



# Global Mental Health & Psychiatry Newsletter

of the Career, Leadership and Mentorship



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**MAKING MENTAL HEALTH A GLOBAL DEVELOPMENT PRIORITY**

Eliot Sorel, MD

The current issue of our *Global Mental Health and Psychiatry Newsletter* is dedicated to a unique and historic event.

The World Bank Group and the World Health Organization convened the first high level meeting on *Making Mental Health a Global Development Priority*.

This unprecedented meeting was a huge success and it took place at the Milken Institute School of Public Health, was attended by researchers, practitioners, advocates, policymakers and others from around the world. Preceding the meeting there was an inspiring *Innovators' Fair* that amply demonstrated a number of creative initiatives that enhance access, quality and sustainability of global mental health across low-, middle- and high-income economies. Highlights of the meeting and a link to the whole program are included in this issue.

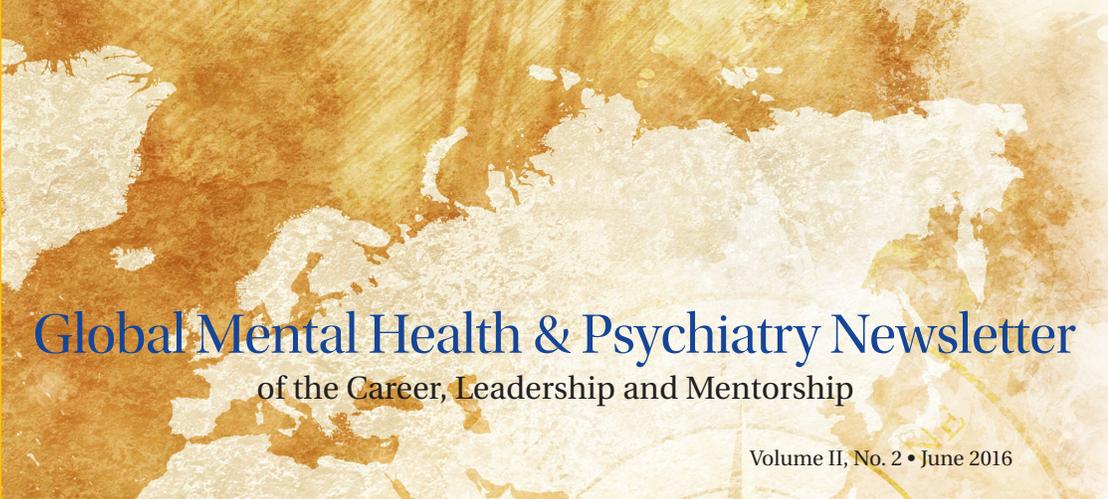
We were particularly pleased to have our *TOTAL Health Screening for Integrated Care* innovation included in the fair. It was derived from the research project on Depression and

Comorbidity in Primary Care in China, India, Iran, and Romania that we initiated in 2012 with colleagues in those countries, completed in 2014 and published in the *International Medical Journal of Japan* this past April. We were pleased that our own CLM leader, Layan Zhang, MD, was able to participate in both the research project and the innovators' booth and share with our World Bank and WHO visitors the details of her work in China.

We are also pleased to have in this issue contributions from Professor Linda Lam, Chair of Psychiatry at the University of Hong Kong, and from the recently concluded APA symposium on the Surgeon General's Report, Parity and Integrated Care done together with Dr. David Satcher, the 16th Surgeon General of the United States and Congressman Patrick Kennedy one of the coauthors of Parity legislation. Professor Lam's innovative ideas on *Health is One-Body and Mind*, are essential elements to TOTAL Health and concrete examples of health promotion, protection, and illness prevention relevant across the health spectrum inclusive of mental health.

Wish you all a great summer...!

