

GMHPR REVIEW

Global Mental Health & Psychiatry Review, Vol. 3 No. 1, Winter 2022

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Colleagues and Friends,

Happy New Year, New Year of the Tiger and welcome to the winter 2022 issue of our *Global Mental Health and Psychiatry Review (GMHPR)*...!

Science is continuing its perseverant chase of the COVID-19 virus with some remarkable successes but with no immediate end in sight as virus mutations seem to be one step ahead of public health and science catching up. Not only have science and public health not fully caught up with the mutating virus, nor have we been able to suade fully the public to join in on the vaccination campaign, nor have we developed and implemented a well-resourced global vaccination plan that would give us a chance to end this pandemic. We should do all the above in a spirit of solidarity, generosity, and belonging.

We commend Doctors Peter Hotez and Maria-Elena Bottazzi for their inventive and generous spirit by donating their vaccine free of charge to India for emergency use. We also congratulate them for being nominated for the Nobel Peace Prize for this deed by their congresswoman, Lizzie Fletcher of Texas.

As this current public health/science/virus dynamics continue and we are also the beneficiaries of accelerated vaccines innovations, we nevertheless may be moving from a pandemic, via a syndemic, to a global endemic. This current, plausible trajectory will have a huge impact on national and global social contracts, substantive consequences for *global TOTAL health* - primary care, mental health and public health-, and significant consequences for the countries' economies, national and global security (1).

The above stated challenges and opportunities are superbly addressed in the current GMHPR by our senior zonal editors as well as by the newly contributing mid-, early-career psychiatrists from Africa, Asia, and Europe, who have recently joined our *Review*, Professors Bonginkosi Chiliza, Daniel Mamah, and Doctors Jing An, Zharoui Liu, Darpan Kaur Mohinder Singh, Ruta Karulinniene, and Fabian Herbert Kraxner. We also welcome Professor Mansoor Malik of Johns Hopkins University with his innovative scientific contribution to our *TOTAL Health Innovations Section*.

A special note of thanks to Dr. Victor Pereira-Sanchez, Associate Editor, for his superb editorial assistance.

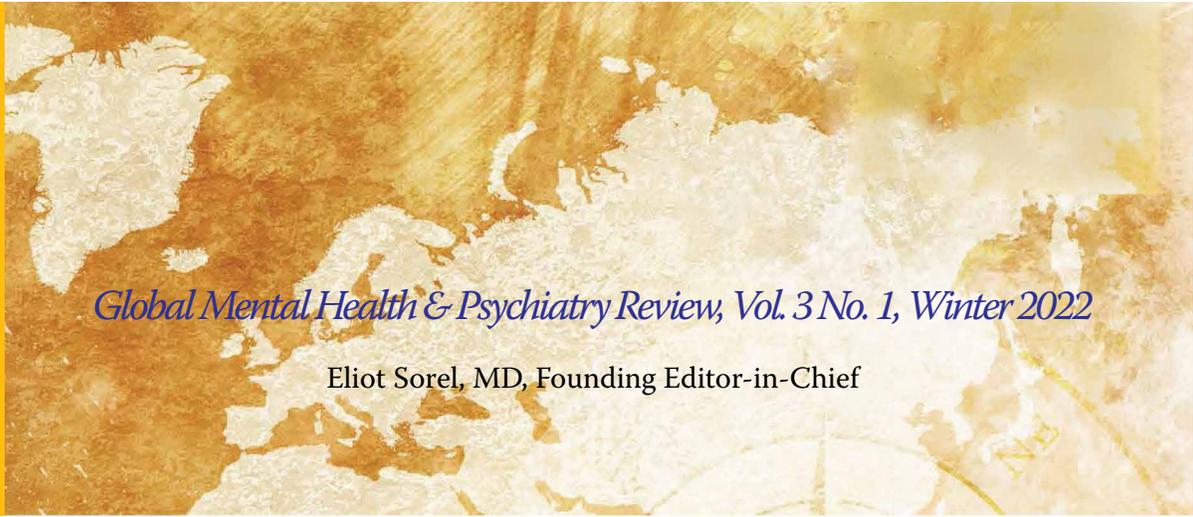
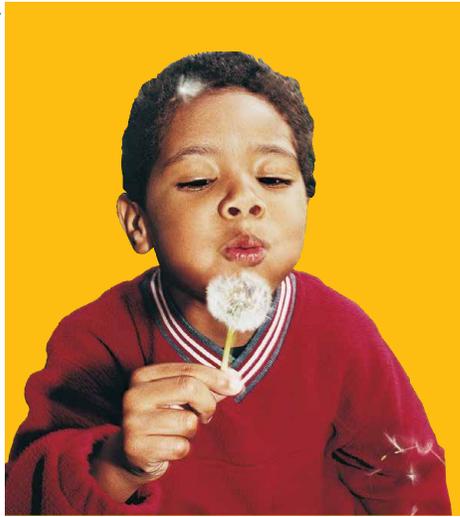
Stay safe, be well...!

