GMHP REVIEW

Global Mental Health & Psychiatry Review, Vol. 3 No. 2, Spring/Summer 2022

Editorial Board

GMHPR
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Volume 3, No. 2
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Eliot Sorel, MD, Founding Editor-in-Chief

The COVID-19 Pandemic, The War in Ukraine

Dear Colleagues and Friends,

Welcome to the Global Mental Health and Psychiatry Review, the Spring/Summer 2022…!

We are now in the third year of an unrelenting COVID-19 pandemic with nearly fifteen million people dead as a result of it, according to the World Health Organization,

The world is now also confronted by the devastating consequences of a war in Ukraine, the continuing challenge of climate change, and the possibility of an economic recession at a very near horizon. It is a cluster of circumstances rarely foreseen and unanticipated. It causes major stress and strain on all social contracts at national and global levels with huge impacts on populations' TOTAL health, including mental health, and on nations' economies, across low-, middle- and high-income.

We are grateful for the stellar articles in this issue, by our Zonal Editors, the guest contributors, as well as the abundance of scholarly contributions by our young colleagues from Africa, the Americas, Asia, and Europe most relevant to global populations' TOTAL Health, including mental health. We are especially appreciative for all our colleagues' splendid scientific contributions to this thematic issue, especially in view of the unrelenting tragedies and traumas caused by the pandemic, the war, and rapid climate change trifecta.

A potential famine is also looming large at the near horizon since tons of grain are sequestered in Ukraine as the war is raging on with no access to the Black Sea ports to facilitate their export.

The specter of an emerging potential global famine; the millions of refugees; millions of people dead from the pandemic, and climate change are challenging the global community to end the war in Ukraine; to consider a modern Bretton Woods gathering, as forty four nations did in the summer of 1944 in New Hampshire; to aim at achieving a set of new world accords across the above mentioned challenges; and to proceed with alacrity.

Stay well, be safe.

Eliot SOREL MD

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COVID-19 Mental Health Consequences and The Total Health Needs of Refugees and Internally Displaced Populations

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The COVID-19 outbreak remains the most disruptive human, economic and social crisis in recent decades. The pandemic claimed lives, caused untold human suffering and economic devastation and upended people's lives across the globe. Over 50% of the global workforce lost their means of livelihood, with informal sectors being disproportionally vulnerable because of weak social safety nets. The vulnerable forcibly displaced persons were at a worse disadvantage.

COVID-19 has therefore aggravated the vulnerability of immigrant communities. The spectrum of effects can be best highlighted by the Somali refugee population and Internally Displaced Persons (IDPs) in Somalia. They relied on informal economies for their livelihood, a sector that was greatly affected by COVID-19 containment measures. Individuals had to depend on highly unreliable social networks like friends, neighbours, and social institutions such as mosques to get food, among other basic needs. While the diminished income streams made mutual assistance crucial for survival, the fact all social gatherings were limited after the outbreak made even operation of the lending schemes, commonly referred to as ayuto among Somalis, hard to function. A study that was done in Uganda also confirmed that the health and economic impacts of the virus were borne disproportionately by forcibly displaced individuals, where the living conditions made it hard for them to adhere to public health measures, access to social services, and protection. The study found that refugees did not have access to running water, and this exposed them to suffering disproportionately from the pandemic [1].

The absence of non-contributory assistance to protect the refugees and IDPs has further been worsened by conflict situations that have made it hard to access their productive assets like land to grow foods to feed their families. The refugee and IDP camps are also poorly resourced, unsafe and unsanitary, with the ecological predisposing factors exposing the group to not only physical but also psychological dangers compounded by continuous violence [2]. Somalia is a good case study because the population has been disturbed by the continuous violence, with the refugee crisis and internal displacement, bringing back repressed memories of traumatic events and associated post-traumatic stress disorder, depression, anxiety, and suicidality [3].

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Neglected Populations: Effects of The Pandemic on The Elderly And People With Dementia

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The current COVID-19 pandemic exposed gaps in the health and social service provision for the elderly in many Sub-Saharan countries. Due to their increased risk of severe illness from COVID-19, many national COVID-19 regulations advised the elderly to "stay at home" or avoid social interactions to decrease their risk of contracting the infection. This instruction has multiple implications, not just for the older person but for their entire ecosystem. A number of countries in Sub-Saharan Africa have good social pension schemes, however, the majority of the region has limited social pension coverage, if any at all. This then leaves people needing to work into old age in order to get funds, making adhering to the "stay at home" regulations difficult and adversely increasing their risk of COVID-19 infection.

In many Sub-Saharan contexts, including South Africa, households are often multi-generational and the older person may be the one providing support and care for the family. South Africa does provide a non-contributory social pension grant which often benefits the entire household and may be the only reliable source of income, especially in the current climate of high unemployment rates. South Africa experienced problems with pension collections during the pandemic such as lack of transport as many people needed to travel far or from rural areas in order to reach the pay points. Long waiting periods and lack of social distancing at pay points was also present which had dire consequences, further highlighting the need to provide appropriate services for this vulnerable population.

