Education & Psychiatry

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Editorial

Dear Colleagues,

The WPA Education and Scientific Publications Committee extends sincere greetings as we launch e-journal "Psychiatry and Education". The primary objective of "Education and Psychiatry" is to provide a comprehensive global overview of psychiatry education, facilitating the exchange of innovative ideas and fostering collaborative efforts aimed at enhancing learning outcomes. The WPA Education and Scientific Publications Committee oversees the development of WPA's educational programs, including preparation and implementation of continuing medical education accreditation, as well as the formulation of publications policies and materials for publication.

We express our gratitude to our contributors. Additionally, we are pleased to introduce our editorial board members: Santiago Levín (Argentina), Jasmine Ma (Nepal, publishing coordinator), Miguel Cuellar (Paraguay), Francisco Araniva (El Salvador), Kostas N. Fountoulakis (Greece), Julio Chestaro (Dominika Republic), Neena Rai (Nepal), Rodrigo Ramalho (New Zealand), Antonio Vita (Italy), Nikolay Negay (Kazakhstan), Howard Liu, (USA), Debasish Basu (India) Ricardo Lopez (Guatemala), Joseph R El-Khoury (UAE), Thelma Sanchez (Mexico) Aida Sylla (Senegal), Anthony Guerrero (USA), Rodrigo Cordoba (Columbia), Tecco Juan Martin (Belgium), Wendy Burns (UK), Gil Zalsman (Isreal), Mrugesh Vaishnav (India), Debashish Basu (India), Nikos Christodoulou (Greece), Tihana Jendricko (Croatia), Claudio Martins (Brasil), Kirsten Catthoor (Belgium), Octavio Lopez (Honduras), Erich Seifritz (Switzerland), Marc Hermans (Belgium), Andrew Mohanraj (Malaysia), Jana Chihai (Moldova), Ahmat Hatim (Malaysia), Vinay Lakra (Australia), Irina Pinchuk (Ukraine), Tsuyoshi Akiyama (Japan), Rebecca W. Brendel (USA), Ramune Mazaliauskienė (Lithuania), Gary Chaimowitz (Canada), Angeles Lopez Geist (Argentina), Anusha Lachman (S. Africa), Hee Jeong Yoo (South Korea), Andrea Fiorillo (Italy), Bennett Leventhal (USA), Dina Elgabry (UAE), Paul Robertson (Australia).

While our editorial board may seem complete, we extend an invitation to colleagues interested in psychiatry and education, whether well-established experts or newcomers. Your input is essential as we embark on this scholarly journey. The current issue of our e- journal features special reports and country reports, offering insights into specific topics within psychiatry and education, as well as diverse perspectives on global developments. We showcase book presentations that highlight the latest publications shaping discourse and practice in these fields, providing resources for further learning.

Prof. Norbert Skokauskas MD PhD
WPA Secretary for Education and Scientific Publications
Editor, "Education and Psychiatry"

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Preparing for the Victory

Irina Pinchuk (Ukraine)

It has been over two years since the Russian invasion of Ukraine began on February 24, 2022. Tens of millions of Ukrainians have been displaced internationally and more than 6 million Ukrainian refugees have been granted temporary protection globally (https://data.unhcr.org/en/situations/ukraine). The widespread attacks on critical civilian infrastructure, including health facilities and schools, the horrendous suffering and deaths among Ukrainian civilians and the deaths, injuries in the military have both immediate and long-term impacts on Ukraine's population. In such a situation, maintaining the nation's mental health plays a key role. In order to address the overwhelming systemic and person mental health challenges, it is crucial to increase the capacity and availability of mental health services in Ukraine. The protracted war in Ukraine and its impact on the future of mental health in Ukraine were the impetus for creating the Lancet Psychiatry Commission on Ukraine.

On February 24, 2023, on the first anniversary of the Russian attacks on Ukrainian, at the IX Annual Ukrainian Psychiatric Association International Conference, “The Price of Peace in Our Time,” was held in Warsaw, Poland. The Lancet Psychiatry Editor, Joan Marsh, suggested that Prof. Irina Pinchuk lead The Lancet Psychiatry Commission on Mental Health and Research in Ukraine. Invited Co- chairs were Prof. Norbert Skokauskas and Prof. Bennett Leventhal. The Commission convened 40 experts in mental health, economics, law, science from 12 countries (Ukraine, Australia, Canada, Israel, Lithuania, Switzerland, Sweden, Belgium, Norway, Japan, United Kingdom and United States), to develop a position paper for publication in *The Lancet Psychiatry*.

The purpose of the international, multidisciplinary Commission is to review the ongoing situation in the Ukrainian mental health system, offer recommendations for restructuring the Ukrainian mental health system to accommodate to the wartime needs, while, at the same time making plans to step away from antiquated and abusive “Soviet” system of mental health services.

The Lancet Commission on Psychiatry was divided in five Working Groups: Clinical Services, Clinical Training, Research, Forensics and Legal Advocacy, and Finance. The Groups were charged with reviewing the Ukrainian mental health system from these perspectives with the understanding that the ongoing war has severely impacted the mental health of the population, the mental health and general healthcare systems while also impacting the economic and legal systems.

The initial meeting of the Commission was on May 23, 2023, in San Francisco. Since that time, there have been 55 online and offline meetings. Using a comprehensive approach, the Commission report covering a wide range of topics essential to the Ukrainian mental health system. In its report, the Commission made recommendations concerning the system of training and education of mental health professionals, the research system infra-structure, forensic psychiatry system, service system and the system of funding of mental health. During the course of its work, the Commission scanned relevant documents in databases, gray literature, and international organizations (US National Academy of Sciences, WHO, etc.) that commented on aspects of

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mental health in Ukraine. The Commission has conducted a comparative analysis of mental health education and training system in Ukraine and the European Union. On the basis of this analysis, the Commission has identified elements to support the transformation of the Ukrainian mental health education system. Three virtual focus groups were conducted by Commission to help understand the pressing problems and priority areas for mental health research and other developments during the Ukrainian war and post-war periods.

Recommendations for reform in mental health law and advocacy were based on Ukrainian mental health services, World Psychiatric Association Expert Committee recommendations, and United Nations Convention on the Rights of Persons with Disabilities. A central issue is focused on autonomy in the broadest sense the must be respected, with primary concern for individual dignity, freedom to make choices, and individual self-determination.
The high prevalence of depression and anxiety in Ukraine requires rapid and scalable solutions, including those that can be provided by lay people in settings that provide easy access. As a starting point of the mental health system restructure, an evidence-based step-care approach and community-based service model has been recommended by Commission. The feasibility of shifting to a community-based service model was found to be justifiable by Commission economists, based of data from the World Bank Group.

