August 24, 2008
Agenda Item 4.1.1-7
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REPORT OF THE WPA INSTITUTIONAL PROGRAM ON PSYCHIATRY FOR THE PERSON

The Institutional Program on Psychiatry for the Person: from Clinical Care to Public Health (IPPP), approved by the 2005 General Assembly, involves a WPA initiative affirming the *whole person of the patient within his context* as the center and goal of clinical care and health promotion, at both individual and community levels. This involves the articulation of science and humanism to optimize attention to the ill and positive health aspects of the person. As care is basically a partnership experience, the program involves the integration of all relevant health and social services. Furthermore the program also involves advancing propitious public health policies.

Ancient Greek philosophers and physicians, like Socrates, Plato and Hippocrates, advocate holism in Medicine (Christodoulou, 1987). Socrates taught that "if the whole is not well it is impossible for the part to be well" and that "everything comes from the psyche, bad things and good things for the body and the whole person" (Plato, edition Papyros, 1975). It is striking that these perspectives are re-emerging with renewed vigor in today's world through assertions that there is no health without mental health and by focusing local and international health efforts on the totality of the person (WHO, 1999; U.S. Presidential Commission on Mental Health, 2003; WHO European Ministerial Conference on Mental Health, 2005).

And here the person is to be thought of in a contextualized manner, in the words of the philosopher Ortega y Gasset, *I am I and my circumstance*. In addition, evidence is growing for the value of integrating mental health into general health and public health practice (Herrman, Saxena & Moodie, for WHO, 2005). These concerns are emerging in response to many deficiencies in health care recognized in both developed and developing countries, including neglect of the needs of real people and the fragmentation and inadequacies of health and social services (Strauss, 1992; Bloch, 2005; Sharfstein, 2005; Fulford et al., 2002; US PHS Office of the Surgeon General, 1999). A major perspective to deal with these limitations emphasizes a comprehensive and holistic concept encompassing ill and positive health as well as a biological, psychological, social, cultural and spiritual framework (Antonovsky, 1987; Ricoeur, 1990; Sensky, 1990; Cloninger, 2004; Mezzich, 2005). The mental health care field in many countries is being stimulated by a recent movement emphasizing *recovery* and *resilience* (Anthony, 1993; Amering & Schmolke, 2007) which promotes the fulfilment and empowerment of patients as active participants in their own health care. Also, increasing interest is appearing towards clinicians applying themselves as whole human beings, and not as impersonal providers of care (Borg & Kristiansen, 2004; Cox et al., 2006). All these perspectives reflect growing aspirations towards meeting scientifically, humanistically and ethically our responsibilities as psychiatrists and health professionals (Becker, 2005; Mezzich, 2002; Schaffner, 2004).

As an introduction to the whole Institutional Program on Psychiatry for the Person, two editorials were published in World Psychiatry, one broadly focusing on articulating medicine's science and humanism (Mezzich, 2007 a,) and another on the dialogal basis of our profession (Mezzich, 2007 b).

Conceptual Component

This component deals with analyses and delineations of the conceptual bases of Psychiatry for the Person. It is chaired by Profs. George Christodoulou and Bill Fulford. It has produced an editorial and a paper in international journals presenting the objectives of this component (Christodoulou, Fulford & Mezzich, 2008; Mezzich & Christodoulou, 2007).

Additionally, a monograph on the Conceptual Bases of Psychiatry for the Person is being prepared with the following table of contents.

Introduction (Juan E. Mezzich, George Christodoulou, Bill Fulford)

1. Historical Perspectives (Paul Hoff, Jean Garrabe)

2. Philosophy of Science Perspectives (Ken Schaffner, Tim Thornton)

3. Ethics Perspectives (George Christodoulou, Bill Fulford, Dan Stein)

4. Biological Perspectives (Robert Cloninger, Mohammed Abu Saleh, David Mrazek)

5. Psychological Perspectives (Michel Botbol, Yrjo Alanen, Dusica Lecic-Tosevski, Margit Schmolke)

6. Social Perspectives (Helen Herrman, Wolfgang Rutz)

7. Cultural Perspectives (Horacio Fabrega, Wielant Machleidt)

8. Spiritual Perspectives (John Cox, Peter Verhagen, Mehmet Dokucu)

9. Users Perspectives (Jan Wallcraft, Michaela Amering)

10. Literature and Art Perspectives (Hans-Otto Thomashoff, Ahmad Mohit, Yves Thoret, Ekaterina Sukhanova)

Furthermore, work has started on the delineation of the professional profile of a person-centered psychiatrist (Christodoulou, Gaebel and Lecic-Tosevski, 2008)