In many South African cultures, especially in the elderly, religious meetings and cultural gatherings are forms of social interaction which foster social cohesion and connectedness. The social restrictions that have been implemented during the pandemic have caused an increase in social isolation and loneliness in the elderly and people with dementia (PWD). The reduction and termination of certain elderly social health services has also increased isolation in this population. The lack of social interaction and lockdown has been linked to an increase in the neuropsychiatric symptoms in the elderly even without a neuropsychiatric diagnosis. Loneliness is one of the modifiable causes of dementia and is associated with an increased risk of dementia. This means that an increase in the incidence of dementia is bound to be seen in the near future, which is very worrying as this population has not been prioritised by many policymakers.

The SARS-CoV-2 pandemic lockdown responses resulted in limited medical and social services which negatively affected the access to dementia care. The pandemic has also significantly affected people living with dementia (PWD). Some studies have shown that PWD are not only more vulnerable to COVID-19 and its effects but have also been significantly negatively impacted by the contingency measures that the governments instituted to control its spread. The cognitive deficits that people with dementia experience make it difficult for them to follow the safety measures of quarantine, social distancing and wearing masks, thereby increasing their chances of contracting COVID-19. The behavioural and psychological symptoms of dementia, which affect about 90% of PWD, such as restlessness, wandering and aggression also cause a further problem in those that are able to comply with the COVID-19 restrictions and protocols. Furthermore, the new policies developed by governments in response to the COVID-19 pandemic are continuously changing, making it difficult for people with dementia to understand and comply. PWD are not only more vulnerable to COVID-19 but are also at a higher risk of serious COVID-19 disease. This is due to the co-morbidities that this population often has such as diabetes mellitus and hypertension and the dementia disease pathology itself. These factors also put PWD at increased risk of neurological complications from COVID-19.

In the "new normal" times of moving towards telemedicine and digital technologies to provide care; the pandemic may further exacerbate the existing inequalities in access to care for many people in low-middle income countries who lack digital skills or have no access to the internet. We are already seeing the short-term effects of COVID-19 on the elderly and people with dementia, meaning the need for the already scarce resources in LMIC for PWD will escalate. Policies that support the social and health care service provision in this population need to be prioritised, during this time. Bio-psycho-social intervention is needed, encompassing the health-related protection from the virus itself but also psychosocial measures to mitigate the effects of the pandemic on this vulnerable population.

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Post Pandemic Psychiatry: The Adequacy Challenge

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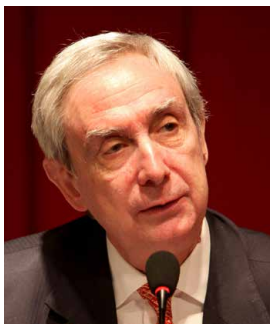

Fernando Lolas

Although *mental health* can be conceptualized in different forms depending on culture and history, psychiatry continues to be a core discipline related to its analysis and promotion.

Psychiatry is not a unified field. Like medicine, from which a respectable tradition makes it a specialty or sub-field, it is influenced by beliefs and knowledge regarding human life and the body.

Knowledge is not simply information but *organized information with a purpose*. To know is to participate in a community of thinking and practice endowed with the social power to define, propose, and act.

Three main forms of psychiatry can be discerned, each relevant and hegemonic at a different period in history. The dominant form since the adoption of the medical model is the *psychiatry of facts*. Its practice depends upon *signs* which indicate disruption of bodily function, "objective" alteration of interpersonal/social relations, or morphological changes in the organism.

There has also existed *psychiatry of narratives*. As a hermeneutic/phenomenological approach, this dimension of psychiatric practice relies on symptoms, complaints, or perceived incapacities causing distress and suffering, and empathic understanding. The reliance upon the interpersonal bond between persons is its distinctive feature.

The third form or variant of psychiatry relates to *values and morals*. It has to do with how behavioral or emotional disruptions are approved or rejected by persons and groups, explicitly or implicitly.

The *psychophysiological triad* – language, physiology, and behavior- must be complemented with the cultural and social dimensions, understood as historical constructions subject to change (1).

Among the many consequences of the SARS pandemic starting in 2020, perhaps one of the most relevant is the definite establishment of *digital communities of practice*. Geographical and disciplinary boundaries have been, if not eliminated, greatly changed. A more horizontal and inclusive partnership has been facilitated by forms of participation in knowledge production hitherto unprecedented in its depth and breadth. Traditional epistemic communities based on exclusive access to institutionalized knowledge have been challenged by the anonymity of the internet, the digital gap between the "haves" and the "haves not", new expertocracies, and digital social media.

The challenge ahead lies in defining what principles of research and practice should prevail to achieve the permanent *goals of psychiatry as a profession*: the cure of mental illness, the alleviation of distress, and the enhancement of meaningful human existence. Since a "one-size fits all" approach is not acceptable, the key principle should be "*adequacy*". Adequacy of the questions to ask, the solutions to search for, the organizations to promote, the values to cultivate, and the means to adapt to the circumstances, conditions, and traditions in which peoples live.

This definitional task is a process with trials, errors, and outcomes. It should differentiate between the *pathic aspects* of existence (distress and suffering) and *pathologies with construct validity* that medical science reifies as *diseases (2)*. Symptoms reported in epidemiological surveys need to be contextualized and culturally interpreted to produce therapeutic or preventive interventions which might improve life. Above all, it should preserve and deepen the *methodical pluralism* that characterizes psychiatry as a community of practice, now expanded to a digital community in search of "*appropriate social technologies*" to deal with new challenges, problems, and circumstances.