On the historic, February 24, 2024, the Commission submitted the draft to The Lancet Psychiatry with expectation for publication in August – September 2024. The results of this major work by 40 experts will be present at the National Congress of Psychiatry in October 10-11, 2024, Kyiv, Ukraine.
Since 2022, in response to new and massive mental health needs created by the war, the Government of Ukraine, with the support of the First Lady of Ukraine, launched the All-Ukrainian Mental Health Program aimed to raise mental health awareness and foster a culture of self-help, while enabling protective and supportive environments, and developing a person-centered mental health system and services. The goal is for all public sectors such as health, welfare, education, labor, sport and youth affairs, culture, law enforcement, as well as non-government sector and businesses are engaged.
Despite the full-scale war and all the challenges, it poses to the country, Ukrainian authorities understand the need to reform the mental health care system in a timely manner and in accordance with current requirements and tendencies. Mental health is strategically important for Ukraine, because the mental health of the Ukrainian people is essential to the very Ukrainian resilience that has become a legend. Supporting this important component of Ukraine's strength requires and will receive substantial support for Ukrainians, as well as friends and collegues around the world.

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International Research Training Seminar in Child and Adolescent Psychiatry


Prof. Bennet Leventhal (USA)

The 17th International Research Training Seminar in Child and Adolescent Psychiatry met at Villa Aurelia in Rome, 3-8 March 2024. This event was sponsored by Foundation Child in Italy, with WPA Child and Adolescent Psychiatry serving as one of the co-sponsors. 40 trainees representing 26 nations in Asia, North American, South America, Africa, and Europe, many from low-and-middle income countries. Twenty-two international faculty members provided both didactic and mentoring sessions that provided basic knowledge and support for building research careers for these junior colleagues.

The intensive one-week of study began with discussions of topics as diverse as understanding the diagnosis and etiologic substrates of neurodevelopmental disorders and developmental psychopathology in both human and animal models. Also provided were basic approaches to critical areas of research such as genetics, epidemiology, imaging, and developing manualized treatments. Additionally, there were presentations on research approaches to suicide, mood and anxiety disorders, and pediatric psychopharmacology. Finally each evening concluded with colloquia on ethics, developmental neuroscience, resilience, and machine learning and artificial intelligence.

The Research Training Seminar is a very full week, with programming 12-hours/day. Faculty and trainees take meals together and have other times during the day for mentoring, including structured sessions each day during which the trainees refine their ideas and prepare for a scientific presentation on the last day of the Seminar.

While the acquisition of knowledge and skills is a central part of the research training seminar, an added benefit is that the trainees finish the week having widened their scientific network by 60 members, all over the world. As the week drew to an end, faculty and trainees celebrated a remarkable shared experience, as well as new friends. Based on past experience, trainees and faculty maintain contact and provide support as their careers develop. Foundation Child and long-time sponsor, WPA Child, are proud to add 40 more colleagues to the growing cadre of Research Training Seminar alumni, now numbering over 600.

For further information about and applications for future Research Training Seminars, contact info@fondazionechild.it

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Artificial Intelligence in Psychiatry Education

Norbert Skokauskas (Norway), Deepika Shaligram (USA), Kaban Koochakpour (Norway) Branko Aleksic (Japan), Dipendra Pant (Norway), Howard Liu (USA)

Psychiatry relies on the understanding of complex human behaviors and emotions. Teaching psychiatry involves introducing concepts and facilitating comprehension of these concepts in the context of human experience. *Artificial intelligence* (AI) is technology that enables computers and machines to simulate human intelligence and problem-solving capabilities. Artificial intelligence (AI) presents new possibilities to enhance education in psychiatry. We briefly describe the benefits and challenges of using AI tools in teaching psychiatry.

Benefits

First, the use of AI applications in teaching can enhance the learner's experience through personalized exercises tailored to learning needs, for example by using AI algorithms or instant feedback and communication using AI natural language processing. In psychiatry, personalized learning can help students grasp challenging concepts at their own pace, leading to better understanding, retention and improved learner confidence. Using AI in education also has the potential to reduce the cost of delivery of education and increases efficiency. Administrative and other tasks that do not involve active teaching can be time sinks for educators and administrators and automating these tasks through AI can improve workflow and free up time for active teaching. Furthermore, advanced analytics could enable educators to track progress and identify areas where students may need additional support.

Second, AI algorithms trained on electronic health records (EHR) using patients symptoms, patient histories, and diagnostic criteria can assist students in understanding and diagnosing mental disorders. By analyzing EHR data, AI tools can provide insights and recommendations, aiding learners in formulating management plans. In addition, AI-driven virtual patient simulations offer a safe and controlled environment for students to practice clinical skills and decision-making in psychiatric scenarios. These simulations can mimic real-life situations, providing valuable hands-on experience without risking patient safety. Technologies like generative AI trained on medical data could help students by answering questions, improving understanding, simplifying explanations, and providing second opinions on cases. On the other hand, AI can be used for predictive analytics in psychiatry education to forecast student performance and their potential specializations.

Third, AI applications can be helpful in teaching the basics of research in psychiatry including literature search for scholarly projects, identifying a research question, developing study design, as well as qualitative and quantitative research methods. Training should include the ethical use of AI tools in research and the need to acknowledge the purposes for which AI tools were used to avoid the risk of plagiarism and misconduct.

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Finally, adaptive AI-based assessment systems can dynamically adjust the difficulty of questions based on learner performance, ensuring that assessments are appropriately challenging yet achievable. Additionally, AI can provide instant feedback and explanations, guiding learners to understand their mistakes and improve their knowledge and skills. AI simulations can be a useful clinical skill assessment tool for learner competence when used in combination with the traditional written board examinations.

Challenges and Opportunities

One drawback of AI in education sing is that it can make learning feel less personal. When AI programs create lessons and control how fast students learn, they might not get the individual attention and understanding that human teachers can give. To counteract this, we can incorporate emotional intelligence components into AI applications to actively enhance their ability to emulate human interaction and foster empathy within the learning process. Other concerns about using AI in teaching psychiatry comes from the standpoint of ethics regarding patient privacy, data security, and algorithm bias. On of the way to solve privacy issues is to use synthetic data. A benefit of using synthetic data in teaching, is that it provides a controlled and customizable learning environment. Synthetic data allows educators to create scenarios, simulations, and examples tailored to specific learning objectives. Other way AI can benefit here is through automated de-identifying AI tools, fair algorithms to ensure equitable analytics, and promoting use of diverse and larger training data.

Integrating AI into psychiatry education requires careful planning to tailor these tools to existing curricula and teaching plans. Faculty members will need some training, and incentives to use AI effectively. By aligning AI tools with the curriculum, educators can ensure that they enhance the learning experience without disrupting it. Through collaborative efforts, AI integration can become a valuable addition to psychiatry education, benefiting both educators and students.

In conclusion, despite the challenges, the future of AI in psychiatry education is promising. Continued research and development in AI algorithms, coupled with collaborations between educators, clinicians, and technologists is crucial. Longitudinal studies evaluating the impact of AI on learning outcomes and clinical practice are necessary to inform evidence-based integration into psychiatry education.