Eliot SOREL MD



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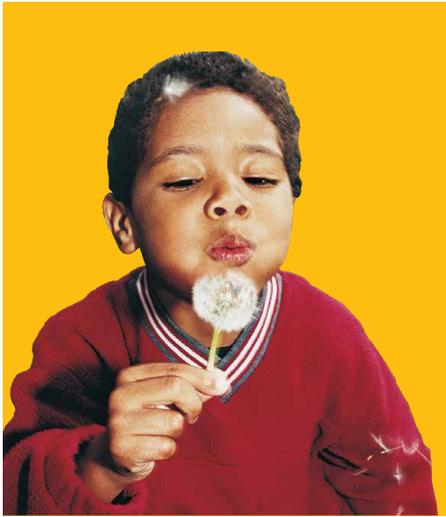
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Omicron and Our Mental Health in Southern Africa



Bonginkosi Chiliza

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South African scientists discovered a new variant of COVID-19 in November 2021, which was later named Omicron by the World Health Organization (WHO) (1), and the Global North reacted swiftly by closing their borders to visitors from Southern African countries. The United Kingdom was the first country to put our countries back on the ‘red list’, but other European Union and North American countries followed soon thereafter. This unilateral action was initially surprising as the WHO had repeatedly informed the world that closing nation borders do not stop the spread of the virus during the pandemic. However, it became evident that the leaders of the Global North would revert back to unproven interventions in an attempt to protect their citizens. The act of limiting travel and posing strict quarantine rules to any citizens returning from Southern Africa had immense economic consequences for the countries in Southern Africa as this was in fact the beginning of the tourist season. The tourism industry was expecting to claw back some losses from previous seasons as the usually busy Christmas travel season was about to get underway.

The significant decrease in expected tourists at this time of the year will have a profound health impact for the population from the Southern African countries in a number of ways. Firstly, there is growing evidence of the strong link between the so-called social determinants of mental health, such as poverty, and deleterious mental health outcomes. We are particularly worried about youth mental health as the many casual laborers the tourism sector usually employs are young people. This will have dire consequences in a region that has high youth unemployment rates, and will undoubtedly lead to deleterious mental health outcomes, such as depression, increasing suicidal behavior and substance misuse amongst our young population. Secondly, there were some worrying initial reports that the available vaccines may have decreased efficacy against the omicron variant. In a region where there is already poor uptake of vaccines amongst young people, this was another reason that could lead to an increase in vaccine hesitancy. Lastly, there have also been some initial reports that the omicron variant affects a different population profile – where younger populations are also affected by the virus. The first South African Medical

Research Council study of the initial hospitalized patients affected by the new variant found that patients from all age groups were infected by the virus, however the infections appear to be of milder severity. The younger age groups affected has led to increase in anxiety from young people about getting infected with the omicron variant. This may hopefully lead to improved health seeking behavior and better vaccine uptake.

One of the truly surprising consequences of the discovery has been the reactions from the Southern African public. There have been unusually harsh criticisms of the scientists that discovered and announced the new variant to the world. There are even some reports that the scientists have received death threats and their universities have had to increase their personal security. These are the scientists, and indeed our region, who should have been celebrated for excellence in genomic surveying and their discoveries (2). The leadership of the WHO and other health organizations have used this opportunity to emphasize that we are not safe from COVID-19 until all of us are safe. They have decried the unequal availability of vaccines and have called for speedy actions to rectify the global vaccine inequity. We need to have a much more globally coordinated response to the pandemic.

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David M. Ndeti

Clinical and Biomarker-Based Trajectories of Psychosis-Risk Populations in Kenya:

A Collaboration Between Africa Mental Health Research and Training Foundation and Washington University at St. Louis, Missouri



Prof. Daniel Mamah

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Victoria Mutiso

With the current statistics standing at 3% worldwide regarding experience of psychosis, Africa Mental Health Research and Training Foundation in partnership with Washington University has embarked on a mission to alleviate the circumstances. This will be achieved through the project titled: “Clinical and Biomarker-Based Trajectories of Psychosis-Risk Populations in Kenya” which is aimed at fostering high confidence

in predictive biomarkers that can stratify individuals into likely clinical trajectories. This in turn would help inform future treatment development. It is the first study of its kind in Africa, incorporating capacity building initiatives including building event-related potential (ERP)/electroencephalogram (EEG) infrastructure by acquiring research grade acquisition equipment and software, and providing magnetic resonance imaging (MRI) upgrades which will permit advanced diffusion and functional MRI (fMRI) Blood oxygenation level dependent (BOLD) imaging.

Similar to the research by the recently NIH (national institutes of health)-funded landmark Psychosis-Risk Outcomes Network (ProNET) project, multi-modal biomarkers will be collected from 100 clinical high risk (CHR) participants aged 12-30 over a period of 24 months. This will include brain MRI, ERP/EEG, psychopathology, cognition, genetics, and cortisol. Healthy volunteers (N=50) will complete baseline assessment to quantify typical variation. It is imperative to note however that despite being a 26-site international study, ProNET does not include an African country. Hence the need for our project focus to be an African country (Kenya) since risk genes for psychosis as well

as the clinical and cultural presentation of psychosis often differ across ethnic groups. The project’s aim will also include testing the hypothesis that psychosis outcomes in Kenyan CHR populations will differ from the international ProNET CHR cohort, including a lower rate of psychosis conversion and improved outcomes.

Our effort would address key existing knowledge gaps in global psychosis-risk research, and provide insights into ethnic heterogeneity of clinical outcomes in high-risk youth. By building capacity in clinical, MRI and EEG research in Kenya, we will facilitate the participation of sub-Saharan Africa in future international research projects.

