused on four topics. First, the structural and attitudinal barriers to the access of evidence-based psychotherapies, which have to be actively addressed worldwide, ensuring that these therapies are not only available in the private offices of psychologists and psychiatrists, but also in public mental health services, in order to avoid an unacceptable socioeconomic divide. Second, the importance of listening to patient preferences when making mental health care decisions, since users have a lot to say about the choice of pharmacotherapies (having often had a previous experience with medications), the decision to implement a psychotherapy and its choice, and their unmet social, practical and emotional needs to be addressed by psychosocial interventions. Third, the increasingly acknowledged need for a further clinical characterization of the patient who has received a given psychiatric diagnosis, in order to guide the formulation of a more personalized management plan³⁻⁵. Fourth, the participation of psychiatrists in the promotion of mental health in the community. This requires new competencies, which should however be added to psychiatrists’ skills as clinicians, rather than replacing them. Unfortunately, there are some contexts in which the clinical skills of psychiatrists are being depreciated, trivialized or marginalized. These skills should be defended and cultivated worldwide.