Dear Colleagues and Friends,

Welcome to our GMHPN Autumn 2019 issue…!

We are privileged to showcase in this issue a much abbreviated preview of the upcoming 23rd World Congress of Social Psychiatry through Professors Roy Kallivayalil highlights of the upcoming Congress and Vincenzo Di Nicola’s, Defining Social Psychiatry for the 21st Century. This innovative congress with the theme, *The Social Determinants of Heath, Mental Health and Access to Care*, scheduled to take place October 25-28, 2019 in Bucharest, ROMANIA, is accessible at [www.wasp2019bucharest.org](http://www.wasp2019bucharest.org). It will also mark Professor Kallivayalil’s decade long, stellar leadership of the World Association for Social Psychiatry (WASP) starting as WASP Secretary General in Marrakech, Morocco, in October 2010.

Professors Ndeitei, Lolas, and Huang, present thought provoking contributions regarding access to care in Africa, bioethical sustainability and clinical psychiatry, and the global populations’ health challenge of promoting mental wellbeing for ageing individuals and their families. We are grateful to Professor Ivbijaro for alerting us to the upcoming World Mental Health Day, this October, dedicated to suicide prevention, a vexing and unresolved public health issue across economies.

We are very proud of our younger colleagues, Early Career Psychiatrists, Doctors Kyle Gray and John Chaves, our Career Leadership and Mentorship (CLM) alumni sharing with us their thoughtful *CLM Reflections* while Dr. Mariana Pinto da Costa, proudly presenting to us details about the upcoming 3rd *Early Career Psychiatrists World Congress* that will take place in Tunisia this December.

Sincerely,

Eliot SOREL MD
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FWACPsych, IDFAPA
Increasing Access to Mental Health Care in Nairobi, Kenya

By

Vicky A. E. Bouche, Palo Alto University, USA
Isabel M. Unanue, Palo Alto University, USA
Dr. Frida Kameti, Africa Mental Health Research and Training Foundation, Kenya
Dr. Victoria Mutiso, Africa Mental Health Research and Training Foundation, Kenya
Prof. David M. Ndetei, University of Nairobi/ Africa Mental Health Research and Training Foundation, Kenya

Over the last few decades, the growth of mental health services in Kenya has been fueled by educational, economic, and political events. Early national campaigns addressing the need for family planning, HIV/AIDS education, and post-election trauma services increased awareness about the lack of mental health services across Kenya. Today, non-governmental organizations like Africa Mental Health Research and Training Foundation (AMHRTF) are dedicated to increasing available and accessible mental health services in the country.

AMHRTF was founded in 2004 in Nairobi, Kenya by Professor David Ndetei, a professor of psychiatry at the University of Nairobi. AMHRTF is dedicated to researching mental and neurological health, generating traction for national mental health policy, and offering counseling services to address mental health issues across Kenya. In order to achieve these goals, AMHRTF prioritizes building local and international partnerships. In 2007, after the post-election violence, AMHRTF formed a partnership with the Woodley Clinic, which services Kibera residents, the world’s second largest slum after Soweto in Johannesburg, South Africa. Over the years and with the support of the Peter C. Alderman Foundation (PCAF), AMHRTF established a thriving mental health clinic in the Woodley Clinic to help address the mental health difficulties of local Kibera residents.

Given the rapid migration of families in Kibera, the estimated number of residents ranges from 250,000 and 1 million. Kibera residents survive abject poverty, corruption, periodic violence, and contagious diseases. Prior to AMHRTF’s presence, Kibera residents primarily sought family planning, maternal education, and pediatric care from the Woodley Clinic.
In recent months, Dr. Frida Kameti and Dr. Victoria Mutiso, clinical psychologists from AMHRTF, revived efforts to offer mental health services through the Woodley Clinic. With the support of doctoral students in clinical psychology from Palo Alto University, Isabel Unanue, MPH, and Vicky Bouche, Psy.M., Dr. Kameti began offering counseling services twice a week for four hours at a time. As a result of advertisement through word-of-mouth and collaboration with the local Community Health Volunteers, clinic days usually involve a queue of individuals seeking help and hoping to share their stories.

Clients’ stories are diverse and complex; their emotional wounds deeply ingrained into family and community patterns. Clients speak of suffering from unemployment, unresolved grief from losing children, domestic violence, HIV/AIDS, family conflict, and substance use. Young mothers speak of feeling trapped and forced to live with abusive husbands because they have no other means of earning money or of taking care of their children. Although the stories can feel overwhelmingly heartbreaking, there is an underlying sense of resilience and hopefulness in the community. Clients convey their thankfulness towards the AMHRTF presence through sincere thanks and handshakes at the end of sessions, by referring neighbors and family members, and sometimes simply by returning time and time again.