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<https://reporter.nih.gov/search/o5W2VIZz4kO3KH-b1avS5Ww/project-details/10299808>

BEHAVIORAL VACCINOLOGY: A Role for Psychiatrists And Social Scientists?



Fernando Lolas

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The immune system of humans does not only comprise cells and fluids within the body. The immune system has also a behavioral dimension, hidden most of the time but which can be evinced in the aversions, repulsions, and attractions of human beings. This behavioral component of the immune system is integrated into the web of interactions and environmental transactions and is not only metaphorically related to what is harmful or undesirable.

Many persons, adopting a stance colored by political activism, pseudoscience, mystical illumination, or simply opposition declare that they do not accept vaccination. The side effects or proven collateral damage or discomfort associated with vaccination hardly explain the wave of opposition currently observed in many scientifically alphabetized countries.

Vaccination is a public health intervention aimed at preventing infection related to mortality, morbidity, and disability. Considering its behavioral underpinnings, vaccinology deals not only with the administration of chemical/biological substances into the body. Its scope must be widened to include the psychological/behavioral aspects that play so crucial a role in the immune response. Virtually all illnesses are transmissible, if not in terms of vectors for infectious agents, at least concerning the modeling effects of people affected by the disease and their reactions to preventative measures. Vaccinology, then, is not only the science of altered proteins, attenuated viruses, or storage facilities for fluids and proteins. It is also a behavioral science to which psychologists, social workers, psychiatrists, and sociologists can contribute.

Sadly, behavioral vaccinology is not simply a challenge for behavioral engineering. It has to be analyzed and studied within the framework of sound policymaking and moral commitments. The moral determinants of health and disease (1)

have to be considered at the very outset of putting behavioral vaccinologists to work. The spectrum of totalitarian ideologies backed up by sanitary considerations is still with us. The pathic dimension of human existence is unavoidable, but suffering is not always pathological (2)

Precisely, the first and foremost aim of vaccination is to prevent the pathic from becoming pathological. Vaccinology, as the science of prevention, includes biochemists, virologists, microbiologists, epidemiologists. It would be wise to incorporate now and urgently psychiatrists and behavioral scientists to the vaccinological endeavor.

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‘Tempest-Tost’: Of Tempests, Boats, and Lifesavers – The New Language of the Plague



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In this third essay as a physician-philosopher for Global Mental Health & Psychiatry Review (see Di Nicola, 2021a, 2021b), I explore how we are talking about COVID-19 in the light of biomedicine, planetary health, history and literature, and its impact across many spheres, calling for clarity and honesty in the discourse about our predicament.

Key words: Epidemic, pandemic, endemic, syndemic, plague, vaccine hesitancy

“We Are All in the Same Boat”

This is the greatest myth of the first quarter of the 21st century. This myth is being exploded in every sphere of life: from health to social relations to climate change and, not least of all, to politics (see Edsall, 2022; The Lancet COVID-19 Commission, 2021; Van Bavel, et al., 2022). COVID-19, now in a fifth wave and counting, is exploding this myth in biomedicine; in society, Black Lives Matter has confronted this illusion on the barricades of our streets; and climate change has shipwrecked this idea on the shores of the emerging field of planetary health. Politics is lagging behind, in a reactionary mode, everywhere, making invidious comparisons to the jurisdiction next door as opposed to responding in a targeted and specific way to local conditions. Politically, the increasing polarization of Western societies, most markedly in the USA, means that *immunity* has become entangled with *impunity* and people are doggedly separating into tribes of professed progressives who organize their lives around the plague and doubtful conservatives who refuse to do so as a matter of personal and group identity (Di Nicola, 2021b; Edsall, 2022; Van Bavel, 2022).

The Global Mental Health Movement must take stock.

Not only are we not in the same boat, we’re not even in the same tempest or storm, and making it even more urgent, not all of us have lifesavers. To be specific: there are different strains of the SARS-CoV-2 virus (to understand the nuances of mutation, lineage, and strain, see CDC, 2021) which is what triggers

the coronavirus disease 2019 (COVID-19), creating different and changing tempests; the boat you are in depends on your individual, social group, and genetic vulnerabilities (e.g., sex, age, pre-existing disease vs. potential protective factors); and finally, you are more likely to survive the storm in your particular boat, if you have a lifesaver (appropriate personal protective equipment or PPE, such as masks, vaccines, and the ability to employ social distancing which is very much class-related).

As the American comic Jackie Mason once joked about weather reports from the airport, “Who lives at the airport?” The point is that the weather may change even across small cities and weather reports don’t always take into account specific local conditions: collapsing bridges, rivers flooding their banks, washed-out roads. Just as we need specific reports on the weather in our area, we need local strategies to combat COVID-19 for specific sub-populations.

The New Language of the Plague

Has COVID-19 made everybody an epidemiologist and public health specialist? We certainly talk like it! Terms like *epidemic*, *pandemic*, and *endemic* are bandied about with little insight (see Columbia University Public Health, 2021) and among medical specialists at least, the term *syndemic*, dating from the 1990s, describes our current plight as a series of pandemics, both biological and social (cf. Di Nicola, 2021b; Horton, 2020). Cutting across the narrower definitions of the spread of a disease (from outbreak or eruption to epidemic to pandemic to endemic) and descriptors like epicenter or hotspot, *syndemic* is relevant at each defined level of the spread of a biological disease to include its human and social impacts. As a physician, I stand by it.

