WORLD Mental Health CONGRESS LONDON 2022

Hybrid Congress

June 28th – July 1st, 2022

Central Hall Westminster
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Congress News
Issue One

WFMH World Federation for Mental Health

World Dignity Project

Technical Secretariat: Phase20 www.phase20.co.uk

Introduction

As Joint Chair of the Congress Steering Committee, I look forward to welcoming you in person and online to the 23rd WFMH World Congress being held in collaboration with the World Dignity Project in London from 28th June to 1st July 2022. Our Committees and the Technical Secretariat have been working hard to make this a memorable event for all of you.

We are very excited about our partnership with Alpha Psychiatry who will publish the proceedings.

Alpha Psychiatry is an open-access, peer-reviewed journal publishing high-quality publications of scientific and clinical significance on all areas of psychiatry, basic and clinical neuroscience, and behavioral sciences. The journal is currently indexed in major databases, including Science Citation Index Expanded (Impact Factor: 0.518), PubMed Central, and Scopus (Cite score: 0.5).

The target audience of the journal includes psychiatrists, mental health workers, neuroscientists and researchers who are interested or working in in all fields of medicine. All published content is made available online free of charge at https://alpha-psychiatry.com/. With Alpha Psychiatry, the authors retain the copyright of their work with a Creative Commons Attribution-NonCommercial 4.0 International License (CC-BY-NC), so all your accepted submissions are made available in full content to the broadest audience possible.

We encourage you to submit your abstracts on the website by 27th April 2022 which can be presented in person or online.

We also have a dedicated e-poster session for those people who are keen to showcase their work in poster format.

Here is the link for abstract submission:

https://www.wfmh2022.com/index.php?seccion=privateArea&subSeccion=log-in&back=true&msg=reg

We are delighted to share some of the abstracts that have already been accepted for presentation at the 23rd WFMH World Congress 2022 – Mental Health a Global Priority.

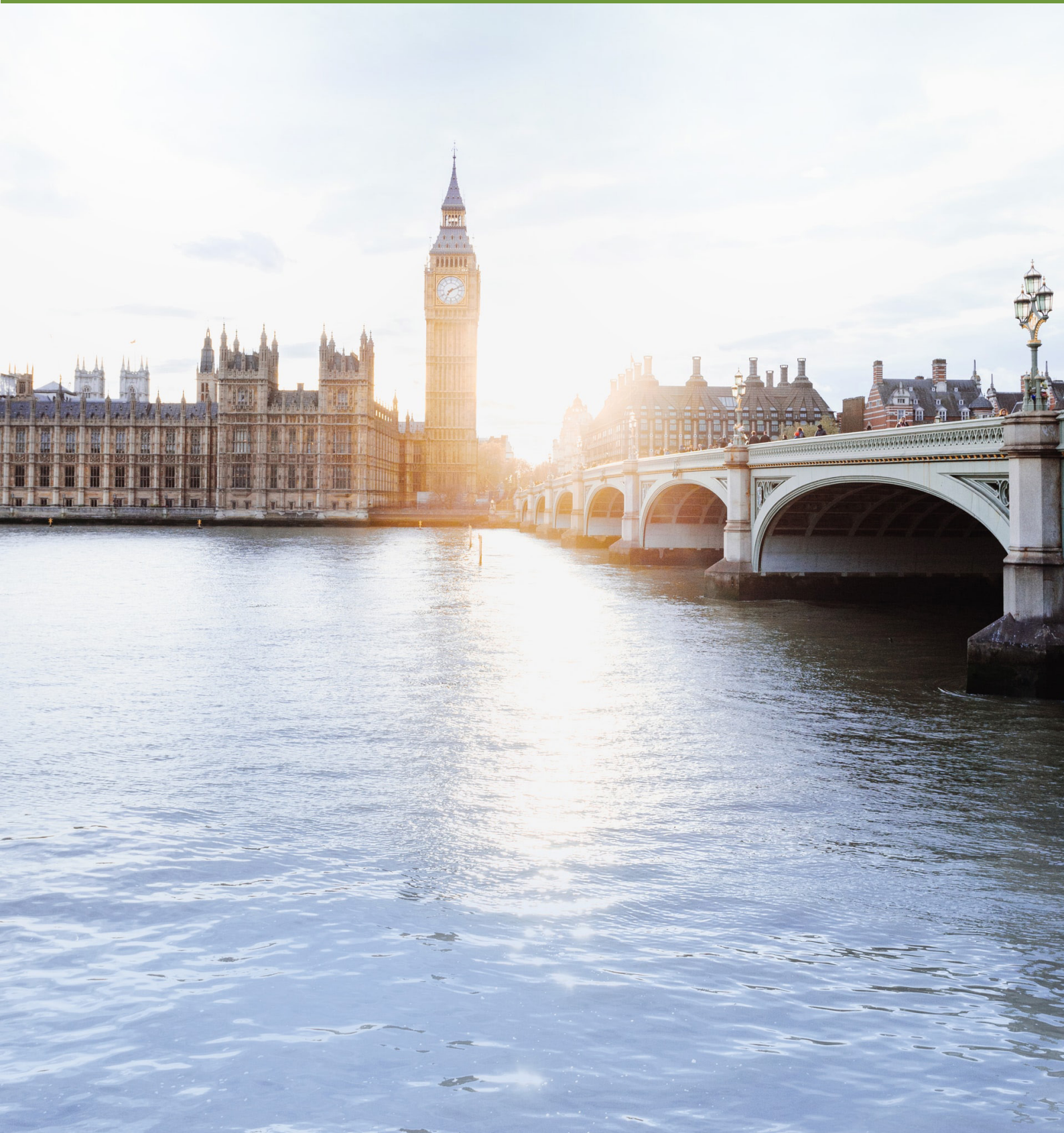
We look forward to sharing more with you in the weeks ahead as we count down to the Congress.

