Dear Colleagues and Friends,

Happy New Year and welcome to the second issue of our Global Mental Health and Psychiatry Newsletter.

In addition to the news and reports from Africa, Asia-Pacific, the Americas and Europe, we are pleased to have in this issue a guest editorial from Professor Helen Herrman and inaugurating a virtual dialogue on “What is Global Mental Health.”

The former was generated during fruitful discussions we had with Professor Herrman at the WPA 2015 Bucharest International Congress at the Palace of Parliament in Bucharest, ROMANIA in June 2015, attended by colleagues from sixty countries. The latter emerged in a dialogue with Professor Vincenzo Di Nicola during the American Psychiatric Association’s Assembly meeting in Washington, D.C. in October 2015. We encourage, you, our readers, to contribute in future issues your brief, fifty words or less, definitions of global mental health. To the extent space permits it we intend to publish such definitions in subsequent issues of our publication.

We are continuing to encourage contributions to our Newsletter of younger colleagues from psychiatry, primary care and public health. Doctors Mariana Pinto da Costa, Irina Radu, Miguel Alampay and Veronica Slootsky are doing so in this issue.

Additionally we are beginning with this issue to include brief research projects reports from low and middle income, starting with Ethiopia. We look forward to building on this initiative and invite similar contributions for our next issue that will be published in May 2016 and be available immediately online and in print at the American Psychiatric Association’s annual meeting in Atlanta, Georgia.

If you are planning to join us at the APA in Atlanta, please save the date for a special Global Mental Health & Psychiatry symposium, The Surgeon’s General Report on Mental Health, Parity and Integrated Care. It will take place on Monday, May 16, 2016 from 9:00 am to 12:00 noon.

Wishing you all continued good health and success in 2016…!

Eliot Sorel, MD
Editor-in-Chief
CLM Founder

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Americas: Prof. Fernando Lolas, Chile and Prof. Vincenzo Di Nicola, Canada

Europe: Prof. Gabriel Ivbijaro, United Kingdom and Dr. Mariana Pinto da Costa, Portugal

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INTRODUCING THE PACIFIC RIM COLLEGE OF PSYCHIATRISTS (PRCP)

By Professor Helen Herrman, President Pacific Rim College of Psychiatrists (PRCP) and President-Elect World Psychiatric Association (WPA)  
November 2015

The PRCP is an association of psychiatrists from countries bordering the Pacific Ocean, including Australia, Canada, China, Hong Kong, India, Indonesia, Japan, Korea, Malaysia, Papua New Guinea, Pakistan, Peru, Philippines, Singapore, South Korea, Taiwan, Thailand and USA. It was established to enhance collaboration and knowledge exchange among colleagues in the region. Academic psychiatrists founded it, but membership is open to all psychiatrists in any area of clinical, administrative, or academic practice.

The College aims to foster national development of mental health services and support the improvement of education and research in psychiatry, through professional collaboration across these countries. We have a big job ahead as PRCP continues to play a leadership role in the reform of psychiatric care in the Pacific Rim: including support and advocacy for prevention, early intervention and recovery in collaboration with primary health care. The focus of the College is education and research, and in the years ahead, we anticipate reaching out to a broader network of colleagues and organisations, service users and family carers to build on this.

The Pacific Rim is a highly diverse region. PRCP members work in several of the largest and most populous countries in the world, as well as some of the smallest. The countries have very different levels of socio-economic development, and the organisation of general health and mental health services varies greatly among them.

The College provides a formal setting for communication among our members through a biennial Scientific Meeting. Since 1980 the Scientific Meetings have provided a lively opportunity for the presentations of scientific papers, discussions on important issues in psychiatry, and consideration of the variety of clinical, social, political and ethical issues that concern psychiatrists in clinical practice, administration, and teaching and research across the Pacific Rim. Further, members of the College conduct seminars and support collaborative research and education projects in various areas of psychiatry. Our official journal, Asia Pacific Psychiatry (APPSY), edited by Allan Tasman, is now in its seventh year of publication and indexed by ISI Thomson and PubMed. It is rapidly becoming a voice for the region, complementing the role of major national and some international journals.