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A Clarifying Moment: The War on Ukraine and the Unraveling of the Global Order

Vincenzo Di Nicola

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Political pundits are referring to Russia's war in Ukraine as "an inflection point." German Chancellor Olaf Scholz has proclaimed that we are at a *Zeitenwende* — "a turning point" (Tausendfreud, 2022). An American professor of international relations calls it a "watershed" (Kupchan, 2022) – another translation of Scholz's *Zeitenwende*. What do these terms mean? An inflection point is a point on a curve where the direction changes. *Inflection point, turning point, watershed* – these metaphors all capture the sense that the invasion of Ukraine points to a change in global affairs.

In a related metaphor, journalist Malcolm Gladwell (2006) explored the meaning of the "tipping point", which is more like reaching a critical mass or threshold. Considering the two terms together, the turning point as a *change* and the tipping point as a *threshold*, allows us to see an event like the Ukraine invasion in a larger context. The elements were there all along, yet we now see them more clearly as a part of a pattern in which the current event acts like a flashbulb to illuminate more of the pattern.

We haven't seen with such clarity since 9/11, the fall of the Berlin Wall, or the Cuban Missile Crisis (the salient events will change depending on your age and region) – it's a once in a generation event. And what is it that is becoming clear? The evolving Inglehart–Welzel Cultural Map shows that there are two major dimensions of cross cultural variation of values in the world: *traditional values versus secular-rational values* and *survival values versus self-expression values* (World Values Survey, 2022). Where people stand on this war can be understood in light of the cultural map of world values. What that reveals is a centrifugal movement where values are separating into historical-cultural tribes: the unraveling of the supposed global order.

That is why I call this war *a clarifying moment*. The usual wisdom is that in "the fog of war" the truth is the first victim, but this war allows us to see through the propaganda and self-serving justifications.

Time to Choose

Clarity brings us to choice points. Such clarity demands that we make choices, that we winnow out the essential from the trivial, that we affirm our values and declare our principles. Freud (1915) famously wrote about death during the First World War. I want to write about preserving life and alleviating suffering.

In justifications for this war or for not criticizing Russia, people say, "What about …?" They point to exceptions, missed opportunities, hypocrisies. Understood. However, if you get caught driving dangerously on the highway, it's not a legitimate defense to say, everybody else was driving that way. The police will say, we'll catch them another day, but you were speeding and put your life and others' at risk. The particular does not justify the universal; the universal does not exculpate the particular. "What aboutism" confuses the universal and the particular.

As to neutrality, even Sweden and Switzerland which were neutral towards Nazi Germany and during the Cold War have given their support to Ukraine this time. Russia's neighbours Finland and Sweden that always resisted joining the NATO Western defense alliance are now seriously considering joining it for self-preservation, triggering precisely the outcome that Russia most fears. In the post-WWII decades, Germany, Sweden, Switzerland and Finland have all attempted a balancing act that has now tipped towards the West and against Russia.

Attempting to stay out of politics is also a political act. My favourite version of this was commented upon by anthropologist Clifford Geertz talking about a protest. The police were pushing back a crowd at an American protest against communism when one of the protesters said, "But I'm an anti-communist." To which the policeman replied, "I don't care what kind of communist you are." If you are in the middle of a riot, nuances tend to get lost, even fundamental values ("the fog of war"). Unless we want to be counted on the side of aggression by those policing the riot, we had better make clear where we stand. Not to act is also a choice and many would argue that it is in itself a political choice.

But I have an even simpler clarification. Politics, especially politics that impinge on health – and don't they all, eventually? – is too important to be left to the politicians. Recall Georges Clemenceau's famous dictum that war is too important to be left to the generals. In our interpenetrated and multilateral globalized world where boundaries are blurred between the global south and the global north (Di Nicola, 2020) between politics and economics on one side and health, safety and justice on the other, those of

us who are policy makers in the health arena must also advocate in the political arena. Not in a partisan way, but we can and must weigh in on policies that bear on the health of populations. That's what Global Mental Health and Social Psychiatry are all about (Di Nicola, 2019, 2020). And now is the time to stand up and be counted!

"If not now, when"

An American columnist asks, "What is our moral obligation in Ukraine?" (Blow, 2022). And if we don't take a stand on this war now, what will it take for us to act?

Contrary to the quietists in medicine and psychiatry who argue for a ponderous neutrality on matters that they declare as political, I call upon my discipline – psychiatric medicine, notably the two movements I am associated with, Global Mental Health and Social Psychiatry – to affirm our values, declare our principles, and announce a plan of action. In this issue, the Canadian Association of Social Psychiatry (CASP), of which I am President, declares our position, and "shows our colours" by transforming our logo into the colours of Ukraine's flag.

There is a powerful affirmation in the Bible that also arose out of the context of conflict and nationalism where Joshua, contesting different authorities for the loyalty of his people, affirmed:

"As for me and my house, we will serve the Lord." – Joshua 24:15

Let's adapt this in an ecumenical and contemporary context for our purposes.

As for me as a social psychiatrist, affirming the dignity of persons, in the context of the social determinants of health and mental health, with an action plan for Global Mental Health:

I am with the victims of this war, with those who strive for freedom and justice, and will serve their needs to alleviate their suffering, document their trauma stories during war, and respond to the accompanying displacements.

