PLENARY LECTURES

Renowned experts will share their expertise in their Plenary Lectures

Prof. Mirella Ruggeri

Department of Neuroscience, Biomedicine and Movement
University of Verona - Institute of Psychiatry, AOUI, Verona, Italy

President of the International Federation of Psychiatric Epidemiology

Welcome speech of the President

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Prof. Silvana Galderisi

Department of Mental Health, University of Campania
"Luigi Vanvitelli", Naples, Italy

Mental healthcare in 2021: challenges and opportunities

Abstract

The awareness of the key role of mental health in the attainment of better quality and quantity of life has increased among all stakeholders, but has not yet translated into effective actions.
In several countries, a shift from long-term institutional mental health care to community-based services has occurred, and programs for prevention of mental disorders and promotion of mental health have been implemented. However, at the present time, mental healthcare is facing a number of challenges, that may widen the gap between goals and achievements.
As a result of the economic crisis started in the past decade, many mental health services went through a severe shortage of human and financial resources and couldn't guarantee adequate prevention, treatment and rehabilitation plans any longer. They also largely failed to incorporate new societal developments, such as cultural diversities, humanitarian emergencies and other factors linked to mass displacement or new addictions, in the organization of mental health services.
Gaps increased during the COVID-19 pandemic that, however, also opened new opportunities to improve mental health services. The success of these opportunities will heavily depend on the ability to mainstream mental health in all national and international policies; improve access to (mental) health services and prevention programs, also exploiting innovative digital solutions; promote early recognition of mental disorders; disseminate and adapt to different contexts evidence-based models of integrated and person-centred treatments; include users and their relatives in planning and implementing research projects and care pathways, and promote human rights at all levels of care and society at large, without undermining the trust between mental health professionals, users and carers.

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Prof. Sir Graham Thornicroft

King's College of London,
London, United Kingdom

The interactions between Covid-19 and mental health

Abstract

After more than 18 months of the global Covid-19 pandemic, this talk will offer an Overview of the interactions between Covid-19 and mental health, with a focus on 1) effects on the general population, (2) effects on people with pre-existing mental illness and (3) effects on people who have been infected by Covid-19

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Prof. Danuta Wasserman

National Centre for Suicide
Research and Prevention of Mental lll-Health (NASP)
Karolinska Institutet, Stockholm, Sweden

Suicide can be prevented

Abstract

Every year more than 800,000 suicide deaths occur worldwide. Globally, suicide is the second leading cause of death among 15 – 29 year olds. It has become a serious global public health concern with severe societal implications. Due to the magnitude of the problem, recognising the need for suicide prevention is imperative.
An underlying psychiatric disorder is present in up to 90% of people who completed suicide. Comorbidity with depression, anxiety, substance use and personality disorders are high. However, suicide is preventable and adequate diagnostic procedures and appropriate treatment for the underlying disorders is essential. Existing evidence supports efficacy of pharmacological and psychological treatments, especially cognitive behavioural therapy, in prevention of suicidal behaviours. Treatment of children and adolescents with antidepressants should only be given under supervision of a specialist. For adults, due to the risk of suicidal behaviour in depressed patients treated with antidepressants, the careful monitoring is important and complimentary treatment with psychological methods, as well as with anxiolytics is necessary. Long term treatment with lithium of unipolar and bipolar depression and treatment with clozapine in patients with schizophrenia is effective in reducing suicidal behaviour. The suicidal person should also be motivated to involve family in the treatment. Psychosocial treatment and rehabilitation are recommended, as suicidal patients often have problems with relationships, work and lack social networks.
From the public mental health perspective, school-based suicide prevention programmes, and restriction of means of suicide are effective actions in preventing suicidal behaviours. Educational activities such as gatekeeper training, internet and helpline support need more scientific support.
During the COVID-19 pandemic, strengthening of protective factors and counteracting risk factors is important both for families and workplaces. Combination of the effective suicide prevention strategies at the individual level and population level should go hand in hand to achieve the best effects.