Many members of PRCP work in the U.S. and Canada. Prominent PRCP leaders from these countries include Dr. Allan Tasman, past president of APA and subsequently of PRCP, Dr Edmond Pi, one of our current Vice Presidents, Dr Michelle Riba, another past president of APA who is a member of the Board of Directors, and current Board members Drs. Paul Leung, Soma Ganesan and Hiram Mok. The late Professor T. Y. Lin who moved to work in Vancouver after his period as Director of the WHO Department of Mental Health, and originally from Korea, was an illustrious supporter of the early development of PRCP.

PRCP members are active in a variety of other professional organizations, national, regional and global. These include WPA and the Asian Federation of Psychiatric Associations (AFPA), as well as APA and CPA. It is important for our regional and global associations to work together, along with the national associations in the region, to serve our joint purposes, as well as to use and magnify the strengths we each have to support the people of the region. Our joint endeavours can bring opportunities for people in the region to use their own resources, seek new sources of support and exchange evidence and experience within and outside the region.

I look forward to seeing you at our next biennial Scientific Meeting in Kaohsiung, Taiwan, November 4 - 6, 2016 www.prcp.org to be held in association with the Taiwanese Society of Psychiatry. Prof Mian-Yoon Chong and colleagues are working with us to produce a special event.
The largest psychiatric randomized-control trial in Ethiopia is currently underway in Addis Ababa. Investigators from Massachusetts General Hospital and Addis Ababa University are examining whether supplementation of folate plus the vitamin B12 will reduce residual symptoms of schizophrenia in a cohort of patients at Amanuel Mental Specialized Hospital. The study officially launched in July 2012 and investigators started enrolling participants a little over a year ago, in November 2014. The ultimate goal is to enroll and randomize 200 subjects. As of this writing, 86 participants have been randomized, 34 are currently active, and 50 have completed the study.

Folate is a type of B vitamin typically found in green leafy vegetables, legumes, or in fortified grains. Several studies have linked low folate levels to a wide range of disorders including schizophrenia, depression, and Alzheimer’s Disease. Although folate and vitamin B12 levels are unknown across the Ethiopian population as a whole, studies in regions of Ethiopia, and particularly in women, have found high rates of folate deficiency; in Addis Ababa, where the trial is being conducted, one study found only 58% of women reached optimal folate levels.

This study is a randomized, sequential parallel comparison design for double-blind phase four-month trial of folate plus B12. The primary aim of the trial is to see if the adjuvant treatment reduces symptoms of schizophrenia as measured by the change in total score of the Positive and Negative Syndrome Scale (PANSS) between baseline and Week 16.

If the trial is implemented correctly and the study drug is found to effectively reduce PANSS scores, folate plus B12 could be an inexpensive and highly effective adjuvant therapy for treatment resistant schizophrenic patients across Ethiopia and in other developing countries.

References:
AFRICA

Earlier on, the Ghana Psychiatric and Psychological Associations hosted in Accra, the African Association of Psychiatrists and Allied professions (AAPAP) meeting from 15th - 17th October, 2015. It was presided over by Prof. Solomon Rataemane, the President of AAPAP. On 13th - 16th July, 2015, Africa Mental Health Foundation (AMHF) hosted the 8th Annual Pan-African Peter C. Alderman Foundation Psycho-trauma Conference.

Next year, 2016, will be full of activities including an international conference on psychosocial interventions for refugees to be hosted co-jointly by AMHF and the University of Konstanz, Germany from 24th - 26th February, 2016 in Nairobi, Kenya (for details, write to me through the email below). The 9th Annual Pan-African Peter C. Alderman Foundation Psycho-trauma Conference is also scheduled to take place from 18th - 22nd July, 2016 in Nairobi, Kenya (www.pcafnairobi2016.or.ke). The climax of activities for the year will be the World Psychiatric Association International Congress in Cape Town from 18th - 22nd November 2016. For more details visit www.wpacapetown2016.org.za

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Professor Gabriel Ivbijaro (second from right) was recently honored by his clan in Nigeria being elevated to Olorgun and made the AĤerosue of Iyede Kingdom (The One You Can Rely On - in the plural!) by His Royal Majesty the King of Iyede Kingdom on Saturday 12th December 2015. Chief Ivbijaro was accepted as a member of the Council of Chiefs following his Royal Ema dance on Sunday 13th December 2015.
The prevalence and disease burden of mental disorders have remained incredibly high in the World; therefore it is necessary to carry out epidemiological research on mental disorders. Under the circumstances, several regional mental health surveys were launched in China, obtaining uneven data in the recent ten years. The China Mental Health Survey (CMHS) is the first nationally representative community-based survey on prevalence and service utilization of mental disorders in China. In order to investigate the diagnosis of mental disorders, a two-stage field work procedure was implemented. The definitions and criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and International Classification of Diseases, Tenth Edition (ICD-10) were applied to diagnose mood disorders, anxiety disorders, substance use disorders, schizophrenia and other psychotic disorders, and dementia. The first aim of this survey was to investigate the prevalence of mood disorders, anxiety disorders, substance use disorders, schizophrenia and other psychotic disorders, and dementia. The second aim was to obtain data about service use of individuals with mental disorders in China. The third aim was to analyse the social and psychological risk factors of mental disorders.