Clinical Diagnosis Component

There are two work objectives in this Component. The first one involves collaborating with WHO and various WPA components towards the development of the WHO ICD-11 Classification of Mental Disorders. There was a preliminary background phase in this process during the first half of this decade involving principally the WPA Classification Section and the WHO Classification Office and leading to two monographs (Mezzich & Üstün, 2002; Banzato, Mezzich & Berganza, 2005). A full development of the ICD-11 Mental Disorders Chapter has started in early 2007 under the direction of the WHO Mental Health Department.

The second and main work objective of the IPPP Clinical Diagnosis Component is the development of a provisionally termed Person-centered Integrative Diagnosis (PID). At its heart is a concept of diagnosis defined as the description of the positive and negative aspects of health, interactively, within the person's life context. PID would include the best possible classification of mental and general health disorders (expectedly the ICD-11 classification of diseases and its national and regional adaptations) as well as the description of other health-related problems, and positive aspects of health (adaptive functioning, protective factors, quality of life, etc.), attending to the totality of the person (including his/her dignity, values, and aspirations). The approach would employ categorical, dimensional, and narrative approaches as needed, to be applied interactively by clinicians, patients, and families. A starting point for the development of PID would be the schema combining standardized multiaxial and personalized idiographic formulations at the core of the WPA International Guidelines for Diagnostic Assessment (IGDA)(WPA, 2003; APAL, 2004; Mezzich, Banzato et al, 2005).

As an introduction to this IPPP component's work, a paper on "Towards innovative international classification and diagnostic systems: ICD-11 and person-centered integrative diagnosis" has been published by JE Mezzich and I. Salloum as an invited editorial in *Acta Psychiatrica Scandinavica* (Mezzich & Salloum, 2007b). Other papers pertinent to this developmental work include an editorial on Clinical Complexity and Person-centered Integrative Diagnosis (Mezzich & Salloum, 2008) and On Person-centered Integrative Diagnosis (Mezzich & Salloum, 2007a).

1. Design of the Person-centered Integrative Diagnostic (PID) Model

The basic design of the Person-centered Integrative Diagnosis was conducted over 12 months since the last quarter of 2007, with landmark conferences in London (October 2007), Paris (February 2008) and Preston (July 2008). Most detailed progress was achieved at the Paris Conference with papers on Psychopathology and its Prototypes by Banzato et al, on Disability by Linden et al, on Suffering by Sensky & Christodoulou, on Quality of Life Assessment by Herman & Mezzich, on Self-awareness, Resilience, Resources, & Protective Factors by Cloninger & Salloum, on Cultural Assessment by Kastrup & Cox, on Multilevel Schemas by Banzato et al, on Evaluator's Collaborative Process by Amering et al, on PID and Treatment Planning by Kuey et al, and on Research for and Validation of PID by Salloum et al.

Presently, the PID model has three domains, each riding over ill health and positive health: 1) From Illness and its Burden to Recovery, 2) From Risk Factors to Protective Factors, and 3) From Experience of Illness to experience of Health. Each domain is to be assessed and described with categories, dimensions and narratives as appropriate, by the clinician, the patient and the family in interaction with each other.

2. Development of the Person-centered Integrative Diagnostic (PID) Guide

Future PID developmental phases include the development of the PID Guide or Manual to be followed by PID Guide translations, implementation and training.

Clinical Care Component

The thrust of the work of this component has been educational efforts towards achieving person-centered care. The two main developments have been the Guidelines for Person-centered Care and

the Curriculum for the Person-centered Training of Psychiatrists. Profs. Roger Montenegro and Tom Sensky have had key coordinating roles in this work, with the collaboration of Profs. Hans Karle (President of the World Federation for Medical Education), Jitendra Trivedi, Antonio Barbosa and Allan Tasman.

Introduction

The teaching of medicine, and that of psychiatry in particular, has experienced many changes lately. There was a time when the Core Curriculum in Psychiatry, written by the WPA together with the World Federation for Medical Education, became a landmark because it did not only define the competencies in psychiatry that every physician should be taught, but mainly because it called our attention on prevention of illness and promotion of health.