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Prof. Wulf Rössler

Charité –Universitätsmedizin,
Berlin, Germany

Supported Employment – just another Psychosocial Intervention?

Abstract

During deinstitutionalization the main focus of psychiatric reforms lied on the discharge of long-term patients from the large state mental hospital into the communities. Most of these patients ended up in a protected living and work environment in the community, being equally separated from the community life as before. Today their aspirations go far behind this: they want to participate in community life, they want to live independently and take work positions on the first labor market. An intervention aiming at bringing people in the first labor market is Supported Employment, which turns the current philosophy of occupational training from "first train then place" to "first place then train", i.e. providing at first a position on the first labor market accompanied by an intensive training on the job. Empirical evidence for the effectiveness of this approach is worldwide available. This and the prospects of Supported Employment as integral part of modern community psychiatry will be presented.

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Prof. Nicholas Glozier

ARC Centre of Excellence for Children and Families over the Life Course
Sydney School of Medicine (Central Clinical School)
The University of Sydney, Sydney, Australia

The COVID suicide epidemic. What happened to it and why?

Abstract

In the early stages of COVID-19 epidemiological modelling groups predicted enormous increases in suicide rates in several countries. The evidence from real time suicide reporting, coronial and other data sources have not shown this in a consistent fashion, although with some increases seen in specific locations and sub-groups. Notwithstanding the Cassandra limitation that any predicted disaster 'may still happen, it just hasn't happened yet' I will provide evidence supporting four (not mutually exclusive) hypotheses for why the modelled suicide epidemic hasn't happened, despite mental ill-health seeming to have universally worsened

1) Cultural influences on suicide
2) Economic responses to the pandemic
3) Divergence in suicide and distress trends
4) Modelling assumptions and inputs

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Prof. Antonio Lasalvia

Department of Neuroscience, Biomedicine and Movement
University of Verona-Verona Hospital Trust AOUI, Verona, Italy

Addressing the mental health of healthcare professionals in time of COVID-19. What have we learned and and where do we go from here?

Abstract

Italy was the first western country to be affected by the COVID-19 pandemic. Our country, as most countries worldwide, was caught somewhat unprepared to tackle an emergency of such a huge impact. The rapid spread of COVID-19 throughout the national territory and the dangerousness of the disease required a great amount of resources not promptly available at the beginning. The exponential increase in COVID-19 patients and the dramatically increasing need for intensive care unit surge capacity for the management of critically ill patients posed an extraordinary strain on health care systems of affected regions. In this context, healthcare workers - particularly those at frontline with COVID-19 patients - were under heavy workload conditions. This talk will present findings from a series of studies on health care professionals working in Verona, Italy, during the pandemic. Specifically, findings from a longitudinal study addressing the psychological the impact of the pandemic (in terms of post-traumatic stress symptoms, anxiety, depression and burnout) on a large sample healthcare professionals working in a tertiary university hospital and assessed at baseline, at 2 months and at 12 months will be first presented. Moreover, the psychological impact of the pandemic on a sample of General Practitioners working in the province of Verona will be presented (GPs have been on the frontline of the COVID-19 response, playing a crucial role in the containment of the pandemic in the community). Finally, findings from a more recent study assessing the psychological impact of the pandemic on a sample of mental health professionals working in both residential facilities and day care centers located in the province of Verona. These studies' findings are particularly relevant considering that Veneto, along with Lombardy, was the first region in Italy to register a COVID-19 outbreak and has since been one of the most affected Italian regions; moreover, the province of Verona was the most burdened area in Veneto during the lock-down period in Italy, both in terms of deaths and infected cases. These studies' finding will hopefully serve to provide evidence for the directing and promotion of mental well-being among health care workers and to prevent the sudden increase of psychological distress and burnout in the event of new similar healthcare emergencies.