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The War Against Ukraine –A Social Psychiatry Perspective

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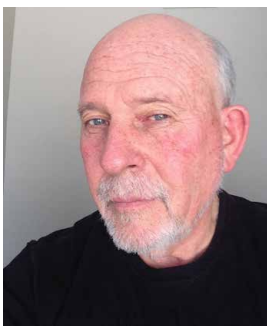

John M.W. Bradford

Vincenzo Di Nicola

April 1, 2022 – Montreal, QC, Canada

The definition of social psychiatry stated simply is the aspect of psychiatry that examines the social determinants of health and mental health in the cultural and interpersonal contexts of mental health. Along with our commitment to treatment, education and research, advocacy and policy-making are part of our mission as partners of the healthcare system. Social psychiatry's broad mission ranges from psychiatric epidemiology to the socioeconomic factors affecting mental illness and the various therapeutic approaches for treating mental illness. Social psychiatry examines major life events as precipitants of mental illness. In this context, war is a major life event for both individuals and societies caught up in it.

With the invasion of Ukraine on February 24, 2022, there has been death and destruction, family separations, and loved ones wounded and killed, often without a grieving process being fulfilled. As of this date, more than 4 million refugees – 10% of the entire population of Ukraine – have been forced to leave their homes, livelihoods, families, pets, and the basic needs of life or security, two thirds of them women and children. Over 150 children have been killed, and the bombing and shelling continue. The surviving population is being exposed to extreme trauma, with credible reports of barbarity and cruelty against the civilian population, leading to accusations of genocide and war crimes. Children and youth are being traumatized and exposed to extreme adverse child events. Everyone is exposed to trauma and at risk for developing PTSD. The effects of this on the Ukrainian people will endure for years to come, potentially triggering intergenerational trauma.

The Canadian Association of Social Psychiatry supports all the individuals and communities that suffer adverse mental health consequences due to the events in Ukraine. To the Ukrainian Canadian community, we offer our heartfelt support. We support the mental health care of all refugees from Ukraine and within Ukraine to overcome these traumatic events. We advocate for early support and access to needed therapeutic interventions and care, for all persons exposed to these traumatic events and dislocations. We also support the courageous aid of Ukraine's neighbouring countries who are generously receiving the millions of Ukrainians displaced by the unprovoked invasion of their country. And we call on all countries of good will to accept Ukrainian refugees immediately.

As health care leaders, social psychiatrists can offer financial assistance to the Red Cross and other agencies operating in war-torn areas. We support our colleagues in Eastern Europe who are dealing with refugees from a social economic, and social psychiatric perspective.

Refugees coming to North America and Canada specifically can be assisted from a social, economic and therapeutic standpoint, and will make ourselves available from both these perspectives.

In the words of the great Russian writer, Leo Tolstoy, "War is an act contrary to human reason, to all human reason." We stand with the people of Ukraine and with human reason.

The officers of the Canadian Association of Social Psychiatry (CASP).

Our CASP logo now reflects the blue and yellow colours of the Ukrainian flag, thanks to artist Paul Real.

RELATED STATEMENTS

Here are selected links to statements on the war in Ukraine by Canadian and international medical and psychiatric associations:

Canadian Medical Association (CMA)
https://www.cma.ca/news-releases-and-statements/cma-directs-its-investment-arm-divest-all-russian-federation

American Psychiatric Association (APA)
https://www.psychiatry.org/newsroom

Royal College of Psychiatrists (RCPSych, UK)
https://www.rcpsych.ac.uk/news-and-features/latest-news/detail/2022/03/04/college-response-to-the-conflict-in-ukraine

World Association of Cultural Psychiatry (WACP)
https://waculturalpsy.org/wacp-news/statement-about-ukraine/

World Association of Social Psychiatry (WASP)
https://waspsocialpsychiatry.org/wasp-position-statement-on-war-in-ukraine/

World Psychiatric Association (WPA)
https://www.wpanet.org/post/message-from-the-wpa-executive-committee-march-2022

World Health Organization (WHO)
https://www.who.int/emergencies/situations/ukraine-emergency

Chinwe Ugochi Ezeokoli-Ashraph

The Covid-19 Pandemic Mental Health Consequences in The Caribbean

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When absolutely required, we can put aside our differences in pursuit of survival. This is one nugget of truth we gleaned from the experience of the past two years. The Covid-19 pandemic left incredible health, social, and economic challenges in its wake, but it also highlighted the strength, grit and pure determination of the global community.

The Caribbean region was not excluded from this experience. Like the rest of the world, we awaited the inevitable landfall of Covid-19 with bated breath, while hoping to somehow be spared. The first cases were identified in early March 2020 and designated as imported cases, but within the next few months community spread began.

The Caribbean employed various methods to curb the spread and reduce severe illness. These included the stopping of non-essential services, keeping children at home and loved ones apart to prevent infection, social distancing, hand washing, and mask wearing in public. On the medical side, it meant PCR testing for symptomatic persons, mandatory admission to hospital units for the ill, and mandatory quarantine for primary contacts. Socially, travel restrictions were put in place, shopping days rostered alphabetically, and even a regional travel bubble was considered and implemented in some islands.

Given the uncertainty of the pandemic, fear seemed to become a constant for many people, worried about their families, their countries, and their future. It is no surprise, then, that there was an increase in people experiencing depressive and anxiety symptoms in the region. The pandemic and the measures put in place to manage it have increased the experience of risk factors known to be associated with the development of mental illness. Such risk factors include economic decline, lack of financial stability, social and physical isolation, uncertainty about the future, untimely deaths of loved ones, and feeling of helplessness and hopelessness.

