Work Plan-WPA
2014-2017
Public Mental Health

DINESH BHUGRA CBE
WPA

• Constituted of membership organisations
• 138 organisations from 117 countries
• Over 200,000 members
• Constitution of the organisation
Meetings

• Regional meetings-2/3 per year
• Thematic meetings-1/2 per year
• International congress annual
• World Congress of Psychiatry every three years.
Structure

• It has 72 scientific sections, aimed to disseminate information and promote collaborative work in specific domains of psychiatry.
Significant Output

• It has produced several educational programmes and series of books. It has developed ethical guidelines for psychiatric practice, including the Madrid Declaration (1996).
Aims of the WPA

• To encourage the highest possible standards of clinical practice
• To increase knowledge and skills about mental disorders and how they can be prevented and treated
• To promote mental health
Aims of the WPA

• To promote the highest possible ethical standards in psychiatric work
• To disseminate knowledge about evidence-based therapy and values based practice
• To be a voice for the dignity and human rights of the patients and their families, and to uphold the rights of psychiatrists
• To facilitate communication and assistance especially to societies who are isolated or whose members work in impoverished circumstances
Mission

- To promote the advancement of psychiatry and mental health for all peoples of the world.
Objectives

• To increase knowledge and skills necessary for work in the field of mental health and in the care for the mentally ill.
• To improve the care for the mentally ill.
• To prevent mental disorders.
• To promote mental health.
• To preserve the rights of the mentally ill.
Objectives

• To promote the development and observance of the highest ethical standards in psychiatric care, teaching and research.

• To promote the development of the highest quality standards in psychiatric care, teaching and research, as well as the observance of such standards.

• To promote non-discrimination (parity) in the provision of care of the mentally ill.

• To protect the rights of psychiatrists.
Structures

• Executive Committee: President
• President-elect, secretary-general, secretaries of finance, education, sections, publications and meetings
• Council constituted of past Presidents
• Board constituted of zonal representatives
• General assembly which meets every three years confirms the action plan
Procedures

• Policy discussed by EC presented to the Board and Council and finalised through the planning committee chaired by the President-elect

• Proposed changes in bye-laws sent to all member organisations

• Then presented to the Assembly and approved
Challenges to the profession

• Government policies
• Broader specialisation
• Medical scandals
• Changing public expectations
• Equality of doctor-patient interaction
• Other professions
• Anti-scientific bias
• Increased consumerism
• Cuts and economic downturn

(Bhugra et al 2010)
Challenges to the profession

• Dwindling profession
• Poor recruitment
• Workforce diminishing
• Neglected profession
• Changing roles
• Changing expectations
Challenges to the profession

• Biological
  – Psycho-pharmacogenomics
  – Neuroscience of emotions

• Social
  – Globalisation
  – Changing demographics and conditions
  – Social networking
Challenges to the profession

• Psychological
  – New therapies
  – Therapies without therapists
  – Stigma

• Public mental health—what, where and how?
Current Workforce Issues

- Undergraduates---- recruitment
- Postgraduates /early career psychiatrists
- Consultant-senior psychiatrists -retention
- Links with other organisations
- Publications/education
- Changing finances
Creation of Hubs

• Research-training and education

• Policy

• Clinical
Collaborating centres

• Collaborating centres based on the principles of other research and policy collaboration centres set in academic centres

• Guidance and repository of information
Education

• Education and training—remains the focus
• At various levels of needs—undergraduate, postgraduate and continuing medical education and professional development
• For other professions
• For patients, carers and their families
Themes

• PUBLIC MENTAL HEALTH with 5 themes running concurrently with EC members leading and council and board participating
• Clear outcomes to be presented to the general assembly in 2014 and then in 2017
• Working with other organisations in partnership
Mental health/Mental well being/ Mental illness

- Continuum
- Spectrum
- Embedded
- Separate
Types of Prevention

Prevention
- Primary
- Secondary
- Tertiary
Positive mental health is associated with...