Come and join us and be a partner. Together we can make a difference.

Gabriel Ivbijaro
MBE Steering Committee Joint Chair

Tuesday 28

June 2022



DAVID CREPAZ-KEAY
Scientific Committee Member.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 08:30-10:10 hrs

PLENARY ONE

Engaging and empowering mental health service users, families and carers – we can do better

Empowerment of people who have used, or need mental health services and their carers is an international, European and UK priority. It is also a practical possibility to make it happen at a structural/strategic level, at an individual level and even at a community level.

This is not simple process, and this presentation will use a range of examples to show how this can be achieved in a range of settings and the problems and pitfalls encountered when we try to do this in the real (and virtual) world. These endeavours can take many months and many people to develop and longer still to mature into something that feels sustainable. The presentation will try to demonstrate that empowerment requires experience and can become expertise, but that this process needs time and support to happen.

Making empowerment a reality has the potential to improve lives, improve communities and make best use of our limited resources. In short, if empowerment is done well, everyone benefits.

AFZAL JAVED
International Committee Joint Chair.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 08:30-10:10 hrs

PLENARY ONE

A whole system approach to working together

Mental disorders are highly prevalent and cause considerable suffering and disease burden all over the world. The public health impact of mental disorders is profound as the estimated disability-adjusted life-years attributable to mental disorders have been shown to be very high. Despite the growing evidence about the impact of mental illnesses, mental health services continue showing big gaps and lack a whole system approach to working together.

There are also concerns among the professionals that profession is in crisis and that it faces a number of external and internal challenges. Limitations of mental healthcare within services & marginalisation of psychiatrists in service development and organisation are posing further questions whether mental health professionals are endangered species.

This presentation presents an overview about such challenges and their impact on current collaborative work. While there is no health without mental health, we need innovation, networking and basic understanding & orientations about future collaboration among various discipline sin mental health. This would support efforts aiming at promoting mental health as a preferred discipline among the medical & social care profession as well as wider respect and acknowledgement among the general public.

VINCENZO DI NICOLA
MPhil, MD, PhD, DLFAPA, FCPA, FCAHS.
Dept. of Psychiatry & Addiction Medicine.
University of Montreal.
Scientific Committee Joint Vice Chair.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 08:30-10:10 hrs

PLENARY ONE

Wielding power, promoting empowerment: the delicate paradox of power gradients in global mental health care today

Objectives

The goals are to interrogate the concepts of "power" and "empowerment" in global mental health care today. Specifically, to highlight the paradox of powerful parties proposing to promote empowerment across power gradients such as development (eg, adults treating children, youth and developmentally challenged populations; professionals treating comparatively uneducated populations), social class and vulnerable minorities.

Empowerment as a concept arose in American community psychology (Rapaport (1981). It was rapidly incorporated into the thinking and practice of community organizers, social work and related professions.

Methods

These questions are examined through a selective literature review in various fields, from social psychiatry (Di Nicola, 2020) to global health (WHO, 1998) to feminism (Becker, 2005), from social work (McLaughlin, 2016) to human resources (Argyris, 1998).

Results

Important critiques arise in the integration of empowerment in social theory and clinical work in all the helping professions and beyond, such as education and human resources.

"Empowerment for health," is defined as "a process through which people gain greater control over decisions and actions affecting their health" (WHO, 1998, "Health Promotion Glossary - World Health Organization", p. 6). A difference is noted between individual and community empowerment. However, the biggest issue is that empowerment confers even more power on those who promote and enhance the power in others. One needs to have power in order to promote it in others. "Empowerment" arises from and increases the power gradient. That's the fly in the ointment.