Some groups seemed particularly hard hit by this trend, namely healthcare workers, adolescents, young adults and the disenfranchised. With lack of Personal Protective Equipment (PPE), lack of organizational support and a fear of infecting loved ones, there was an overall decrease in the mental wellness of healthcare workers across the Caribbean. In Trinidad and Jamaica, it was found that dental school academic staff reported an increased level of stress brought on by the pandemic.

In Trinidad, the prevalence of depression, anxiety and stress were reported as 42.28%, 56.2% and 17.97% respectively among healthcare workers, according to Nayak et al. (2021). (1) Medical students were shown to have increased depression and anxiety, with increased workload, lack of motivation, poor diet and exercise as contributing factors. Pediatric consultants noted a significant increase in the need to write mental health referrals and the Child Guidance Clinic which is the Child and Adolescent Psychiatric clinic in Port of Spain estimated an approximate 30% increase in the number of patients seen per year when compared to the pre-pandemic years (2).

In Jamaica, underemployment and unemployment, low educational attainment and a large younger population were factors that contributed to higher risks for increased anxiety and depression. (3)

Insomnia and anxiety were more of a concern than severe depression in Barbados, with the young and unemployed having worse outcomes. (4)

While the data on other islands may not be complete yet, it is safe to assume that other countries in the region experienced a similar increase in symptoms of mental illness as most persons rely heavily on tourism as a source of income.

A UNICEF survey in Latin America and the Caribbean found that young people and adolescents in the region were significantly impacted by the pandemic, with increasing levels of anxiety and depression, a decrease in motivation and an overall negative outlook on the future.

Mental health is acutely important but in most places in the Caribbean it does not receive the attention it deserves. Today there are more discussions about better research into population needs, an acknowledgement of the deficiency, and a renewed effort in pursuing improved mental health and holistic care. Apps and telepsychiatry have been quickly embraced and encouraged. There is increased promotion of self-care and active ways to prevent burnout.

For young people, there is a growing recognition of the mental health support they need to thrive.

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The Trauma of Pandemics

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The world is experiencing a scenario that we did not imagine: we have witnessed the ravages of a pandemic that has been with us for more than two years, and we are currently seeing the damage of an armed conflict in Ukraine. Mental health professionals have a particularly important role to ensure the care of those victims that may arise because of these events: we must take care of the COVID infected population and the health personnel, and now we must worry about the civilian, military and refugee population, especially children and adolescents.

The mental health of the Latin American population is already strained due to the direct effect of the COVID pandemic: according to data from ECLAC, 33% of participants from five different countries from the region, showed moderate or high levels of impact on their mental health (1). Post-traumatic stress symptomatology is common in populations during coronavirus outbreaks, punctuated at 18%. (2)

Considering the current state of mental health in the population of Latin America, adding economic and political factors, it is difficult to be oblivious to the possible consequences of the armed conflict even if we observe it far from our region. Humanity has seen several examples of how armed conflicts elicit the development of depressive disorders and post-traumatic stress; literature is extensive: post-traumatic stress disorders (PTSD) and mood disorders (MD) are the most prevalent mental disorders in war-affected communities, including torture victims and refugees, and significantly more prevalent than in communities with no recent history of conflict (3). About 30% of individuals exposed to mass conflict and displacement suffer from PTSD and/or MD (4). How can our Latin America population be exposed to the consequences of a war even being so far away from the territory of the conflict? In the first place, overexposure to media and war information overload can generate high levels of anxiety and sleeping problems. Watching from our televisions, laptops, or cell phones real-time news, bombings of homes and people suffering creates an environment conducive to the development of anxious symptoms, intense emotion reactions, sensitivity to loud noises or dissociation (5). This is especially important in populations with higher levels of hypersensitivity, children and adolescents.

In this sense, since the pandemic there has been a significant increase in the levels of violence in Latin American countries, ranging from aggressiveness on public roads as well as in homes (6) (Rescue.org, 2022) especially violence against women. In Chile, since the formal and compulsory beginning of attendance at colleges and universities, there has been a significant increase in complaints of aggressions in those establishments. We must promote the search for care strategies for the most susceptible population, our children and adolescents. Limiting the use of social networks with excessive information and gory images, establishing pleasurable activities on a daily basis, being part of refugee aid groups, financial or material aid, can increase the feeling of efficacy and commitment to victims. Also, mindfulness strategies taught in college and university classrooms can be concrete strategies that help the population.

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A Cross-sectional Study of The Status of Post-traumatic Growth And Influencing Factors of The Affected People Three Years After Earthquake

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Dr. Huang's team

Objective: To investigate the status of the post-traumatic growth of the affected people in Longtoushan Town, a disaster area hit by the 8.03 Ludian earthquake, and explore the influencing factors of post-traumatic growth.

Method: Three years after Ludian earthquake, 155 disaster-affected people in the heavy disaster area Longtoushan Town were selected according to convenience sampling method, and the questionnaire of the demographic information, Post-traumatic Growth Inventory (PTGI) and the Social Support Rating Scale (SSRS) were used.

