



Global Mental Health & Psychiatry Newsletter

Eliot Sorel, MD, Editor-in-Chief, CLM Founder



Eliot Sorel, MD

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CLM Founder

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Colleagues and Friends,

Greetings from Washington, DC...!

We cordially invite you to read and enjoy the latest issue of our newsletter with its usual global reach.

Professor David Ndeti of Kenya, addresses the significant economic disparities between low-, middle-, and high-income economies and the associated implications for closing the mental health gap.

We are also welcoming in this issue three unique contributions by our younger colleagues, Drs. Madeline Teisberg, Cristina Secarea and Kyle Gray. Drs. Secarea and Teisberg focus on the challenge of *Healing the Healers* while Dr. Gray is breaking new ground with a nuanced, and thought-provoking book review, *The Center Cannot Hold*.

In the Asia/Pacific section, Professor Roy Kallivayalil shares with us the splendid World Health Day celebrations in India this year with a focus on depression, while Professor Yueqin Huang enriches our publication with the news of the first Mental Health Survey in China, soon to be published in its totality.

Another first, in this issue, is the contribution from Dr. Natalia Treushnikova regarding the Second Mental Health Congress with the theme, *Meeting the Needs of the XXI Century*. It will take place in Moscow, Russia in October of 2018. You are all invited to contribute to it.

We wish you all a beautiful summer and hope to see you at the APA in San Diego...!

Eliot Sorel MD



APA/WPS/CLM Integrated Care Program, The Cosmos Club, Washington, DC, April 7th, 2017.



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Save the Date

- **APA Global Mental Health & Psychiatry Caucus**
Marriott Marquis | Santa Rosa Room | May 21, 2017 | 8:00-10:00 am
- **American Psychiatric Association Annual Meeting**
www.psychiatry.org/psychiatrists/meetings/annual-meeting
Primary Care Psychiatry: Global Perspectives
Tuesday, May 23, 2017 | 8:00-11:00 am | San Diego, CA
WPS/CLM Reception Manchester Grand Hyatt | Americas Cup C
Tuesday, May 23, 2017 | 11:30 am-1:00 pm
- **Life & Love in the 21st Century**
World Congress of Psychotherapy
July 24-28, 2017 | Paris, France
www.wcp2017.org
- **WPS/CLM Welcome Reception to PGY I RFM**
August 6, 2017
- **World Psychiatric Association World Congress**
October 8 - 12, 2017 | Berlin, Germany
www.wpaberlin2017.com/



GMHP Newsletter CLM/WPS Career, Leadership and Mentorship Program

Career, Leadership and Mentorship (CLM), a program for Residents, Members and Early Career Psychiatrists was founded by Eliot Sorel, MD, with the generous support of the Washington Psychiatric Society, the Area 3 Council and the American Psychiatric Association. It was started in 2008. CLM generates educational, research, leadership and mentoring opportunities for our young colleagues to enhance the career development and leadership skills of the next generation of health leaders.

Career, Leadership and Mentorship (CLM) is a program of the Washington Psychiatric Society.



**Washington
Psychiatric Society**





David M Ndetel

TOWARDS ELIMINATION OF MENTAL HEALTH TREATMENT GAP IN KENYA

**David M. Ndetel, MBChB, DPM, MRC Psych, FRC Psych, MD, DSc
and Victoria Mutiso, PhD**

In an interesting article in *Psychiatric News* by Eliot Sorel¹, Senior Scholar Healthcare Innovation & Policy Research, GWU School of Medicine & School of Public Health, Founder Conflict Management Section WPA, presents data on budgetary allocation for health in the USA. This is mind boggling for a person living in a Low and Middle Income Country (LMIC) like Kenya where we live and work.

Our interest is in public /community mental health. We are fully alert to the fact that our national budget is an insignificant drop in the sea compared to that of USA and that the percentage allocated to health is 5.4% compared with 17.5% in the USA². Mental health in Kenya receives less than 0.1% of the national health budget.

We are also reminded of the high treatment gap of up to 85% in LMICs and may be much higher for some conditions, especially in the most disadvantaged communities where more than 50% of the population live on less than one US dollar a day.