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Online learning resources on Addictive Disorders by World Psychiatry Association: An imitative to strengthen the capacity on management of addictive disorders globally

Yatan Pal Singh Balhara (India)

Introduction

Addictive disorders are one of the leading contributors to global burden of diseases. Tobacco was responsible for 8.71 million deaths and 229.77 million Disability Adjusted Life Years (DALYs) globally in 2019.(1) Globally, alcohol use accounted for 2·2% (95% uncertainty interval [UI] 1·5–3·0) of age-standardized female deaths and 6·8% (5·8–8·0) of age-standardized male deaths in 2016. For the population aged 15–49 years, female attributable DALYs were 2·3% (95% UI 2·0–2·6) and male attributable DALYs were 8·9% (7·8–9·9).(2) In addition, 31·8 million DALYs (27·4–36·6) and 1·3% of all DALYs (1·2–1·5) were attributable to drug use as a risk factor in 2016.(3) While addictive behaviors have been increasingly recognized as a public health concern, the estimates of its contribution to the global burden are not available yet.

The services aimed at prevention, early detection, diagnosis, intervention, treatment, rehabilitation and recovery of persons living with addictive disorders are limited. While there is a disparity in the availability of services across different geographical region, there is a significant mismatch between the demand and the services across all regions.(4) (5) One of the reasons at the core of the treatment gap for addictive disorders is a lack of trained professionals.

Psychiatrists and other medical professionals are key to the global workforce offering services for addictive disorders. However, World Psychiatric Association (WPA) has noted that 70% of university psychiatric faculty members are concentrated in just 30% of countries in the world.(6) This becomes a significant barrier to quality training and education on various mental disorders including the substance use disorders and addictive behaviors.

About the online resource

The WPA developed educational resource on Addictive Disorders with an aim to strengthen the capacity on detection and management of addictive disorders across all regions of the world. This was part of the WPA's overall initiative to enhance education and training opportunities for psychiatrists, health professionals, students of relevant specialties, service users and carers all over the world through its Education Portal (https://wpa.learnbook.com.au/).

The online learning resource on Addictive Disorders by WPA has the objective of strengthening the evidence-based management of addictive disorders globally. The online resource has been presented in a modular format.

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There are a total of eight modules and each module is focused on a particular topic related to management of addictive disorders. A summary of the modules is presented in box 1.

Box 1. Summary of the modules of the online learning resource of Addictive Disorders by the WPA

- Module I offers the Introduction to addictive disorders. This module describes the concept of addiction; explains why certain substances and behaviors are potentially addictive; explains why some persons develop addiction and others do not; and introduces the concept of recovery.
- Module II is about assessment and diagnosis of addictive disorders. It has two sections- Section A and Section B. This module defines what is assessment in the context of addictive disorders; enlists the components of assessment; and describes the different diagnostic categories for addictive disorders as given in the International Classification of Diseases.
- Module III is on pharmacological management of disorders due to use of alcohol. It has two sections- Section A and Section B. This module describes the management of alcohol intoxication; different pharmacological regimens for management of alcohol withdrawal; pharmacological management of alcohol withdrawal seizures, and alcohol withdrawal delirium; pharmacological management of Wernicke's encephalopathy; and medicines used to address craving, support long term abstinence, and prevent lapse and relapse.
- Module IV is on pharmacological management of disorders due to use of opioids. It has two sections- Section A and Section B. This module describes the management of opioid intoxication and overdose; different pharmacological regimens for management of opioid withdrawal; and medicines used to address craving, support long term abstinence, and prevent lapse and relapse.
- Module V is on pharmacological management of disorders due to use of nicotine. This module describes medicines used to manage nicotine use disorders.
- Module VI is on pharmacological management of disorders due to use of benzodiazepines. This module describes the management of benzodiazepine intoxication and withdrawal.
- Module VII is on pharmacological interventions for the disorders due to other substances and addictive behaviors. This module enlists the pharmacological interventions for management of disorders due to substances other than alcohol, opioids, tobacco, and benzodiazepines; and pharmacological interventions for management of addictive behaviors.
- Module VIII is on non- pharmacological interventions for addictive disorders. This module describes the role of non- pharmacological interventions in management of addictive disorders; and enlists the evidence based non- pharmacological interventions for management of addictive disorders.

At the end of the modules a list of suggested readings has been provided for those who want to learn more about the management of addictive disorders. Participants are also able to access a set of multiple-choice questions to review their learning.

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Strengths of the online resource

The online resource on Addictive Disorders by the WPA is a comprehensive educational material as it includes modules on different substance use disorders and addictive behaviors. It offers an overview of the current concept of addiction. It presents the diagnostic criteria for substance use disorders and addictive behaviors as listed in the most recent version of International Classification of Diseases (ICD)- 11. Case vignettes have been used to facilitate the understanding into the use of the diagnostic criteria. The management section across different modules includes the management of acute intoxication; withdrawal (including complicated withdrawal); and medicines used to address craving, support long term abstinence, and prevent lapse and relapse. Evidence based non- pharmacological interventions applicable for management for substance use disorders and addictive behaviors have also been presented. The management approach described in the modules is based on well recognized textbooks, guidelines and systematic reviews and meta-analyses.
The resource comes along with all the benefits of the online learning resources including access from a place or a time of personal choosing, selecting the modules based on personal interest, and learning at own pace, among others.

The resource benefits from the expertise and experience of the development team based at a medical university and has been engaged in teaching, training, e-health and digital learning (www.enddtcaiims.com/).(7)

Way ahead

The online learning resource on Addictive Disorders by WPA can be accessed at the Education Portal of WPA. Newer modules that focus on issues relevant to the populations with specific needs, periodic updates to incorporate the newer advances in the field, adding an interactive discussion forum to the resource are some of the recommendations to make it more comprehensive and interactive.

References available on request

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The Croatian Training Program in Psychiatry - Short Report

Dr. Tihana Jendricko (Croatia)

The Republic of Croatia is located in the southern part of Central Europe and in the northern part of the Mediterranean. It has one nature park, 8 national parks and two strict reserves. Croatian coast lies on the Adriatic Sea and it is one of the sunniest in the Mediterranean with 1.244 islands of which 50 islands are permanently inhabited. The climate in inland is moderately continental, in mountains region it is alpine, in the coastal part Mediterranean, and in the hinterland sub-Mediterranean.

Croatia gained its independence in 1992 from a former Yugoslavia. In 2013, Croatia joined the European Union. Croatia has a universal healthcare system, that is mostly public, and partly private. Healthcare contributions are mandatory for all employed citizens.

The Croatian training program in psychiatry is harmonized with the European Union of Medical Specialists (UEMS) - Section of Psychiatry, specialization document from 1995 relation to the areas of psychiatry that are taught during specialization. Following areas, and their respected specific competencies required, are included: clinical psychiatry, addiction diseases, psychotherapy, community and social psychiatry, forensic psychiatry, consultative collaborative and psychosomatic medicine, psycho geriatrics, public health management of the mental health system, child and adolescent psychiatry, neurology, and internal medicine (UEMS Specialist Section Psychiatry: Charter on Training of Medical Specialists in the EU, chapter 6: Requirements for the specialty of psychiatry. Brussels, UEMS Specialist Section Psychiatry, June 6, 1995).