Eliot Sorel, MD



# Global Mental Health & Psychiatry Newsletter

of the Career, Leadership and Mentorship

Volume II, No. 2 • June 2016

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### 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**

Excerpted from: **OUT OF THE SHADOWS:  
MAKING MENTAL HEALTH A GLOBAL DEVELOPMENT PRIORITY**

**Organized by: World Bank Group/World Health Organization**

*April 13 - 14, 2016 • Washington DC*

## Executive Summary

At the 2016 World Bank Group (WBG) and International Monetary Fund (IMF) Spring Meetings, the WBG and the World Health Organization (WHO) co-hosted a high-level event to bring mental health from the periphery to the center of the global development agenda<sup>1</sup>. This event came to fruition due to the commitment and effort of **Prof. Arthur Kleinman, Director, Harvard University Asia Center**, in partnership with WBG and WHO. This two-day, high-level event featured technical panel discussions that included a mix of experts and advocates, ministers of finance and health, civil society representatives and development partners. The first day was kicked off with an **Innovation Fair** that showcased effective, generalizable, replicable and sustainable innovative approaches that can improve access to care. The fair was later followed by a **high-level keynote panel, featuring World Bank President Dr. Jim Kim, WHO Director-General Dr. Margaret Chan, and other global leaders and influencers. The first day wrapped up with a reception hosted by the U.S. Executive Director for the WBG, Matthew McGuire**, along with champions/ambassadors, representatives of adolescent and youth groups, as well as a wide range of others who represented relevant stakeholder organizations.

The second day consisted of a series of high-level panels focusing on challenges and innovations for service delivery at the community level for priority population groups, including displaced populations, refugees, women and children, and youth. Moreover, multi-sectoral entry points were identified to respond to this development issue (e.g. human rights, education, social protection and jobs, fragility, conflict and violence, disability-inclusive development, etc.), leveraging technologies, civil society participation, and innovative financing mechanisms. A seven-minute **3-D documentary** on the global faces of mental health called Francis also premiered during this event, as well as the **WBG “Making Mental Health a Global Development Priority”** animation video, the **WHO video “I had a black dog, his name was depression,”** produced in collaboration with writer and

illustrator Matthew Johnstone, and the documentary **“Global Mental Health Challenges”** produced by the **Harvard Global Mental Health Coalition**, were also presented at the event. Information and links to these videos are attached in Annex 2 and 3 of this report.

A Technical Report **“Out of the Shadows: Making Mental Health a Global Development Priority”** was prepared for distribution at the event. The report can be downloaded at: <http://documents.worldbank.org/curated/en/2016/04/26281016/out-shadows-making-mental-health-global-development-priority>

Also, the research paper **“Scaling-up treatment of depression and anxiety: a global return on investment analysis”** was prepared and published by *Lancet Psychiatry* (Volume 3, No. 5, p415–424, May 2016). The paper can be downloaded (without charge) at: [http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30024-4/abstract](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30024-4/abstract)

A **press release** was issued and a press conference on the event was held on April 12, 2016. To read the press release, visit: <http://www.worldbank.org/en/news/press-release/2016/04/13/investing-in-treatment-for-depression-anxiety-leads-to-fourfold-return>

A **Commentary, “Time for mental health to come out of the shadows”** by **Arthur Kleinman, Georgia Lockwood Estrin, Shamaila Usmani, Dan Chisholm, Patricio V Marquez, Tim G Evans, and Shekhar Saxena, summarizing meeting deliberations and commitments made was published at The Lancet on June 3, 2016:** > [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)30655-9.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)30655-9.pdf)

More than 400 participants were in attendance and more than 80 panelists took part in the 11 panels held during the meeting.

<sup>1</sup> To see the Agenda for the Out of the Shadows event, please visit: <http://www.worldbank.org/en/events/2016/03/09/out-of-the-shadows-making-mental-health-a-global-priority>

## INTRODUCTION

### Making Mental Health a Global Development Priority

Mental health is an integral part of health and social services provision, but has received inadequate attention by policy makers and also by society in general. Mental disorders impose an enormous disease burden and an increasing obstacle to development in countries around the world.

Studies estimate that at least 10% of the world's population is affected and that 20% of children and adolescents suffer from some form of mental disorder. In fact, mental disorders account for 30% of the non-fatal disease burden worldwide and 10% of the overall disease burden, including death and disability. Worsened by low levels of investment and effective treatment coverage, mental disorders also have serious economic consequences and may limit the effectiveness or potential impact of development assistance.