Yet as a philosopher, I understand that the public needs a more accessible, descriptive language for this pandemic. Popular phrases – properly applied – can be helpful as metaphors or cognitive filters. So, *tempest* is a word for the disease and *boats* and *lifesavers* are words for describing the context of its impacts.

As to the name of our current plight, not even the notion of a syndemic comes close to seizing the amplitude of our predicament with its health, social, economic, developmental,

and political impacts. Historians have said that pandemics trigger more disruption and transformation than revolutions or wars. So, I prefer an appropriately scary biblical and historical word: *plague*. As in the plagues of Egypt described in the Judeo-Christian Bible, as in the Bubonic Plague, as in the Black Plague. As far back as 1722, Daniel Defoe wrote of the Great Plague of London in his *Journal of the Plague Year*. And in living memory, two Nobelists of Literature wrote novels called *The Plague* (Albert Camus, 1947) and *Love in the Time of Cholera* (Gabriel García Márquez, 1985). Along with Boccaccio's classic *Decameron* (1353), these narratives draw their force from the threat of death conveyed by the word plague: we know that perhaps a quarter of London's population while as much as half or more of the entire European population succumbed to the Black Death. Half of the Florence described in *The Decameron* perished under the plague. So much for COVID-19 being dismissed as a variant of the seasonal "flu." That's not virologically accurate and it's not socially honest.

Some of the new language is equally evasive and absurd. "Vaccine hesitancy" is a semantic vacuity! It brings to mind Bartleby's laconic refrain from Herman Melville's short story, "Bartleby, the Scrivener" (1853) – "I would prefer not to." This non-committal attitude turns out to be much more disruptive and destructive than direct confrontation. It gives anti-vaxxers license to misinform themselves and others in the name of supposed fairness which is political correctness gone wild, making a fetish of individual freedom. Just because people want certainties in the face of complexity is no reason to distort reality. As the surgeons say, just because you can't have a perfectly sterile surgical field doesn't mean you operate in the gutter! Every time vaccines were introduced, people protested. We went through similar nonsense with the arguments against seat-belts. To extend the driving analogy, you don't have to drive. You can stay home or find other ways to get around. But if you do drive, you need to have a driver's license that requires both knowledge and skills testing, paying an annual fee, and strongly-enforced rules of the road.

Liberal democracies are most reluctant to impose vaccine mandates and I am as loathe to jab people against their will as I am to force psychiatric patients to take medications. But if you want to circulate in a community, that community has the right to demand reasonable conditions for its collective safety. Otherwise, stay home.

Is this just another opinion bloviating on the ethernet? Not quite: I am a physician, trained in pediatrics and psychiatry, have conducted epidemiological research, and have held university appointments in public health and epidemiology. As an interdisciplinary scholar, these perspectives do not sit perfectly together within me – nor in society. That's no reason

to avoid informing ourselves, to be selective and distort what we do know, or lack the courage to act in our mutual interests based on the best information we have. We may be 'tempest-tost' by this plague but we need to reason clearly to overcome our fears and avoid being blinded by ideology.



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Psychological Crisis Intervention in Public Health Emergencies

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Coronavirus Disease 2019 (COVID-19) is a major public health emergency that has a significant impact on a wide range of the public. It has psychological impact on the public, front-line workers and patients, and is also likely to cause social panic (1). In order to reduce the impact of infectious diseases on social and individual mental health, the strategies were organizing uniformly by the government, developing diversified psychological service methods, innovating psychological crisis intervention technology according to local conditions, and strengthening the psychological crisis intervention for medical personnel.

In view of the specific experience of psychological crisis intervention in the pandemic of COVID-19 in China (2), it was suggested to establish a complete psychological crisis intervention team, strengthen the construction of remote psychological services, reasonably use the media to alleviate the public group panic and other negative emotions, and focus on the mental health of patients with mental disorders, in response to public health emergencies in the future, so as to

provide theoretical basis and experience for psychological crisis intervention of public health emergencies in China.

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Innovative Frontiers in Technology and Psychiatry: Training Initiatives And Development Perspectives from India



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Background

Globally there has been a huge growth in tele-psychiatry in various countries (1). The COVID-19 global pandemic has spotlighted the potential of digital technologies to increase access and quality of mental health care (2). There is relevant scope for Technology and Psychiatry across multiple domains of improving services and treatment modalities, digital therapies and prevention and research approaches in Psychiatry (3).

Technology and Social Media for Networking and Collaboration

The usage of various social media is increasing among Psychiatrists and Mental Health Professionals globally. It can help improve networking and collaboration as well as enhance advocacy and leadership initiatives in Psychiatry. Social media technologies have high penetration rates in developed as well as developing countries. Despite improved accessibility of technologies across the world, background literature highlights that a relatively large number of stake holders in health care are unaware of social media's relevance to health care and its potential applications and limitations to their day-to-day activities (4).

Regulations, Guidelines and Frameworks

There can be concerns over the governance, ethics, professionalism, privacy, confidentiality and information quality in the intersection of Technology and Psychiatry. Certain areas can be complex and evidence based research and policies that can collaboratively benefit patients, clinicians and systems are needed (5). There are available guidelines in many countries for both patients and clinicians in terms of their use of participatory health-enabling technologies to ensure that patient privacy and confidentiality are protected and maximum benefit can be realised (6).