The expected outcomes of the education are described in each area of the Croatian training program, including the knowledge and skills that the specialist must acquire during the five years of the training. Over the course of five years, the resident completes a resident's booklet in which all achievements are recorded. With her/his signature, the mentor confirms that the resident has achieved certain knowledge and skills provided by the training program for a specific area. In several surveys, we checked the satisfaction of residents with the training program (Kuzman et al., 2009; Grizelj Benussi et al., 2023). Results showed a low level of satisfaction with the current training program, especially with the mentorship system and additional education possibilities. There is a need for improvement in many areas of training, considering EFCP (European Framework for Competencies in Psychiatry) standards. In the meantime, UEMS has published two documents related to the content of the specialization in psychiatry and the competencies that a psychiatrist should have (Charter 2022 and Competency 2015).

Recently, the competencies have been reviewed (2024), so we have started analyzing the existing program to propose the necessary changes. According to that analysis (Strkalj Ivezic et al., 2022), while the EFPC describes the competencies using the model of seven roles of psychiatrists, in Croatia competencies are related to the

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fields of psychiatry. The training program includes obligatory general and specific competencies. General competencies include "ethical standards, communication skills, knowledge of the legislative framework relevant to psychiatry, management of medical records, continuing medical education, understanding the importance of scientific work and participation in scientific research, applying evidence-based principles, participating in and leading a multidisciplinary team, active collaboration with other professionals in the health and out-of-health systems and promoting mental health at the level of the individual and the overall population." Difference from the recommended methods to evaluate the achievement of competencies has been reported. The need to improve the Croatian program was indicated, in particular, the assessment of the achieved competencies. The European Union of Medical Specialists (Union Européenne des Médecins Spécialistes – UEMS) and its Section of Psychiatry have established several recommendations for the effective implementation of training programs in psychiatry, including the recommendations on the structure of training, competency-based training standards, standards for training institutions, trainers and supervisors and quality assurance mechanisms along with continuing professional development. Training and education in psychiatry should be in line with the recent revision of the EFCP since it highlights the significance of recovery, bio-psycho-social approach, interventions, and respect for human rights. Competency is verified when knowledge and skills are properly applied in a clinical situation, followed along in practice by consisted of behaviors and judgments.

An evaluation system must be a fundamental part of any training program. Compliance with the competence criteria should be evaluated through knowledge, competency, and performance. The weakness of the Croatian training program is systematic evaluation that applies different methods through used in multiple time points directed towards the acquisition of competences and meta-competency during psychiatric training. Knowledge is mostly checked through various exams, but not skills. Another challenge or weak point of training in Croatia is the mentoring system, such as the lack of training for mentors on how to check competences. Furthermore, mentoring-related tasks are not being specifically nor adequately incentivized. Therefore, we need to put more effort into teaching and monitoring in the process of achieving these goals. As an example of good practice, interns have the obligation to create a psychodynamic formulation. Residents are in the process of teaching and demonstrating competencies of diagnosis, biopsychosocial formulation, and individual treatment plan through a case presentation. Guidelines for these competences have been written (available at: https://www.uemspsychiatry.org/; accessed 2/4/24).

There is more work needed to be done on the implementation in all institutions. The need for the revision of certain parts of the current training program is reflected in the results of the evaluation on satisfaction with the specialization program in Croatia. Both residents and mentors (Grizelj Benussi et al., 2023) expressed their dissatisfaction with the program as well as recommendations for the harmonization of the training in the EU. We believe it can be improved by aligning with the model of seven roles as recommended by the EFCP and the European Psychiatric Association (EPA) as well as by improving the evaluation process of the achieved competencies.

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Teaching the Mental Health Sciences in Senegal

The Formation of Psychiatrists in Senegal

The teaching of psychiatry has been assigned since 1965 to the Faculty of Medicine in Dakar. Two stages mark the evolution of this discipline with, as a highlight, the separation of neurology and psychiatry after 1968: The 1st period goes from 1965 to 1971, and corresponds to the preparation of the students for the certificate of neuropsychiatry. (AHYI, 1975). The 2nd, from 1968 to the present day, is exclusively specialized in psychiatry. The overlap of dates corresponds to the continuation of the neuropsychiatry course by students who were already engaged in it before 1968.

Prof Aida Sylla (Sengal)

From 1965 to 1971, fifteen candidates obtained the qualification of neuropsychiatry, among them there are 13 Africans, the others being European students or cooperating doctors passing through the neuropsychiatry service. From 1968, the certificate of special studies (CES) in psychiatry was designed to cover 4 years with final examinations in each of these years. The creation of a psychiatric boarding school in Dakar hospitals was effective in 1972. The boarding school allows students holding the certificate of special studies in psychiatry at the end of the probationary year to obtain a paid hospital function in psychiatry (Felle, 1975).

Until 1975, at the medical faculty of Dakar, the CES of psychiatry was the only specialty certificate organized entirely on site and since its creation it has obtained full validity in France, like the rest of the medical studies. With the university reforms the CES Certificate of Special Studies in Psychiatry became DES Special Studies Diploma in Psychiatry. The CES included a probationary year during which the doctors having completed his seven years of studies familiarized with psychiatry. They spent a year in the service and received theoretical education in psychiatric semiology and pathology, neuroanatomy and neurophysiology. Their ability to practice psychiatry, to fit into a team was assessed. This year was culminated in a probationary examination which they had to pass before starting three years of training, culminating in the defense of a so-called passing thesis, that allows the doctor to benefit from the title of psychiatrist.

The Diploma of Special Studies in Psychiatry has the same duration as the certificate. However, subjects such as anthropology, ethology, public health, research and the psychological approach are introduced there.

Psychology in the training of nurses and midwives

Nurses were initially trained in the two nursing training schools: the Dakar State Nursing School and the St-Louis Health Officer School. The two priority courses at the beginning were Medicine and Surgery. Thereafter, the teaching of psychology became compulsory for obtaining the state diploma. In 1967, we witness the

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introduction of the human sciences in teaching. The goal was to take the nurse out of her routine so she could deal with diagnostic, educational and integration issues. (Feller, 1975)

Several studies of nursing students have shown that the reforms made to the teaching of psychology are insufficient. Thus, a new approach based on the active participation of pupils has emerged. (Diop, 1975). The inclusion of psychiatry in the training of midwives also follows the same observations. The training was based on the establishment of two groups of 25 students, each supervised by a psychiatrist.

A study among students on the themes they would like to address had made it possible to identify several themes, among them the psychology of the patient, the child and women, sexuality and marriage, traditional life and modern life, caregiver-patient relationship, women and desire for a child.

Teaching medical psychology to medical students

Traditional medicine is characterized by its psychological aspect as much as by its somatic aspect. It is a holistic medicine that targets the whole man. The explanatory system for the disease emphasizes the relationship and its difficulties, relationship to the living, to the dead, to the world. Western medicine focuses on the alteration of normal biochemical and physiological processes.