Not only does mental illness represent a significant disease burden, it is also very costly to country economies. In 2010, the global cost of mental disorders was estimated to be approximately US\$2.5 trillion; by 2030, that figure is projected to go up by 240%, to US\$6.0 trillion. In 2010, 54% of that burden was borne by low- and middle-income countries (LMICs); by 2030, that is projected to reach 58%. The overwhelming majority — roughly two-thirds — of those costs are indirect costs of mental health — the economic consequences attributable to disease, disorders, or injury resulting in lost resources, but which do not involve direct payments related to the disease. This includes the value of lost production due to unemployment, absences from work, presenteeism or premature mortality.

There is also significant evidence showing that social conditions associated with poverty create stress and trigger mental disorders, and that the labor insecurity and the health care costs associated with mental disorders in turn move many into poverty. This circular relationship between mental disorders and poverty creates a cycle that leads to ever-rising rates for both. Several recent studies in high-income countries have found that the total costs associated with mental disorders total between 2.3% and 4.4% of GDP. The proportion of total public health expenditure allocated

to mental health care is often very small. For example, mental disorders are responsible for 23% of England's total burden of disease, but receive 13% of National Health Service health expenditures. According to WHO's Mental Health Atlas 2014 survey, governments spend on average 3% of their health budgets on mental health, ranging from less than 1% in low-income countries to 5% in high-income countries.

Most countries are ill-equipped to deal with this “invisible” and oft-ignored challenge – which is amplified by the growing conflict and refugee crisis in the Middle East and other parts of the world. Communities living in these contexts require a range of psychosocial support. Addressing mental health needs is critical in times of crises and recovery, in addition to sustainable development. Despite its enormous social burden, mental disorders continue to be driven into the shadows by stigma, prejudice, fear of disclosing an affliction because a job may be lost, ruined social standing, or simply because health and social support services are not available or are out of reach for the afflicted and their families.

In spite of these challenges, there is a need across the world to begin a new era in which mental health moves from the periphery to the center of the global health agenda and into the larger development context. There are evidence-based, inter-sectoral strategies and interventions to promote, protect and restore mental health. Properly implemented, these interventions represent “best buys” for any society, with significant returns in terms of health and economic gains. The burden of depression, anxiety and other mental disorders calls for a concerted, multi-sectoral response that not only raises public awareness and political commitment about this often overlooked and stigmatized issue, but also puts in place an array of treatment and prevention strategies capable of reducing the large, and growing, human, social and economic losses attributable to them.

In order to fully embrace and support the progressive realization of UHC, it is critical to ensure that prevention, treatment and care services for mental disorders at the community level, along with psychosocial support mechanisms, are integral parts of

accessible service delivery platforms and are covered under financial protection arrangements. Additionally, there is a need to advocate for and identify “entry points” across sectors to help tackle the social and economic factors that contribute to the onset and perpetuation of mental disorders.

A global event jointly organized by WBG, WHO, the Harvard University Asia Center and its director, Dr. Arthur Kleinman, and a number of other partners, took place at The World Bank Group premises as well as at George Washington University (GWU) on April 13 and 14, 2016 to bring mental health from the periphery to the center of the global development agenda. A great deal of work was done by both the Working Group and an Advisory Group on Global Mental Health in anticipation of this meeting. While the overall topic of the meeting was mental health, the focus of the event was on common mental disorders (depression, anxiety disorders) due to their high prevalence and burden as well as the availability of cost-effective interventions that can be mainstreamed into health care systems and across other sectors.

The aim of this event was to engage finance ministers, multilateral and bilateral organizations, the business community, technology innovators, and civil society about the urgent investments needed in mental health and psychosocial support, and the expected returns in terms of health, social and economic benefits. Consequently, this meeting framed mental health as a development priority, not just a neglected health issue. Coinciding with this event, a WHO-led paper was published in *The Lancet Psychiatry*, which outlines the extent of the mental health disease burden, its effect on economies, and what the return on investment is for every dollar invested in mental health.