CMHS was carried out through July 2013 to March 2015. Using computer-assisted personal interview (CAPI), face-to-face interviews were finished in the respondents’ homes. A nationally representative multi-stage disproportionate stratified sampling procedure was applied. Sample selection was integrated with the National Chronic Disease and Risk Factor Surveillance Survey administered by the Chinese Centre for Disease Control and Prevention in 2013. Hence, it was possible to obtain both physical and mental health information of Chinese community population. The instruments of CMHS were Composite International Diagnostic Interview-3.0 (CIDI-3.0), Structured Clinical Interview for DSM-IV Axis I Disorders (SCID), and the 10/66 dementia diagnosis package. Two stages of data collection were applied in CMHS. The first stage was designed to obtain information of mental disorders including mood disorders, anxiety disorders, and substance use disorders, while the second stage was designed for schizophrenia and other psychotic disorders, and dementia. The subjects of CMHS were Chinese citizens aged 18 years and over, living their community households at least six months. This inflated sample size was 41,000 households, and the respondents were 30,000. The strict procedure of integrated quality control ensured the best quality of Chinese data in mental disorders and mental health services in the CMHS. The unique large scale survey has caused wide attention, and the survey result will be reports subsequently.
‘World Schizophrenia Week’ was organised by Indian Medical Association-National Committee for Mental Health at the Dept of Psychiatry, at Pushpagiri Institute of Medical Sciences, Thiruvalla, Kerala on May 29, 2015. Dr RV Asokan (Chairman, IMA HBI) was the Guest of Honour and delivered a message from Dr A Marthanda Pillai (IMA National President). Rev Dr Shaji Vazhayil (Chairman, Pushpagiri) was the Chief guest. Dr TP Thankapan (Principal) and Fr Mathew Punakulam (Administrator) presented the Awards. Dr Roy Kallivayalil (Chairman, IMA National Committee for Mental Health) presided.

The following Awards for essays on Schizophrenia were presented on the occasion:

- Dr KV Jacob Memorial Award to the best medical student essay - Ms Varsha Shaji (2nd year MBBS)
- Dr JK Trivedi Memorial Award for the best essay by an intern
- John Nash Award for the best essay by a nursing student
- Dr KV Jacob was the first Professor of Psychiatry in Kerala.*Prof JK Trivedi (Lucknow) was eminent researcher on Schizophrenia from India.*John Nash was Nobel Laureate.

The following persons were honoured on the occasion: Carers and Family members, Best Nursing Staff in Psychiatry, Best Ancillary Nursing Staff in Psychiatry. There was also screening of the Oscar Award winning film “A Beautiful Mind” (for private audience), variety entertainments and high tea.

‘The Hindu’, one of India’s most influential newspapers, carried a special report on mental health, prominently on May 30th. The link was http://www.thehindu.com/news/national/kerala/concern-over-poor-health-allocation/article7263008.ece

Concern over poor health allocation

The Chairman of the Indian Medical Association - Hospital Board of India, R.V. Ashokan, inaugurates the valedictory of the World Schizophrenia Week observance at the Pushpagiri Medical College in Thiruvalla on Friday. It is high time, Indian government gave due importance to public health, R.V. Ashokan, chairman of the Indian Medical Association - Hospital Board of India, has said. Dr. Ashokan was inaugurating the valedictory of the World Schizophrenia Week observance at the Pushpagiri Medical College in Thiruvalla on Friday. According to him, the outlay on health in the country, which is deemed as Asia’s third largest economy, is about 1.2 per cent of the GDP. The public health spending in India is far less than even countries like Afghanistan, Sudan, and Haiti, he said.