- Improved educational attainment (NICE, 2008 and 2009)
- Greater productivity (Harter et al 2003, Keyes 2005)
- Improved physical health/cognition (Cohen & Pressman 2006, Llewellyn et al 2008)
- Reduced mortality (Chida & Steptoe 2008)
Positive mental health is associated with

- Reduced risk of mental illness or suicide
- Reduced criminal behaviour
- Reduced risk-taking behaviour such as smoking (Keyes 2006)
- Increased resilience to adversity
Impact of poor mental health and mental illness

• In the UK, mental disorder accounts for 22.8% of total disease burden, compared with 15.9% for cancer & 16.2% for cardiovascular disease, as measured by disability adjusted life years (WHO 2008)

• 1 in 4 people experiences mental illness during their lifetime; 1 in 6 adults experiences mental illness at any one time which lasts longer than one year for half of these people
Impact of poor mental health and mental illness

• In the UK, mental disorder accounts for 22.8% of total disease burden, compared with 15.9% for cancer & 16.2% for cardiovascular disease, as measured by disability adjusted life years (WHO 2008)

• 1 in 4 people experiences mental illness during their lifetime; 1 in 6 adults experiences mental illness at any one time which lasts longer than one year for half of these people
Impact of poor mental health and mental illness

- Mental illness impacts at all levels: individual, families, communities, wider society indirectly
- Mental illness results in higher levels of risk-taking behaviour, health inequalities and reduced life expectancy
- Mental illness has a trans-generational effect leading to educational failure in children and subsequent ill-health
Economic Cost of Mental Illness

• Wider economic cost of mental illness is £110 billion in the UK – equivalent to 7.8% of GDP, of which $32 billion was due to lost productivity (Friedli & Parsonage 2007)

• Mental illness is the single largest cause of disability and cost to the NHS (10.8% of NHS budget). In England in 2007, service costs – including NHS, social and informal care – were £22.5 billion
Economic Cost of Mental Illness

- In the UK, annual costs of depression are £7.8 billion, anxiety £8.9 billion (McCrone et al 2008), schizophrenia £6.7 billion (Mangalore & Knapp 2007), medically unexplained symptoms £18 billion (Bermingham et al 2010), dementia £17 billion (Knapp & Prince 2007)
- Total average costs per suicide are £1.3 million in Scotland (Platt et al 2006) and £1.5 million in Ireland (Kennelly et al 2005)
Economic cost of mental illness

• UK annual costs of mental illness during childhood and adolescence vary between 13000 to 65000 Euros per child (Suhrcke et al 2008)
• Mental illness during childhood also has longer term economic impacts across the life course, e.g. cost of crime by those with conduct problems in childhood is £60 billion per year in England and Wales (SCMH 2009).
Case for Prevention

• Reduce the burden of mental health disorders
• Cost-effective use of resources
• Improve social functioning
• Improve social capital
Protective Factors

- Genetic background, maternal (ante-natal and post-natal) care, early upbringing, early experiences including attachment patterns, good parenting
- Personality traits
- Age, gender, marital status
- Strong social support and networks
- Socio-economic factors, including access to resources
- Reduced inequality
Protective Factors

- Employment and other purposeful activity
- Relationships
- Community factors such as level of trust and participation, social capital
- Self-esteem, autonomy, values such as altruism
- Emotional and social literacy
- Physical health
Risk Factors for Mental Illness

- Child factors
  - abuse
  - pre-natal alcohol/smoking/drugs
  - cannabis use
- Parental factors
  - maternal stress
  - violence/alcohol
  - poor physical or mental health
  - low income
- Household
  - single parent
  - low income
High Risk Groups

- Looked after children
- Learning disabled children
- Black/minority ethnic groups
- Prisoners
- LGBT
- Social inequalities
High Risk Groups

• Poorest neighbourhoods:
  -die 7 years earlier than those in richest neighbourhoods
  -have 17 years less in disability-free life expectancy

• High income inequality
  -low trust
  -low social capital
  -high mortality
  -high violence
  -high racism

• Health risk behaviours
Childhood & Adolescence

- 6% 5-16 Conduct disorder
- 4% 5-16 Emotional disorders
- 1% 5-16 Autism

Poor educational attainment, high risk behaviours, violence, personality disorders, criminal disorders, substance misuse, self-harm, suicide
Prevention in Childhood

- Home visiting
- Parenting advice
- Supporting parental skills
- Pre-school education
- School based health promotion
- Interventions to prevent conduct disorder
Economics of Intervention

• Early interventions can save six times in the long run—recent study suggests 15 times!