Like many new initiatives, the mental health team at the Woodley Clinic is overburdened by the community’s need. However, AMHRTF and Dr. Kameti are focusing efforts on finding funding to encourage the clinic’s sustainability and on establishing partnerships with local and international schools of psychology to increase the quantity of services offered at the Woodley Clinic. With strong partnerships and government support, AMHRTF is hopeful that sustainable and long-lasting change will be possible for the Kibera community.

REFERENCES


There is an intimate relationship between ethics and medicine. Not only due to the admonitions to be a good person as well as a good physician. The procedures of ethical reflection and those of the ancient Greek tekhnē iatrike are emphasized by Aristotle in his teachings, where medicine (the profession of his father) is taken as an example. The art of medicine was one of the most developed and paradigmatic for the type of procedure needed to arrive at good decisions.

With the concept of (bio)ethical sustainability, we want to stress, beyond the association between moral philosophy and medical practice, the deliberative and dialogical nature of the art of clinical psychiatry. Sustainability refers to rational analysis/reflective grounding of decisions and the permanence of these decisions over time. Bioethics is a form of deliberation rooted in the dialogical constitution of human beings and paradigmatically exemplified by the clinical encounter, where subjectivities enter into exchanges of a technical and moral nature.

Rational decision-making must be associated with ethical justification whenever human wellbeing is at stake. Begründung and Rechtfertigung, the German words alluding to technical appropriateness and ethical justification, must be based on expertise and prudence, endure in time, and achieve the final goal of producing desired results and outcomes.

As a corollary of this imperative, physicians and other health professionals should develop skills to acquire the knowledge indispensable for correct action and enter into a dialogue with the moral world-view of persons in the social role of patients. As Sir William Osler remarked, they also have to cultivate equanimity, the virtue of being attentive to the needs of persons without losing rational appraisal of the situation in which the clinical encounter occurs.

The innovation introduced to ethical reasoning by the bioethical movement is the dialogical nature of all and every deliberation that considers the multifaceted and intensely personal character of the clinical encounter. Clinical practice is embedded in a narrative of many voices. Dialogical deliberation is an example of communicative praxis and should be taught and practiced as such, considering the sociocultural contexts and the diversity of expectations and experiences.

REFERENCES


Defining Social Psychiatry in the 21st Century

The 23rd World Congress of Social Psychiatry, Bucharest, Romania, October 25-28, 2019

Prof. Vincenzo Di Nicola, MPhil, MD, PhD, FRCP, DFAPA
Founder & President, Canadian Association of Social Psychiatry/
Assistance Canadienne de Psychiatrie Sociale
Chief, Child & Adolescent Psychiatry, Montreal University Institute for Mental Health
Professor, University of Montreal and The George Washington University

To highlight the re-establishment of the Canadian Association of Social Psychiatry this year, I have been invited to present a review article in the inaugural issue of the new psychiatric journal, World Social Psychiatry, to be launched at the World Congress of Social Psychiatry, Bucharest, Romania, October 25-28, 2019. Inspired by a Zulu saying which gets to the heart of the argument, my article is called, “‘A Person Is a Person Through Other Persons’: A Social Psychiatry Manifesto for the 21st Century.”

A critical issue for our field is how to define contemporary social psychiatry for our times. In my forthcoming article, I address this definitional task by breaking it down into three major questions for social psychiatry and conclude with a call for action, a manifesto for the 21st century social psychiatry:

(1) What is social about psychiatry? I address definitional problems that arise, such as binary thinking, and the need for a common language. (2) What are the theory and practice of social psychiatry? Issues include social psychiatry’s core principles, values, and operational criteria; the social determinants of health and the Global Mental Health (GMH) Movement; and the need for translational research. This part of the review establishes the minimal criteria for a coherent theory of social psychiatry and the view of persons that emerges from such a theory, the social self. (3) Why the time has come for a manifesto for social psychiatry. I outline the parameters for a theory of social psychiatry, based on both the social self and the social determinants of health, to offer an inclusive social definition of health, concluding with a call for action, a manifesto for the 21st century social psychiatry.