Delivering the presidential address, Roy Abraham Kallivayalil, chairman of the IMA National Committee for Mental Health and the Secretary General of the World Psychiatric Association, stressed the need for a pragmatic and well thought-out national mental health plan for India. Dr. Kallivayalil said, it is critical that there is a national mental health plan including prevention developed in the next five years, with focus on education and employment to help people with a psycho-social disability. He said Nobel laureate economist John Nash, who had a lifetime history of schizophrenia, was an example to show that this mental illness could be completely cured through systematic treatment.

Fazal Mohammed, Professor and Clinical Psychiatrist; Fr. Shaji Vazhayil PMC chairman, and Fr. Mathew Punakulam, PMC director, also spoke. A good number of patients, their caretakers, and medical and paramedical students attended the function.
“Easter-Vishu Family & Carers’ Programme” was organised by IMA National Committee for Mental Health at Thiruvalla on April 16, 2015 and it was a big success.

Rev. Dr. Shaji Vazhayil (Chairman, Pushpagiri) inaugurated the programme and delivered the Easter Message. Prof K Venugopal (Immediate Past President, Cardiological Society of India) was be the Guest of Honour and delivered the ‘Message of Vishu’. Prof Roy Kallivayalil (Chairman, IMA National Committee for Mental Health) presided. Dr. Fazal Mohamed, Dr. Joice Geo and Dr. Abraham Verghese spoke on the occasion. Easter/Vishu gifts were presented to the carers and family members. This was followed music and entertainment programme. Large number of family members and carers participated in the event.

Discussion with the Director, Mental Health Division at WHO Geneva
Dr. Roy Kallivayalil held discussions with Dr. Shekhar Saxena, Director, Dept of Mental Health and Substance Abuse at WHO Geneva on July 1, 2015.

The Director spoke about the Mental Health Action Plan (2013-2020) of WHO and requested the support of all countries for its successful implementation.

International Neuropsychiatry Association
This October I had the opportunity to attend the 10th annual meeting of the International Neuropsychiatry Association, held in Jerusalem, Israel. Leaders in neuropsychiatry from around the world converged for three days of educational seminars and collaborative learning. Dr. Haim Belmaker, the incoming president of the INA, presided over the conference. Topics of seminars were diverse and included the use of ketamine in treatment resistant depression, the interface between traumatic brain injury and PTSD, and deep brain stimulation for depression and post traumatic stress disorder. I presented a poster about a new study currently under review at George Washington University that involves the use of Cranial Electric Therapy for postpartum depression. The conference allowed for collaborative relationships to develop among researchers and clinicians interested in neuropsychiatry. Through this conference, I made a connection to an Israel researcher who is studying TDCS in the treatment of posttraumatic stress disorder, and we plan to engage in a binational research project to study this approach. PTSD and many other brain disorders are difficult to treat with medication alone. As neuroscience research increases our understanding of the human brain, new treatments for brain disorders should be studied through a collaborative approach.

Veronica Slootsky, MD, Assistant Professor
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Operation Continuing Promise is a biannual humanitarian mission conducted by the United States Navy, aboard the hospital ship USNS Comfort, throughout the Caribbean and Central America in partnership with providers from various allied militaries and non-government organizations. In addition to primary care and dentistry; specialties such as pulmonology, cardiology, physical therapy, ophthalmology, orthopedic surgery, women’s health, dermatology, and psychiatry were represented.

An analogous mission, Pacific Partnership, is conducted throughout Southeast Asia aboard the Comfort’s sister-ship the USNS Mercy.

The 2015 mission (CP-15) lasted from April to September of this year and stopped in 11 countries throughout the region. The itinerary included Belize, Guatemala, Jamaica, Nicaragua, Panama, El Salvador, Colombia, Dominica, Dominican Republic, Honduras, and Haiti. Care was delivered both at established medical sites on the host nation’s soil as well as aboard the ship which has 12 operating rooms and over 1200 beds.

In line with ethical norms, interventions provided as part of CP-15 were based on an advanced needs assessment and limited to those which either could likely be sustained after the mission; or not need follow-up. Based on the grossly disproportionate demand for services, follow-up appointments, even during the mission, would not be possible. Emergencies that would require long-term or intensive care for multiple days – or treatments beyond the scope of the ship’s limited formulary – were transported to local hospitals.

The ship’s behavioral health team consisted of one psychiatrist, one psychologist, and three psychiatric technicians. The role of the behavioral health providers was three-fold: care for the crew, care for the local populations at the medical sites, and presenters at Subject Matter Expert Exchanges.