Apart from the high level panel and reception that took place at WBG, GWU hosted an innovation fair highlighting on-the-ground innovations in mental health service delivery (see annex 1). It also hosted a day-long series of panels on various aspects of mental health and development, including a keynote address by Rep. Patrick Kennedy and the launch of a new **Volume of the Disease Control Priorities 3 (DCP3)** series devoted to mental, neurological and substance use disorders.

## Objectives of the Conference

- To increase awareness and to mobilize a global, multi-sectoral coalition for the need to scale up mental health services in primary care and community settings, as a key issue in the global health and development agenda.
- To engage finance ministers, multilateral and bilateral organizations, the business community, technology innovators, and civil society on the economic and social benefits of investing in mental health and psychosocial support, identifying cost-effective, affordable and feasible interventions, and including their integration into primary care and community settings as part of the progressive realization of UHC. This is in addition to the expected returns on investment in terms of health, social and economic benefits.
- To identify entry points for renewed action and investment at the country, regional and global levels, including consideration of innovative mechanisms for enhanced financial and social protection, as well as expanded service access, through health and other sectors.

## Panel Reports

Each panel had a moderator who presented the panelists, the panel objectives and moderated the session. Each panelist had three minutes to present an overview of their key points, following which the moderator posed questions to presenters and then opened the floor for questions from the audience.

### High Level Opening Panel: Making Mental Health a Development Priority

**John Prideaux**, U.S. Editor for *The Economist*, was the moderator for the session. He opened the panel by welcoming the audience in the room and the remote audience joining online. Later, a short video was presented highlighting why it is important to talk about mental health. Immediately following, Mr. Prideaux gave the floor to Dr. Jim Kim to offer his opening remarks.

**Jim Yong Kim**, President of The World Bank Group, presented the following remarks:

*Good afternoon and welcome. I want to acknowledge and thank my friend, Margaret Chan, and my mentor from Harvard, Arthur Kleinman, for their important leadership on this important issue and for joining us here today.*

*Every day, millions of men, women and children around the world are burdened by mental illness. Yet mental health too often remains in the shadows, as a result of stigma and a lack of understanding, resources and services.*

*Two decades ago, we faced a similar situation with HIV and AIDS. People affected by AIDS faced severe stigma and there was a widespread failure of policymakers to acknowledge or address the growing number of people dying in the world — especially in Africa — from the lack of access to affordable treatment. It was unjust, it was wrong, and it was unleashing a health and development catastrophe. So a group of us decided to raise our voices and bring HIV and AIDS out of the shadows and we demanded action.*

*Today, we are here to bring mental health into the spotlight and squarely on the global development agenda where it belongs. Why should we care? Here are some facts:*

- *It's a major health problem.*
  - *Estimates are that 10 percent of the world's population, including 20 percent of children and adolescents, suffer from some sort of mental disorder.*
  - *Mental illness is the leading cause of years lived with disability and is linked to higher risks for major killers like heart disease, diabetes, HIV, tuberculosis and obesity.*
  - *Among young women, suicide has become the leading cause of death, surpassing maternal mortality. The children of mothers who suffer from mental illness are much less likely to survive and more likely to be stunted.*

- *It's a growing health problem.*
  - *A 2015 Lancet study found that the prevalence of anxiety disorders increased by 42 percent and depressive disorders by 54 percent between 1990 and 2013.*
- *And it's a major constraint to development. It is not simply an imperative for our efforts to achieve Universal Health Coverage. It also constitutes an imperative for development.*
  - *The vast majority — 80 percent — of people are likely to experience an episode of mental disorder live in low and middle income countries.*
  - *We know that by 2030, 90 percent of the extreme poor will live in settings of conflict and violence. Refugees and those affected by conflict, humanitarian and natural disasters suffer increased rates of anxiety and depression. If their care needs remain unacknowledged and unmet, their employment and their children's future is irreversibly compromised.*
- *Despite its health and development importance, the resources being put into mental health services do not come close to meeting the public health and economic burdens caused by this silent epidemic.*
  - *On average, low-income countries devote less than one percent of their health budgets to treating mental illness.*
  - *Even high-income countries devote on average five percent of their health budgets to mental health, which is better but still unequal to the scale of the challenge.*