In a parallel activity at the World Congress, an international symposium with the theme of defining social psychiatry in the 21st century will bring together eminent psychiatrists from several continents to address this important task for the field of social psychiatry. Professors Adalberto Barreto from Brazil, BS Chavan from India, Oye Gureje from Nigeria, and Yueqin Huang from China will offer their seminal studies and privileged perspectives to open what we hope will be a lively discussion chaired by President-Elect Rachid Bennegadi from France and myself, President of the Canadian Association of Social Psychiatry.

REFERENCES


Reflecting on Career, Leadership, and Mentorship (CLM): Fellowship, Sponsorship, and Innovation

Kyle Gray, MD and John Chaves, MD

After four years of residency and membership in the Career, Leadership, and Mentorship program (CLM) of our WPS, it is time for us to embark on a new journey. John is headed to Fort Campbell, Kentucky to start his attending career in the Army while the Navy is sending Kyle to Pensacola, Florida to train her for a career in flight psychiatry. This transition is bittersweet as we say goodbye to the incredible mentors and friends we made in residency and CLM’s irreplaceable professional network, relationships we know will endure and continue to grow as we move on into our early careers as psychiatrists. Despite the anxious anticipation that comes with any major life transition, we are confident that the meaningful opportunities for leadership and innovation that CLM have provided have prepared us for an exciting future ahead.

CLM was a venue to cultivate connections, including an interaction with senior psychiatrists in a low-pressure environment. We formed relationships with Drs. Constance Dunlap, Kimberly Achebe-Gordon, Bob Johnson, Eindra Khin-Khin, and Roger Peele (to name just a few!), discussing everything from race in the United States to the perennial challenges of academic psychiatry. CLM also fosters relationships with residents in the DC/Maryland/Northern Virginia area, providing a space for the various programs to socialize and work together. As interns, near-peers like Drs. Madeline Teisberg and Cristina Secarea showed us what resident leadership could look like. They took us under their wing and made us all feel connected. We were motivated to provide similar experiences for our junior colleagues.

Dr. Sorel’s caring curiosity and enthusiasm for mentoring trainees allows CLM to flourish. Psychological safety is critical for team success—team members must feel that their ideas will be listened to, validated, and critiqued in good faith (Duhigg, 2016). Residents are invested in CLM because Dr. Sorel exemplifies this concept; he’s listens, shares, and guides. For the two of us, Dr. Sorel has been more than a mentor; he’s taken an active role in finding us opportunities and directing our efforts in a productive direction. Dr. Sorel teaches the art of essentialism (McKeown, 2014); he taught us to reflect on what our values are, and channel our efforts toward those projects.

Two of Dr. Sorel’s values are innovation and execution. He cultivated these values within us by his mentoring us and bringing Kyle’s brainchild, CLM Mind Games, to life. This APA inspired initiative brings the local residencies together for a fun and educational competition. From running meetings to recruiting staff, judges, and competitors, and then coordinating schedules, Mind Games was a chance to create something new with Dr. Sorel’s mentorship. Working and learning together, forging new connections, these are at the core of CLM Mind Games – an event that will live on for CLM.

We consider ourselves fortunate for the things that we did and the people we met while training at Walter Reed and participating in CLM. It is exactly these types of relationships and meaningful experiences that defend against resident burnout (Ironsides, 2019). We look forward to carrying what we have learned forward and continuing to learn from our colleagues and mentors. Our deepest thanks to the CLM and Global Mental Health & Psychiatry Newsletter (GMHPN) family!

REFERENCES


The 3rd International Symposium “Promoting Mental Wellbeing in Ageing Communities: Policy, Practice, and Public Awareness” was successfully held in The University of Hong Kong on August 2, 2019.

Professor Yueqin Huang was invited presented the lecture on “Scale of Mood Disorders in Older Chinese: Insight from the China Mental Health Survey”. The China Mental Health Survey (CMHS), the first nationally representative community-based survey on prevalence and service utilization of mental disorders was carried out in China through July 2013 to March 2015. A nationally representative multi-stage disproportionate stratified sampling procedure was applied. The instruments of CMHS for dementia were the 10/66 dementia diagnosis package. In the population aged 65 years and over, the weighted lifetime prevalence of dementia was 5.56%. The risk factor of dementia was older age, and protective factor of dementia were higher education level and income. The result of CMHS provides plenty of information for mental disorders, especially for depressive disorders in older Chinese, and contributes to global mental health and Sustainable Development Goals as well.