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Dr. Michelle Funk

Department of Mental Health and Substance Use
World Health Organization, Geneva, Switzerland

WHO quality rights: promoting human rights in mental health

Abstract

Numerous publications and reports from countries, the UN, NGOs and the media in recent years have highlighted the extensive and wide-ranging violations and discrimination that are experienced by people with mental health conditions and psychosocial disabilities experience around the world.
The WHO QualityRights initiative was born out of an urgent need to address these violations and discrimination so entrenched in the area of mental health and to push forward recovery and human rights-based approach in mental health in countries everywhere.
This presentation will highlight the different areas of action being undertaken by the initiative to support countries, describe the materials and tools that we have developed as part of this work and discuss efforts currently underway in countries to promote human rights in mental health through the implementation of QualityRights.

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Prof. Andrea Fiorillo

Department of Mental Health, University of Campania "Luigi Vanvitelli", Naples, Italy

Shared decision making and outcome in patients with severe mental illness?

Abstract

Clinical decision-making is the primary vehicle of mental health service delivery. Three levels of patient involvement in decision-making have been described: informed, shared and passive. Passive (or paternalistic) decision-making occurs when the clinician makes the decision for the patient. Informed (or active) decision-making occurs when the patient makes the decision, having received information from the clinician. Shared decision-making (SDM) is collaborative decision-making involving the sharing of information and expertise by both participants. SDM is widely recommended in mental health, but rather understudied.
The "Clinical decision making and outcome in routine care for people with severe mental illness" (CEDAR) study has been carried out in six European countries (Denmark, Germany, Hungary, Italy, Switzerland and UK) with the aim to explore the styles of CDM adopted in mental health routine clinical practice. The shared decision making style is preferred by both patients and clinicians and it is associated with an improvement in long-term patients' outcome. Moreover, a shared decision making style has a positive impact on patients' satisfaction, treatment adherence and quality of life, and it reduces involuntary hospital admission. However, the implementation of shared decision making in mental health is hampered by several factors, which can be subdivided into patient-related, clinician-related, and illness-related factors.
The adoption of shared decision making in mental health should be promoted in mental health settings; psychosocial interventions aimed at improving the adoption of SDM in routine practice should developed and disseminated.

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Dr. Thara Rangaswamy

Schizophrenia Research Foundation (SCARF)
Chennai, India

40 years of Psychosis Care and Research in India: the agony and ecstacy

Abstract

In this presentation, an overview of 40 years of psychosis care and research at the Schizophrenia Research Foundation (SCARF) in India will be provided.
The Madras Longitudinal study is a 35-year follow-up of ninety people with first episode of schizophrenia, one of LAMIC's longest follow-up programs. COPSI and INTREPID underway will also be touched upon, both with Kings College London, the FEP program with Douglas Hospital in Montreal and a genetic study with Queensland University. The challenges in providing care will be described.

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Prof. Marianne Farkas
College of Health & Rehabilitation Sciences, Sargent College,
Center for Psychiatric Rehabilitation, Boston University, Boston, USA

Staying True to Recovery Oriented Psychiatric Rehabilitation Process: changing the Paradigm for Serving People with Serious Mental Illnesses