It's particularly true for underrepresented groups – and I work with two of them – children and families, and immigrants and refugees. I believe that power is an illusion which obfuscates real and profound differences based on social class and other divisions. Empowerment has all the flaws of being based on this illusion which has been criticized by thoughtful feminists (Becker, 2005) and other social theorists in social work (McLaughlin, 2016) and human resources (Argyris, 1998).

Conclusions

As a student of an eminent pioneer of family therapy, I had a debate with Italian psychiatrist Prof. Mara Selvini Palazzoli about power and empowerment, stating that, "Power is an illusion," to which she responded, "Power may be an illusion but the struggle for power is a fact." As we say in systems theory, these are constructions, reframings, or punctuations. In other words, ways of seeing, not of being.

Canadian media philosopher Marshall McLuhan predicted that electronic media would act as democratizing influences on culture, what American journalist Thomas Friedman calls a "flat world." These hopeful constructions about the struggle for power in the new digital economy and the global mental health movement to level the playing field are aspirational goals. Yet the reality on the ground remains essentially unchanged for those who cannot assert their own agency and autonomy to expand their choices for better health – individually or collectively. Finally, the issue is whether the powerful should decide who else should have power and, more profoundly, whether the struggle for this illusion is worthwhile in the increasingly stratified world, notably in the Global South (Di Nicola, 2020).

JOHN BOWIS

Former Health Minister, MP and MEP.
Steering Committee Member.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 14:00-15:40 hrs

PLENARY TWO

Policymakers and the delivery of better mental health

Mental health is an invaluable asset. Poor mental health has adverse impacts on individuals, families and communities. It also has significant impact on national economies due to healthcare costs and time out of work for individuals affected and their informal carers. It is therefore essential that policymakers understand the importance of delivering better mental health. There needs a move away from mental health being the responsibility of the Department of Health and Social Care, to Mental Health in All Policies. This calls for more opportunities for collaboration across departments to tackle poor mental health.

Speaking from experience of Minister, of WHO adviser on Nations for Mental Health, of European Parliament Spokesman on Health and board member of mental health NGOs, to highlight the need for quality services, for listening to people living with mental health problems and for the defeat of stigma.

JUKKA KARKKAINEN
DMedSci, MSc (Law), Psychiatrist, Regional Vice President Europe (WFMH).

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 14:00-15:40 hrs

PLENARY TWO

Redefining mental health in the European Context – the example of the National Mental Health Strategy 2020-30 of Finland

National Mental Health Strategy of Finland recognises the importance of mental health in a changing world. Mental health is seen as a resource that can be supported. It is possible to prevent and manage mental disorders and reduce discrimination and stigmatisation associated with mental disorders. Mental disorders are a public health challenge, and therefore the availability of mental health services must be brought to the same level of other health and social services.

The Finnish mental health strategy provides guidelines for decision-making and for targeting activities and resources. Extensive collaboration is necessary to achieve the objectives. The strategy has five focus areas: *Mental health as human capital*; Mental health for children and young people; Mental health rights; Broad-based services that meet people's needs; Good mental health management.

Mental health as human capital is one of the most important things in a person's life, affecting health and wellbeing, interpersonal relationships, studies, work, and the entire life-course. Good mental health strengthens trust, reciprocity and a sense of belonging in society. Productivity is closely tied to the mental health of the workforce. High levels of good mental health in the population will support success in Finland as a whole. Mental health is a form of capital for individuals, families, communities and society as a whole which can be looked after and invested in at all life stages, during studies and at work, in everyday circumstances, communities and recreational activities, in connection with societal and environmental changes. In addition to a public health perspective, specific attention is given to minorities including different language and cultural groups.

TSUYOSHI AKIYAMA
President-elect of the World Federation of Mental Health.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 10:10-11:10 hrs

INVITED SPEAKER PARALLEL SYMPOSIUM/ROUND TABLE

21st century advocacy and working together

Fortunately, the importance of mental health, advocacy, recovery, and anti-stigma has been gradually better recognized in the world. Unfortunately, there remain many issues to be improved. It is vital that mental health movements and organizations get together, exchange experiences and expertise, and support each other. It is also crucial that better strategies are established to enhance partnership with other stakeholders in society. The World Federation of Mental Health (WFMH) aims to take leadership for this advancement. In this round table, President, President-elect, and Vice President for Program Development discuss how the WFMH aims to achieve these goals.