Professor Martin Knapp in London School of Economics and Political Science; Director, School for Social Care Research, National Institute for Health Research, UK presented a speech on “Getting the Mental Health of Older People into National Policy Agenda”. Professor Terry Lum in Social Work and Social Administration, Department of Social Work and Social Administration, HKU presented a speech on “Productive Ageing and Community Development as a Sustainable Mental Health Solution – The JC JoyAge Model”. Professor Doris Yu in The Nethersole School of Nursing, Faculty of Medicine, The Chinese University of Hong Kong presented a speech on “Primary Care Nursing Models for Prevention and Management of Depression: Implications on Ageing Care Services”. Professor Samson Tse in Department of Social Work and Social Administration, HKU presented a speech on “A Vision for Promoting Mental Wellness in Older Persons: Recovery-based Approach?”. Professor Anthony Jorm in Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne presented a speech on “Preventive Strategies for Older Person Mental Health: Current Evidence and Possibilities”.

The speakers provided abundant information about the scale of mental health needs in older persons and potential solutions from the care policy, epidemiological, and social work perspectives. And the discussion spanned from local community level to national policy and global development goals. The participants were professors, students, social workers, and family members of older persons with mental problem, discussing care strategy to Ageing society at present in Hong Kong and the mainland China.

REFERENCES


We most cordially invite you to the 23rd World Congress of Social Psychiatry, Bucharest, Romania, October 25-28, 2019. The theme of the Congress is “Social determinants of health, mental health and access to care”. The scientific programme of the Congress will include Invited Lectures, Symposia, Workshops, Free papers and posters. It is accessible on www.wasp2019bucharest.org.

The concept of Social Psychiatry has always faced innumerable challenges. A question was asked to me, “What are the challenges of the concept of Social Psychiatry in the Context of Personalized Medicine?” Personalized Medicine follows the theory, everyone is unique and believes that data analysis about genomes, certain patterns can be identified which will help to identify risks, detect illness earlier and determine the best possible interventions. They profess to target therapies towards the best outcome in disease management. We welcome advances in all branches of Medicine, including Personalized Medicine but strongly assert, it cannot provide all the answers in the care of persons with illnesses inclusive of mental illness or in helping their families. We know, a humankind is also a product of the environment. This realization has made the ‘Bio-Psychosocial’ model advocated by Social Psychiatry, to make a triumphant comeback. The Plenary Sessions of the 23rd World Congress of Social Psychiatry in Bucharest, Romania will especially highlight this systemic, holistic perspective.

Plenary Lectures and Titles:
1. Yves Pelicier Prize: Norman Sartorius- “Are the current paradigms of work against stigma obsolete?”
2. Presidential Address- Roy Abraham Kallivayalil
3. 1st Joshua Bierer Memorial Lecture: Daniel David- “Psychocultural profile of Romania and its implication for the field of mental health”.
5. Address by in-coming President- Rachid Bennegadi
6. Helen Killaspy: “The ongoing marginalisation of people with complex mental health needs.”
8. Afzal Javed: Involving Patients, carers & families in the treatment programmes: Some emerging priorities in current psychiatric practice
9. Debasish Basu: “From the Rat Park to Romania, via Vietnam and Iceland: An exploration into the social determinants of substance use and addiction.”
10. Mohan Isaac: “Mental Health in developing countries during the past 50 years: Lessons for the future.”
11. Oye Gureja: “Social changes, the mental health and wellbeing of the elderly: Results from the Ibadan Study of Ageing”
13. Driss Moussaooui: “Psycho-social help in rural areas: What can we do?”
14. Andres Pumariega: Acculturation, Cultural Identity, and Mental Health: Implications for Post-Modern Youth
15. Gabriel Ivbijaro: “Stigma and social distance for schizophrenia in psychiatrists, general practitioners and service users as a barrier to universal health”

The Social Determinants of Health, Mental Health and Access to Care, Plenary Symposium: Eliot Sorel, USA (Chair), T. Sakuta (Japan), Marianne Kastrup (Denmark), Fernando Lolas (Chile) and Rakesh Chadda (Delhi)

REFERENCES
Dear Early Career Psychiatrists of the World

The Early Career Psychiatrists Section of the World Psychiatric Association (WPA) together with the Tunisian Association of Young Psychiatrists and Residents in Psychiatry are delighted to invite you to the 3rd World Congress of Early Career Psychiatrists, which will take place this year between 12 and 15 December in Tunisia.

This congress will be a unique opportunity to bring colleagues from all over the world together, just before entering 2020.