Training Initiatives and Developments in Technology and Psychiatry in India, Perceived Need and Scope

Technology has emerged significant in Psychiatry during the COVID-19 Pandemic. Online consultations in Psychiatry and Mental Health Care have seen a significant increase across many countries. The COVID-19 pandemic has largely increased the utilisation of telehealth services and mobile mental health technologies. There has been an increase usage of smartphone apps, virtual reality, chatbots, and social media for mental health awareness and services which have gained considerable attention globally. There is a need for larger scalability which can be further linked to implementation for its wider reach and impact as well as identify and address relevant issues at the patient, provider and policy levels as per research and evidence within appropriate regulatory frameworks (7). Psychiatrists and mental health professionals need relevant up-skilling and training for practice of Technology and Psychiatry.

The Indian Psychiatric Society's Technology and Psychiatry Specialty Section

Technology is playing a great role in Psychiatry across India. The IPS Technology and Psychiatry Specialty Section was established in 2021 by the Indian Psychiatric Society upgrading it from the IPS Technology and Psychiatry Task force which served the society from 2019-2020. The Indian Psychiatric Society's Technology and Psychiatry Specialty Section comprises Dr Parmod Kumar, Chairperson, Dr Darpan Kaur, Co-Chairperson, Dr Seema Parija, Convener, Dr Sudhir Bhawe, EC Coordinator and Dr Dinesh Narayanan, Advisor. During the two years as Indian Psychiatric Society official task force, it trained hundreds of psychiatrists across India across various forums on digital clinic, digitalisation of practice, i-Clinic, web based prac-



tice, e prescription etc. The Task Force also conducted National symposiums and National workshops on various aspects of Technology and Psychiatry.

The Indian Psychiatric Society's Technology and Psychiatry Specialty Section has organized multiple innovative programs for training, skill development and knowledge enhancement of psychiatrists in Technology and Psychiatry practice. These have been free programs and not affiliated to any industry. They have been conducted for improving awareness on Technology and Psychiatry via webinars, workshops, symposiums, panel discussions and training sessions via live online meetings and programs

The IPS Technology and Psychiatry Task Force conducted the 1st National Workshop on Digitalisation and Psychiatry: i-Clinic to i-Practice at Annual Conference of Indian Psychiatric Society, ANCIPS 2020 at Kolkata on 24th January 2021. It was attended by 50 delegates in person and found to be relevant and useful to the participants.

The IPS Technology and Psychiatry Task Force conducted its 1st National Symposium on 7th November 2020 in online webinar mode. It was themed on Digital Psychiatry Clinic and had scientific sessions on Digital Prescription and Digital Tools. Greater than 300 Psychiatrists across the country registered for the symposium and successfully participated in it.

The Indian Psychiatric Society's Technology and Psychiatry Specialty Section organised the 2nd National Symposium on "Expanding Horizons in Technology and Psychiatry" on 4th December 2021 7.00 pm to 8.30 pm online IST online. It was inaugurated by Dr Afzal Javed, President, World Psychiatric Association as the chief guest of the program. He congratulated the Indian Psychiatric Society Technology and Psychiatry Specialty Section and addressed the Indian Psychiatric Society members online. He further emphasised that Technology has a relevant role in Psychiatry and mental health and encouraged the section to innovate, collaborate and grow further. Prof Elliot Sorel, Editor in Chief, Global Mental Health and Psychiatry Review and Prof Subodh Dave, Dean, Royal College of Psychiatrists, UK were the esteemed Guests of Honour Prof Elliot Sorel conveyed his congratulatory wishes to the section members and appreciated their efforts. Prof Subodh Dave congratulated the section and shared his perspectives on Technology and Psychiatry. Dr Gautam Saha, President, Indian Psychiatric Society delivered the welcome address. There were academic sessions on Technology for patient engagement services, Social Media Technologies and Psychiatry Practice. There was an interesting and interactive panel discussion on Regulatory and Medico-legal aspects of Technology and Psychiatry Practice. The program was a huge success with greater than 250 registrations and was well appreciated by the participating Psychiatrists as well as the IPS Executive Committee.

The IPS Technology and Psychiatry Specialty Section conducted an invited symposium on 'Digital Psychiatry in Everyday Practice' at SAARC Psychiatry International Congress December 2021. The symposium covered academic topics such as Digital Psychiatry Relevance, Context, Skills and Netiquette, Digital Prescription and Electronic Health Records, Medico-legal Aspects, Tools and Apps for Digital Psychiatry Practice.

The 2nd National Official Workshop on Skill Development in Technology and Psychiatry shall be conducted by the IPS Technology and Psychiatry Specialty Section at the Annual Conference of Indian Psychiatric Society scheduled to be held at Annual National Conference of Indian Psychiatric Society ANCIPS, January 2022 at Visakhapatnam, India.

There is a national research study which has been submitted by the IPS Technology and Psychiatry Section to the Indian Psychiatric Society on 'Use of Technology by Psychiatrists in India' which shall be conducted over a phased manner as per protocol in 2022.

