

WORLD PSYCHIATRIC ASSOCIATION 2020-23 ACTION PLAN: A WAY FORWARD



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Psychiatry is currently facing several challenges, and although our profession may be seen as being under threat, there are many opportunities that can help us consolidate psychiatry as an inspiring branch of medicine. WPA is the umbrella organisation for psychiatrists worldwide and therefore has a major responsibility for leading the profession. This leadership can only be achieved through full participation from our members and engagement of our professional colleagues.

The WPA Action Plan for 2020-23 defines emerging needs and priorities, from a worldwide perspective, in some specific areas of mental health. Given that globally, only a minority with mental disorder receive any treatment, there is an outstanding need to improve access to high quality mental health care in all countries and to support psychiatrists and other mental health professionals in their important roles as policy makers, direct service providers, trainers and supporters of health care workers in primary and community health care systems. The rapid spread of COVID-19 around the world is further increasing risk of developing mental disorder, relapse of existing mental disorder and poor mental wellbeing which requires action at a population level.

The key features of the Action Plan are:

- ***To promote psychiatry as a medical specialty in clinical, academic and research areas and to promote public mental health as a guiding principle.***
- ***To highlight the specific role of psychiatrists in working with other professionals in health, public health, legal and social aspects of care***
- ***To ensure WPA's positive engagement with member societies and WPA components, mental health professionals & general health care workers***

The Action Plan for 2020-2023 looks at targeted areas that need attention and input from various WPA components during the next triennium. It will work within an international perspective focusing specifically on improving coverage of interventions to both treat mental disorder, prevent mental disorder and promote mental wellbeing including through relevant training of mental health and other professionals. This Action Plan will also build on the previous Action Plan to ensure continuity in the WPA's work.

The six areas of the WPA Action Plan 2020-23 include:



Public Mental Health

Mental disorder accounts for at least 20% of global disease burden due to a combination of high prevalence, most lifetime mental disorder arising before adulthood, and a broad range of impacts across health, education, employment, social relationships, crime, violence and stigma. Poor mental wellbeing has a similar broad range of impacts. Crises such as COVID-19 are likely to further increase risk of mental disorder, relapse of mental disorder and poor mental wellbeing.

Effective public mental health (PMH) interventions exist to treat mental disorder, prevent associated impacts, prevent mental disorder from arising and promote mental wellbeing. However, only a minority of those with mental disorder receive any treatment even in high income countries, provision of interventions to prevent associated impacts is even less, and provision of interventions to prevent mental disorder or promote mental wellbeing is negligible.

Public mental health takes a population approach to sustainably reduce mental disorder and promote mental wellbeing through provision of population required levels of PMH interventions. It addresses PMH implementation failure through:

- Assessment of size, impact and cost of unmet need for PMH interventions taking into account issues such as COVID-19.
- Information about estimated impact and economic benefits of improved coverage of PMH interventions.
- Use of this information to inform national policy and transparent decisions about acceptable level of coverage of different PMH interventions. This informs level of provision, required resource, commissioning and coordination by organisations including health, public health, education, employers, housing and criminal justice.
- Operationalization of agreed PMH intervention implementation at national and local level.
- Evaluation of coverage and outcomes including for higher risk groups.

Coverage of PMH interventions can also be improved through

- PMH training for health and allied professionals.
- Settings-based approaches to places such as schools and workplaces.
- Digital technology.
- Integrated approaches to facilitate coordinated delivery.
- Maximising existing resources through self-help, task-shifting, improving concordance and traditional healers.

Some of the proposed work for Public Mental Health include the following:

1. Raise awareness, value, acceptance and prioritisation of PMH in national health policies.
2. Support PMH proposals including for national mental health needs assessments and actions to address unmet PMH need.
3. Support PMH training to professionals and trainees across mental health, public health and policy to support capacity building.
4. Integrate a PMH approach to chronic physical disease management and prevention through engagement with primary and general health care systems.
5. Support a PMH approach in other areas of the 2020-23 Action Plan including child, adolescent and youth mental health, addressing co-morbidity, partnership with other organisations and capacity.