CLAIRE BROOKS
The World Dignity Project, Founder member, Volunteer Director of Research & Development.
President of ModelPeople Global Insights & Strategy.
Steering Committee Joint Vice Chair.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 11:30-12:30 hrs

SYMPOSIUM SESSION TWO

Making Dignity an Integral Component in Mental Health Service Delivery

Introduction

Dignity is a critical factor for patients in their evaluation of the quality of healthcare and is strongly correlated with patient experience ratings. Yet worldwide, mental healthcare services deliver negative dignity experiences and stigmatize service users. Irredeemable loss of dignity is proposed as a cause of suicide among psychiatric patients. A major issue is that dignity is operationally complex. Patient dignity scales have been proposed in palliative and surgical care, but no mental health dignity scale has been found. A new study in collaboration with the World Dignity Project is addressing this research gap by developing the first validated dignity scale. The first phase of the study was to conduct a meta-synthesis of the published research on mental health dignity.

Aim

The goal of this meta-synthesis is to interpret available evidence from the service user perspective to generate variables which describe the domain ***'dignity in mental health patient experience'***.

Method

Meta-synthesis can be defined as an interpretive approach to synthesizing qualitative research with the goal of making a greater contribution to theory than that made in the original study. This meta-synthesis was guided by a focused Research Question: ***'What are the measures of dignity in mental health patient experience which should inform***

the design and delivery of mental health services, from both patient and clinical professional perspectives?"; and a search protocol was established. Searches were conducted on Medline, APA Psych Info, CINAHL, Embase, Web of Science, with the limiters: scholarly or peer-reviewed articles/ journals, English language, terms used in title, abstract and author keywords, no date limit. Search terms were: dignity AND mental health, dignity and respect AND mental health, "mental health dignity"; dignity AND mental health or mental illness or mental disorder or psychiatric illness [MeSH term], dignity AND mental healthcare; dignity AND measures or scales or questionnaires or instruments [MeSH term] AND mental health, mental health services AND dignity. Inclusion criteria were articles which described or synthesized research studies in a mental healthcare setting, and which also identified themes or measures of mental health patient dignity primarily from the patient perspective (i.e. sample was patients or equal weighting of patients and healthcare professionals.)

Results

Seventeen studies were identified. Dignity measures, taken verbatim from patient quotes or inferred from interpretive themes used in the researcher's narrative, were extracted and tabulated. This process derived 201 measures, including some duplicates or which expressed the same measure differently. Seven dignity themes were identified: Respect, Autonomy, Communication, Empathy, Treated as an Individual, Privacy & Confidentiality and Environment & Basic Care. After thematic grouping and comparing measures within each group, duplicates were eliminated, and language refined for clarity. This produced a 76-item scale. This scale was exposed to mental health service users in qualitative research, the results of which will be shared in Plenary Session Four.

SIMON VASSEUR-BACLE
Clinical Psychologist. Head of International Affairs. WHOCC. Lille. France. EPSM Lille Métropole. France.
Steering Committee Member.

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 11:30-12:30 hrs

INVITED SPEAKER PARALLEL SYMPOSIUM

Rights and mental health

The central place of Human Rights in the quality of follow-up in mental health is an emerging orientation that is increasingly relayed and discussed. Care and care pathways in psychiatry are evolving according to the orientations of professionals in the field and health policies. The notions of deinstitutionalisation, antistigma actions, empowerment and recovery have influenced practices, changing the paradigm of classical psychiatry towards a broader conception of mental health that concerns all citizens.

