



WORLD Mental Health CONGRESS LONDON 2022

Hybrid Congress

June 28th – July 1st, 2022

Central Hall Westminster
Storey's Gate – London – SW1H 9NH

Abstract submission deadline
27 April 2022

“Mental health:
a global priority”

Some Highlights of Our
World Congress
Reasons for Participating

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Congress News
Issue Two



Technical Secretariat: **Phase20** www.phase20.co.uk



Introduction

Welcome to the second issue of the WFMH World Mental Health Congress 2022, held in collaboration with the World Dignity Project.

As we are counting down the days the congress website has been very busy and as of today we have had [105403 visitors](#). Thank you for your interest.

Why London?

We are very pleased that this World Congress is being held at Central Hall Westminster, London because this venue holds a special place in the history of global mental health advocacy.

It was here in August 1948 that an International Congress of Mental Hygiene was held, and the International Committee for Mental Hygiene was transformed into the World Federation of Mental Health, WFMH.

Recognising that programmes for social change require joint efforts of psychiatrist and social scientists working in co-operation with statesmen, administrators and others in positions of authority, experts from different countries from sociology, psychology, psychiatry, social work, anthropology, political science, philosophy and theology countries were brought together and produced a document, "Mental Health and World Citizenship."

This document understood world citizenship as "a common humanity" respecting individual and cultural differences, with the ultimate goal of mental health "to help men to live with their fellows in one world."

It is an honour and privilege to be able to host this World Congress on the 74th anniversary of the foundation of WFMH in the hall in which it began.

London is also important for the World Dignity Project because this is where the idea for this project was born. The mission of the World Dignity Project is to fight for mental health and well-being for all with equality of treatment and dignity in patient experience as a basic human right. Where better to think about 'Mental Health: A Global Priority.'

As in 1948, this congress will bring together people with an interest in mental health from many perspectives including mental health professionals, the public and policy makers. Come to participate, come to learn, come to share your perspective whether in person or online – you are most welcome!

We are delighted to share some more abstracts with you. Please submit your own so that you can [share your good work](#).

Gabriel Ivbijaro - MBE Steering Committee Joint Chair

Tuesday 28

June 2022





NASSER LOZA

President WFMH

INTENDED DATE AND TIME: Tuesday 28 June 2022 | 16:00 hrs - Opening Ceremony

PLENARY THREE

Mental health from 1948 to the present- what has been achieved?

WFMH was born in 1948 to follow the role of the International Committee for Mental Hygiene.

In 1948 the world was recovering from the aftermath of world wars. London had suffered more than many cities in the world and it is admirable that delegates from 36 nations were able to travel to UK under such circumstance. Messages sent to the conference by HM King George and other dignitaries reflect the position of Mental Health in post-world war politics.

This year's theme of World Mental Health Day: making "Mental Health a Global Priority" is particularly relevant. The support to communities for Mental Health is globally inadequate. Problems including lack of mental health support, institutionalization policies, funding problems, human rights issues and lately the burden of pandemics and military conflicts worldwide.

It's nearly 75 years since that conference took place in London in this same venue but the world has changed around us, and we have over the years followed a careful path supporting mental health needs globally while successfully avoiding politicizing our mission. We've managed to attract funding with the highest ethical standard.

We're here to promise you continuous effort aiming at prioritizing the mission of Mental Health in serving the needs of our communities.

Thursday 30

June 2022





DINESH BHUGRA

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

PLENARY SEVEN

Equity and social justice for mental health

The number of people with formal psychiatric disorders around the world runs into hundreds of millions and consequently burden caused by mental illnesses is significant. And yet very often individuals with mental illnesses are ignored and treated as second class citizens. Their basic rights are often ignored and there is continuing discrimination in law against people with mental illnesses. In many countries the concept of human rights is seen as a Western (thus alien) luxury that low and middle-income countries cannot afford. Often the discrimination against people with mental illnesses is embedded in law and leads to their exclusion from basic activities. Lack of equity for individuals with mental illnesses is related to internalised stigma, external discrimination and prejudice and leads to lack of funding in services including public mental health. When the laws of 193 countries were studied to explore personal, economic and political rights, only a minority of countries provided all basic human rights. All the countries in this sample were a signatory to the United Nations CRPD, and yet many failed to provide basic human rights such as housing, employment, right to vote or make a will or inherit property. This lack of equity needs to be differentiated from the concept of equality. In addition in many healthcare systems, prevailing Cartesian mind-body dualism can contribute to isolation and alienation of people with mental illnesses. One key way forward is pushing for the concept and delivery of social justice. Social justice has been described as the virtue which guides us in creating institutions which in turn when justly organised provide us with access to what is good for the person. Social justice imposes on all of us a personal responsibility to work with others and design and improve institutions. The concept of social justice is bound with economic justice and also equality of access to various services. Economic justice influences not only the individual with mental illness but also their families and carers and the communities and thence the social order.