Conclusions

Technology in Psychiatry has emerged as significant mental health care delivery platform during the COVID-19 Pandemic. Digital Psychiatry, Tele-psychiatry, Telemedicine and e-mental health have their own strengths and limitations. There are existing challenges and sparse research on the use of technology and digital psychiatry by patients and their caregivers from developing countries. Digital health care delivery models that focus on training and improvement of clinician competencies, standardise interventions and evaluate outcomes dynamically are needed in Technology and Psychiatry (8). The IPS Technology and Psychiatry Specialty Section plans to further improve its collaborations across regional and global networks and associations working on Technology and Psychiatry with Training, Research, Collaboration and Policy aimed to be the thrust areas of the IPS Technology and Psychiatry Specialty Section.

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III Congress on Mental Health: Meeting the Needs of the XXI Century Children, Society And The Future



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The III Congress on Mental Health: Meeting the Needs of the XXI Century was held, online, on 8-9 October 2021 in Moscow on the topic of Children, Society, and the Future.

The Congress, under the patronage of the Ministries of the Russian Federation of Education, Health, Sports, Culture and Social Policy, and organized by the Union for Mental Health in cooperation with the Russian Society of Psychiatrists, the Russian Psychological Society, the All-Russian Professional Psychotherapeutic League, and supported by international professional organizations including the World Psychiatric Association (WPA), the World Association of Social Psychiatry (WASP), the World Council for Psychotherapy (WCP), the International Association of Applied Psychology, the International Association for the Improvement of Mental Health Programs (AMH), the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), the International College of Person Centered Medicine (ICPCM), the World Association for Dynamic Psychiatry (WADP), brought together representatives **from 37 countries for a total of 10,000 attendees**. Attendees included leaders, specialists, and members of organizations in diverse fields, including the healthcare system, social protection, labor, science and education, culture and the arts, physical culture and sports, rehabilitation, economics and law, governments, non-profit organizations, private sector enterprises, and media.

The Congress aimed to preserve and enhance the mental health and well-being of children and adolescents, necessary for the healthy development of families, communities, and societies, and the future of human civilization, through discussions about medical and non-medical content, challenges, and methodologies, with interdisciplinary, multi-sectoral and multi-stakeholder exchange, contribution, and cooperation.

This aim is consistent with the United Nations Agenda 2030 for Sustainable Development, adopted in 2015 by the 193-member countries of the United Nations, which acknowledges the importance of promoting mental health and wellbeing in target

3.4 and in the preamble. Children are referred to nineteen times in the various goals, including about ending poverty and hunger, ensuring healthy lives and quality education, reducing inequality, and promoting peace. The aims of this Congress are further aligned with other major internationally-agreed-upon instruments, including, but not limited to, those by the World Health Organization (WHO), calling for the elimination of all forms of discrimination, stigma, violence, and abuses in the context of child and adolescent mental health and the provision of access to people-centered services¹.

Attendees at this Congress discussed critical issues in child and adolescent mental health and well-being with regard to nine areas: (1) early diagnosis and prevention of mental disorders; (2) treatment and psychosocial rehabilitation; (3) professional training of medical and non-medical child and adolescent specialists; (4) mental health conditions of gifted children; (5) mental health conditions of the most vulnerable child populations; (6) the impact of physical culture and sports; (7) the impact of culture and art; (8) educational environments affecting child and adolescent mental health; and (9) legal frameworks.

The Congress participants gave a comprehensive overview of the various stages of child development which are largely determined by biological and social determinants which include: (i) the early stages of conception and pregnancy, as well as the postnatal period; (ii) early childhood; (iii) school age; and (iv) adolescence. They acknowledged that the emotional, physical, cognitive, and behavioral development of a child is largely determined by biological and social determinants at various stages of development. These stages include the early stages of conception and pregnancy, as well as the postnatal period. In fact, the healthy formation of the fetal brain during prenatal development in the first thousand days in-utero is critical for the entire lifespan to ensure quality health and well-being, academic and professional success, and harmonious relationships. In the ensuing phase of early childhood when children become increasingly independent and alter their relations with peers

and adults, the degree of their social competence becomes a key characteristic of some mental disorders. Next, the school age becomes a challenging stage, when healthy psychological growth and risks for mental health are affected by multiple factors, notably, relationships with teachers and peers, as well as the educational environment, including the goals of education, content and methods of instruction, and age-appropriateness of educational materials. Proceeding, the stage of adolescence is marked by significant mental, somatic, and social changes, characterized by puberty and strong dependence on the social environment, which requires considerable adaptation and presents potential crises on many levels which increase the risk of mental illness.