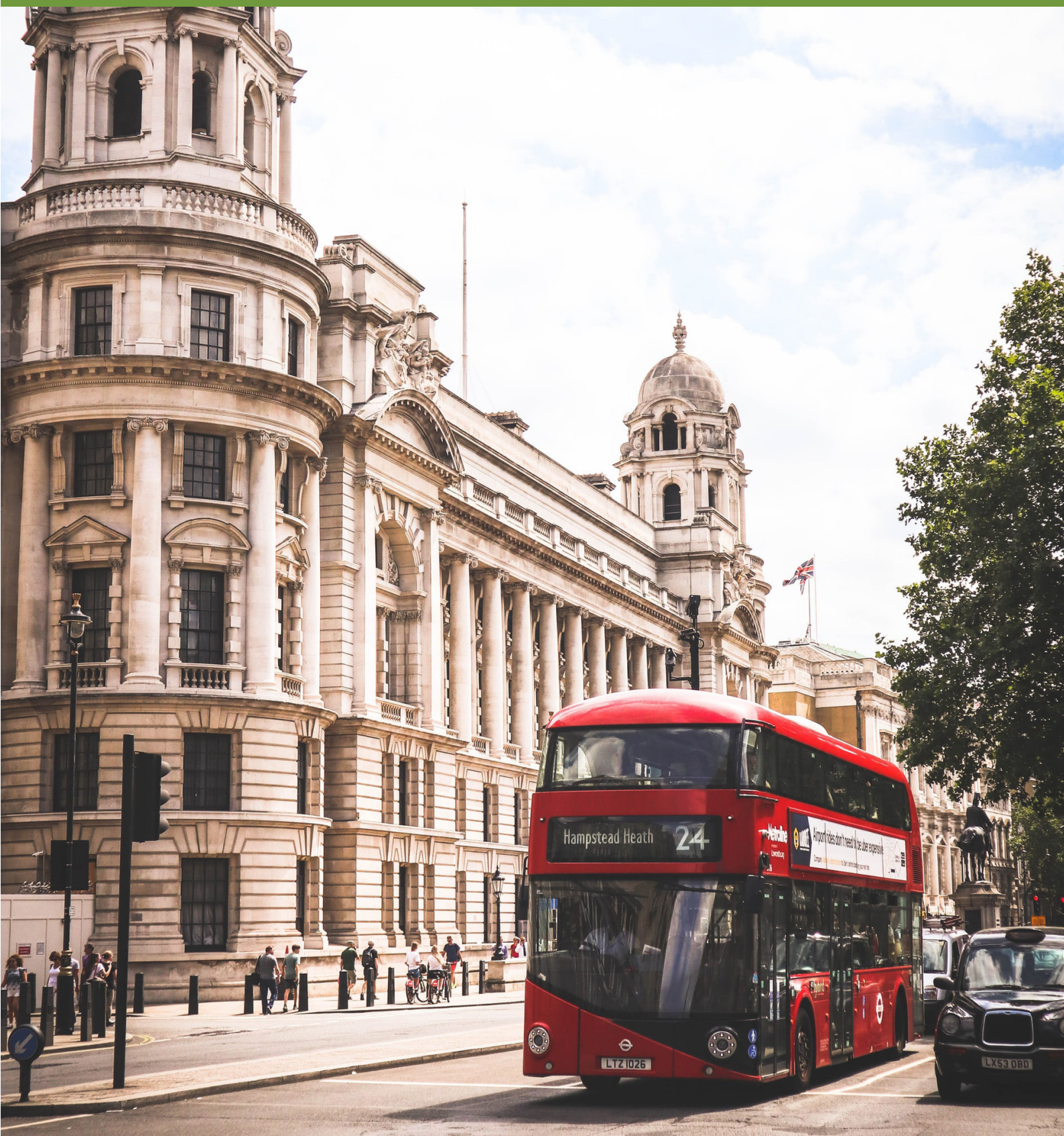
Important texts have accompanied this movement, coming from the European Commission, the World Health Organization (WHO) or international ministerial meetings. This change in professional practices can be observed directly at a more local level, with mental health service organisations and innovative initiatives in the community. These actions are carried out by health professionals, sometimes in collaboration with other actors: users, family carers, local elected representatives, etc.

The issue of Human Rights, broader than that of the Rights of the Patient, questions psychiatric/mental health practices in which, historically, the very ability of people with mental health problems to make their own decisions has been questioned, if not denied.

This presentation will discuss two key references, the UN Convention on the Rights of Persons with Disabilities and the WHO QualityRights programme, which constitute a basis for reflection and evaluation of the respect of mental health rights. Some examples of concrete actions to promote the respect of rights in mental health services will also be proposed.

Wednesday 29

June 2022



CLAIRE BROOKS
The World Dignity Project, Founder member, Volunteer Director of Research & Development.
President of ModelPeople Global Insights & Strategy.
Steering Committee Joint Vice Chair.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 08.30-10.10 hrs

PLENARY FOUR

Co-creating Dignity Experiences in Mental Health Service Delivery

Introduction

Dignity and respect from others are fundamental to full citizenship, no less for vulnerable individuals using mental health services. Service user dignity is protected in health system policy and medical ethics. Evidence suggests that a dignity experience improves health outcomes, yet the dignity of psychiatric patients remains 'understudied' and there is little quality evidence of what experience patients themselves want. This study, done in collaboration with the World Dignity Project, addresses this research gap by co-creating, with service users and healthcare professionals and experts worldwide, the first mental health dignity scale. There are three research phases: 1. Service user qualitative; 2. Healthcare expert Delphi panel; 3. Quantitative validation with service users and healthcare professionals. This abstract presents the results of the first phase of qualitative research.

Aim

The aim of the research is to increase understanding of how dignity can be operationalised in patient experiences of mental health services, to inform best practice in service design and delivery. Specifically, to propose a validated dignity item scale.

Method

A diverse purposeful sample of 16 mental health service users was recruited: male and female, age 19-60+; ICD-11 diagnosis of a SMI; receiving/have received primary or secondary care; from 13 countries, mix of high and low-mid income. Three participants had been de-

tained. Participants were recruited by public invitation from the World Dignity Project (via newsletter and social media). 127 respondents to the invitation were invited to link to an online screener, and informed consent was obtained from qualified recruits. Participants wrote two narratives, describing a positive and a negative healthcare dignity experience, and then reviewed a draft 76-item scale of dignity measures developed from a literature meta-synthesis. The study had ethical approval from the University of Bradford.