Child, Adolescent & Youth Mental Health

Mental disorders are the single most common cause of disability in young people. The majority of lifetime mental disorder arises before adulthood. If left untreated, mental disorders impede all aspects of health, including emotional well-being and social development, and leave young people feeling socially isolated, stigmatised, and unable to optimise their social, vocational, and interpersonal contributions to society. Mental disorder during childhood and adolescence also results in subsequent impacts in adulthood including increased risk of adult mental disorder.

Certain groups of children, adolescents and young people are at higher risk of mental disorder and poor wellbeing. These include girls and young women, persons with learning disability, the homeless, refugees, young carers, young offenders and young adults with chronic physical health problems. Wars and natural disasters have led to the refugee population reaching numbers not seen since the Second World War. International organisations generally focus on providing food and shelter, but much more needs to be done to support this younger population and to address their mental wellbeing.

Childhood and adolescence therefore represent the most important stage in the life course to treat mental disorder early. There is ample evidence that addressing mental disorder early in life can decrease emotional and behavioural problems, functional impairment, and contact with all forms of law enforcement. It can also lead to improvements in social and behavioural adjustment, learning outcomes, and school performance in later life and prevent development into chronic disorders. Childhood and adolescence also represent the most important stage in the life course to prevent mental disorder from arising by addressing risk factors and to promote mental wellbeing by addressing protective factors. Child adversities are particularly important to address given they are responsible for one third of adult mental disorders.

However, despite the existence of effective interventions, most children and adolescents with mental disorder receive no treatment even in high income countries. Similarly, a range of effective interventions can prevent mental disorder from arising and promote mental wellbeing but are not implemented. This implementation failure particularly in LMICs results in wide ranging impacts across health, education, social relationships and crime.

A range of opportunities exist to improve implementation of such interventions during childhood and adolescence including through digital technology although excessive screen time is also a risk factor for mental disorder and poor mental wellbeing. Groups at higher risk of mental disorder and poor mental wellbeing require targeted approaches to prevent widening of inequalities.

Some of the proposed work will focus on groups of children, adolescents and young people are at higher risk of mental disorder and poor wellbeing and may include:

- 1. Promote implementation of effective interventions to detect and treat mental disorder at an early stage in childhood and adolescence given most lifetime mental disorder arises before adulthood*
- 2. Implement effective interventions to treat and prevent child/parental mental disorder during pregnancy and the perinatal period*
- 3. Implement effective parenting interventions which both treat behavioural disorders, prevent mental disorder and promote child/parental wellbeing*
- 4. Implement effective pre-school and school-based interventions to treat mental disorder early, prevent mental disorder and promote mental wellbeing*
- 5. Promote early detection for psychosis and developing crisis intervention centres for adolescents*
- 6. Workplace screening for early detection of mental disorder among the young workers and promoting wellbeing in the workplace*
- 7. Conduct a series of educational multidisciplinary programmes highlighting the challenges and opportunities for digital child and adolescent psychiatry services*

Addressing co-morbidity in mental health

Patients with multiple long-term conditions are becoming the norm rather than the exception, and the number of people with comorbidities is set to increase in coming years. Health risk behaviour and physical illness increases risk of co-morbid mental disorder while mental disorder results in higher rates of comorbid:

- Other mental disorder
- Health risk behaviour including smoking, alcohol use, drug use, poor diet, physical inactivity and excessive screen time
- Physical illness and associated reduced life expectancy

Therefore, a single disease approach cannot address the issue of comorbidity appropriately which instead requires system-wide action.

Some of the proposed work includes:

- 1. Capacity building, with strategies for teaching and training psychiatrists and other mental health professionals and non-psychiatrist colleagues about comorbidity*

2. *Developing guidelines for programmes involving joint work with other health professionals*
3. *Early detection for co-morbid conditions in mentally ill patients and early recognition of mental disorder in the context of chronic medical illnesses*
4. *Implementing collaborative care for mentally ill patients with other medical co-morbidity*
5. *Improving coverage of mental disorder treatment and prevention which would prevent a large proportion of associated comorbidity and premature life expectancy.*
6. *Planning joint research activities and developing policy documents for improving mental health care in sub-speciality settings*

Developing partnerships for collaborative work and strengthening partnerships with mental health and other organisations

Health is a complex phenomenon, which needs joint work among different health professionals to benefit patients and provide the best available care.

