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Prof. Juan E. Mezzich

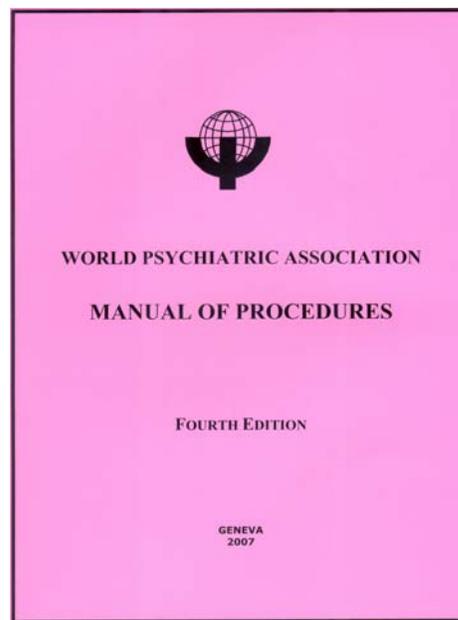
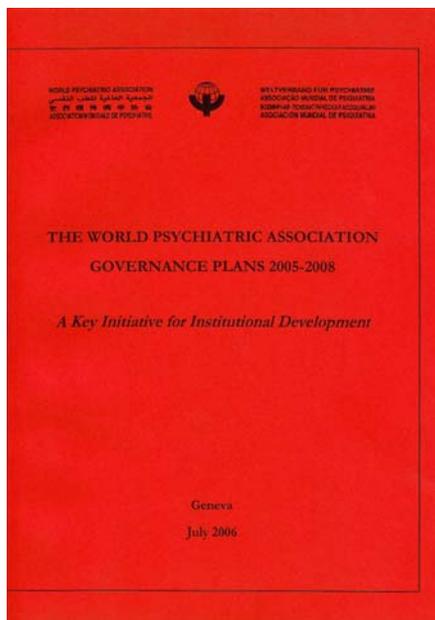
REPORT OF THE PRESIDENT: OVERVIEW OF WPA WORK AND STATUS OF WORLD PSYCHIATRY

The institutional journey that psychiatrists of the world initiated in September 1957 to establish the World Psychiatric Association took its most recent steps in the present triennium. The Strategic Plan 2005-2008 and the Presidential Theme, *Institutional Consolidation and Global Impact: Towards a Psychiatry for the Person*, presented at the General Assembly in Cairo, framed our work. The documentation of the fulfillment of the Strategic Plan through a consultation with key officers and through a General Survey with Members Societies and Scientific Sections and other WPA Components constitute the main bases for the present overview, which is organized into major areas of WPA work. Some brief reflections on the status of world psychiatry complete the President's Report.

General Governance

A first in WPA's record has been the WPA Governance Plans 2005-2008 (WPA, 2006). It encompasses the Strategic Plan approved by the General Assembly in Cairo and the triennial workplans prepared by each of the members of the Executive Committee, Zonal Representatives, and chairs of Standing Committees and Institutional Programs. Yearly evaluations of the Plans fulfillment have been carried out.

The appointment of Standing and Operational Committees was an exercise in participatory governance involving a call for proposals sent to all our Member Societies. As a result, colleagues of very high professional experience and stature, including more women and representatives of all four WPA Regions than ever before, were appointed. Their work was consistently productive and appreciated.



The Fourth Edition of the Manual of Procedures (WPA, 2008) was completed and then immediately posted on *WPA Online*. The Manual reflects amendments of the Statutes and By-Laws approved at the latest General Assembly as well as laboriously gained operational experience, and constitutes a major tool for enhancing institutional effectiveness and transparency.

The Standing Committee on Nominations, building on the recommendations of an ad-hoc taskforce, elaborated enhanced operational guidelines. The Committee has also recommended the establishment of an independent Electoral Commission and has worked out in conjunction with local technical firms mechanisms for electronic voting. The Committee also conducted the process of nominations for elections and the assessment and declaration of their validity. The Standing Committee to Review Abuse of Psychiatry examined 12 complaints primarily involving wrong-doing against patients and infringement of psychiatrists' rights, Its report and recommendations are enclosed as Item 4.1.1-8.

The Standing Committee on Planning has proposed a set of innovative amendments of the Statutes and By-Laws as well as a substantial action plan for the next triennium to be considered by the General Assembly. See separate report under 4.1.2. The Standing Committee on Ethics elaborated recommendations for enhancing our guidelines on relations with the pharmaceutical industry and on unmodified ECT, surveyed our Member Societies on pressing ethics issues, and worked closely with several of them to promote ethics observance. It also cooperated with the World Medical Association in the review of its Declaration of Helsinki on Medical Research Ethics. See separate extensive report under Item 4.1.1-7. The Standing Committee to Review Abuse of Psychiatry examined 12 complaints primarily involving wrong-doing against patients and infringement of psychiatrists' rights. Its report and recommendations are enclosed as Item 4.1.1-8.