The teaching of Western medicine at the University of Dakar then leads to this paradox: it makes the future African doctor forget his global vision of the disease even as the West is slowly rediscovering the psychological and social dimensions of the disease. To train a doctor in the Western sense then amounts to separating him from the environment in which he will practice his art. Nevertheless, It is just as dangerous to reduce man to his biological dimension as to "psychologize" the disease (Feller, 1976). In October 1971, based on this situation and faced with the failure of a classic teaching method (notions stuck, not assimilated, noted in the exam papers, low attendance), the team of the psychiatry service decided to reform it completely in its objectives and in its method.

The aim of the teaching of medical psychology in Africa is to promote the dialectical reversal that was to allow a new one to emerge, heir to traditional therapeutic attitudes enriched with concepts borrowed from the West. The content of the teaching is therefore no longer to be determined in a theoretical manner such as in a course where it is developed by the teacher and which would risk blocking discussions. On the contrary, it must be the way in which the participants pose (or do not pose) different problems and the way in which they formulate them themselves. The teacher is no longer the one who knows and distributes information but also the one who listens and facilitates the expression of what the student carries within him.

This resulted in great dissatisfaction on both sides. The teacher no longer had the lead. The teacher felt abandoned, judged, could not take it. At the request of the students, the teachers got involved, accepting to bring his personal experiences, in the domination of his fears of direct, abrupt, unprepared questions, questioning the classic teacher-student paradigm. The conclusions are those of the group and are developed from the personal

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input of the members. However, the demand for theoretical information has remained constant and, since 1973, these “training groups" have been supplemented by more and more theoretical and practical sessions.

Teaching Psychiatry to Medical Students

The objectives defined above for the awareness of 2nd year medical students (effective participation, close relationship between the teacher and the taught, open debate as much as possible in the least esoteric language possible, etc.) obviously serve as a backdrop to teaching as part of the "psychiatry module" compulsory unit during the 6th year of medicine or DCEM III (Ahyi, 1975) and currently in the 5th year or M2.

There is a compulsory hospital internship of 6 weeks during which the students are entrusted to the doctors responsible for the care units and participate in the activity of the service, rubbing shoulders with the realities and difficulties of the psychiatrist in his daily practice, recognizing the limits of his intervention, in particular on the sociological level (Osouf, 1975). The essential function of this internship, which obviously does not aim to train specialists, is to try to demystify the “ineffable psychiatric”, a bias too often used by doctors to distinguish themselves from mental health problems.

Family therapy training

Since 1998, psychiatrists, psychologists, nurses and social workers have received training in systemic family therapy (Lambert, 2002). This training sparked a constant enthusiasm for the systems approach. Mental health professionals have thus been able to forge alliances with other professionals in the legal field, for example, for better care of vulnerable populations. The systems approach has greatly contributed to de-stigmatizing mental health care in Senegal.

Conclusion

In Senegal, mental health is still developing from devices dating from the colonial period. Laws and infrastructures have been developed to enrich it. Training as a psychiatrist but also an initiation of general practitioners takes place there as well as teaching of medical psychology. There are more and more trained psychiatrists. Some traditional practices still survive there. Nevertheless, strong advocacy is still needed with the authorities so that priority can be given to mental health and thus mainstream it into all programs.

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Psychiatry Training in Dominican Republic

Dr.Julio Israel Chestaro Bretón

The Dominican Republic, spanning approximately 48,442 square kilometers, boasts a population of around 11 million people, making it one of the most populous countries in the Caribbean.

On October 30, 1977, a pivotal moment occurred with the inauguration of the first psychiatry training program at Hospital Padre Billini. This marked the genesis of formal psychiatric education within the country. Subsequently, on April 16, 1990, another milestone was reached with the establishment of the second psychiatry training program at the Salvador B Gautier Hospital. These programs stand as pillars, nurturing the growth of psychiatric expertise in the Dominican Republic. In recent years, significant expansions have been made. On June 1, 2016, the initiation of a sub-specialty training program in Child and Adolescent Psychiatry was a testament to the evolving needs of mental health care. Later, on June 30, 2020, a second sub-specialty training program was introduced, focusing on Forensic Psychiatry. These advancements underscore the commitment to address specialized areas within psychiatry.

Supported by the Universidad Autonoma de Santo Domingo (UASD), these training programs follows a structured curriculum. The psychiatry training spans four years, with the first year dedicated to internal medicine and the subsequent three years focused solely on psychiatry. A recent development includes an increase in the number of residents per year, rising from 16 to 18, with additional residents in the Child and Adolescent Psychiatry program, which spans two years.

Efforts are underway to expand these programs beyond the capital city of Santo Domingo, aiming to establish training centers in different cities across the Dominican Republic. Furthermore, plans are in motion to introduce training programs in sub-specialties such as Addiction Psychiatry, Liaison Psychiatry, and Geriatric Psychiatry, aiming for a more comprehensive approach to mental health care. The surge in applications to these programs signifies a growing interest in psychiatric education, promising a brighter future for mental health care accessibility. The academic year is structured into three four-month periods, each offering a diverse range of courses covering various aspects of psychiatry.

Residents undergo rigorous training, which includes national and international rotations. National rotations encompass essential facets such as emergency and crisis management, outpatient clinical consultations, neurology, liaison, and neuroimaging. Additionally, residents have the opportunity to participate in international rotations, offered by countries like the United States, Spain, Mexico, Colombia, and Argentina, providing exposure to diverse clinical settings and methodologies. In essence, the landscape of psychiatry in the Dominican Republic reflects a commitment to excellence, marked by continuous growth, innovation, and a steadfast dedication to addressing the mental health needs of its populace.

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Fostering Diversity in Mental Healthcare Education in Republic of Moldova

Moldova, a picturesque country in Eastern Europe between Romania and Ukraine, boasts not only breathtaking landscapes but also a rich cultural heritage. The official language is Romanian, with Russian widely spoken in the separatist region of Transnistria. Chișinău, the capital and largest city, serves as the epicenter of Moldova's cultural and educational endeavors. Amid economic challenges such as poverty and labor migration, Moldova holds immense potential, evident in its rich history influenced by various empires and cultures. Since gaining independence in 1991, Moldova has been striving to leverage its cultural and touristic assets for sustainable development.

Dr. Jana Chihai (Moldova) At the forefront of healthcare education in Moldova stands the Nicolae Testemițanu State Medical and Pharmaceutical University, established in 1945. Renowned for excellence in medical and pharmaceutical education and research, this institution offers a diverse range of academic programs catering to all levels of university education.

The Department of Mental Health, Medical Psychology, and Psychotherapy at Nicolae Testemițanu University epitomizes the university's commitment to advancing healthcare education. Through its comprehensive array of academic offerings, the department caters to students, residents, master's candidates, and doctoral candidates, ensuring a holistic approach to mental health education.