Results: The total scores of PTGI in 155 affected people surveyed were between 0 to 89, with median of 30; and most of the affected people had growth scores in different dimensions. Pearson correlation showed that the total score of PTGI and the education level (r=0.34, P<0.01), monthly family income (r=0.32, P<0.01), the total score of SSRS (r=0.55, P<0.01) were of moderate positive correlation, and were negatively correlated with participation in field rescue (r=-0.47, p<0.01). Logistic regression analysis showed that female gender (OR = 0.03, P = 0.014) and the loss of family (OR = 0.04, P < 0.29) were risk factors for post-traumatic growth, and the degree of self-assessment (OR = 4.07, P = 0.006) and the total score of SSRS (OR = 1.37, P = 0.02) were protective factors.

Conclusion: Three years after the 8.03 Ludian earthquake, the post-traumatic growth level of the affected people in the worst-hit area was relatively low. The post-traumatic growth of women and those who lost their relatives was poor, while the post-traumatic growth was better when the psychological influence of self-assessment was greater and the social support was more.

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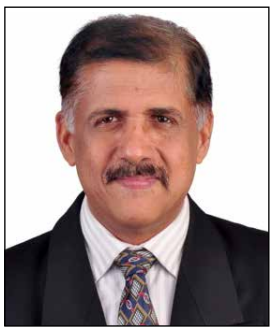
Learnings from Pandemic: Need to Continue Basic Cautions

Rakesh Kumar Chadda



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Covid-19 pandemic has been associated with unprecedented and unexpected damages to the mankind since early 2020. The pandemic has taught us a number of lessons which society should not forget since the pandemic had still not completely gone as well as there will always be a threat of such pandemics in future. This paper dwells over of some of these issues.

The world all over has been affected by the Covid-19 pandemic which has still not finished and had been threatening again and again in form of the new waves of infection. When the pandemic struck in early 2020, there were devastating effects because of multiple reasons like no availability of specific medicines for the virus, its highly infectious nature, associated high mortality, and absence of any vaccine. Country wide lockdowns declared in many countries all over the world had devastating effects on the world economy which had its own adverse effects on mental health besides those of the pandemic itself. Social distancing and respiratory hygiene were the main strategies used to prevent the spread of virus. It is important to state here that the strategies of physical-social isolation, physical distancing and quarantine of infected persons have been in use across the world as early as between the 10th to 6th centuries BCE (Vitiello et al, 2022)

One marvelous achievement to fight the pandemic has been the development of many vaccines within one year. This was the result of painstaking research with improved technology and facilitations by the local governments. It is important to state here that universal coverage of the world population has still not occurred especially in many LAMI countries due to inadequate availability and acceptancy issues in high income countries despite the availability.

A huge country like India with 1.4 billion population could cope with the pandemic in a remarkable manner. During the 2nd wave of the pandemic in April - May 2021 Covid-19 cases in a day had crossed 400,000 in India and the world was concerned about how India would manage this alarming situation. But by making available vaccines at an unprecedented scale and by upgrading health infrastructure, India could successfully cope with this huge upsurge. Over the period, India has shown the highest rate of vaccine acceptancy (76.7%) amongst various low- and middle-income countries, which is a reasonably high figure comparable to many high-income countries (Patwary et al, 2022). It is important to mention here that the vaccines being in current use may not offer complete protection against the new emerging strains of the virus, and hence might need modifications.

The Covid-19 pandemic also brought forward a range of mental health consequences which ranged from a wide spread community fear of infection to effects of psychosocial reactions to consequences of the lockdowns, industrial shutdowns, social isolation, quarantines and also mental health consequences in those infected with the virus (The Lancet Psychiatry, 2021). This has been a big unprecedented challenge to mental health professionals and policy makers. Learnings from the experience include need to maintain communication within social groups and the family, anxiety management and follow the safety precautions for the infection.

Unfortunately, as the pandemic, especially the Omicron wave has come down, the general public has become so much complacent, all across the world as if the Covid-19 has left for ever. It is the responsibility of health professionals, policy makers, community leaders as well as the political leadership not to go down this alert and let the basic principles of respiratory hygiene stay for ever. Same way, efforts need to be provided to cover all the world's population with vaccine and also to enhance vaccine acceptance, wherever it is lacking.

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Japanese Society and Psychiatry during The Corona Disaster

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Tokyo Metropolitan Matsuzawa Hospital is a psychiatric hospital founded in 1879 as the Tokyo Prefecture Insanity Institute in downtown Tokyo. The Institute was a kind of detention facility for the purpose of segregation. In 1919, the director of the hospital, Prof. KURE Shuzo, decided that 3,000 square meters per patient were needed for their open treatment and rehabilitation, so he moved the hospital to a plot of land of two million square meters in the village of Matsuzawa, Ebara-gun, now Setagaya-ku in the middle of Tokyo, and renamed it Matsuzawa Hospital.

At that time, the treatment of the mentally ill was mainly private confinement in dungeons and folk remedies such as prayer for blessings, which could not be called treatment. As a professor of psychiatry at Tokyo Imperial University, Kure dispatched his staff to various locations to investigate the actual situation of treatment of the mentally ill, and compiled a report entitled "The Actual Situation of Private Confinement of the Mentally Ill". In his report, he stated that "the 100,000 or so mentally ill people in Japan have not only the misfortune of having this disease, but also the misfortune of being born in this country", and called for improvements in the treatment of the mentally ill in Japan (1).