The Congress attendees accepted the Declaration where they committed to: (i) perform early diagnosis of child developmental disorders from the moment of birth, thus ensuring timely intervention of specialists in various fields, and engaging the process of rehabilitation and socialization of children with special needs; (ii) foster a comprehensive and holistic view of treatment and rehabilitation of children and adolescents with mental health conditions, using an integrated bio-psycho-social-person-centered approach; (iii) ensure that all personnel have core competency at all stages within and across disciplines, on an ongoing basis related to basic mental health strategies and associated with supportive relationships to avoid potential risks for the development of mental health problems. This requires developing, offering, and maintaining the highest standard of education and training for all levels of service providers. Providers include child and adolescent medical and non-medical specialists, in fields as medicine, psychiatry, psychotherapy, clinical psychology, neurology, artistic expression, social work, nursing, and all other allied fields in academic, research, and practice disciplines. Such training also applies to parents and caregivers, educators, school psychologists and school personnel at all levels – including preschool, early primary education, and adolescence; (iv) foster development of education appropriate to the child's intellectual level, skills, and areas of talent; (v) make specific efforts to reach them to provide needed, appropriate, affordable, and adequate professional education and mental-health services for those “left furthest behind” - a phrase commonly used at the United Nations, referring to those with the least resources and access, in post-disaster, war or conflict zones, prisons, or other compromising settings; (vi) promote programs aimed at enhancing physical activity and sports, as well as culture and art, as a significant resource for youth healthy development; (vii) give voice to those with “lived experience” to respect and understand their views and needs; (viii) adopt an inclusive approach, which respects the contributions of many disciplines and fosters interdisciplinary, interdepartmental, multi-dimensional, multi-stakeholder and inter-sectoral interaction, cooperation, and collaboration, locally, nationally,

and internationally, within the framework of an integrated and comprehensive mental health system; (ix) maintain the link between academia, science, and practice by continually engaging in, supporting, and keeping abreast of, research in the field, especially related

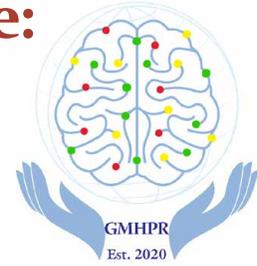
to best practices and evidence-based approaches; (x) uphold international standards and ethical guidelines of practice, research and education while staying grounded in national priorities, policies, and practices; (xi) ensure respect for cultural and traditional practices, and indigenous spiritual belief systems; (xii) ensure that mental health education and treatment approaches focus on eradicating stigma, discrimination and marginalization of all youth and their mental health status at all levels; develop active interaction and integration of mental healthcare within primary healthcare systems and networks, in order to maximize prevention and integration of treatment, and to significantly reduce the economic and social burden of mental disorders in youth and adolescents.



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Compulsory Covid-19 Vaccination in Europe: Facing New Challenges for Mental Health



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As the pandemic situation in Europe is still emergent, new actions to try to control it are being taken. After the beginning of vaccination, a wave of relief has subsided across continents. However, as the rates of vaccination needed to achieve the herd immunity still have not been reached in many countries and new virus variants emerge, governments are trying to take the restrictive measures needed to protect the people. From a psychiatric perspective, this brings a tremendous challenge for mental health.

The Experience of Germany

In November 2021, the official speech of German Health Minister Jens Spahn stating that everyone in Germany is going to be “vaccinated, Covid-19 recovered or dead” by the end of 2021 gained a lot of attention from the public (ZDF, 2021). Ongoing debates about compulsory vaccination has divided the society into those who would like to think about this phenomenon as a dire need to protect the lives of others and those who see the possible damage to the fundamental right to individual’s physical integrity. As the neighboring country Austria announced the implementation of compulsory vaccination by February 2022, the vaccination rates raised significantly there, as people got concerned of the following restrictions, including even employment suspension. However, this had led not only to positive outcomes such as increased vaccination rates, but also to protests against these new regulations. The major concern for those refusing to get vaccinated is the fear of side effects, which has already been known as the most important factor in vaccine hesitancy in the past (Bauer *et al.*, 2020). There is no compulsory vaccination for any kind of disease in Germany, so this could become a precedent. As the decisions to be made are substantial and could have a tremendous impact at an individual level, the implementation of the compulsory vaccination is still being discussed.

The Experience of Switzerland

The national Swiss motto: “Unus pro omnibus, omnes pro uno”, meaning one for all, all for one, has gained a new meaning recently. Switzerland is internationally known for its ability to find consensus on even the most controversial topics. As in many countries, also in Switzerland compulsory vaccination is a hot topic that tears the society apart. Regarding current statistics, Switzerland has one of the lowest vaccination (66,2%) and booster (10,7%) rates in Western and Central Europe (BAG, 2021). Even though

the Swiss vaccination campaign started in January 2021, ahead of most European countries, ongoing discussions have made many people think skeptically. The coexistence of true, distorted and fake information has led to an emotional separation between cohesion, trust, anxiousness and individualism. Currently, the Swiss Federal Council does not plan a compulsory vaccination, but nor does exclude it totally. Simultaneously, the current infodemic makes many people feel unconfident. As a consequence, psychiatry experts perceive the Covid-19 crisis as a catalyst for depression and anxiety disorders.

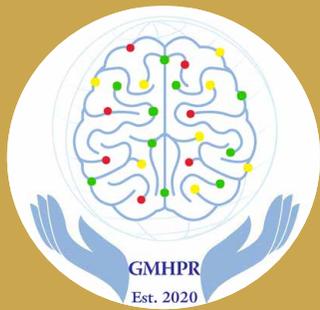
New challenges for mental health

The compulsory vaccination is a phenomenon, which has a rich historical background and tends to be discussed with every new outbreak of infectious disease. Back in 1886, *Hospital* published an article when compulsory vaccination was debated for prevention of smallpox spread: “(...) *Exclusion from school may commend itself (...) as a highly desirable form of penalty, but being shut out from factories and workshops will probably prove a very effective punishment to the adult population (...)*” (Hospital, 1886). Paradoxically, more than a hundred thirty years after, we are discussing the same measures.