All of these statistics reflect the fact that epidemiological patterns and prevalence of mental disorders are similar in both High Income Countries (HICs) and LMICs – i.e. the prevailing need for services are similar in both HICs and LMICs if not higher in the LMICs. In many of the countries, there is only one psychiatrist for more than a million people. In Kenya we have one for about 450,000, but this is no consolation since nearly all of them are based in urban areas.

So what do we do? Sit and whine? Wait until we have equivalent resources? NO! That may never happen in the foreseeable decades to come. What we need to do is to be innovative, develop local models using the resources that we already have. In all probability we are not all that poor if only we would identify and maximize what we already have in terms of existing health systems and resources including human resources.

The Western model may not be applicable. Our mistake may have been to copy-cat, copy and paste the Western model. There has to be a paradigm shift. Indeed, we have been able to demonstrate that it is feasible to reduce the treatment gap in mental health to 33%. This has been achieved in one of the most disadvantaged communities in Kenya with opportunities for further reduction even though, they do not have a single psychiatrist or psychologist. The 33% is on the lower level of what is found in HICs.

David M. Ndetel, MBChB, DPM, MRC Psych, FRC Psych, MD, DSc

Professor of Psychiatry, University of Nairobi,
Founding Director, Africa Mental Health Foundation,
Nairobi, Kenya
Faculty and Collaborator, The Chester M. Pierce, MD
Division of Global Psychiatry, Massachusetts General
Hospital, Harvard Medical School, Boston, MA, USA
Website: www.africamentalhealthfoundation.org

Victoria Mutiso, PhD

Clinical Psychologist Research Director, Africa Mental
Health Foundation
Nairobi, Kenya

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²World Health Organization, "Global Health Observatory (GHO) data," 2017. [Online]. Available: <http://www.who.int/gho/en/>. [Accessed: 20-Apr-2017].



**Madeline
Teisberg, DO, MS**



**Cristina
Secarea, MD**

HEALING THE HEALERS: *A Better Way to Address Physician Burnout*

**Madeline Teisberg, DO, MS and
Cristina Secarea, MD**

Burnout is a fairly new term, coined in 1974 by psychologist Herbert Freudenberger and is defined as emotional exhaustion experienced as feelings of emptiness and fatigue; depersonalization which is manifested as cynicism, negative attitudes, isolation and interpersonal rejection; and feelings of diminishing personal accomplishment involving decreased self-esteem and feelings of failure and guilt.¹ Physically, burnout manifests as non-specific symptoms like abdominal pain, muscle aches, fatigue, irritability, difficulty concentrating and sleep disturbances, which can linger for months and sometimes years.³ Left unaddressed, these symptoms have the potential to evolve into depression, substance abuse and even suicide. According to the 2017 Medscape Physician survey over 51% of US physicians reported experiencing symptoms of burnout. In researching this topic, we found a growing body of literature defining a problem that has often been confused with the standard work ethos of medicine; where self-sacrifice is glorified as strength, while self-care is seen as weakness.

Physician burnout is a matter of personal health influenced by a multitude of factors and the consequences are far-reaching throughout organizations, ultimately affecting the quality of patient care and safety. Professional risk factors involve the very natures of our profession, a high-stress work environment and with intense emotional demands. Personal factors contributing to burnout are lack of enthusiasm, joy and engagement or desire in daily work; poor health; short tempers and personal financial issues including debt and low salaries. The US healthcare system itself is a major factor as well; designed around payments, productivity, litigation and insurance plans, this system has led to increasing administrative demands on physicians. Clinicians only spend approximately 33% of their time seeing patients, according to the 2017 Medscape survey.

Resilience is a characteristic that most physicians develop early on, and while it is one of the most important protective factors against burnout, resilience alone is not enough. Resistance to burnout must be constructed with the thought and care that we put into every other aspect of our professional development and training. What we need is a holistic approach; to develop mindfulness practices; utilize positive reframing and self-compassion; construct and maintain healthy lifestyles that involve sport practices and emotional

regulation. The 360-degree method involves shoring up our professional lives as well; paying attention to a balanced workload; garnering support from administrators and colleagues throughout our careers; reflecting on the accordance between the professional values of the institution and one's own values; pursuing balanced professional engagement and receiving appropriate work recognition are some of the recommended professional practices that we can develop for ourselves and each other.