*We all pay the price for this lack of investment. In addition to their health and human impact, mental disorders cause a significant economic burden when people are unable to go to school and work and participate fully in society.*

*Today we are releasing new estimates showing that the global cost of lost productivity due to mental illness amounts to more than 10 billion days of lost work annually; the equivalent of US\$1 trillion dollars per year. For economies to be competitive and have sustainable and inclusive growth, this is \$1 trillion dollars we simply cannot afford to lose.*

*The good news is that the two most common forms of mental illness, anxiety and depression, respond well to a variety of low-cost treatments. And the returns on this investment are substantial, both in terms of increased productivity and community participation.*

- o *Each dollar invested in easily scalable mental health treatment and services for depression and anxiety returns about US\$4 in improved health and ability to work.*

- o *Even more compelling is the growing evidence of countries from Afghanistan to Ghana to Peru. They have shown that it is possible to scale up and integrate mental health services, even in difficult and resource-poor environments.*

*I have seen this first-hand in Carabayllo, Peru, where I have been visiting since 1994. Back then, I led an initiative to implement the first community-based approach to control multidrug-resistant tuberculosis (MDR-TB). Now Carabayllo is on the frontlines of another big change, this time in mental health. It is one of 21 community centers in Peru, which integrate mental health services into primary health care.*

- o *It requires the direct involvement of the community and the family of patients. Where once all patients were hospitalized, most now receive integrated services through home visits.*

- o *This change has happened because of the coordinated efforts of the Ministry of Health, the National Institute of Mental Health, the local government of Carabayllo, and several international and national organizations.*

*Other communities can learn from Carabayllo's experience.*

*In closing, Sustainable Development Goal 3 has set a target for Universal Health Coverage by 2030. If we are going to achieve that – and if we are going to end extreme poverty and build shared prosperity – we can't let this invisible epidemic impair individuals, communities and economies.*

*So today, together with WHO and many partners represented in this room, we are kicking off an important global conversation – and a call to action. We want all of you in this room, and those listening in, to join us.*

*Let's bring the issue of mental health into the spotlight – and let's keep it there. This isn't just a health issue – it's a global development issue.*

*Governments, international partners, health professionals, community and humanitarian workers – let's all do our part to ensure that the world invests in #MentalHealthNow.*

## Annex 1: INNOVATION FAIR INNOVATION FAIR BOOTHS

Out of the Shadows: Making Mental Health a Global Development Priority - Innovation Fair Booths					
Innovation name	Region	Countries	Representative(s)	Organization	Twitter Handle
Strongminds	Africa	Uganda	Sean Mayberry, Kari Frame	StrongMinds, Inc.	@makestrongminds
Friendship Bench	Africa	Zimbabwe	Dixon Chibanda	University of Zimbabwe	NA
Enabling Access to Mental Health Program	Africa	Sierra Leone	Carmen Vale	CBM International	@cbminternational
An Integrated Approach to Addressing the Issue of Youth Depression	Inter-Regional	Canada, Malawi, Tanzania	Ashwin Kutty, Heather Gilberts, Stanley Kutcher	Farm Radio International and TeenMentalHealth.org	@farmradio , @TMentalHealth
BasicNeeds	Inter-Regional	Kenya, Ghana, India, Nepal, China	Chris Underhill, Joyce Kingori Peter Yaro	Basic Needs International	@BasicNeedsIntl
Common elements treatment approach (CETA)	Inter-Regional	Iraq and Thailand	Paul Bolton and Laura Murray	Johns Hopkins Bloomberg School of Public Health	@JHSPH_CRDR
Collaborative Hubs for International Research in Mental Health	Inter-Regional	10 + countries	Representatives from: AFFIRM, Latin-MH, PAM-D, RedeAmericas, SHARE	National Institute of Mental Health	@NIMHgov
Programme for Improving Mental Health Care (PRIME)	Inter-Regional	Ethiopia, India, Nepal, South Africa, Uganda	Crick Lund	Alan J Flisher Centre for Public Mental Health	@CPMentalHealth
Total Health Screening for Integrated Care	Inter-Regional	China, India, Iran, Romania	Eliot Sorel	George Washington University	@Gwpublichealth
Thinking Healthy Program	Asia	Pakistan	Atif Rahman	Human Development Research Foundation (HDRF)	NA
MANAS	Asia	India	Neerja Chowdhary	Sangath	NA
686 Program	Asia	China	Ma Hong, Ma Ning	Peking University Institute of Mental Health, Beijing	NA
National program for the detection, diagnosis and integral treatment of depression	Latin America/ Caribbean	Chile	Mauricio Gomez	Ministry of Health, Chile	@ministeriosalud
Proyecto Buena Semila	Latin America/ Caribbean	Guatemala	Anne Marie Chomat	Institution of Nutrition of Central America and Panama (INCAP)	@incap_nutricion
Mental Health System Reform in Brazil	Latin America/ Caribbean	Brazil	Cinthia Lociks de Araujo	Ministry of Health, Brazil Ministério da Saúde	@minsaude
Zanmi Lasante community-based system for mental health care	Latin America/ Caribbean	Haiti	Eddy Eustache	Zanmi Lasante/Partners in Health	@PIH
Filling the gap: Strengthening mental health and psychosocial support in the Middle East through an Integrated Approach	Middle East	Jordan, Iraq, Lebanon, Syria, Turkey	Zeinab Hijazi	International Medical Corps	@IMC_worldwide
National Mental Health Programme in Lebanon	Middle East	Lebanon	Rabih El Chammy	Ministry of Public Health, Lebanon	NA
Big White Wall	HIC	New Zealand, UK, US	Nancy Cox, Beth Pausic	Big White Wall	@BigWhiteWall1
Community Partners in Care (CPIC)	HIC	US	Jeanne Miranda	UCLA Fielding School of Public Health Rand Health	@uclafsp