The implementation of our Permanent Secretariat in Geneva has been completed. *WPA News* has grown in content and elegance. The *WPA Directory* has gained in clarity. Enhanced versions of the *Informational Leaflet and Informational Booklet* have been prepared. *WPA Online*, well recognized for its informational richness and timely updating, is acquiring new capabilities under Secretariat administration. The *General Survey* for this triennium, now on its fourth edition, has completed a systematic appraisal of all WPA components' performance, in many cases in comparison with performance in the three previous trienniums.

WPA's finances are in quite a good shape. The core budget is fully balanced and we enjoy a reserve fund of over USD 700,000.

Promotion of Member Societies

The pace of leadership meetings with large as well as with grouped member societies (many in developing countries) increased substantially during this triennium, covering literally all world regions. In a related effort, the WPA president has visited each year over 20 national or regional congresses. All this has facilitated valuable exchanges of information and to make the WPA name quite well known across the world.



Nordik European Leadership Meeting in Tampere August 2006



Leadership Meeting in Nairobi March 2007

Zonal Representatives are increasingly prominent leaders in our Association, and they have produced outstanding workplans and annual progress reports (as documented in item 4.1.3-2). The reality and presence and our continental Regions achieved high marks. Zonal Representatives have organized productive continental Regions meetings and are publishing informative Regional electronic bulletins.



The Americas Region Meeting in Istanbul July 2006



Asia/ Australasia Region Meeting in Melbourne, November 28, 2007.

Support for our societies in developing countries continued growing through sectoral activities and special programs. Large societies are using WPA as preferred channel for international initiatives and small societies are increasingly affirming themselves and collaborating productively with each other. Also noteworthy has been the careful preparation of procedures for opening to all Member Societies the opportunity to bid for WPA International Congresses.

Sectoral Activities

Sectoral work is carried out and guided primarily by the distinguished elected members of our Executive Committee. They are ably supported by colleagues in the Operational Committees who represent high competence and talents from across the world. Their reports are separately presented under 4.1.5., 4.1.6, 4.1.7 and 4.1.8.

In the Educational area, work on personality and depression programs have advanced substantially as well as that on curricular updating in collaboration with pertinent institutional programs. Particularly valuable is the enhanced set of continuing medical education credits being developed by incorporating North American and European resources into WPA's broader array. WPA educational programs are being translated to various languages.

In the Publications arena, *World Psychiatry* has achieved international indexation and is now edited in English, Spanish and Chinese. Volumes on Evidence and Experience in Psychiatry, Images of Psychiatry in different world areas, Anthologies of Psychiatric Texts, and a series on Psychiatry for the Person continued growing. Steps have been initiated to establish co-publication agreements with well established companies, which promise to enhance substantially our publication capabilities.

Concerning Scientific Meetings, sponsored events take place across the world in the form of World, International and Regional Congresses and Conferences, and many meetings of relevant organizations are granted co-sponsorship. Efforts are being made to evaluate carefully our major events to increase their quality.

The WPA's 65 Sections have been systematically evaluated. Stronger communication and publication tools are being prepared. Many Sections are individually prominent, as is the case of the Classification Section, which has established an impressive Global Network of Classification and Diagnostic Groups collaborating with the development of ICD-11 and related diagnostic systems. Also highly visible for their work have been the Sections on Transcultural Psychiatry, Art and Psychiatry, Psychiatry in Developing Countries, and Intellectual Disabilities.

Special Programs and Task Forces

Among the Institutional Programs approved by the General Assembly, that on Psychiatry for the Person (IPPP) has been particularly active. Their motto promoting a psychiatry *of, for, by, and with* the person has been warmly received wherever presented. Its conceptual, diagnostic, clinical care and public health components have been quite productive. Especially noteworthy events have been the Conferences on Psychiatry for the Person in London, October 2007 (in collaboration with the UK Department of Health) and in Paris, February 2008 (in collaboration with our French Member Societies and European Zonal Representatives). A Geneva Conference on Person-centered Medicine was held in May 2008 under the auspices of the Geneva University Hospital and in collaboration with the World Medical Association, the World Organization of Family Doctors, the World Federation of Neurology, the World Federation for Medical Education, the Council for International Organizations for Medical Sciences, the World Federation for Mental Health, the International Council of Nurses, and the International Alliance of Patients Organizations. A Pinel Prize on Psychiatry for the Person: Articulating Medicine's Science and Humanism has been established. 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). For more details see separate report under 4.1.1-3.