What we are discovering is that the adage, “physician heal thyself” isn’t nearly as straightforward as it appears. As we start to prioritize health and wellness amongst students, trainees, and professionals in the clinical setting, we can continue to create and sustain a culture that develops positive role models and keeps them. Systemically, as detailed by Coffey et al., we must begin aligning supportive policies and addressing organizational culture. We believe these changes are not just good recommendations, but essential to ensure the future of a profession that we believe in.

Dr. Madeline Teisberg is Chief Resident, National Capital Consortium Psychiatry Residency at Walter Reed National Military Medical Center, Bethesda, Maryland. She is the American Psychiatric Association Public Psychiatry Fellow and Washington Psychiatric Society Resident Fellow Member. The views in this article are those of the authors and do not represent the official position of any agency of the US Government.

Dr. Cristina Secarea is a PGY-3 psychiatry resident at Saint Elizabeth’s Hospital in Washington DC. She is the Washington Psychiatric Society Resident Fellow Member Representative and the American Psychiatric Association Area 3 RFM Deputy Representative.

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Kyle Gray, MD, MA

“THE CENTER CANNOT HOLD”

by Elyn Saks
Hyperion, 336 page

REVIEWED BY:

Kyle Gray, MD, MA

National Capital Consortium, Psychiatry

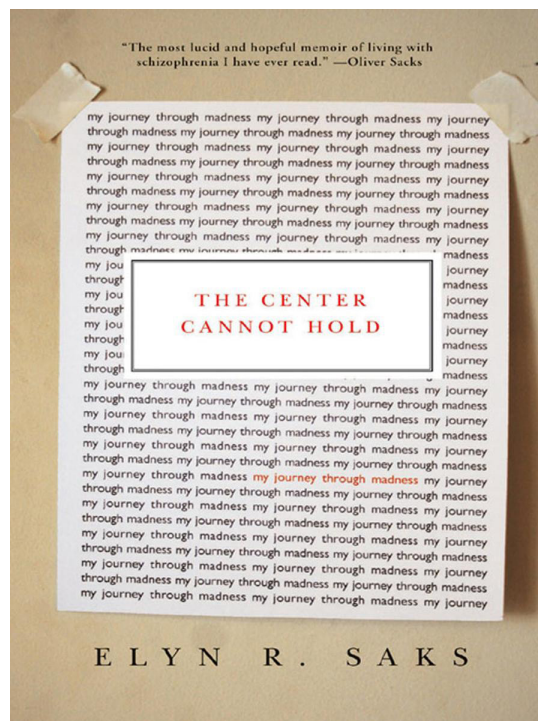
CLM 2016-2017 Resident Fellow Member Representative

To understand why certain books affect us so deeply, we have to examine not only the content but also the context. I recently finished *The Center Cannot Hold*, midway through my second year of psychiatry residency. Beyond offering rare perspective, what is special about this book is that it offers great hope.

Rather than turning her life into a series of checkboxes (“do you have weapons in your home? Were you abused as a child?”), *The Center Cannot Hold* presents the textured true story of a woman’s life with serious mental illness. This was the deep dive I craved, but felt out of reach. One impediment was the superego pressure: don’t be voyeuristic! Elyn Saks removes this last obstacle, inviting us into some of the deeper crevices of her mind, her boundaries established between the covers.

I am so grateful she allowed us in. Professor Saks is more successful than the vast majority of people without a serious mental illness, never mind that she has schizophrenia. She cautions that her tale is exceptional, yet credits much of her success to a surprising source: talk therapy. She states, “there may be a substitute for the human connection—for two people sitting together in a room, one of them with the freedom to speak her mind, knowing the other is paying careful and thoughtful attention—but I don’t know what that substitute might be. It is, at the heart of things, a relationship, and for me it has been the key to every other relationship I hold precious” (page 131)¹. That is a powerful message for a resident about to begin her third year of training, which entirely comprises outpatient clinical care.