Although there are some indications that the agenda for social justice in mental healthcare has commenced but it appears not to have reached the people it is supposed to. Much of this work has been outside of mainstream therapeutic practice, or from a US context

which makes it more difficult to be applied across cultures and countries, given differences in organisational structures, healthcare systems and training. Social justice has become a common theme but often it is misunderstood and misused in therapeutic settings.

The lecture will cover concepts of equity and equality and also social justice in the context of mental health of individuals, cultures and communities.



DEBANJAN BANERJEE

Consultant Geriatric Psychiatrist, APOLLO GLENEAGLES Multispecialty Hospitals, Kolkata, India.

Vice-Chair, Advocacy and Public Awareness Committee, International Psychogeriatric Association (IPA).

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

PLENARY EIGHT

The urgent need for a UN Convention to mitigate human rights violations of older adults

Global population is aging rapidly. Based on the World Health Organization (WHO) estimates, the number of older persons (age above 60 years) is expected to double by 2050. Older persons around the world, particularly those living with mental health conditions, physical or psychosocial disabilities are at an increasing risk of marginalization and abuse. Decades of societal ageism, mentalism and ableism are at the root of this 'human rights crisis', the crevices of which have been widened further by the ongoing COVID-19 pandemic. The United Nations (UN) has declared 2021-2030 as the Decade of Healthy Aging with actions focused on creating age-friendly environment, combatting ageism and integrated care for older persons. This calls for inclusion, diversity and equality in healthcare and policy interventions for older persons. A clear, comprehensive and cogent international legally binding framework is urgently necessary to promote and protect the rights of older people. Such a provision is unfortunately lacking at present. This framework needs to be sensitive to the changing population demographics, address specific human rights challenges faced by older people and ensure that they enjoy the full benefits of longevity. A UN Convention can be an apt step in this regard, which is being supported by multiple global associations working in the field of older adults' healthcare. However, inertia to turn this Convention into a reality exists at various levels.

This discussion focuses on the background of human rights crisis in older people, highlights the need for a UN Convention to protect these rights and outlines the possible benefits of such a Convention. The role of mental health professionals in supporting and implementing such an international framework is also discussed.

This session is indeed a "Call for Action" to act collectively in order to fulfil our ethical, moral and legal responsibility to current and future generations of older persons by

adopting a rights and dignity-based approach for their health and social care.



MANUEL GONÇALVES-PEREIRA

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

PLENARY EIGHT

Caring for older adults

The world population is ageing. Many older people live many healthy years, but the so-called 'compression of morbidity' positive predictions remain a matter of debate. For instance, social inequalities in early adulthood may imply major health and well-being inequities as people grow older.

Anyway, brain and mind both face challenges throughout the late stages of the life cycle. Variability in brain ageing is due to interactions between genetic risk factors, epigenetics and environmental/lifestyle determinants. Moreover, social isolation and loneliness, which may be prominent in late life, pose important issues concerning the risk of neurocognitive or affective disorders.

Overall, ageing implies a higher risk of cognitive impairment and dementia. Depression and anxiety are also prevalent conditions in old age. Late life psychosis may be less frequent but shares with all the previous the imposition of a high burden on persons and their families. Caring for these older adults is, on the one hand, an ethical and practical need, and on the other hand it poses challenges and problems to all involved. This is so in what concerns formal care (e.g., in nursing homes, day centers or home support services) and informal care (mostly by relatives and at home). Overall, dignity and rights are core issues to address.

Taking dementia as an example but considering older adults' mental health conditions in general, this talk discusses how primary care is fundamental to users and families; barriers and facilitators to access and use of community formal care; challenges related with informal care; and how systemic, family-sensitive approaches are important.



DAINIUS PURAS

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

PLENARY EIGHT

Embracing human rights in mental health policies and services: what kind of change is needed?

Mental health has been recognized as a new priority in the broad area of health related policies. There is a high level of agreement among experts about the need to invest more and with new quality in all elements of mental health services. This includes promotion, prevention, treatment, rehabilitation and recovery.