Abstract

Psychiatric Rehabilitation (PSR) began as a movement, approximately 50 years ago. In the intervening years, it has become its own field, with its own approach, philosophy, principles, unique interventions and outcomes, delivered by a variety of disciplines. In the last thirty years, the notion that individuals with serious mental illnesses or psychiatric disabilities could recover, transitioned from an optimistic belief to an empirical understanding of the progress that could be made. Recovery emerged as an appropriate mission for services, consistent with progress in PSR development and implementation. This emphasis on promoting the ability of individuals to claim or reclaim a meaningful life, makes PSR services focused on success and satisfaction in valued roles, an even more critical component of a comprehensive mental health service system. Psychiatric rehabilitation is both a framework for program models and interventions as well as a helping process. There has understandably been an emphasis in the field on program models (e.g. Housing First, IPS, ACT), with accompanying procedures, fidelity scales, identification of the correct mix of disciplines, locations for service etc. which importantly, lend themselves more easily to being researched. Current developments and research have focused on one or more elements of psychiatric rehabilitation, to enhance the existing program models.While these are indeed critical, less attention has been paid to the actual nature of the psychiatric rehabilitation helping interaction. Complementary to program models, the psychiatric rehabilitation process focuses on the nature of the helping interaction between the practitioner and the consumer that occurs within any psychiatric rehabilitation program model and setting.
Evidence based psychiatric rehabilitation principles guide and structure the psychiatric rehabilitation process and program components.
As psychiatric rehabilitation began to get absorbed into mental health systems, it helped to shift the overall paradigm of general mental health services from a narrowly focused historical medical model, to one focused on societal participation and activity. In doing so, however, it frequently became a victim of its success, with its basic processes, approach and unique contributions lost over time.
As it evolves in the future, there must be a fundamental understanding of the basic and fundamental processes of psychiatric rehabilitation in order to capitalize on its critical role in promoting recovery and truly continue changing the paradigm for serving individuals with serious mental illnesses.
This presentation will review the overall framework of psychiatric rehabilitation as an integral part of a recovery oriented mental health system and examples of its models, interventions and evidence base. It will present the latest thinking on what is and is not included in the helping interaction that defines its process, regardless of the program model and regardless of the discipline delivering it.

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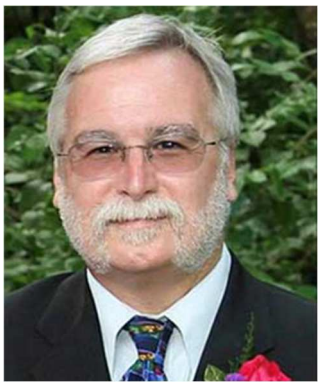

Prof. James C. Anthony
Department of Epidemiology and Biostatistics
Michigan State University, East Lansing, MI, USA

What Can Epidemiology Teach Us About The 'Addictiveness' of Each Drug?

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Prof. Francesco Amaddeo
Department of Neuroscience, Biomedicine and Movement
University of Verona-Verona Hospital Trust AOUI, Verona, Italy

Community care strategies and future perspectives

Abstract

A community-based approach is nowadays worldwide considered essential for the care of mental health. As demonstrated by the publication of the "Guidance on community mental health services: promoting person-centred and rights-based approaches", released in June 2021 by the World Health Organisation. The main components of a community-based system of care are Community Mental Health Centres (CMHCs) and services oriented to rehabilitation and recovery, like Day Care Centres and non-hospital residential facilities. In these models, psychiatric wards in general hospitals should be only devoted to acute cases that cannot be treated outside the hospital.
The evidences of the efficacy of community-based approach are numerous. Nevertheless, for many reasons, its application is still scarce or neglected in many countries. Examples of hospital-based systems, still with the existence of large state mental hospitals, are also present in developed, high income countries. International and grey literature showing the patchy distribution of mental health system of care worldwide and the variety of approaches within countries that already adopted the community care will be presented.
After the Italian Psychiatric Reform in 1978, when the history of Italian psychiatry has definitely changed moving from a hospital-based system of mental healthcare to a community-based one, Italy has become an important laboratory to assess how community-based models work and which are the barriers and the facilitators to implement such system of care. For these reason, surveys conducted in Italy, or comparing Italy with other countries, will be discussed.
Finally, community care strategies are showing promising current and future developments: the most relevant are: i) moving from the concept of rehabilitation towards that of recovery, ii) the use of new digital technologies that have been urged by the COVID-19 pandemic, and iii) the focus on mental health prevention and promotion in the community, in schools and in workplaces. These future developments will be presented and discussed.

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