Our first two years of training focus on inpatient and consult services. Longitudinal care is usually inadvertent, whether by treating patients who are frequently admitted or find themselves caught in an unfortunate disposition purgatory. Even when we have the opportunity to connect more deeply with



our patients, we are often distracted—focused on our own competency and trying to correctly identify symptoms and match them cleanly with DSM-5 diagnoses. Or, if not insecure about our knowledge, we are understandably anxious about connecting with patients who may be disconnected from reality. We turn to our preferred defenses to allay the anxiety and sometimes inhibit our deeper understanding. These training pressures, combined with our rushed patient encounters and hyperfocus on disposition, often serve to dehumanize mental illness at a time when we should be learning the opposite.

There may not be any substitute for human connection—but I think part of the power of that connection was simply the chance for Elyn Saks to tell her story. We know, for instance, how the element of narration is key to any

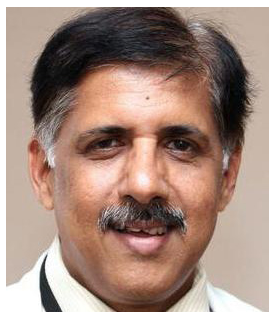
trauma-focused psychotherapy². Sharing her story was not just therapeutic for her, however. It rejuvenated and inspired me. I hope that, in turn, I can help my patients in the way she was helped.

Correspondence:

Walter Reed National Military Medical Center
Psychiatry Resident Program Office
Bldg. 19, 6th Floor RM 6407
4954 North Palmer Road
Bethesda, MD 20889-5630
Kyle.j.gray6.mil@mail.mil

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Roy Abraham Kallivayalil

DEPRESSION – LET’S TALK WORLD HEALTH DAY: TIRUVALLA, INDIA

Professor Roy Abraham Kallivayalil

President, World Association of Social Psychiatry
National Vice-President, Indian Medical Association

On April 7, 2017, the World Health Day was observed at Pushpagiri Institute of Medical Sciences, Tiruvalla, India in association with World Association for Social Psychiatry (WASP), World Psychiatric Association- Preventive Psychiatry Section and the Indian Medical Association. Anto Antony, Member of Parliament inaugurated the event and spoke about the value of mental health and the necessity of early diagnosis of depression. He extended his full support to our campaign.

Roy Abraham Kallivayalil, President WASP, Secretary General- WPA and Vice-President, Indian Medical Association delivered the Presidential Address and said, “For the first time in several years, mental health has been chosen as the theme for World Health Day.” In choosing “Depression-Let’s Talk”, WHO has highlighted the importance of mental health and especially depression, in modern world. He said, “Mental health is often given a step-motherly treatment in most developing countries including India. Consequently, India’s mental health infrastructure remains severely inadequate.” Government spending on mental health is abysmally low. India has only 6,500 psychiatrists for a population of 1.3 billion which gives a ratio of one psychiatrist for 200, 000 people. In most developed countries, this ratio is 1: 10,000. Since we cannot ensure adequate mental health professionals even in the next 200 years, what we should do is to properly train our young MBBS graduates in mental health. For this, psychiatry should be a compulsory subject with examination for MBBS course. Another strategy is to ensure mental health through primary care. For this we need to give specialized training in psychiatry to our primary care doctors. Another major barrier is the stigma which will prevent people

from seeking help and treatment. In turn, this will worsen their condition. We need awareness programs to educate the public against stigma. Depression which is untreated will lead to severe personal, social and occupational dysfunction. Hopefully, the observance of World Health Day with the theme of depression will help focus the attention of governments, policy makers and health professionals on the value of mental health.

Rev Dr Shaji Vazhayil (Chairman), Dr TP Thankappan (Principal), Rev Dr Mathew Mazhavancheril (Director, Academics) and Dr Jacob Abraham (Prof of Community Medicine) also spoke on the occasion. Dr Varghese P Punnoose (Prof & HOD Psychiatry, Medical College, Kottayam, India) delivered a special lecture on the theme. A quiz competition for medical students and a cultural programme were the other highlights.