Taking into account that some new restrictions could pose an existential threat for many people makes us concerned as mental health professionals. Should not we be asking ourselves: is there any better way forward?. In our opinion, proper education programs showing the benefits of vaccination and the possible threats of the infectious disease should be considered globally. As the world is still handicapped by recent pandemic, countries should develop better alternatives than compulsory vaccination, fostering global education programs and preventing possible impact on mental health.

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GMHPR
REVIEW

TOTAL HEALTH INNOVATIONS

AFRICA

the AMERICAS

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Mansoor Malik

Long COVID: A Looming Public Health Emergency

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As of December 2021, there have been over 260 million cases of SARS-CoV-2 reported worldwide. A sizeable proportion of infected individuals is at high risk of developing persistent health impairments one to five months after the infection. This condition is referred to as Post-Acute Sequelae of SARS CoV-2 infection (PASC), Post COVID-19 condition or Long COVID. World Health Organization defines Post COVID-19 as a condition that occurs in individuals with a history of probable or confirmed SARS CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms and that last for at least 2 months and cannot be explained by an alternative diagnosis. Population estimates of PASC currently range from 30-70%. Given the estimated total number of cases, even a low incidence of PASC would affect millions globally. A systematic review of published studies reported a median proportion of 72.5% of individuals experiencing at least one persistent symptom of COVID-19¹. Symptoms also persist in non-hospitalized COVID-19 patients. At least 10% of those who were cared for at home have ongoing symptoms at 3 months after their acute infection².

PASC is a multifaceted condition with a potential to affect every body system. The most common symptom after COVID-19 infection is fatigue, followed by cognitive dysfunction (brain fog) and respiratory symptoms such as shortness of breath, which may occur independent of demonstrable abnormalities in lung structure or function. Many patients develop metabolic disorders, neurological or nervous system symptoms, cardiovascular symptoms or gastrointestinal symptoms. The severity of the acute COVID-19 manifestation has consistently been found to be directly proportional to the severity of post-COVID manifestation³, but severe post-acute symptoms have been reported in subjects with mild or asymptomatic acute disease. Psychosocial effects such as anxiety, depression, posttraumatic stress disorder (PTSD), and sleep disturbances are commonly reported in the PASC population.

The mechanisms underlying PASC symptoms are currently unknown. A potential hypothesis is that the hyperinflammation associated with acute COVID-19 leads to a persistent inflammatory state associated with immune and multiorgan dysfunction. Growing attention has been focused on gut and lung microbiome in modulating COVID-19. The gut microbiota has been shown to modulate the ACE-2 receptor, through which SARS-CoV-2 virus enters cells. Gut microbiome modulates the expression of CD8+ T cells, which are a critical component of the cellular immune response. Gut and lower respiratory tract dysbiosis can not only make individuals more susceptible to SARS-CoV-2

infection but can also contribute to the persistence of symptoms through immune-microbiome interactions⁴.

PASC stands to pose a profound public health crisis in future years, with incapacitating symptoms that may prevent people from working and increase the risk of mortality with devastating economic and geopolitical consequences. While there is ongoing research to understand the long term impact of SARS-CoV-2 infection, healthcare systems across the globe must make preparations to meet the public health burden of PASC. Rehabilitation for people experiencing severe PASC symptoms will likely require a protracted and comprehensive multidisciplinary approach to deliver person-centered interventions provided in close collaboration with primary health care and several medical specialties. As we have seen repeatedly in this pandemic, health disparities will play an important part in PASC as well. Low and middle-income countries will likely be least equipped to provide sustained rehabilitative services and may be most impacted by PASC.

WHO has developed several resources for clinicians interested in learning more about PASC.

1. The use of WHO Post COVID-19 Case Report Form (CRF) is recommended to collect standardized and anonymized patient-level data for the monitoring of mid- and long-term consequences of COVID-19 (WHO Post COVID-19 CRF).
2. The WHO COVID-19 Clinical Management: Living Guidance contains a chapter on rehabilitation for physical, cognitive and mental health issues in COVID-19 (WHO COVID-19 Clinical management: living guidance).
3. An online training course on the rehabilitation of patients with COVID-19 is available at OpenWHO.org (WHO Rehabilitation of patients with COVID-19 Course).
4. To ensure appropriate, effective and safe rehabilitation self-management, a WHO patient-leaflet has been developed (WHO support for rehabilitation self-management after COVID-19).
5. The WHO Rehabilitation Program is collaborating with Cochrane Rehabilitation to define a research agenda for the rehabilitation of COVID-19 (WHO Rehabilitation Program and COVID-19 resources)

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THU. MAY 5, 2022	American Association of Children & Adolescent Psychiatry (AACAP) VIRTUAL LEGISLATIVE CONFERENCE MAY 5, 2022 • LOCATION: VIRTUAL CONFERENCE
MON. - WED. May 21-25, 2022	American Psychiatric Association (APA) ANNUAL MEETING: Social Determinants of Mental Health MAY 21-25, 2022 • LOCATION: NEW ORLEANS, LA.
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TUE. - FRI. AUG. 3-6, 2022	World Psychiatric Association (WPA) 22ND WPA WORLD CONGRESS OF PSYCHIATRY AUG. 3-6, 2022 • LOCATION: BANGKOK, THAILAND