There are mutual benefits to all stakeholders working jointly if patients are the prime beneficiaries of such efforts. Psychiatrists adhere to the principles of joint work based on fundamental principles of shared vision, equity, transparency, mutual benefit and respect. Trust, transparency, and accountability are key to getting joint-work projects off the ground. The WPA would therefore like to explore opportunities for partnerships with medical professionals such as general physicians, neurologists, paediatricians, geriatricians, cardiologists, diabetologists and other allied specialities in medicine including public health; NGOs; and non-medical mental health organisations.

The WHO declared COVID-19 a Public Health Emergency in January 2020. Since then it has spread rapidly all over the world. It has increased both risk of developing mental disorder and relapsing from existing mental disorder as well as created significant problems for people with mental disorder particularly in long-term care facilities. The WPA will work with Member Societies and other organisations to support action to address the mental health impact of COVID-19.

Proposed activities include:

1. *Collaboration and liaison with mental health organisations, public health, NGOs, and other non-medical mental health organisations in identifying initiatives for joint work*
2. *Inviting other organisations to WPA congresses and developing links for joint work in teaching, training, and capacity building*
3. *Planning joint research activities and developing policies for improving mental health care in sub-speciality settings*
4. *Developing capacity building and training policies in global mental health*
5. *Collaboration with Member Societies and other organisations to improve the treatment and facilities for psychiatric patients with COVID-19, particularly those in long term care facilities.*

Capacity building and training in global mental health and public mental health

The optimal approach to building capacity in mental health care around the world will require partnerships between professional resources and promising health-related institutions. These partnerships need to be sustainable, develop quality in clinical care and

research, and build a productive environment for professionals to advance their knowledge and skills. Digital technology has an increasingly important role in delivery of appropriate training to mental health and other professionals including about policy development and public mental health.

Fostering the continuous improvement of psychiatric education and training among medical students is an equally essential step in this process and a premier objective of the WPA.

Tele-psychiatry and digital technology has shown to be effective for both treatment of mental disorder, prevention of mental disorder and promotion of mental wellbeing, and represents an opportunity to increase access to a wide range of effective public mental health interventions. While such technology is partially implemented in some countries, the experiences of tele-psychiatry are limited in most countries. The benefits of increased access are apparent, but these benefits can only be realised if the tools are used by clinicians who have the appropriate knowledge, training and guidance. Child and adolescents are particularly suitable for digital-based public mental health interventions including early diagnosis and subsequent intervention for mental disorder given their greater familiarity with such technology. Use of tele-psychiatry and digital technology can support implementation of other activities in the proposed Action Plan. WPA is therefore perfectly positioned to be the frontrunner in establishing ongoing adviser services for member societies (especially those in Low and Middle- Income Countries) on these initiatives.

Proposed activities will include:

1. *Organization of educational programmes promoting “no health without mental health”*
2. *Planning specific activities focussing on CME programmes on different topics of clinical & academic interests*
3. *Planning teaching sessions for medical students, GPs and other health care workers including digitally based*
4. *Promoting and developing e Mental Health services and including this topic in training programmes for mental health professionals*

Continuation and completion of previous WPA Action Plans

Previous WPA Action Plans set out strategies for expanding the contribution of psychiatry to improve mental health across the globe. Three characteristics frame the strategic intent of the Action Plan: continuing WPA’s contribution to developing the profession of psychiatry; addressing critical mental health topics; and attracting new investment to support this work.

The unfinished parts of the plan formulated in 2017-2020 will be implemented through current partnerships and new funding. This plan is actualised through a strategic framework based on three dimensions:

- Impact on population groups
- Facilitation of activities
- Partnerships and collaboration

The identified population groups in 2017-20 Action Plan are young girls and women and all young people having mental disorder resulting from adversities. Mental health promotion, prevention and treatment of mental illness are also incorporated into this plan.

Way Forward

All areas covered in the proposed Action Plan are of high priority. However, due to time limitations and scarcity of resources, there will be greater focus on specific areas. The WPA has established working groups that have started formulating plans pilot projects in different areas of the proposed Action Plan outlined in this document. Once the findings of these pilot projects are available, we will share these reports & seek funding to implement these ideas in different settings and countries.

It is hoped that the 2020-23 Action Plan will generate interest among all WPA components to develop guidelines and directions for future work and result in increased mental health services budgets from relevant sources.

WPA looks forward to receiving support, active input, and advice from our membership in setting these priorities and making a real difference in mental health.