Once these two concepts have been widely accepted, and after a period of revolutionary scientific and technological advances which include outstanding molecular and genetic research, and the articulation of bio-psycho-social, cultural and spiritual approaches with interdisciplinary collaboration in partnership with patients, families and advocacy groups, the time has come for another major change in our approach to psychiatry: *considering the whole person of the patient in context as the center of our interest*. Although this viewpoint is not new -ancient civilizations from the East and the West, eg. Hellenistic philosophers and physicians such as Plato, Aristotle and Hippocrates stated it centuries ago- there has been a longstanding trend to separate science from humanism which has had two different consequences. On the one hand, such separation made the above advances possible, thus clinical, diagnostic and therapeutic approaches were refined. On the other hand, it has resulted in considering the patient just to be a carrier of disease or symptoms, not a person as a whole. Reality shows that developmental experiences throughout life interact and play a role in brain structure and function. Consequently, a holistic approach to assessment and management of problems, including a focus on recovery, becomes necessary.

Guidelines for Person-centered Clinical Care

A good psychiatrist should develop the following competences:

1. Psychiatric Expertise / Clinical Decision-Making

   This basic competence is developed by taking into consideration biopsychosocial medical evidence, value-based practice, principles for Person-centered Integrative Diagnosis, and treatment focused on achieving sustained recovery rather than only symptom alleviation, among other features.

2. Communication

   This is another fundamental competence, as both diagnosis and treatment greatly depend on it. Focus should be made on the patient's narrative, as it is much more revealing than the psychiatrist's own interpretation of the patient's speech. Empathy is a key concept to establish real communication.

3. Collaboration

The psychiatrist does not work in isolation, so it is recommendable for him / her to establish partnerships with persons suffering from mental disorders (patients), carers / advocates / families, other professionals, institutions and Society.

4. Professional responsibility and standing

   Psychiatrists should always be ready to deliver care of the highest quality, keep an appropriate personal and interpersonal professional behaviour, and practice medicine in an ethically responsible manner.

Curriculum for the Person-centered Training of Psychiatrists

This Core Curriculum is based on the psychiatrist's competences listed above as four major domains. Then, each of these domains is divided into several themes for more specificity in content. For each of these themes, specific items of knowledge, skills and attitudes are listed as training goals.

Work continues towards the full specification of training activities and their evaluation, as well as the publication of training manuals.

Baseline references will include the WPA /WFME (1998) Core Curriculum in Psychiatry for Medical Students and the WPA (2002) Core Training Curriculum for Psychiatry

The specifications of the World Federation for Medical Education (2003) as Global Standards for Quality Improvement will also be considered in this endeavor.

Public Health Component

Public health in modern times has a broad scope as the organized global and local effort to promote and protect the health of populations and reduce health inequalities. This ranges from the control of communicable diseases to the leadership of intersectoral efforts in health (Beaglehole 2003). Evidence is growing for the value of integrating mental health in general health and public health practice (Herrman, Saxena & Moodie, 2005; Rutz, 2006). Despite this, public health programs in many countries around the world have yet to recognise and include mental health and mental illness as areas of relevant action.

Psychiatry for the person is a basis for advocacy that emphasises the value and dignity of the person as essential starting points for public health action. Public health action includes development of policies and services, and the research and evaluation supporting these. Failure to recognise the humanity and dignity of citizens living with mental illness as well as the value of mental health to the individual and community have resulted in abuse and neglect of the former and lost opportunities to improve mental health through population-based and person-based initiatives. The neglect of individual needs and the fragmentation and inadequacies of health and social services are matched by patchy policy development (Strauss, 1992; Sharfstein, 2005; Fulford et al., 2002; World Health Report 2001). Public health actions to promote mental health, prevent illness and provide effective

and humane services benefit from and contribute to the conceptual and clinical development of psychiatry for the person.

The proposed program of work aims to foster research and evaluation related to both ill and positive health and the consideration of the totality of the person in society. It will include (1) the design of public policy initiatives aimed at promoting population mental health and (2) the development, introduction and monitoring of person- and community-oriented health services in a culturally appropriate manner. The potential scope includes mental health promotion, mental illness prevention, and policy and service development.