However, there remains disagreement among experts on important issues, such as – whether investments should continue supporting the “status quo” within mental health systems, or time might have come to move away from “status quo” and to prioritize services that fully embrace human rights based approach.

While many experts, especially those representing psychiatric profession, call for investing more in existing infrastructure of mental health services and prevailing treatment measures, there is an increasing number of organizations and experts who urge to move away from the status quo.

Resolutions from the UN Human Rights Council, reports of the UN Special rapporteurs, WHO QualityRights Initiative and the recent WHO document - Guidance on community mental health services (2021) are convincing examples of the emerging new position. This position highlights the need to invest in rights based services and to move towards ending reliance on coercion, institutionalization and over-medicalization in the field of mental health services.

There is a strong need for change in the systems and culture of services, so that approaches based on paternalism and coercion are prevented and replaced by services that are empowering, inclusive and promote recovery.

The prevailing message within the Movement for global mental health so far has been to focus on the treatment gap to be closed and heavy burden of mental disorders to be addressed. Other group of experts tends to see the focus on such message as a risk of the next wave of excessive medicalization and remaining reliance on status quo. This is why they urge for embracing fully the human rights based approach and investing firstly in those alternatives to existing system of services, that are free from coercion and provide diverse spectrum of support services and good quality psychosocial interventions in the community level.

Experts who call for the shift of paradigm, urge to address excessive use of biomedical model, remaining power asymmetries between providers and users of services, and bi-ased use of knowledge as main obstacles on the way to the realization of the right to mental health.

Many promising rights based practices from global South and global North should be explored and replicated. To achieve measurable change, medical education and mental health research should strengthen the focus on developing and replicating innovations from social sciences and human rights based approach as new priorities.

Mental health and well-being of individuals and populations can be effectively promoted and protected only when states invest in sustainable way in enabling, supportive and free from violence environments in all settings (family, school, workplace, community, society at large). This principle includes mental health services which should abandon legacy of human rights abuses and promote human rights based approach in a non-selective way.

Friday 1st

July 2022





URIEL HALBREICH

MD.

Professor of Psychiatry, Director of Bio-behavioral Research. Jacobs school of Medicine and biomedical Sciences, University at Buffalo (UB) The State University of New York (SUNY).

Founding chair, WPA section on Interdisciplinary Collaboration.

INTENDED DATE AND TIME: Thursday 30 June 2022 | 10.10-11.10 hrs

PLENARY FOUR

Interdisciplinary collaborations – a comprehensive approach

The World Health Organisation (WHO) defined Health as “a state of complete physical, mental and social well-being”. Mental health is “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community”.

According to these internationally widely-accepted definitions it should be obvious that an optimal practice of health and especially mental health requires integration of multiple facets across multiple disciplines. They include, but are not limited to physical and emotional health, all aspects of daily activities including work situations, home activities, transportation, housing and any environmental factors. Economics and finances are of utmost importance as are the means to produce them. Social interactions with immediate family, friendships and the broader social support systems are having an immediate and long-term impact on quality of life, life satisfaction and health. The material, social, cultural and spiritual circumstances and values of the community determine the overall context of each individual's life as is the political and government system.

Consideration of all these aspects may seem daunting and their practice may be perceived as being beyond a single expert's scope of skills. Therefore a collaborative group effort is required.

The main questions for constructing an ad hoc collaborative task-force are:

1. What is the focus—e.i.—stressful situation and Stress-Related disorders, or well-being of a vulnerable group.
2. What expertises are needed to solve the problem.
3. Who are the most qualified experts for each task?

4. How to enrol them.
5. Who should be the leader of the group, how should s/he function?
6. What is the anticipated achievable outcome? And ,
7. What are the most efficient and efficacious actions to achieve the goal?

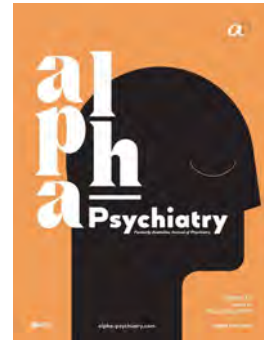
The first order of the collaborative group is to integrate the brain-trust to assess: what is known, what is still unknown, what gaps in knowledge individuals did not think about and how to close the gaps in knowledge.

Specific goal-oriented actions should follow and will be further illucidated in the presentation.

More to come soon...



Partners



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