The diversity of courses offered at the Department of Mental Health, Medical Psychology, and Psychotherapy underscores the university's commitment to providing a well-rounded education. Among the courses offered are:

- Medical Psychology: Understanding the psychological aspects of illness and healthcare, this course delves into the intersection of psychology and medicine to equip students with the skills to address the mental health needs of patients.
- Mental Health and Psychosocial Support: This course focuses on providing support to individuals affected by mental health issues, emphasizing the importance of a holistic approach to mental healthcare.
- Relationship in the Social Environment: Exploring the dynamics of interpersonal relationships, this course examines the impact of social factors on mental health and well-being.
- Psychiatry and Pediatric Psychiatry: These courses delve into the diagnosis and treatment of psychiatric disorders across the lifespan, providing students with a comprehensive understanding of mental health conditions and their management.
- Master's Degree in Public Mental Health: Offering a detailed exploration of mental health issues at the population level, this program equips students with the knowledge and skills to address public mental health challenges and promote mental well-being in communities.

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Specialization for Competence in Activity: This segment outlines a specialized course in Medical Psychology tailored for psychologists, elucidating the credits and duration required for completion.

Course Hours for Psychiatric Resident Doctors: A comprehensive breakdown is provided, detailing the course hours for psychiatric resident doctors. This encompasses clinical psychiatry, clinical psychology, treatment methodologies, psychotherapy, pediatric psychiatry, community psychiatry, and practical internships. Moreover, related modules for other specialties such as neurology, pediatrics, forensic medicine, emergency medicine, and family medicine are also included.

In addition to these academic programs, the Department of Mental Health, Medical Psychology, and Psychotherapy offers specialized training through residency programs for psychiatric doctors. These programs provide hands-on experience and comprehensive training in various aspects of psychiatry, including clinical practice, treatment modalities, and specialized care for different patient populations. Through these residency programs, the department ensures the development of competent and skilled psychiatric professionals capable of addressing the complex mental health needs of the community.

This diverse spectrum of academic and residency programs underscores the unwavering commitment of the Department of Mental Health, Medical Psychology, and Psychotherapy towards furnishing top-tier education and training across all tiers of university education in the realm of mental health and its allied disciplines.

To these core courses, the department also offers specialized training programs for psychologists and psychiatric resident doctors, ensuring that students receive practical, hands-on experience in their respective fields.

Through modern facilities, experienced faculty, and a diverse range of academic programs, Nicolae Testemițanu University plays a crucial role in training healthcare professionals and advancing medical science in Moldova. It stands as a beacon of excellence, driving progress and innovation in healthcare education and research for the betterment of Moldovan society.

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Psychiatry training in Belgium

Dr. Kirsten Catthoor

Belgium has a complex federal state structure and distribution of powers, which also impacts the training of medical doctors. Indeed, both the federal government and the regions Flanders and Walloon have different duties and responsibilities in the patchwork of training medical specialists, creating a fragmented overview for the students involved.
The establishment of legal recognition criteria to become a psychiatrist, for example, is a federal Belgian competence. The duration of work, remuneration, maximum waiting hours, compensation for rest and standby allowance, maternity leave, vacation, and expense reimbursement, for example, are also stipulated in federal legislation. According to the federal Royal Academy of Medicine of Belgium, adult psychiatry and child and adolescent psychiatry are considered bottleneck specialties. This means that there are too few specialists available to meet the treatment needs of the population.

The issuance of recognition for specialist physicians is within the competence of the Flemish or Walloon community. In this text, the example of the Flemish community is taken, and there is a great analogy with how it happens in Wallonia. In addition to the Recognition Commissions, there is the Flemish Planning Committee as an advisory board to the Flemish Government, with its main task to advice on the number of candidates who may gain access to training for specialized medicine based on statistical data on the needs of the number of active physicians. The Flemish Planning Committee aims to address the issue of "medical understaffing" in certain branches of specialized medicine by increasing the number of training positions. Besides, a stringent agreement exists on the maximum quota of candidate specialists, which already has an excess supply. The Flemish Planning Committee recommends to the deans of the Flemish universities together to admit a maximum of 47 assistants in adult psychiatry to the training for 2026. From the daily practice, this seems like a strange decision, given the shortage of all forms of mental healthcare in Belgium.

Acquiring recognition for the medical specialization in psychiatry requires two separate admissions, which, however, are not entirely independent of each other. Firstly, it is necessary to obtain a degree from a university post-master's program in psychiatry. Additionally, the Recognition Committee for Psychiatry of the Flemish Government must grant recognition so that the candidate can start working as a medical specialist in psychiatry. To successfully complete the university post-master's program in psychiatry, the candidate must not only attend the mandatory interuniversity course, but also pass 2 exams, one theoretical test after the second year of specialization and another clinical vignette after the fifth year and write and successfully defend a scientific master's thesis. There are still several mandatory courses to be taken, such as scientific deepening, problem-solving skills, hospital management, and selected topics within specialized medicine.

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To be recognized as a specialist physician in adult psychiatry for the Recognition Committee, one must meet the general criteria for training and recognition applicable to all medical specialists and undergo specific psychiatry training equivalent to a full-time program lasting at least five years. The coordinating supervisor is responsible for the entire training program. They assist the candidate specialist in drafting their training plan and enter into an agreement with them that includes at least the mutual obligations. In collaboration with other supervisors, the coordinating supervisor ensures a coherent training program, including a theoretical training package and complementary rotations in different departments. Additionally, periodic meetings are organized with all involved supervisors to oversee the quality aspects of the training and the evaluation of rotations. Supervising and periodically evaluating the learning objectives and the increasing autonomy in the successive transitional phases are also the responsibilities of the coordinating supervisor. In addition to the coordinating supervisor, who is affiliated with the medical faculty of the university where the training takes place and who has demonstrable clinical activities, there are other supervisors involved during the training, affiliated with the departments where the candidate specialist is rotating. Furthermore, the Recognition Committee requires that the candidate has published a scientific article in a peer-reviewed journal. In exceptional cases, a lecture or presentation on new scientific data on a renowed event such as a symposium or congress is also accepted. However, this option is not motivated because the precise content of the presentation is not legally defined and there is a chance it may be rejected by the Recognition Committee.

In Flanders, the theoretical component of adult psychiatry training consists of a mandatory interuniversity course of 5 hours per week for 30 weeks during the first year of training. The content includes clinical psychology, general psychopathology, clinical and biological psychiatry, psychopharmacology, psychotherapy, social psychiatry, and the organization of psychiatric care both inside and outside the hospital. Legal aspects of psychiatry, diagnosis and treatment of psychiatric disorders in children, adolescents, adults, and the elderly, psychiatric technical diagnostic procedures and their interpretation, as well as forensic psychiatry, are also compulsory subjects. The interuniversity course is organized by the various psychiatry departments of the Flemish universities. Lecturers are experts in the subspecialties covered. The content of the interuniversity training is examined within the framework of the master after master's program in psychiatry but is also a requirement for the Recognition Committee. Here, both requirements for obtaining recognition are intertwined.

The five-year compulsory clinical internship must adhere to criteria imposed by the federal government. At least one year of this internship must be completed in a recognized acute adult psychiatry department. The subsequent four years are to be tailored in consultation with the coordinating supervisor, with internships lasting a minimum of three months, but with a maximum duration of 24 months for additional recognized acute adult psychiatry, 12 months for recognized child and adolescent psychiatry, 12 months for recognized internal medicine or neurology, 12 months in a clinical neurophysiology laboratory, 24 months in specialized psychiatry (substance abuse, psychosomatics, chronic psychiatric disorders, psychiatric rehabilitation, forensic psychiatry), and 24 months for psychotherapy.