The IPPP's Public Health component includes work on fostering research and evaluation related to ill and positive health. Its scope includes (1) population-based mental and hereby even physical health promotion and illness prevention; (2) analysis of need and salutogenic assets in the population in order to establish health promoting community strategies and to design appropriate community service systems addressing the needs of the entire population as well as meeting the specific demands of risk populations and persons showing indications of mental ill health and/or presenting for care; and (3) fostering an up-to-date based knowledge and scientifically informed understanding of the patterns of distribution of mental health states in the population an the epidemiology of mental illness, free from stigma and taboo and on track with modern mental health relevant scientific evidence about the importance of mental health as well as the communality of mental health risks in the population and amongst all of us.

IPPP Publications

The Book Series on Psychiatry for the Person includes volumes on Psychiatry and Sexual Health: An integrative Approach (Mezzich & Hernandez, 2006), Recovery: Das Ende der Unheilbarkeit (Amering & Schmolke, 2006), Recovery, Resilience, and Psychiatry for the Person (Amering & Schmolke, in press), Psychiatric Diagnosis: Patterns and Prospects (Salloum & Mezzich, in press), and Cultural Formulation: A Reader for Psychiatric Diagnosis (Mezzich & Caracci, in press). Additionally, a number of editorials and journal papers have been invited to introduce several IPPP aspects (Mezzich, 2007a,b; Mezzich & Salloum, 2007a, 2007b, 2008; Christodoulou, Fulford & Mezzich, 2008; Mezzich & Christodoulou, 2007).

IPPP Events

London Conference on Person-centered Integrative Diagnosis and Psychiatry for the Person

It was organized on October 26-28, 2007 by both the WPA Institutional Program on Psychiatry for the Person (IPPP) and the Health Department of the United Kingdom. It represented a powerful opportunity for synergism between person-centered care and Britain's Shared Vision Project. In addition to reviewing and advancing the four core components of the IPPP, initial discussions took place towards delineating a Person-centered Integrative Diagnostic (PID) model as an important tool for achieving a psychiatry for the person.

Speakers and Discussants of the London Conference on Person-centered Integrative Diagnosis and Psychiatry for the Person on October 26-28, 2007.

Paris Conference on Psychiatry for the Person

This was organized on February 6-8, 2008 by the WPA Institutional Program on Psychiatry for the Person, the French Member Societies of WPA and five WPA European Zonal Representatives. The city and the professional community that served 58 years ago as geographic and social setting for the birth of WPA, offered auspices to a very special type of conference, clearly focused and intensely interactive, without commercial accompaniments. To set a proper tone, visits to locations fundamental to the history of our field were organized. The core program started with welcoming words from the Conference President (JE Mezzich), Conference Organizer and WPA French Member Societies Association President (Michel Botbol), WHO Europe Representative (Matt Muijen), and the St Anne Hospital Medical President (Gerard Masse), in the company of the IPPP Component Chairs and WPA European Zonal Representatives. A set of overview lectures followed, in the third of which Dr. Jean Garrabe illustrated that the notion of psychiatry for the person was already implicitly present as an aspiration since the beginnings of WPA history.

Participants at the Opening of the Paris Conference on Psychiatry for the Person, St. Anne Hospital Amphitheatre, February 6, 2008.

A session ensued in which Selected Key Projects on Psychiatry for the Person were outlined and discussed. The first one reviewed Psychiatrists Identity in Person-centered Psychiatry, the second Person-centered Curriculum for the Training of Psychiatrists, the third and fourth, Guidelines for Person Centered Clinical Care and Clinical Services, respectively, the User as a Person in Mental Health Care and Research, and Guidelines for Person-centered Health Promotion.

The morning of Day Two was devoted to a lively European Panel on Psychiatry for the Person and the Helsinki Mental Health Action Plan. It was animated by Dr. Matt Muijen (WHO European Office) and included the participation of the WPA President, Secretary General and European Zonal Representatives as well as presidents and representatives of a number of WPA European Member Societies and Affiliated Associations. The need for greater communication between psychiatric organizations and public health agencies and the value of articulating pointedly psychiatry for the person and the Helsinki Mental Health Action Plan were major conclusions.

The last part of Day Two and all Day Three were devoted to Designing the Person-centered Integrative Diagnostic (PID) Model. It began by outlining the emerging two major components of the model, i.e., an Illness Domain (Pathology, Disabilities and Suffering) and a Positive Health Domain (Quality of Life, Self-awareness, Resilience, Resources, and Protective Factors). Each of these domains was to be examined concerning content as well as categorical, dimensional and narrative appraisals, as needed. A third session dealt with PID Overall Organization and Critical Issues (Multilevel Schemas and Formulation, Evaluators' Collaborative Process, Treatment Planning, and Research for and Validation of PID).