Today, 100 years later, how is the treatment of the 270,000 people in psychiatric hospitals during the Corona disaster? About 60% of the inpatients are hospitalized for more than a year, and they are called "socially admitted patients", i.e., patients who are hospitalized not because of their medical condition but because of social circumstances such as not being able to find a home to return. The criticism that there are too many psychiatric beds in Japan will be discussed elsewhere. It is called "the special exception for psychiatric wards" which is a staffing standard that allows psychiatric wards to have only about one-third the number of doctors and two-thirds the number of nurses of other departments.

In addition, most of them do not have doctors specializing in internal medicine. Under such circumstances during the COVID-19 pandemic, by August 2021, it has been found that more than 200 people died of coronavirus infections in psychiatric hospitals in inadequate treatment settings as described above because they could not be transferred to general hospitals even though the psychiatric hospitals requested it (2).

At the time of writing, there is a number of unexpected outbreaks of coronavirus infections in psychiatric hospitals. Despite the large number of elderly people with mental disorders being hospitalized, vaccine distribution is slow and vaccination rates are low. These are people whose mental illness made them ineligible for general hospitals and whose infections are difficult to treat in psychiatric hospitals. Stigmatizing attitudes and behaviors toward patients with mental disorders are also a worldwide challenge within a physical health care setting.

In fact, it is not only during the Corona disaster that people with mental illnesses are denied even the most basic physical medical care. Even in normal times, epidemiological data repeatedly show that people with mental illness die 10-20 years earlier than their counterparts (3, 4). This may be, unfortunately, a global phenomenon. The people with mental disorders will also age, develop cancer, lose their sensory organs, and experience cognitive decline, making their lives even more difficult in the community. It is not only the lack of guidance from the government, but also the frontline medical personnel working in general hospitals who refuse to transfer the mentally disabled people who need physical treatment to general hospitals.

We hope that the day will come when we have a truly civilized medical system where having a mental disorder is not perceived as a "misfortune."

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The Swiss View for Other Ways to Reduce War's Impact

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War has been raging in Ukraine for more than two months. 24 February 2022 marks the beginning of a new chapter in the history of Europe. 77 years after the end of the Second World War, we are witnessing a war of aggression on the European continent.

Regrettably, tanks have been rolling in, bombs have been pelting neighbourhoods, people in Ukraine have been facing mortal fears, fighting for what Europe takes for granted: freedom, democracy and self-determination. All over the world people are saddened and affected by the violence and the hardship for the Ukrainian population. For physical and mental health it is therefore particularly important to send a united and strong signal for peace now.

The war in Ukraine, with its immeasurable human and mental suffering, continues. In Switzerland, a huge discussion was initiated about the dependence on foreign fossil fuels. By buying Russian oil and gas, we are financing Putin's war of aggression! In doing so, we are supporting a regime that tramples on health and the values of a liberal society. This war, which is contrary to international law, is a turning point for peace and security in Europe (1).

On 9th March 2022 a Swiss solidarity day was realised. Over 82 million francs (equals 80 million euro) were raised. «Together we are against war and we support it's victims. They need appreciable signs of humanity and solidarity" » stated the Swiss president Ignazio Cassis (2)

However, apart from meaningful fundraising, what can we do now more to reduce war's impact?

The unusual Swiss answer to this is: Domestic, renewable energies will be consistently expanded and the consumption of fossil fuels will be reduced (2). And how we can do this concretely?

Everyone of us can make a valuable daily contribution to drying up Putin's war funds:

1.) By deciding to switch to public transport, electric cars or bicycles.

2.) By equipping our homes with a geothermal probe, a heat pump or solar panels.

3.) And by remembering that the cleanest energy is the energy we save!

Conclusion: The responsible energy consumption is no longer just a climate policy necessity, but also a question of European security and (mental) health promotion.

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War in Ukraine – New Mental Health Issues for Entire Generations

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2015 was marked with a huge humanitarian crisis in the old continent, as more than one million refugees from Syria headed towards Western Europe, hoping to find a new and safe place to live and work. As the integration processes are still taking place, the new area of conflict in Ukraine is shacking the whole world hard. In February 2022, Russia attacked Ukraine. Millions of people have had to leave their home immediately, not being able to take even the most important things with them. The cruelty of the war showed once again the unstoppable power of dictatorship, reminding that the history lessons have not been learned yet.

Millions of Ukrainians, who were forced to leave their country because of the bombings and fire attacks, are hoping to turn back home after the conflict comes to an end. However, the scope of the attacks is so wide that the time needed to rebuild the cities will be a long lasting challenge for the whole nation. Upon all challenges that people in the affected areas have to face, mental health issues are not an exception. Studies of past armed conflicts showed the increased prevalence of posttraumatic disorders as well as depression in the affected populations (Seino et al., 2008). Furthermore, the majority of people leaving the Ukraine are women and children, as men are staying in the country to fight against the aggressor. This means that many children are growing up without fathers. However, the presence of the father is key for children and cannot be compensated or replaced with the other means (Rolle et al., 2019). The absence of the father also puts even more responsibility on the women's shoulders, who should keep balancing between occupational duties and mothership. Furthermore, the emotional needs of men, husbands and fathers fighting for theirs and their children's' future, cannot be addressed at the front line. Published literature of war veterans illustrates the negative effects on the mental health of this group even many years after the conflict is over. (Mahar et al., 2018)

Ukrainians are fighting for theIR future, often well described as for the future of the whole democracy, which has a history of more than 2000 years. In the meantime, the perception that 'there is no home' will lead to serious mental health problems for entire generations of Ukrainian people. It is absolutely necessary to support the people of Ukraine and to meet their needs in every way they we can. National as well as international governmental and non-governmental efforts should prioritize meeting the needs of the Ukrainian people. In this modern world, when we are so focused on equality and human rights, failure to ensure the basic needs of people is absolutely inacceptable. The history of the world is being written now, and it is up to us to decide in which chapter we are going to be included.