Results

Narratives were coded according to seven themes identified in the literature meta-synthesis: Communication, Autonomy, Treat me as an Individual, Environment & Basic care, Empathy, Respect, Privacy/ Confidentiality. Positive experience narratives emphasized primarily: Communication with Empathy (listening without interrupting, giving information about treatment, comforting, offering hope, building self-confidence, reducing shame/ guilt, including loved ones in care) and Autonomy in the sense of empowerment (discussing options other than medication, shared decision-making). Also important was Treating as an Individual (being accepted for who I am), especially for younger participants, and Environment (welcoming safe space, attractive facilities). Negative experience narratives emphasized poor Communication (not acknowledging concerns, talking not listening), lack of Respect (judging, demeaning) and Environment (prison-like facilities, restricted activities or food/drinks). Also important in negative narratives were: Treating me as an Individual (rushing to diagnose/treat, not customizing treatment, labelling and judging), and Autonomy (not discussing options, imposing petty rules). Privacy was not mentioned in narratives but was rated important in the item scale. Patient narrative language was thick in description and enabled the draft dignity scale to be refined with richer language and less important measures eliminated. This resulted in a 57-item scale which was subsequently presented to the healthcare professional Delphi panel for feedback.

THOMAS JAMIESON-CRAIG
International Committee Joint Chair.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 08.30-10.10 hrs

PLENARY FOUR

Disaster and mental health – the role of social psychiatry

This presentation emphasises an eco-social perspective to disaster responding, based on an awareness of local social and cultural factors likely to influence the delivery and receipt of the assistance intended to strengthen and rebuild the social infrastructure that will ultimately effect recovery.

Disasters may be natural or man-made, localised or widespread and cause serious economic, environmental and human losses. Human-caused (or human-attributed) disasters cause more psychiatric morbidity than natural disasters possibly because they can be attributed to governance failures and are often followed by civil unrest. The impact on mental health may be more severe in developing countries that lack key infrastructure and resources or where prior governance is mired in corruption. Although a disaster may affect an entire community, the impact on individuals varies according to personal and collective vulnerabilities and resources. Post traumatic stress occurs in as many as 40% of those directly involved including some rescue workers and (later) depression is associated with social losses (immediate family but also neighbourhood networks). Local communities with strong pre-existing social capital fare better than those where this is absent. The first response to disaster management is necessarily material – ensuring people have shelter, food and clothing but promoting a sense of self- and collective efficacy, connectedness and hope are also important. Social psychiatrists have a role, working alongside colleagues from the affected society, in training front-line aid workers in the basic skills needed to provide psychological first aid, including the importance of maintaining a calm presence, providing practical assistance and recognising mental health problems that may need to be referred to professionals. Social psychiatry also teaches the importance of helping to re-unite separated family ties and key social connections. In the face of a disaster that is not too destructive of the social fabric, much can be done by mobilising community solidarity and mutual support.

GRAHAM THORNICROFT
International Committee Joint Chair.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 08.30-10.10 hrs

PLENARY FOUR

Sustainable development and mental health – leaving nobody behind

In 2015 the United Nations have included mental health in the new SDGs and stressed mental health as a topic for global development. Mental health has strong and relevant cross-cutting influences across many of the new SDGs.

In the SDGs, three targets directly refer to mental health: reduction of premature mortality from non-communicable diseases through mental health (3.4); prevention and treatment of substance abuse (3.5); and universal health coverage (3.8). These targets are in line with WHO work on universal health coverage.

This talk will describe the UN SDGs relevant directly and indirectly to mental health and discuss the relevance and potential utility of SDGs to achieving better global mental health.

IGOR ŠVAB
Scientific Committee Member.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 14:30-16:10 hrs

PLENARY FIVE

Building mental health skills and competencies in the primary care workforce

Primary care plays a key role in managing the challenges of mental health. Its role has been demonstrated and it is stressed by international organisations of primary care and mental health, as well as the WHO.

Because of the important role of primary care, the future health professionals need to be educated about the specificities of managing patients with mental health problems in primary care. Traditional curricula at medical schools often neglect this and are still focused on traditional aims, methods and assessment techniques. In order to educate health professionals in order to be equipped how to use the potential primary care offers in this respect, innovative approaches need to be used. In order to be able to do that, a lot of challenges exist at different areas of curriculum design: changing the traditional aims of education, using appropriate methods of teaching and methods of assessment. Teaching needs to move away from factual knowledge towards teaching appropriate skills and educating health professionals to have appropriate attitudes towards these patients. The need for this reorientation in teaching is in line with the need for changes in medical education towards more active methods of learning and practice-based techniques.