Collaborating Organizations' Leaders, Speakers and Discussants of the Geneva Conference on Person-centered Medicine on May 29-30, 2008

The Institutional Program on Disasters and Mental Health has been instrumental in the preparation of a WPA-WHO Joint Statement (Mezzich & Saraceno, 2007) and the implementation of our Disaster Response Plan. This includes the coordination of Taskforces on the South Asian Tsunami, the Kashmir Earthquake, the North American Hurricanes, the Peruvian Earthquake, the Bangladesh Cyclone, and the Sichuan Earthquake. The resources of the Section on Disasters and of a Disasters Fund have been also helpful. More details are presented under 4.1.1-5.

The Institutional Program for Young Psychiatrists has continued to collaborate with the organization of Fellowship programs at several WPA major events. It is also assisting the establishment of the WPA Young Psychiatrist Council and the presence in *WPA Online* of the WPA Young Psychiatrists Network. A WPA Ulysses Vianna Prize for Young Psychiatrists has been established to be presented for the first time at the World Congress of Psychiatry in Prague. See Report as Document 4.1.1-4.

The Institutional Program on Perinatal Psychiatry and Infant Mental Health is increasingly collaborating with the Scientific Section of similar name. Also, it has recently engaged the corresponding units of WHO. See Document 4.1.3-3.

The Institutional Program on Asian Psychiatry and Mental Health is active through its efforts with regional developing countries and special attention to disasters and their psychosocial consequences.

Three special Task Forces have been established by the Executive Committee on Brain Drain, Physicians' Health, and Mass Violence and Mental Health. They all have prepared substantial work plans and their reports can be found under items 4.1.1-9, 4.1.1-10, and 4.1.1-11.

WPA Prizes 2008

The WPA Prizes for 2008 include the Jean Delay Prize, the Philippe Pinel Prize on Psychiatry for the Person, and the Ulysses Vianna Prize for Young Psychiatrists in Developing Countries. They along with their 2008 winners are outlined below.

The Jean Delay Prize

This WPA Prize was established in the past decade to honor the First President of WPA and to recognize an outstanding psychiatrist who cultivated and bridged the biological, psychological and social underpinnings of psychiatry and mental health. It is financially supported by Servier International. The 2008 winner is Prof. Hans-Jürgen Möller, of Munich, Germany. Prof. Moeller is a world-recognized researcher on psychopathology and psychopharmacology as well as an accomplished organ player. He is the current chairman of the Department of Psychiatry at the University of Munich.



Prof. Hans-Jürgen Möller

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



Prof. Yrjö Alanen

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 Adapted Assessment and Treatment* integrating scientifically valid therapeutic techniques with attention to the experience and views of patients with psychotic disorders.

Ulysses Vianna Prize for Young Psychiatrists in Developing Countries

This Prize was established this year by the WPA Executive Committee to honor Ulysses Vianna Filho, a former WPA officer and eminent Brazilian psychiatrist well known for his work to promote the professional development of the future of our field. It is supported by the Brazilian Brain Institute. The 2008 winner is Dr. Yu-Tao Xiang from Beijing Medical University in China. At age 34 he has published over 30 papers in top Chinese and international journals principally focusing on the epidemiology, quality of life and rehabilitation of people experiencing major mental disorders.



Dr. Yu-Tao Xiang

Collaboration with WHO and Other International Organizations

Cooperation with the World Health Organization has been quite productive. In 2006, the WPA President and Secretary General paid a highly successful visit to Dr. J.-W. Lee, WHO Director General, Dr. C. Le Gales-Camu, WHO Assistant Director General for Non-Communicable Diseases and Mental Health, and Dr. B. Saraceno, Director of the WHO Dpt. of Mental Health and Substance Abuse. The expanded WPA-WHO collaborative program has included the Atlas Project in its various versions, the Clinical Comorbidity Project, WPA-WHO Joint Statement on Disaster Response, and cooperation on classification and diagnosis focused on the ICD Classification of Mental Disorders.



L to R: Dr. B. Saraceno, Prof. J.E. Mezrich, Dr. J.-W. Lee, Prof. J. Cox and Dr. C. Le Gales-Camu at the WHO Director-General's Office. Geneva. 9 February 2006.

WPA and the World Federation for Mental Health signed in 2007 for the first time a formal inter-institutional agreement. In line with this, the WFMH leaders have offered lectures and symposia at each of our major congresses and the WPA president delivered the Mary Hemingway-Reese Memorial Lecture at the WFMH World Congress in Hong Kong. Collaboration has also included the WFMH World Mental Health Day and the WPA Program on Psychiatry for the Person, among several other projects.

