

ized by the Working Group at the last years' WPA World Congresses, and will continue to be highlighted at upcoming WPA events.

Marco O. Bertelli^{1,2}, Annamaria Bianco², Luis Salvador-Carulla^{1,3}, Afzal Javed^{4,5}

¹WPA Working Group on Defining and Managing Autism Spectrum Disorder; ²CREA (Research and Clinical Centre), Fondazione San Sebastiano Misericordia, Florence, Italy; ³Health Research Institute, Faculty of Health, University of Canberra, Canberra, NSW, Australia; ⁴WPA President; ⁵Pakistan Psychiatric Research Centre, Fountain House, Lahore, Pakistan

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The relationship between physical and mental health: an update from the WPA Working Group on Managing Comorbidity of Mental and Physical Health

Compared with the general population, patients suffering from severe mental disorders have a 10 to 25-years shorter life expectancy, which requires urgent action from health care professionals and governments worldwide^{1,2}. The factors associated with this high mortality rate can be grouped into those related to patients themselves, to psychiatrists, to other medical professionals, and to the health care system at large.

Among factors related to the persons with mental disorders, a significant role is played by the presence of comorbid physical illnesses – cardiovascular, respiratory, metabolic, infectious diseases, cancer and others – all of which are frequently given little attention in ordinary psychiatric practice^{3,4}.

Among the reasons for the high rates of physical comorbidity and its contribution to mortality of people with mental disorders is the long-standing separation of psychiatry from other branches of medicine, as well as the lack of attention of several psychiatrists to the physical health of their patients⁵⁻⁸. In addition, the collaboration of psychiatrists with primary care physicians and other clinicians is often poor, and other health care professionals often have negative attitudes towards people with mental disorders, underestimating the seriousness of their physical complaints.

Recently, several international bodies and associations, such as the World Health Organization (WHO), the WPA, the Euro-

pean Psychiatric Association, the UK Royal College of Psychiatrists and the UK Royal College of Practitioners, have taken action to improve the management of physical health of people with severe mental disorders. Among these activities, the revision of educational curricula for health care professionals has been proposed⁹. In 2017, the WPA created a Scientific Section on Comorbidity, and in January 2021 it established a Working Group on Managing Comorbidity of Mental and Physical Disorders chaired by N. Sartorius. The group includes experts in the field with different backgrounds from high-, medium- and low-income countries¹⁰⁻¹².

This Working Group has been requested: a) to identify areas of promising work related to comorbidity of mental and physical disorders, and to develop recommendations for WPA's involvement in research, education and service development concerning problems related to that comorbidity; b) to identify individuals and centres interested and willing to participate in WPA's program of research and education related to the comorbidity of mental and physical disorders; c) to liaise with other WPA Working Groups, with a view to ensure that problems of comorbidity are considered in the work of those groups; d) to propose the organization of symposia, workshops and other types of meetings addressing problems related to comorbidity of mental and physical disorders; e) to prepare reviews of evidence and drafts of position papers; f) to

build up training programs (see <https://www.wpanet.org/wg-on-comorbidity>).

These tasks are being addressed by: a) the organization of collaborative and inter-sectional symposia and workshops during the World Congresses of Psychiatry, as well as during WPA Thematic and Regional Meetings; b) the development of a range of recorded lectures, live and recorded webinars, and resource documents; c) support to the development of in-country capacity in low-resource settings through the facilitation of high-impact activities and regional collaborations; d) support to the publication of articles in scientific journals as well as chapters in leading textbooks; e) partnership with national and international agencies such as the WHO, the United Nations International Children's Emergency Fund (UNICEF), the US National Institutes of Health (NIH), the Wellcome Trust, and the International Initiative for Disability Leadership, among others, in order to obtain funding in support of good clinical practice, research and training with relevance to low-resource countries; f) support to government initiatives, plans and policies as they intersect with the Working Group's remit; g) development of joint initiatives with other WPA Working Groups and Scientific Sections, in the salient areas of public mental health, and child and adolescent mental health; h) providing a selection of evidence-based interventions appropriate for service delivery platforms in low-resource regions;

i) creating a list of training and resources available to implement relevant interventions.

In March 2022, the Working Group organized a webinar on “Physical illnesses in patients with severe mental disorders: current challenges and practical implications for professionals”, attended by more than 500 health care professionals, trainees in psychiatry and medical students, focusing on the complex interplay between physical and mental disorders. During the 22nd World Congress of Psychiatry, the Working Group organized a course on the same topic, which was very well attended. The topic of comorbidity was also discussed in the main plenary session and in a state-of-the-art symposium of the World Congress.