## INNOVATION FAIR POSTERS

Out of the Shadows: Making Mental Health a Global Development Priority - Innovation Fair Research Posters			
Innovation name	Region	Countries	Representative(s)
Africa Mental Health Foundation	Africa	Kenya	Victoria Mutiso, David M. Ndetei
Process evaluation of a randomized controlled trial of group support psychotherapy for depression treatment among people with HIV/AIDS in northern Uganda	Africa	Uganda	Ethel Mpungu
Low-intensity evidence-based intervention is effective in reducing the burden of perinatal depression	Africa	Nigeria	Bibilola Oladeji
Advancing implementation designs and costing strategies for Depression and Anxiety disorders in Kenya: An effectiveness-implementation hybrid study of HIV-positive women	Africa	Kenya	Susan Meffert
Pilot study to improve access to early intervention for autism in Africa	Africa	South Africa	Lauren Franz
Posttraumatic Stress Disorder intervention for people with severe mental illness in low- and middle-income country primary care settings	Africa	Ethiopia	Lauren C. Ng
Hybrid Effectiveness-Implementation Research to Integrate HIV and Substance Use Care in South Africa	Africa	South Africa	Jessica F. Magidson
Cobalt study: Comorbid affective disorders AIDS/HIV, and longterm health	Africa	South Africa	Graham Thornicroft, Inge Petersen
Mental Health Beyond Facilities (mhBeF)	Africa/Asia	Liberia, Nepal, Uganda	Florence Baingana
Family Networks for Children with Developmental Delays program	Asia	Pakistan	Usman Hamdani
Creating A New Channel For Mental Health Delivery To Filipinos With Mood Disorders	Asia	The Philippines	Teresita Warner
Home Again: A housing with supportive services intervention for homeless women with mental illness experiencing long term care needs	Asia	India	Lakshmi Narasimhan
”			
Pass Plus	Asia	India	Gauri Divan
Community-led intervention for improving access to common mental health issues and social benefits for people with psychosocial disability in rural parts of India	Asia	India	Kaustubh Joag
Technological innovations for assessing attitudes and implicit bias toward mental illness in low-resource settings: adaptation and piloting of computer-based Implicit Association Tests in Nepal	Asia	Nepal	Brandon Kohrt
Livelihood Integration for Effective Depression Management (Life-DM): Findings from a controlled trial	Asia	Viet Nam	Victoria K. Ngo
Expanding Access to Mental Health Care in India: Bringing Depression Treatment into the Diabetes Clinics	Asia	India	Lydia Chwastiak
INCENSE livelihood intervention	Asia	India	Sudipto Chatterjee, Hamid Dabholkar
FundaMentalSDG	Global		Graham Thornicroft
Allillanchu: Integration of Mental Health into Primary Health Care Services	Latin America/ Caribbean	Peru	Francisco Diez Canseco
Integrating evidence-based depression treatment in primary care: Tuberculosis in Brazil as a model	Latin America/ Caribbean	Brazil	Annika C Sweetland
Suicide Prevention Alaska	HIC	US	Stacy Rasmus
IFRED	HIC	US	Kathryn Goetzke
Thrive NYC	HIC	US	Gary Belkin, Jill Bowen
It gets brighter: Bringing hope to young people experiencing mental health issues	HIC	US	Joshua Chauvin