• Reduce criminal behaviours
Early Intervention

- Early parenting skills
- School based prevention programme
- Early treatment of childhood anxiety and phobias
- Early intervention for psychosis
- Early stage treatment
- Early intervention for borderline
Older People

- Over 65: 5% dementia
  - 35% of mental illness > 65
  - 25% have depression in the community

Depression and dementia
Prevention of Dementia

- Physical activity: gentle/regular exercise
- Cognitive exercises-crosswords; sudoku
- Social engagement-social capital
- Treating physical conditions: (eg hypertension/diabetes)
Building Strength and Resilience

• Suicide Prevention:  - reducing number
  - protecting bridges
  - collapsible ligature joints

• Alcohol:
  - pricing
  - education

• Work based:
  - stress reduction & management
  - health promotion
Building Strength & Resilience

- Supported employment
- Unemployed reduction
- Debt interventions
- Housing improvement
- Heating
- Green spaces
Sensible Communities

• Social cohesion
• Group programmes
• Enhanced social connectedness
• Adult learning
• Improved neighbourhoods
• Safe green spaces
• Targeted interventions
Mental Health & Physical Illness

• Mentally ill have high levels of physical illness
• Physically ill have low levels of mental health
• Depression is double in diabetics, hypertension, CAD, triple in end stage renal failure, COPD, seven times in physical conditions
• Additional factors: smoking/alcohol
Interventions

• Smoking cessation
• Alcohol
• Substance misuse
• Sexual health
• Obesity
• Nutrition
• Exercise
Psychological Factors

• Meaning and purpose
• Mindfulness
• Spirituality
• Learning
• Leisure
• Creativity
• Sleep
Recommendations

- No other health condition matches mental ill health in the combined extent of prevalence, persistence and breadth of impact. Mental illness is the largest single source of burden of disease in the UK with wider costs amounting to £110 billion.
- Prevention of mental illness and promotion of mental health can complement the treatment of mental illness by reducing the mental illness and promoting recovery as well as increasing resilience to wider adversity.
Recommendations

• Interventions which address inequality also promote population mental health, prevent mental ill-health and promote recovery.

• Significant personal, social and economic savings result from such investment while significant costs arise from lack of such investment. Associated reduction of burden and cost of mental illness also impacts in many other areas outside health.
Recommendations

• Since most lifetime mental illness begins before adulthood and often continues across the life course, improving mental health in early life has an even greater impact in reducing mental illness and inequalities as well as improving physical health, resilience, life expectancy, healthy lifestyles, economic productivity, social functioning and quality of life.
Recommendations

• Effective promotion and prevention requires universal and targeted interventions delivered through a sustained and coordinated cross-government approach in partnership with non-government organisations and communities.

• An effective strategy requires investment in wider training including at undergraduate and postgraduate levels.
WPA Action Plan

• Five themes
• Diploma
• Social discrimination agenda
• Social Justice for people with mental illness
First theme

• Domestic gender related violence-interpersonal partner violence

• Policy, examples and pilots-collate information and make it accessible
Second theme

- Child abuse-sexual, emotional and physical
- Education, bullying
- Set in schools
- Teachers/parents/children
Third theme

• Prisoner mental health care
• Models exist, need to be explored and piloted and employed
• In general adult psychiatry not necessarily in forensic
Fourth theme

• Minority mental health-underserved populations:
• Learning/intellectual disability
• Migrants, asylum seekers and refugees
• LGBT
• Elderly
Fifth theme

• Mental health promotion
• Individual level
• Local
• Social
• Universal levels
Matrices

• Across all themes—children, females, minorities
• Education
• Training
• Policy implications
• Evaluation
Other outputs

- Public Education Lead
- WPA Ambassadors
- Collaborating centres
- Policy papers
Other activities

• Raising monies
• Publications-translations across languages
• Undergraduates curricula and recruitment
• Early career psychiatrists’ engagement
• Making WPA more inclusive
Expectations

- EC members to own the tasks and roles
- Council members and Board members to own the tasks
- Working with national organisations and supporting them: ‘adding value’ through zonal representatives
Conclusions

• Prevention is better than cure
• Secondary prevention
• Tertiary prevention
• What can and should psychiatrists do?