Aboard the ship, providers were able to adapt the medical-surgical wards to a closed off psychiatric unit with nursing as needed. Groups were also held to supplement available individual therapy. Behavioral health providers also served as advisors to leadership as to ways of improving or maintaining morale throughout the extended mission. As behavioral health interventions often require multiple visits or take effect only after a delay; the parameters within which care could be provided to the local population was constrained. This led to an increased emphasis on brief transference based techniques and supportive/coping skills. The SMEEs were conducted as a means of empowering as well as learning from the local population’s providers. This aspect was of particular importance as in some countries over 70% of health services were provided by non-governmental organizations.

Overall CP-15 highlights the role interdisciplinary multi-agency humanitarian assistance can play in fostering international bonds; and how awareness of global mental health issues can assist in that role.

* Chief Resident, National Capital Consortium Psychiatry Residency at Walter Reed National Military Medical Center, Bethesda, Maryland. The views in this article are those of the authors and do not represent the official position of any agency of the US Government.

References:
1 http://www.navy.mil/local/cp/
The ultimate aim of this new global mental health initiative, consists of strengthening and upgrading the current institutional development capabilities in Canada and selected countries of the Latin American and Caribbean region, for maximising research capacity for innovation and knowledge transfer, in order to influence policies and practices and improve learning capacity in global mental health (GMH) in the participating academic institutions.

The GMH initiative is supported by the International Development Research Centre (Canada) and McGill University. It will be completed within a two-year timeframe (July 1, 2015 – June 30, 2017), during which two GMH Sub-Regional workshops will be conducted by a McGill University-based GMH Team in partnership with two other academic institutions: the University of West Indies (UWI), based in Kingston, Jamaica, and the University of Chile, based in Santiago de Chile. Other academic institutions from the LAC region have demonstrated interest in joining this network in the near future (i.e., the State University of Rio de Janeiro (UERJ), Brazil; the National Institute of Mental Health H. Delgado – H. Noguchi, in Lima, Peru, among others).

In May 2016, an Advance Study Institute, entitled “Psychiatry for a Small Planet: Ecosocial Approaches to Global Mental Health”, will be held in Montreal, Canada, as the culmination of GMH planned activities for the first year.

The GMH initiative aims at: (a) To initiate and establish policy dialogue through GMH sub-regional workshops and the 2016 GMH Advanced Study Institute to influence GMH research, capacity building, and knowledge transfer of mental health policies and practices in the LAC region; (b) To improve learning capacity and practices in GMH by developing a core curriculum for a course in GMH, involving the respective Faculties of Medicine, Nursing, and Health Sciences and relevant teaching units (i.e., Department of Psychiatry), Mental Health Institutes, teaching hospitals and mental health care facilities, government public health institutions, and NGOs; and (c) To contribute to stigma reduction and the prevention of human rights’ abuses of people seen as mentally-ill, by strengthening social capital and promoting resilience of persons with mental illness and family associations, limiting the excessive or inappropriate use of psychotropic medications, and decreasing dependence on Western-driven professional interventions in GMH.

At the end of the project cycle (June 2017) we expect to provide policy makers with evidence from the literature that poverty alleviation efforts can have considerable impact on the mental health of the population. Mental health can be improved and the stigma of mental illness reduced not only by influencing individuals’ mental health knowledge and behaviour, but also by implementing more equitable social and economic policies. Policy makers may also want to consider greater public investment in the long-neglected mental health service sector, which would certainly benefit the region as a whole, given that the burden of mental illness is borne not only by the patients but also by their family members and communities.

A balanced GMH research agenda for the future must focus not only on the biological (i.e., molecular) bases of mental disorders, but also on their social, environmental and economic determinants.¹ To maximize research capacity for innovation and knowledge transfer for global mental health in LMICs, we need to travel along at least two distinct directions in the innovation process: downstream, searching for biotechnological and psychosocial solutions exemplified by global public-private product development partnerships (i.e., new drugs, devices, diagnostic and therapeutic procedures), in order to build more efficacious interventions in the primary and secondary prevention levels and clinical domains; and upstream, actively exploring the more distal social, political and environmental origins of health and disease (that is, the “causes of the causes”), in search of systemic ecosocial solutions and collective interventions. This second path is exemplified by health policy and health systems research from a multi-sectoral, cross-cultural and transdisciplinary perspective. A unifying new paradigm for GMH needs to be driven by both biotechnological as well as social innovations.