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Digital Psychiatry: Novel Emerging Paradigms from India


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Background

Digital psychiatry is an emerging fascinating area in psychiatry. It holds great promise and relevance for the current times and near future. There are emerging applications of Digital Psychiatry across clinical care, training research and service development. Considering it being a novel arena, there are inherent strengths and existing challenges as well. The COVID-19 pandemic enhanced the focus on digital psychiatry,

Digital Psychiatry: Global aspects

Globally, the rise of mental health problems has led to a renewed interest in the role of digital technologies in mental health (1). The term digital psychiatry is currently a broad term for several different technologies and approaches, including mental health apps, machine learning algorithms, and ecological momentary assessment (2). Mental health care is experiencing change in unforeseen and exciting ways via new advancements and expanding technological capabilities (3). Developments in the areas of telepsychiatry, social media, mobile applications and internet of things, artificial intelligence and machine learning have potential to benefit patients across early diagnosis, personalized treatment, better prediction on patient outcomes and diagnosis of mental illness in the future (4).

Digital Psychiatry in India

Formation of The First Digital Psychiatry Subcommittee in India by the Indian Psychiatric Society, Western Zonal Branch

The COVID-19 pandemic posed significant challenges for providing psychiatric and mental health care. There was a perceived need for training and skill enhancement in digital psychiatry across India. We proposed to the Indian Psychiatric Society (IPS), Western Zonal Branch (WZB) that a section or Subcommittee on Digital Psychiatry could be formed for creating awareness and enhancing skills of Psychiatrists dedicated towards development of Digital Psychiatry in India. The President Dr Laxmikant Rathi and Dr Dhananjay Ashturkar, Hon Secretary and the IPS WZB formed the Digital Psychiatry Subcommittee in 2020. This is the first Subcommittee dedicated to Digital Psychiatry in India. The aim and objectives are to create awareness and improve knowledge and enhance skills of psychiatrists in digital psychiatry.

Innovative Training Programs on Digital Psychiatry in India

The IPS WZB Subcommittee has conducted two online programs in India in 2021: an innovative 'Digital Psychiatry Symposium' and an 'e-Colloquium on Innovations in Digital Psychiatry'. These were free awareness programs for psychiatrists in India and not affiliated to any industry with the purpose of promoting knowledge and skill enhancement. Interactive information flyers and posters of the scientific program and its speakers were designed and shared over social media such as WhatsApp psychiatry groups, Facebook psychiatry community pages, the Google group of the Indian Psychiatric Society, Twitter, email, etc for wider dissemination. Both programs received greater than 250 expressions of interest and were widely attended and well appreciated. The participants found it highly innovative, informative and useful.

Digital Psychiatry Symposium

The first program, 'Digital Psychiatry Symposium' was held on 6th March 2021. The topics covered were digital psychiatry e-prescription, digital psychiatry and social media for online practice and 'Digital Psychiatry Clinic: Back Office Management'. These were conducted by eminent speakers with relevant expertise across India.

e Colloquium on Innovations in Digital Psychiatry across India

The second program was 'Innovations in Digital Psychiatry across India: e-Colloquium', held on 9th October 2021. National stalwarts and eminent psychiatrists across the country were speakers for the program and shared their innovative training and care models in digital psychiatry in India. The innovative presentations discussed national initiatives and resources for child protection, mental health and psychosocial care, information technologies to build capacity for addiction treatment, building 'disruptive' models in psychiatric training, and challenges and future perspectives. The presentations were followed by an interesting online discussion with questions and answers live by participants.

Felicitation and Expansion of the Digital Psychiatry Subcommittee:

The Digital Psychiatry Subcommittee has further been expanded in 2021. Future plans include the organization of a Symposium on 'Digital Psychiatry and Rural Mental Health: Reaching the Unreached' in June 2022. The Subcommittee plans to continue conducting academic programs, workshops, panel discussions and research. There is a need for regular training, intersectoral collaboration, research and service development of digital psychiatry in India.

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MON. - THU. JUN. 20-23, 2022	**Royal College of Psychiatrists (RCP)** **INTERNATIONAL CONGRESS** JUN. 20-23, 2022 • LOCATION: EDINBURGH, SCOTLAND
TUE. - FRI. JUN. 28-JUL. 1, 2022	**World Federation for Mental Health (WFMH)** **WORLD MENTAL HEALTH CONGRESS** JUN. 28-JUL. 1, 2022 • LOCATION: LONDON
TUE. - FRI. AUG. 3-6, 2022	**World Psychiatric Association (WPA)** **22ND WPA WORLD CONGRESS OF PSYCHIATRY** AUG. 3-6, 2022 • LOCATION: BANGKOK, THAILAND