## HEALTH IS ONE-BODY AND MIND

by **Linda CW Lam, MD**

Department of Psychiatry

The Chinese University of Hong Kong

Dr Brock Christolm, the first Director General of the World Health Organization highlighted that ‘Without Mental Health, there can be no true physical health’ over half a century ago. However, it is only until recently that advanced neuroimaging techniques, epidemiologic and neuroscience research have started to unravel a fresh perspective in visualizing the connection between our physical body and mental functions. Life course studies in the past decade provided multi-level evidence that genetic predisposition, prenatal environment, early life psychosocial situation, adult and midlife lifestyles and physical health are important determinants for a healthy body and brain in later life.

The significance of physical activity on the maintenance of cardiovascular fitness is well recognized. Standard guidelines are available to guide the community on how to achieve better physical fitness with aerobic and major forms of exercise. Although standardization of physical activity for mental health promotion has not yet been available, there has already been ample evidence that regular physical exercises, not restrictive to aerobic exercise, offers beneficial effects on cognitive function and mood (1). It may also attenuate the effects of brain ageing by affecting structural and connectivity brain changes.

Active social engagements in cognitive stimulating and mindful activities are of great recent interests. The ancient wisdom of mindfulness practice to search for mental calmness with focused attention and nonjudgmental observation received support by intervention studies in both healthy and clinical populations. Mindfulness based practices are reported to offer positive effects on depression, anxiety and adaptations to chronic pain, and may improve mental well-being in some chronic physical conditions (2). The therapeutic outcomes of these practices are illustrated in recent studies that physiological and immunological profiles are modulated in the body and brain, drawing a close link of synchronous responses between the body and mind.

Interestingly, the importance of basic health habits such as sleep and diet, is increasingly recognized for its influence on mental health. Certain sleep patterns are found to influence mood regulation, and some may reflect early signs of neuro-degeneration (3). As for dietary pattern, it is probably not only the amount of fats and carbohydrates that the physical body should be concerned about. The pattern of microbiota in the guts, as revealed by most recent studies, may play intriguing roles in the manifestations of different mental conditions (4).

Promotion of healthy lifestyles has traditionally focused on the benefits in physical conditions and has received significant success.

However, it has to be acknowledged that there are great barriers to adoption of health lifestyles, especially in populations that are vulnerable to mental health problems. With improved awareness of how lifestyle activities influence body physiology and brain function, it is important to raise public awareness as to how and why such activities modulate mental health. Facilitation to healthy lifestyle activities in the community will be a long term task requiring attention from policy to individual levels. The benefits should be recognized from the holistic perspective, not either physical or mental health, but towards a better outcome for both.