The last full session was an Inter-Sectional Symposium on Collaboration with the Development of ICD-11 and Person-centered Integrative Diagnosis. It was co-chaired by Ihsan Salloum and Miguel Jorge, and included the enthusiastic participation of the Sections on Classification, Addiction Psychiatry, ADHD, Biological Psychiatry, Child & Adolescent Psychiatry, Epidemiology & Public Health, Immunology, Impulsivity, Literature, Measurement Instruments, Old Age, Perinatal &Infant Psychiatry, Psychoanalysis, Schizophrenia, Sexual Health, Suicidology, and Transcultural Psychiatry. The rich discussion evidenced how much the various Scientific Sections of WPA can contribute to improving international classification and diagnostic systems.

Geneva Conference on Person-centered Medicine

The Geneva Conference on Person-centered Medicine on May 29 and 30, 2008 is the latest event in the unfolding WPA Psychiatry for the Person programmatic process. It took place under the auspices and on the premises of the University Hospitals of Geneva, organized by the World Psychiatric Association (WPA) Institutional Program on Psychiatry for the Person (IPPP), in collaboration with the World Medical Association (WMA), the World Organization of Family Doctors (WONCA), the World Federation of Neurology (WFN), the World Federation for Medical Education (WFME),the Council for International Organizations of Medical Sciences (CIOMS), the World Federation for Mental Health (WFMH), the International Council of Nurses (ICN), the International Alliance of Patients' Organizations (IAPO), and the Paul Tournier Society.

Jean-D Dominique
Geneva Univ.
Rector

Bernard Gruson
HUG Chief
Executive

Jon Snaedal
WMA President

John Copeland
WFMH President

Michel Vallotton
CIOMS President

Iona Heath
WONCA
Representative

Johan Aarli
WFN President

Hans Karle
WFME President

Claudia Bartz
ICN Representative

Jo Harkness
IAPO Executive Director

The Conference was aimed at presenting and discussing the experience on person-centered principles and procedures gained under the IPPP as well as the conceptual bases of person-centered medicine, engaging interactively major international medical and health organizations, and identifying promising organizational steps for the further development of person-centered medical and health care.

The major collaborative next steps would be the following:

- The publication of a volume containing the Conference papers and of editorials and papers in international journals is anticipated. Illustratively, the presidents of the WMA, WONCA and WPA plan a joint editorial in a broad international journal.

- Symposia on Person-centered Medicine would be organized at major events of the collaborating organizations and other international forums.

- A second Conference on Person-centered Medicine is contemplated for 2009. Geneva is emerging again as a promising setting.

- The delineation of an Initiative on Person-centered Medicine in collaboration with interested global medical and health organizations will be explored.

Philippe Pinel Prize on Psychiatry for the Person: Articulating Medicine's Science and Humanism

In 2007 the WPA Executive Committee established this Prize to honor Philippe Pinel, a pioneer in the quantitative systematization of clinical psychiatry and an inspiring humanist who broke the chains of mental patients. Pierre Fabre Laboratoires financially supports this Prize.

The winner in 2008 is Prof. Yrjo Alanen of Turku, Finland. Prof. Alanen is world-acclaimed for his innovative work on *Need Adaptive Assessment and Treatment* integrating scientifically valid therapeutic techniques with attention to the experience and views of patients with psychotic disorders. Prof. Alanen will receive the Philippe Pinel Prize at the Opening Ceremony of the World Congress of Psychiatry in Prague, including a Diploma and a check for USD 10,000. He will also present a Special Lecture at the Congress.

Concluding Remarks

The first period of life of the Institutional Program on Psychiatry for the Person during the present triennium has been strikingly productive. It has generated substantial publications in its various components, particularly concerning conceptual bases and its innovative Person-centered Integrative Diagnosis. It has organized landmark conferences in collaboration with the UK Health Department, French Member Societies and Zonal Representatives and a Person-centered Medicine event in cooperation with several world medical and health organizations. An active agenda is emerging to follow-up on the initial leads towards a deepening articulation of science and humanism in medicine and health care

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