(As our newsletter was about to go to press, we had just been informed by Dr. Lolas that Dr. Pedersen regretfully passed away while visiting with Dr. Lolas in Chile).

References:
Defining Global Mental Health and Psychiatry
by Vincenzo Di Nicola, MPhil, MD, PhD, FRCPC, FAPA
Université de Montréal

Issue: What is Global Mental Health & Psychiatry?
Forum Question: Is there an emerging consensus for revisioning mental health and psychiatry in a global way that includes social concerns, recognizes cultural diversity, and embraces the mission of public health, comparing mental illness across cultures and around the world?

A metaphor for health: If we imagine health as a river winding around the world, there are tributaries which feed into the larger river, which flows into the sea.

The river of health and its tributaries:
- Medicine and well-being is the river
  - “Global Health & Medicine” is its name
- Psychiatry is a tributary, with many rivulets:
  - Social Psychiatry
  - Transcultural or simply Cultural Psychiatry
  - HBM Murphy of McGill defined this field as Comparative Psychiatry, “the international and intercultural distribution of mental illness”
- Public Health and Epidemiology are tributaries

In this view, Global Mental Health & Psychiatry is the emerging term for the tributary that collects all the rivulets (e.g., Social Psychiatry, Cultural Psychiatry, and Public Health) merging into the river of Global Health & Medicine.

These rivulets and tributaries represent broader envelopes or contexts for psychiatry than more narrowly-defined disease-specific (e.g., mood disorders, eating disorders), age-specific (e.g., child, geriatric psychiatry), or intervention-specific (e.g., by therapeutic approach – psychodynamic psychiatry; or by activity – consultation-liaison psychiatry, integrated care) approaches.

Vincenzo Di Nicola, MPhil, MD, PhD, FRCPC, FAPA
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Representative to the APA Assembly
Past-President of the Quebec & Eastern Canada District Branch
Newsletter Zonal Co-Editor for the Americas
APA International Membership ended the year with a total of 1,856 international members/fellows/distinguished fellows representing 100 countries from around the world. We also welcomed 228 new international members due in part to some successful membership promotions including the International Membership Ambassador Program (IMAP) and the Rebate Program at the Annual Meeting in Toronto, Canada.

The International Membership Ambassador Program (IMAP) currently has 37 international member ambassadors representing 22 countries. This past year was a very successful year. There was a 118% increase in IMAP successful referrals over the previous year. In 2015, 24 new members from 12 countries were brought in by 11 ambassadors compared to 2014 which resulted in 11 new members brought in by 5 ambassadors.

Six IMAs received a discount on their 2016 dues, each recruiting between two and five new members.

Last year the Rebate Program included a special offer to International full program registrants who joined the APA in Toronto. Each person who joined was given a gift certificate in the same amount as their dues to use at the onsite APA Bookstore. 76 international applications were received.

We plan to continue the momentum at this year’s Annual Meeting by inviting APA International Members attending the Annual Meeting to become International Membership Ambassadors, as well as continue to offer the Rebate Program to international nonmember registrants at the 2016 Annual Meeting in Atlanta. An International Member Welcome Reception at the Annual Meeting is also being planned.

In 2015, the International Fellow of the APA (IFAPA) category advanced 211 international members in 2015. Continued promotional efforts throughout year are planned to International members.
EUROPE

WPA 2015 BUCHAREST INTERNATIONAL CONGRESS HIGHLIGHTS ENGAGES YOUNG HEALTH PROFESSIONALS THROUGH INNOVATIVE TRACK

Irina Radu, MD*, Romania and Miguel Alampay, MD, JD**, USA

and timely global mental health additions that highlighted the importance of the Congress’ main themes – innovation and transdisciplinarity. Both, the Young Health Professionals’ Track (YHPT) and the Non-Communicable Diseases: Integrating Primary & Secondary Prevention in Primary Care Course, were inspired by Elliott Sorel, one of the Congress’ Scientific Chairs.

The YHPT featured presentations by early careerists and trainees in psychiatry, family medicine, ecology, and public health. Young Health Professionals served on the Track’s steering committee and delivered well-received presentations in the forms of two symposia, two oral communications, and one educational workshop.