The Group has developed and made available on the WPA website educational materials on the comorbidity between depressive disorders and diabetes, depression and cancer, and depression and cardiovascular diseases (www.wpanet.org).

The Group is currently engaged in the organization of a series of free WPA webinars on comorbidity between mental disorders and infectious diseases (i.e., HIV, tuberculosis, COVID-19), and has started a collaboration with the International Society of Addiction Medicine, in order to organize educational activities related to the management of addictions and comorbid physical illness in people with severe mental disorders.

Andrea Fiorillo¹, Giovanni de Girolamo², Ivona Filipic Simunovic³, Oye Gureje⁴, Mohan Isaac⁵, Cathy Lloyd⁶, Jair Mari⁷, Vikram Patel⁸, Andreas Reif⁹, Elena Starostina¹⁰, Paul Summergrad¹¹, Norman Sartorius¹²

¹Department of Psychiatry, University of Campania “L. Vanvitelli”, Naples, Italy; ²Unit of Epidemiological Psychiatry, IRCCS S. Giovanni di Dio Fatebenefratelli, Brescia, Italy; ³Department of Psychological Medicine, University Hospital Center, Zagreb, Croatia; ⁴Department of Psychiatry, University College Hospital, Ibadan, Nigeria; ⁵Division of Psychiatry, University of Western Australia and Fremantle Hospital, Fremantle, Australia; ⁶School of Health, Wellbeing and Social Care, Open University, Milton Keynes, UK; ⁷Department of Psychiatry, Universidade Federal de São Paulo, São Paulo, Brazil; ⁸Department of Global Health

and Social Medicine, Harvard Medical School, Boston, MA, USA; ⁹Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, Goethe University Hospital, Frankfurt, Germany; ¹⁰Vladimirovsky Moscow Regional Research and Clinical Institute, Moscow, Russia; ¹¹Department of Psychiatry, Psychiatry and Inflammation Program, Tufts University School of Medicine, Boston, MA, USA; ¹²Association for the Improvement of Mental Health Programmes, Geneva, Switzerland

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Pushing forward public mental health agenda and promotion of mental health

Major activities are needed to transform psychiatric and mental health care as well as public mental health to deliver on the United Nations (UN) Sustainable Development Goals (SDGs)¹. We must orient our services towards sustainable and inclusive prevention, early intervention, treatment, care and rehabilitation, as well as manage social changes and threats while fostering transparency and continuity.

As the largest and most important psychiatric organization, with 145 national psychiatric associations from 121 countries around the entire globe and more than 250,000 members, the WPA has a decisive role to play in this process².

The WPA Planning Committee has identified key priorities for the incoming presidency starting in October 2023 during the World Congress of Psychiatry in Vienna. We are committed to focusing on educational/informational activities directed to psychiatrists, the public, patients and their

families, other mental health professionals, and undergraduate and postgraduate students. More importantly, the issue of equal access to mental health care for all should be paramount.

To enhance public mental health and well-being as highlighted in Goal 3 (Good health and well-being) of the SDGs, we have prioritized focusing on equal access to psychiatric, mental health, and public mental health services according to the following ranking of the SDGs: Goal 10 (Reduce inequality), Goal 5 (Gender equality), Goal 4 (Quality education), and Goal 17 (Partnerships to achieve the goal).

The gaps uncovered by the WPA survey on educational activities^{3,4} will be prioritized. The ambition is to produce and deliver, in the future, educational/informational materials in the six official languages of the World Health Organization (WHO) (Arabic, Chinese, English, French, Spanish and Russian) and hopefully even more.

Moreover, to improve the mental health of citizens, and of psychiatric in- and outpatients as well as the psychiatric team that treats them, we need to focus on healthy lifestyles such as physical activity⁵, eating habits⁶, behavioural changes⁷, intellectual stimuli⁸, workplace satisfaction⁹, and sleep hygiene¹⁰, all of which are critical for the improvement of mental health and prevention of poor mental health.

Psychiatry has many excellent evidence-based methods for pharmacological and psychotherapeutic treatments. Several universal and selective preventive interventions are feasible and cost-effective, and have shown to prevent poor mental health¹¹. However, the role of healthy lifestyles and behavioural changes to improve mental health is under-prioritized. The Planning Committee believes that pedagogically tailored lifestyle activities will add value to the existing biological and psychological therapies when used daily in psychiatric care.