In order to achieve this, the leaders of universities face a lot of challenges that need to be overcome. They include curriculum design, but also the education of teachers.

It also needs to be clear that regardless the fact how good education is, the main obstacles for adequate role of primary care lies with policymakers who often stick to traditional methods of healthcare delivery.

MICHAEL KIDD
Deputy Chief Medical Office, Australian Government Department of Health.
Professor of Primary Care Reform, The Australian National University.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 14:30-16:10 hrs

PLENARY FIVE

Learning from the pandemic crisis - lessons from Australia's primary care response to COVID-19

The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID- 19) was activated on 27 February 2020, in response to the evolving global crisis. The national COVID-19 primary care response was then initiated.

Australia's primary care response to COVID-19 acknowledged the strength of the nation's primary healthcare system and assigned key roles to general practice and the wider primary healthcare sector in responding to the pandemic, based on the essential first contact role of primary care and lessons drawn from previous epidemics and pandemics. It also placed general practice expertise within the national planning and decision-making processes alongside expertise in public health, infectious diseases, epidemiology, nursing, and mental health.

Australia's national COVID-19 primary care response is based on a set of principles, which form a framework for managing both the current crisis and for future national and international responses to health emergencies, building on the contributions of general practice and primary care in the:

1. Protection of vulnerable people.
2. Provision of treatment and support services to affected people.
3. Continuity of regular healthcare services for the whole population.
4. Protection and support of primary healthcare workers and primary care services.
5. Provision of mental health services to the community and the primary healthcare workforce.

VIKRAM PATEL

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 14:30-16:10 hrs

PLENARY FIVE

Acting early: the key to preventing mental health problems across the life course

Most mental health problems have their onset before adulthood and adversities in childhood and adolescence, such as those associated with poverty, are the most consistently demonstrated risk factors across contexts.

This lecture will consider the implications of this evidence for reducing the burden of mental health problems and the disparities in this burden globally.

MIGUEL XAVIER
MD PhD.
NOVA Medical School.
Portugal.
Scientific Committee Member.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 14:30-16:10 hrs

PLENARY FIVE

Barriers to reconfiguring mental health services - lessons from Portugal

In Portugal, developments in the area of mental health have been characterized in recent decades by a succession of advances and setbacks, alternating phases of significant transformation (incorporated in mental health laws) with periods of reflux, which for a long time prevented a progressive adjustment to population needs.

The implementation of the National Mental Health Plan (PNSM) since 2008 has undoubtedly led to significant advances in several areas: legislative, organizational, closure of psychiatric hospitals, creation of new services in general hospitals, promotion, evaluation and monitoring of the system.

However, several obstacles to the management of mental health services, combined with the financial constraints of the recent economic crisis, have hampered the implementation of various reforms, especially in the development of structured programs in the community, hampering the consolidated shift towards a psychosocial care paradigm.

In fact, although hospital production indicators show a general growth in clinical activity, this increase occurred mainly in the more conventional dimensions of care (for example, outpatient, day hospitals) - ten years after the PNSM was prepared, it was not yet possible disseminate the implementation of more differentiated delivery models, especially outside large urban centres.

In this communication, the various dimensions involved in this theme are addressed, and some challenges for the future are considered.

INGRID DANIELS
Immediate Past President: WFMH.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 16:30-18:00 hrs

PLENARY SIX

George Albee Lecture on Prevention

Topic: Mental Health for All - *A Call for Social Change and Targeted Strategies for Prevention*

George Wilson Albee (1921- 2006), Emeritus Professor of Psychology at the University of Vermont, was a pioneer and founder of community psychology. He believed that societal factors such as; poverty, unemployment, racism, sexism, and all forms of exploitation were major determinants for mental illness. He was one of the leading figures in the development of community psychology and advocated for the prevention of psychopathology, coping with adversity, strengthening individual resources and social change.

Ahead of his time and an outspoken and articulate advocate for mental health, he challenged face to face therapies when no consideration was given for the societal factors which caused mental health conditions. Bond (2001) notes that, "His approach has been rooted in social justice and the human rights perspective".

In our world today, there is growing evidence that shows that mental health and many common mental disorders are shaped to a great extent by social, economic and environmental factors. (WHO, 2014).

The COVID-19 pandemic has had an unprecedented and rampant impact on societies across the world leaving health, social and mental health devastation in its tracks. Covid-19 lockdown measures came at a heavy social and economic cost to many countries but its impact was specifically evident in under-resourced and poverty stricken communities across the world. Murali & Oyebode (2004) states that, "In almost all nations the poor are at a higher risk of developing mental disorders compared to the non-poor. Poverty, is both a 'determinant and a consequence of poor mental health." Schotte (2020) noted that disadvantaged groups will suffer disproportionately from the adverse effects of Covid-19.