The second day of the track began with a symposium by an all Romanian delegation on the topic of Integration of Education for Young Mental Health Professionals: Between Theory and Practice. It was chaired by Catalina Tudose and featured Marinela Hurmuz, Raluca Oana Tipa and Irina Radu. Following this, Iuliana Dobrescu and Masatoshi Takeda, Romanian and Japanese Young Health Professionals, presented their original research Addressing the Quality of Life and Cross-Cultural Factors in Mental Health. To close out the track, Miguel Alampay and Daniel May, from the United States, chaired the Communication Tool Set for Young Health Professionals. This workshop provided an overview of important considerations for early career psychiatrists thinking of engaging audiences through new media.

The Course emphasized the importance of integration across specialties. As envisioned by Course Director, Elliot Sorel, health systems of the twenty-first century must move to “a collaborative, well integrated, transdisciplinary team model based in one location with a solid primary care, behavioral health, and public health synergy.” Experts in psychiatry, public health, family medicine, engineering, information technology, and psychology convincingly laid out the need for integration in modern health care.

Further highlighting the importance of inclusion in medicine both across both specialties and experience, the Congress also featured the YHP Poster Competition. Over 80 submissions from young investigators ranging from Romania to South Korea to Canada were received. Equally diverse were the topics which ranged from a diagnostic-linguistic analysis of Hemmingway to pilot projects instructing lay volunteers on basic psychotherapeutic techniques. Ultimately 10 awardees received copies of Sorel’s text “21st Century Global Mental Health.”

Based on the Congress’ resounding success in bringing together young health professionals from a variety of backgrounds; the WPA 2015 Bucharest International Congress will likely be seen as a key moment in global mental health.

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References:
1) Sorel, E., Total Health for All, in Dignity in Mental Health, World Federation for Mental Health, 2015, Occoquan, Va.
Migration of highly skilled health professionals from developing countries is widely referred to as “brain drain,” demonstrating the loss of human resources as a barrier to achieve adequate population coverage, and to provide proper mental health care.

Recognizing the importance of this large scale and long-standing phenomenon, and since within the European Union data of these migration flows is scarce, the European Federation of Psychiatry Trainees (EFPT) research group has done a survey on migration on 33 countries across Europe, to assess psychiatry trainees’ opinion and experience towards international migration, identifying reasons, barriers, patterns, time and impact of migration.

This international collaborative research project aims to be expanded to psychiatry trainees throughout the world, allowing comparisons with additional groups, such as trainees from other specialties and psychiatry consultants. Having further information will foster the understanding and awareness about the scale of this workforce migration and brain drain.

Migration within medicine will probably continue, being therefore essential to enhance the support to those who migrate, and actually influence the health care provided internationally.

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References:
Save the Date

- **Violence Risk Reduction**
  WPS Presidential Symposium
  February 27, 2016
  https://wps.memberclicks.net/index.php?option=com_mc&view=mc&mcid=72&eventId=491802&orgId=wps

- **NIMH Meeting on Global Mental Health**
  World Bank Finance Ministers, WHO
  Washington DC
  April 13-15, 2016

- **The Surgeon General’s Mental Health Report**
  Parity and Integrated Care
  American Psychiatric Association Symposium
  Atlanta, Georgia
  May 16, 2016
  9 am - 12 noon
  http://psychiatry.org/psychiatrists/meetings/annual-meeting?
  utm_source=Internal-Link&utm_medium=Banner-Row&utm_campaign=AM16EBdeadline

- **APA Institute on Psychiatric Services**
  Washington, DC
  October 6-9, 2016
  http://www.psychiatry.org/psychiatrists/meetings/ips-the-mental-health-services-conference

- **The African Diaspora Conference**
  Cape Town, South Africa
  November 17-18, 2016
  https://www.waset.org/conference/2016/11/cape-town/ICADDD

- **WPA International Congress**
  Cape Town, South Africa
  November 18-22, 2016

- **World Association for Social Psychiatry Congress**
  New Delhi, India
  December 1-4, 2016
  http://www.wasp2016.com/
Members of the Career, Leadership & Mentorship group attended Professor Jonathan Moreno’s thought provoking lecture on his father, Jacob L. Moreno, MD, the inventor of psychodrama in early 20th century, whose ideas were transformed into social media and social networks of the 21st century. From left to right: Constance E. Dunlap, MD, Pooja Lakshmi, MD, Miguel Alampay, MD, Jonathan Moreno, PhD, Arushi Kapoor, MD, Layan Zhang, MD, Veronica Slootsky, MD, and Eliot Sorel, MD.