Some universities choose to rotate candidates to different training locations every 6 months to expose them to as many sub-disciplines within psychiatry as possible, allowing them to make a more informed choice regarding

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their professional engagement after graduation. Other universities adopt the policy of switching each rotation once a year to better understand the continuity of care. The variations in education, the number of months in various rotational services, and the choice of psychotherapy training provide each candidate with a unique profile, which is beneficial for positioning in the job market after graduation.

A postgraduate in psychotherapy is strongly advised to candidates but is not mandatory. Postgraduate programs are offered in psychoanalytic psychotherapy, cognitive behavioral therapy, systemic therapy, and integrative therapy. A postgraduate in psychotherapy lasts for 4 years, with an average time investment of one day per week. Moreover, these programs are particularly expensive, a financial investment borne by the candidates themselves. A recent legislative amendment, which firmly establishes the employment conditions for candidates, includes a partial reimbursement of the psychotherapy training.

Like any program, the specialty training in psychiatry also exhibits strengths and weaknesses. The strength of this training lies in its scientific component, which receives a significant amount of time and attention. However, this directly leads to the main area for improvement, namely the time for direct patient contact. Working with patients with psychiatric problems is the core task of every psychiatrist. It is essential that sufficient practice is devoted to this aspect in order to become a competent colleague.

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Study system for psychiatrists in the Republic of Kazakhstan


Dr. Nikolay Negay

Kazakhstan, the world's largest landlocked country, is renowned for its vast steppes, rugged mountains, and rich cultural heritage. Positioned at the crossroads of Asia and Europe, it boasts a diverse population and a strategic geopolitical importance.

Before embarking on the journey to become a psychiatrist in the Republic of Kazakhstan, individuals must meet certain educational requirements. Typically, this includes having completed secondary education consisting of 11 classes (and starting from the following year – 12 classes), vocational education (such as completing medical college), or other higher education.

Bachelor's Degree

The first step involves enrolling in a bachelor's degree program at a university within the faculties of general medicine or pediatrics. This program lasts for 5 years, providing a basic understanding of medical principles and practices.

Clinical Training (Internship)

Upon completion of the bachelor's degree program, individuals must undergo clinical training as part of an internship, which allows them to obtain a medical clinical specialty: "General Practitioner." This two-year training format aims to impart practical skills and knowledge within the framework of basic higher medical education.

Residency

After successfully completing the internship, individuals undergo a residency program specializing in "Psychiatry, Adult, Child." This residency program lasts for 2 years, during which residents receive specialized training and experience in the diagnosis and treatment of mental disorders.

Certification and Licensing of Specialists

Upon completion of the residency program, individuals receive a specialist certificate in psychiatry as well as a license allowing them to practice in the respective field. This marks the culmination of their formal education and training in psychiatry.

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Postgraduate Education

The path to becoming a psychiatrist does not end with obtaining a specialist certificate and license. To ensure ongoing competence and qualification in this field, psychiatrists in Kazakhstan must meet the requirements of postgraduate education. Every 5 years, psychiatrists are required to confirm their specialist certificate through a qualification exam. Additionally, mandatory requirements include continuing education (as a form of additional education) in the declared specialization totaling no less than 120 hours (4 credits) in accordance with the Rules of Additional Education.

Additional education (formal education) is education included in the special Catalog of educational programs of additional education of the Ministry of Health. It involves continuing education and certification courses.

Continuing education is divided into:

- basic level (work experience from 0 to 5 years);
- middle level (work experience from 5 to 10 years);
- higher level (work experience from 10 to 20 years);
- specialized level (international or foreign training in innovative, advanced, high-tech medical services of professional activity) – work experience of 20 years or more.

Informal education is a type of education provided by organizations that offer educational services without considering the place, timing, and form of education, issuing a document confirming the learning outcomes (e.g., internships, etc.).

There are requirements for educational organizations in providing additional and informal education.

Reference to the order approving additional and informal education:
https://adilet.zan.kz/eng/docs/V2000021847

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Introducing the WPA Global E-Handbook on Intellectual and Developmental Disorders

Kerim Munir (USA), Ashok Roy (UK), Afzal Javed (UK)

Dr. Kerim Munir (USA)

The WPA Working Group on Intellectual Developmental Disorders (WG IDD) and the Section on Psychiatry of Intellectual and Developmental Disorders (SPIDD) have published an open-access Global E-Handbook on Intellectual Developmental Disorders IDD released in January 2024 with invited authorship from both high and low-and-middle-income countries.
We thank the WPA Secretariat for their support. The E-Handbook is a result of number of aspirational principles.
First, we intend to achieve consistency in the information available in mental health care of persons with IDD across various and disparate global regions. The prospective authors were requested to submit each country chapter following a structured template to achieve comparability in garnered information. The domains requested included:

(A) *Country background* including demographics, educational, employment structures, cultural perceptions of IDD; prevalence, identification and early interventions; and status of social inclusion.
(B) *Mental health burden and available services* for children, adolescents, and adults with IDD and availability, organization and access to mental health services.
(C) *Challenges and opportunities* in implementing person-centered care, person-centered diagnostic models, and social inclusion at the policy level, as well as in the development of specialist health services.
(D) *Priority setting* for medical education in IDD psychiatry for improving the mental health care of persons with IDD, including clinical postgraduate training in child and adolescent psychiatry and general psych8atry, as well as allied interdisciplinary training opportunities.
(E) *Development of collaborations and partnerships*, including investment to improve advocacy and community partnerships.

Second, an effort was made to include submissions from both low-and-middle-income countries (LMICs) and high-income countries (HICs) with representation of countries across all major world regions: East Asia and Pacific, Europe and Central Asia, Latin America and Caribbean, Middle East and North Africa, North America, South Asia and Sub-Saharan Africa.

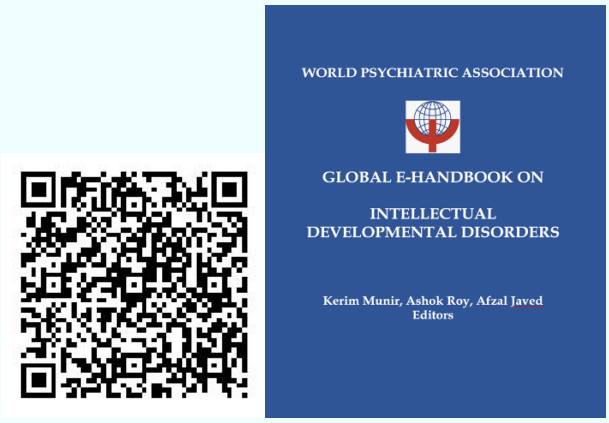
Third, the E-Handbook is intended to be dynamic and living archive on global mental health on IDD, to be updated periodically, and accessible freely as part of a creative commons license on the WPA website.
Fourth, all the prospective users, irrespective of WPA affiliation, are welcome to share, copy, and redistribute the untransformed material in any medium or for educational purposes with appropriate credit. It is hoped that

this approach, where the WPA serves as a conduit, can disseminate and enhance insights on mental health and IDD, regarding global and regional community practices, program models, and cultural perspectives.