Psychiatry has undergone major upheavals and the last century has given way to a more humanitarian and scientific provision of mental health care. Neurobiological, inflammatory, genetics and the social factors for mental disorders have been shed to light; clinical features and classifications have changed; new therapies have emerged; prevention is advocated as a priority before treatment; and promises of precision medicine and personalized psychiatry emerge to be available across the world. Nevertheless, and despite all these advances, the iceberg of psychiatry remains for the most part submerged under water: what does the future of psychiatry hide?

To promote these discussions, Tunisia will welcome all early career psychiatrists across the world, between the blue of its sky and its turquoise sea, aiming to be the epicenter of these debates, and offer everyone its charms.

Eminent speakers will be contributing to discuss the future of psychiatry in the clinical practice and research, in its different areas. Equally, we expect to have many early career psychiatrists contributing to the scientific program, participating in the various symposia, courses and workshops.

This meeting will certainly be an opportunity to strengthen the global network of early career psychiatrists across the world!

We look forward to seeing all of you at the end of the year in Tunisia.

On behalf of the Organising Committee of the 3rd World Congress of Early Career Psychiatrists

Amine Larnaout  
Mariana Pinto da Costa  
Chair  
Co-Chair
This year’s World Mental Health Day on suicide prevention is a reminder that suicide is a major medical and social problem and over 800,000 people die by suicide annually.

Over 30% of deaths by suicide are in young people and it is the second leading cause of death among people aged between 15 and 29 years old and the second leading cause of death in women in this age group.

Although suicide is considered a serious problem in high-income countries, 79% of deaths by suicide occur in medium and low-income countries and we should use the opportunity of World Mental Health Day 2019 to highlight this public health issue and work together to identify innovative ways to tackle suicide globally.

There are excellent resources available on the WFMH website: https://wfmh.global/world-mental-health-day-2019/.

There is also a video message from Dr Devora Kestel, Director of the WHO Department of Mental Health and Substance Abuse www.who.int/news-room/events/detail/2019/10/10/default-calendar/world-mental-health-day-2019-focus-on-suicide-prevention

My team have contributed to this year’s WFMH educational material ‘Mental illness and Suicide Prevention’ and made the following recommendations:

• To improve mental health literacy in the community so that people can identify mental distress and mental illness earlier ensuring people get more effective help.
• To improve the skills of community and primary care health professionals in the recognition of signs of mental illness and suicidality at first contact.
• To ensure that general hospital and secondary mental health care staff have enough training and manpower to identify those people at increased risk of suicide so that an appropriate prevention plan can be put in place, particularly during the first two weeks of admission and the first two weeks following discharge when suicide risk is at its highest.
• Governments to increase their funding into suicide research and public health measures to improve prevention.
• Policy makers, WHO and international professional colleges to work collaboratively to develop better tools for rating suicide risk and for developing effective management plans for suicide prevention.
• Psychological first aid to be included in all first aid training courses in order to raise awareness of mental health problems and provide the general public with increased confidence and skills to identify mental health crisis and problems and obtain early help.
• Collaborative working between those involved in developing and influencing mental health classification systems in order to consider suicide more explicitly in mental health diagnosis to enabling early identification of those at increased risk and the development of treatment plans to support preventive action.
• Regulators to include suicide prevention indicators and suicide rates as part of mental health key performance indicators.
• Develop a global agenda and consensus on tackling mental health stigma in suicide prevention strategies.
• Brief intervention and contact (BIC) works.

REFERENCES
**SAVE THE DATE!**
Mark your calendars for these upcoming events:

| WED. - SUN. AUG. 21-24, 2019 | **World Psychiatric Association (WPA)**  
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<td>August 21-24, 2019 • Location: Lisbon, Portugal</td>
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| SAT. SEP. 7, 2019             | **AREA 3 of The APA LEGISLATIVE INSTITUTE**  
|                              | September 7, 2019 • Location: Doubletree Hotel, Plymouth Meeting, PA |
| THU. - SUN. OCT. 3-6, 2019    | **Institute on Psychiatric Services APA**  
|                              | October 3-6, 2019 • Location: New York City |
|                              | October 25-28, 2019 • Location: Bucharest, Romania |
| WED. - FRI. DEC. 11-13, 2019  | **Universal Health And Mental Health COVERAGE FOR ALL CONGRESS**  
|                              | December 11-13, 2019 • Location: Lille, France |
| THU. - SUN. DEC. 12-15, 2019  | **3rd World Congress of Early Career Psychiatrists**  
|                              | December 12-15, 2019 • Location: Hammamet, Tunisia |

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