Anto Antony Member of Parliament, India lights the lamp to mark the inauguration of the World Health Day 2017. Seen from L to R: Dr. Jacob Abraham (Prof of Community Medicine), Dr. Roy Abraham Kallivayalil (Professor and Head, Psychiatry), Rev. Dr. Shaji Vazhayil (Chairman), Dr. Varghese P Punnoose, Dr. CR Radhakrishnan, Dr. TP Thankappan (Principal) and Rev. Dr. Mathew Mazhavancheril (Director, Academics)



Yueqin Huang

CHINA MENTAL HEALTH SURVEY RELEASED

Professor Yueqin Huang

The China Mental Health Survey (CMHS) is the first nationally representative community survey on mental disorders and mental health services in China. On April 7, 2017, the World Health Day, National Committee of Health and Family Planning of China released the data of CMHS. Ms. Wang Bin, the deputy director of Department of Disease Prevention and Control promulgated development of mental health work in China. CMHS is one of the important achievements.

CMHS was carried out in 31 provinces all over the country. The subjects were community residents aged 18 years and over. The national representative sample of 32,552 respondents were sampled and interviewed in 1256 neighborhood committees from 157 counties.

The initial research purposes of CMHS we're to investigate the prevalence of mood disorders, anxiety disorders, substance use disorders, schizophrenia and other psychotic disorders, and dementia, and their distributions. The second was to evaluate the disease burden of mental disorders in China. The third is to obtain data of service use of individuals with mental disorders in China.

And the fourth was to analyze the social and psychological risk factors or correlates of mental disorders and mental health services. CMHS will provide scientific evidence for mental disorder prevention and control for policy makers in China, and contribute to global mental health as well.

Future data from CMHS will be reported as it is available.

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Natalia Treushnikova

II CONGRESS ON MENTAL HEALTH: *Meeting the Needs of the XXI Century*

Natalia Treushnikova

President of the Union for Mental Health of Russia



The II Congress on Mental Health: Meeting the Needs of the XXI Century will take place on 19-21 October 2018 in Moscow, Russia. Organized by the Union for Mental Health of Russia in cooperation with the Russian Society of Psychiatrists, the Russian Professional Psychotherapeutic League, the Russian Psychological Society, this Congress follows the success and continues the traditions of the I Congress on Mental Health that delivered 165 scientific reports, publication of the Collection of scientific papers from different areas of scientific knowledge in the mental health fields and development of the Declaration. 700 experts representing 33 countries introduced their commitment and priority tasks in the field of protection of people's mental health.

The theme of the II Congress will be "Mental Health and Education". There is no doubt that education occupies a special place in solving especially complex problems of an ever-changing world, with the preservation of mental health of each individual and humanity at the forefront. Education is the driving force, which promotes the development of spiritual forces, abilities and skills that enable a person to cope with the normal stresses of life; forms qualities that help in adapting to the dynamic nature of the ever-changing world; provides opportunities for personal and professional growth. In short, education is the primary means of transmitting both traditional as well as new knowledge, skills and values of mental health, which are the basis for general health and wellbeing.

The II Congress will focus on the development of an educational environment favorable to maintaining mental health and well-being. To achieve these goals the Congress will

provide a unique forum to review the evidence and discuss the contents of education about mental health as well as methods that could be used to make educational effort productive and attractive through interdisciplinary, inter-institutional and inter-sectoral collaboration and cooperation.

Current education in the field of mental health is multifaceted and includes many different levels. This is due to the philosophical nature of the problem related to the fundamental aspects of human life. Therefore, the II Congress will convene experts from various spheres of public health, psychiatry and psychotherapy, psychology and gerontology, occupational labor and social security, science and education, art and culture, sport and physical fitness, economics and law. Government, business and community sectors leaders will discuss the most important educational needs in the field of mental health, as well as search for optimal solutions to develop and improve educational services.

The II Congress on Mental Health: Meeting the Needs of the XXI Century will be co-sponsored by the major global professional organizations including the World Psychiatric Association (WPA), the World Association of Social Psychiatry (WASP), the World Association for Psychosocial Rehabilitation (WAPR), the World Council for Psychotherapy (WCP), the Action for Mental Health (AMH), and the others.

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