Finally, we anticipate that there would be variance in individual authorship perspectives based on their unique experiences, as well as level of training, that may not always be interpreted as cross-national differences. Nevertheless, the uniformity of information requested is likely to provide a reasonable cross-country comparator. The publication is in PDF format and downloadable through the WPA website. The publication will be updated on a rolling basis as additional country chapter contributions will be received.

Our guiding framework promotes an integrated, evidence-based approach in the mental health care of persons with IDD globally. In this regard, the WG IDD was also charged for developing a comprehensive Position Statement on the Rights of Persons with IDD and Co-occurring Mental Disorders. The statement addresses the needs for inclusive services, training, and research for improved mental health outcomes for persons with IDD across the lifespan. An important justification for this effort is that mainstream psychiatry as a profession has the means and motivation to appreciably improve the mental health care of persons with IDD with special relevance for low resource settings. The statement is included in the final section of the E-Handbook extending its relevance beyond the state-of-the-art psychiatric services to allied multidisciplinary care, general medical education, speciality training, professional and research ethics, and human rights.

For URL access for download scan following QR Code



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Digital Mental Health: The Future Is Now

Dr. Davor Mucic (Denmark)

The latest Springer release, “Digital Mental Health: The Future Is Now,” began as an update to the 2016 book "E-Mental Health." However, as we delved into the revisions, it became apparent that the landscape of digital mental health had evolved so significantly since the first edition that this new publication stands as a groundbreaking work in its own right. It reviews the foundation of research, approaches and outcomes, yet presents a wealth of fresh data, introduces innovative digital concepts, and offers unique insights, effectively marking it as a new milestone in the field. Over the years we advocated for the swift approach of a digital revolution in health care – and while working on the original edition, we anticipated that would happen, mainly to improve access to care, complement other care options and be the treatment of choice for many. But it was the COVID-19 pandemic, however, that truly catalyzed this transformation, accelerating the integration of digital tools into the fabric of mental health services and highlighting their critical role in contemporary care.

The revolutionary shift to include digital health technologies in our life and in health care has been fueled by a shift in attitudes in patients and society at large, and a willingness to make it happen. We have moved from merely adding technologic options to existing processes, to using technology as essential, centralized, tool for organization and facilitation. It has encouraged people to explore, engage and experiment with ideas and partner in new ways. In that sense, it has changed dynamics and facilitates a different culture, which makes new things possible – to truly innovate ideas and practices – in ways that were previously just not conceivable.

Technology tools are revolutionary in impact, far beyond a good idea or just an interesting addition. These technologies are pivotal in enhancing care accessibility, as explored in Chapter 6 (C6), and significantly augment our capabilities in diagnosis, treatment, and healthcare delivery, transcending national borders, as elucidated in Chapters 7, 8 and 17 (C7, C8, C17). Recognizing and harnessing the value of technology, critically evaluating existing services (C1, C10), and establishing and promoting 'best practices' (C4) are imperative. Chapter 3 (C3) discusses how information systems and electronic health records improve communication and healthcare practice through alerts, texts, and setting health indicators. It emphasizes the role of technology in patient-centered care, enhancing outcomes, efficiency, and data-driven decisions. Chapter 5 (C5) addresses the complexities of creating technology like robots for therapy in neurodevelopmental disorders. It advocates for co-design methods that include various perspectives to enhance therapy and ensure technology's effectiveness.

Chapter 10 (C10) outlines a patient-centered approach to improve care quality and affordability, especially for comorbid conditions like depression and diabetes. It explores telehealth as a flexible tool for integrated care models and discusses the training, role definition, and teamwork necessary for effective integrated care.
This book takes an inclusive approach, highlighting not just telepsychiatry (C9)– a key player in digital mental

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health – but also delving into the realms of social media (C11), mental health apps (C16), and the multifaceted roles of online therapy, support, and education (C14, C15, C12). It also examines the profound impact of the Internet on patients and doctors, respectively (C2), as well as on doctor–patient relationship (C18).

The shift towards digital technologies in mental health care is not a mere change; it's a paradigm shift from traditional in-person interactions to a hybrid model that effectively blends in-person and remote therapy. Telepsychiatry, a major topic in Chapter 9 (C9), is no longer a futuristic concept but a present-day reality. Experienced telepsychiatrists have long recognized that high-quality video conferencing includes both a face-to-face element and the ability to read body language from a distance. Therefore, the current distinction in mental health services is between 'in person' and 'distance', a dichotomy that hinges on the proper use of equipment and the necessary professional training – and one that is becoming less of an issue with advanced technology and clinicians' skills.

The potential of videoconferencing in telepsychiatry extends far beyond mundane ZOOM meetings. It opens up a world where distance is no longer a barrier to effective mental health care. This advanced technology allows for the seamless integration of therapeutic sessions, consultations, and even group therapy sessions, offering flexibility and accessibility that was previously unimaginable.

However, the advent of artificial intelligence (AI) in mental health, as detailed in Chapter 13 (C13), represents an even more profound change. AI's ability to analyze vast amounts of data, recognize patterns, and even predict certain mental health trends or crises could revolutionize diagnosis and treatment. It could lead to more personalized and effective care plans, but only if we understand and apply this technology correctly. The closing chapter (Chapter 19) of this book offers an in-depth examination of the critical lessons learned from the COVID-19 pandemic and highlights the potential for these valuable insights to fade from our collective memory. This chapter underscores the pivotal role of intensified international collaboration, a lesson brought sharply into focus during the pandemic. It also stresses the increased necessity for comprehensive education and training in the application of technology within mental health care.

Yet, the effectiveness of these digital interventions relies heavily on our foundational understanding and practical application of these tools. Just as a state-of-the-art Rolls Royce remains stationary without a knowledgeable driver, sophisticated digital health technologies are ineffective without skilled operators. Our current educational system in medicine and psychiatry often overlooks the importance of this digital competency, a gap that needs urgent addressing. The current generation of medical students and young doctors must be equipped not just with theoretical knowledge, but with hands-on, practical experience in using these technologies.

Consequently, the role of international associations like the WPA and educational institutions becomes more crucial than ever. They must lead the way in integrating these digital advances into mental health facilities, influencing policy, and shaping clinical practice. By fostering an environment that encourages digital literacy, innovation, and practical application, these organizations can ensure that the future of mental health care is not just about technology, but about effectively using technology to enhance patient care and outcomes.

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Ultimately, this book serves as a comprehensive guide and a beacon for the future of mental health care. It underscores the importance of integrating digital health technologies into our clinical practice, not as replacements for traditional methods, but as complementary tools that enhance, streamline, and revolutionize mental health care. It is a call to action for practitioners, educators, policymakers, and students alike to embrace and harness the power of digital advancements, ensuring they are utilized to their fullest potential in improving mental health care globally.

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