Ngui, et al (2010) states that "Mental disorders are determined by multiple and interacting

social, psychological and biological factors. The underlying social determinants of mental disorders (e.g. low levels of education, unemployment) also are key determinants of living in poverty." These multiple levels on social disadvantage and injustices deprive and predisposes many people to mental illness. They added that, "Unmet mental health needs contribute to profound suffering and deaths largely because people cannot access needed treatment."

Addressing the social determinants of mental health conditions, societal inequalities and intergenerational transfer of inequity remains critical for preventing mental conditions. The approach to mental disorder prevention lies in the concept of public health, defined as "the process of mobilising local, state, national and international resources to solve the major health problems affecting communities" (Detels et al., 2002)

WHO (2004) states that, "Prevention of these disorders is obviously one of the most effective ways to reduce the burden of disease". The WHO (2014) highlights that, "Comprehensive strategies at the population level to address these societal determinants are likely to improve mental health in the population and reduce inequities. Like George Wilson Albee, our uncompromising goal and call for action should focus on the investment in targeted prevention and promotion strategies which protect the mental health and well-being of all global citizens.

TSUYOSHI AKIYAMA

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 16:30-18:00 hrs

PLENARY SIX

Mary Hemmingway Rees Lecture

We need to convey messages about the importance of mental health to society, such as rights, discrimination, stigma, empowerment, and normalization. If we can add the contribution of mental health activities to society to these messages, it may strengthen our appeals. If mental health issues are not only important but also helpful to society, society may widen the basis of its collaboration and partnership with mental health activities more willingly.

How can mental health activities contribute to society? One possibility is a recovery of work capacities. Work represents activities that are meaningful to others, and that can offer income and a sense of meaning to the worker. Many people with mental illness want to work. It is their right, and for society, work is a contribution. If there are more effective programs to support people with mental illness to work without exacerbation of their conditions, it may create a win-win situation for the people, their families, work organization, and society.

In 1997, I started a resilience-building program, the Re-work program, for people with mental illness that developed their mental illness with work stress but want to return to work. The Japanese government supports the Re-work program and also programs that support people with mental illness who do not have work experience but want to work. The government also supports a peer supporter system to enhance the motivation of people with mental illness to continue exploring their possibilities despite the illness.

Another possibility for mental health activities to contribute to society is consultation. Mental health issues are ubiquitous. Many stakeholders, such as industry, education, and medicine, benefit from consultation on how they can handle mental health issues. I have been providing consultations to various stakeholders, especially the industry. When we want to make our consultation effective, it is crucial to understand the limitation and the strength of other stakeholders. Many stakeholders have a limited understanding of mental health, but they have the capacity to provide their unique resources. If brief, understand-

able, and easy-to-implement consultations can be provided to the other stakeholders, they will be quite willing to support mental health issues. We may develop systematic materials to provide consultation, which help to expand the role and contribution of mental health activities in society and will reduce discrimination and stigma, and expand possibilities for empowerment and normalization.

FERNANDO LOLAS
MD IDFAPA, Professor University of Chile.
Vicepresident Latin America WFMH.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 12:30-13:00 hrs

INVITED SPEAKER PARALLEL SYMPOSIUM/ROUND TABLE

Latin American Psychiatry: current perspectives and challenges

Latin American Psychiatry will be examined from the technical, social, economic, and ethical perspectives attempting to reconstruct the history of recent developments in diagnosis, prevention, treatment and public policy, drawing attention to the interfaces between social determinants, legal provisions, and final outcome of implemented measures in clinical practice and public health.

JULIE MILLARD
Regional Vice President Oceania.

INTENDED DATE AND TIME: Wednesday 29 June 2022 | 12:30-13:00 hrs

INVITED SPEAKER WFMH REGIONAL VP ROUND TABLE/SYMPOSIUM

The Mental Health Challenges of the Oceania Region

The nations of Oceania were fortunate to initially experience significantly less deaths and COVID-19 positive transmissions per population than other regions. Island nations of Oceania could, at the start of the pandemic, close their international borders and reduce their exposure to the virus. This has now changed with the Coronavirus Omicron variant and the borders opening.

The economic and social impacts of the virus and decreased access to the benefits of tourism, have resulted in increased isolation, high unemployment, fatigue of health care professionals, increased rates of anxiety, depression, substance use and youth suicide.

Climate change, rising sea levels and natural disasters are having a profound impact on the mental health of populations in the region. Mental health services are under resourced in many Pacific nations, with limited research on what works in responding to each specific population's needs. The Symposium is seen as a bridge for broadening discussions about the unique challenges of the Oceania Region, and for sharing of resources to assist in building capacity to improve mental health service provision.

More to come soon...

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