Interactions with the World Medical Association (WMA) have included invitations for the WPA president to attend WMA Council Meetings and a General Assembly in 2007, as well as collaboration of WPA in reviewing WMA's Declaration of Helsinki on Ethical Medical Research.

The World Federation of Neurology (WFN) is being represented by its president at two major WPA Congresses. They invited the WPA president to speak at the WFN Jubilee Congress in Brussels in 2007. Collaboration is focusing on articulating science and humanism.

The presidents of the World Organization of Family Doctors (WONCA) and WPA met for the first time in 2007 at our Melbourne International Congress. Collaboration is emerging on comorbidity and person-centered care.

WPA is a full member of the Council for International Organizations of Medical Sciences (CIOMS). Our leaders are participating in CIOMS Executive Committee Meetings and General Assembly.

Working sessions with several of the above organizations and others such as the World Association for Psychosocial Rehabilitation and the World Federation of Societies of Biological Psychiatry have taken place at our recent Congresses. Also important is the dialogal process (Mezzich, 2007b) we have started with a range of patient/user groups, including those critical of psychiatry. A WPA Thematic Conference in Dresden, June 2007 was a landmark in this regard (Kallert, Monahan & Mezzich, 2007).

Reflections on the Status of World Psychiatry

The current status of psychiatry around the world reflects the great opportunities and the great challenges for understanding the human mind. At no time in history have there been such opportunities for understanding mental processes scientifically. Cognitive neuroscience, brain imaging, and molecular genetics provide powerful tools for understanding basic processes that regulate the development of thought and emotion underlying mental disorders. Substantial investments in such basic research are being made on every continent, particularly in developed countries. We have learned much about neurotransmission, learning, memory, and brain development, and these basic insights have made possible the design of several classes of psychoactive drugs and psychosocial techniques for treatment (US Surgeon General, 1999). Randomized controlled trials have demonstrated the efficacy of both somatic and psychosocial treatments for most mental disorders as documented in the WPA Series on Evidence and Experience in Psychiatry.

Nevertheless, mental disorders remain the greatest source of burden and disability to people around the world (Murray and Lopez, 1996). The classification of mental disorders is still based on behavioral descriptions that do not correspond to basic mechanisms and are not as prescriptive of treatment methods as it was once hoped they would be. Despite decades of neurobiological research, there are no valid laboratory tests that show any specificity for particular symptom-based diagnoses. In genetic research, whole genome scans demonstrate only modest correlates even for the most heritable and extensively studied disorders, such as schizophrenia (Sanders et al, 2008). Pharmacological treatments are approved for specific nosological diagnoses but are used in practice in rather non-specific ways. There is little data to guide the combination of multiple treatments for particular patients. And contextualization of understanding and care is still largely underdeveloped.

The challenges facing psychiatry are similar to those facing general medicine in the treatment of all common and complex disorders like diabetes and cardiovascular conditions. Disease burden is high, etiology is intricate, and treatments often involve chronic management, rather than cure or recovery.

Modern medical care is often excellent for acute treatment but much less effective for treating chronic conditions and for prevention, resulting in high costs. The recovery movement starting in the rehabilitation field and the initiative on psychiatry for the person have pointed out the need to consider a change in perspective, particularly for long-term care. There is a need to involve all stakeholders in diagnosis and treatment processes and to emphasize hope, empathy, and respect for the needs of the whole person, as described by Alanen and colleagues (2000).

The status of practicing psychiatrists is being diminished by managed care systems that reduce patients to diagnostic codes and reduce psychiatrists to technicians who just prescribe drugs. Institutional standards require the continued use of diagnostic systems that are not based on mechanism and are at best weakly prescriptive for care. People with mental disorders feel stigma and discrimination, which reduces their access to methods that promote recovery. These challenges in diagnosis and treatment are directly related to the complexity of mental processes. There is a great need and opportunity for WPA to contribute to better understanding of both the positive and negative aspects of mental health through initiatives related to improved methods for diagnosis, treatment, and health promotion. And to stimulate medicine and health care at large to join in this endeavor.

Concluding Remarks

The review outlined above documents the substantial fulfillment of the Strategic Plan 2005-2008 thanks to the dedicated work of all WPA components. It has become clear that WPA's identity, institutional capacity, and global impact have gained in both depth and recognition. The Institutional Program on Psychiatry for the Person has obtained the adherence of many colleagues across our Association and is attracting the attention of major world medical and health organizations towards the exploration of person-centered medicine and health care.

Upon reflecting on the challenging status of world psychiatry, witnessing some fascinating achievements but also considerable limitations, we can perceive the special opportunities for an increasingly strong and mature WPA to contribute creatively, along with our sister societies, to the advancement of diagnosis, treatment and health promotion across the world.

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