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### Linda Lam, MD

*Dr. Linda Lam is Professor and Chairman at the Department of Psychiatry of the Chinese University of Hong Kong (CUHK). She obtained her medical undergraduate and post-graduate degree from CUHK.*

*Dr. Lam is Fellow of the Hong Kong College of Psychiatrists and the Royal College of Psychiatrists (United Kingdom). At present, she is the Immediate Past President of the Hong Kong College of Psychiatrists. She is also the past Chief Editor of the East Asian Archives of Psychiatry, and the founding President of the Chinese Dementia Research Association. Her main research interests have been the assessment of neurocognitive disorders, identification of risk factors and early intervention for neurocognitive disorders. She has recently completed the first territory wide epidemiological survey of mental disorders in Hong Kong, and pioneered structured lifestyle cognitive and physical activity interventions for Chinese older adults with neurocognitive disorders. Dr Lam has over 150 peer review publications in related areas.*

*She serves on the Editorial Boards of different psychiatric journals, and is grant reviewer for the grant review boards in Hong Kong, the Alzheimer's Association in the United States and Alzheimer's society in United Kingdom.*

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## Save the Date

- **Fall Symposium - Data Security and Outpatient Psychiatry**  
George Washington University Hospital Auditorium  
NW Washington, DC  
September 25, 2016 • 10 a.m.  
[https://wps.memberclicks.net/index.php?option=com\\_mc&view=mc&mcid=9](https://wps.memberclicks.net/index.php?option=com_mc&view=mc&mcid=9)
- **APA Institute on Psychiatric Services**  
Washington, DC  
October 6-9, 2016  
<http://www.psychiatry.org/psychiatrists/meetings/ips-the-mental-health-services-conference>
- **The African Diaspora Conference**  
Cape Town, South Africa  
November 17-18, 2016  
<https://www.waset.org/conference/2016/11/cape-town/ICADDD>
- **WPA International Congress**  
Cape Town, South Africa  
November 18-22, 2016  
<http://www.wpacapetown2016.org.za/>
- **World Association for Social Psychiatry Congress**  
New Dehli, India  
December 1-4, 2016  
<http://www.wasp2016.com/>



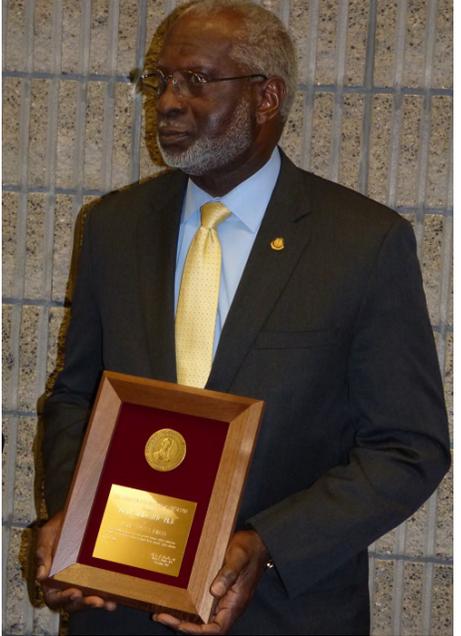
Our *Total Health Screening for Integrated Care* innovators' booth with our GWU students and the young colleagues we did our research with in China. It was part of the WB/WHO high level meeting on Global Mental Health at our university, GWU, this April.  
**From L to R:** Prof. Dinesh Bhugra, President World Psychiatric Association; Miguel Alampay, MD, USUHS; Layan Zhang, MD, St. Elizabeth's Hospital; Eliot Sorel, MD; Chelsea Frakes; Shabab Wahid; Paul Summergrad, MD, former President American Psychiatric Association.

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**WPS leaders Eliot Sorel, MD, DLFAPA and WPS President, Constance E. Dunlap, MD, DFAPA Co-Chaired the Surgeon General's Report on Mental Health and Substance Use Disorders, Parity, and Integrated Care at the American Psychiatric Association Annual Meeting at the Georgia World Congress Center, Atlanta, Georgia (Monday, May 16, 2016)**



**Surgeon General's Report Symposium**  
 (front row, left to right): Congressman Patrick Kennedy, David Satcher, MD, MPH  
 (back row, left to right): Symposium Co-Chairs Constance E. Dunlap, MD, DFAPA and Eliot Sorel, MD, DLFAPA, and Maria Oquendo, MD, APA President-Elect



Following the Symposium, the WPS Careers, Leadership, and Mentorship (CLM) Program hosted a reception to honor former Surgeon General David Satcher, MD, MPH, the 2016 recipient of the APA Human Rights Award, which was presented by Dr. Maria Oquendo, APA President-elect