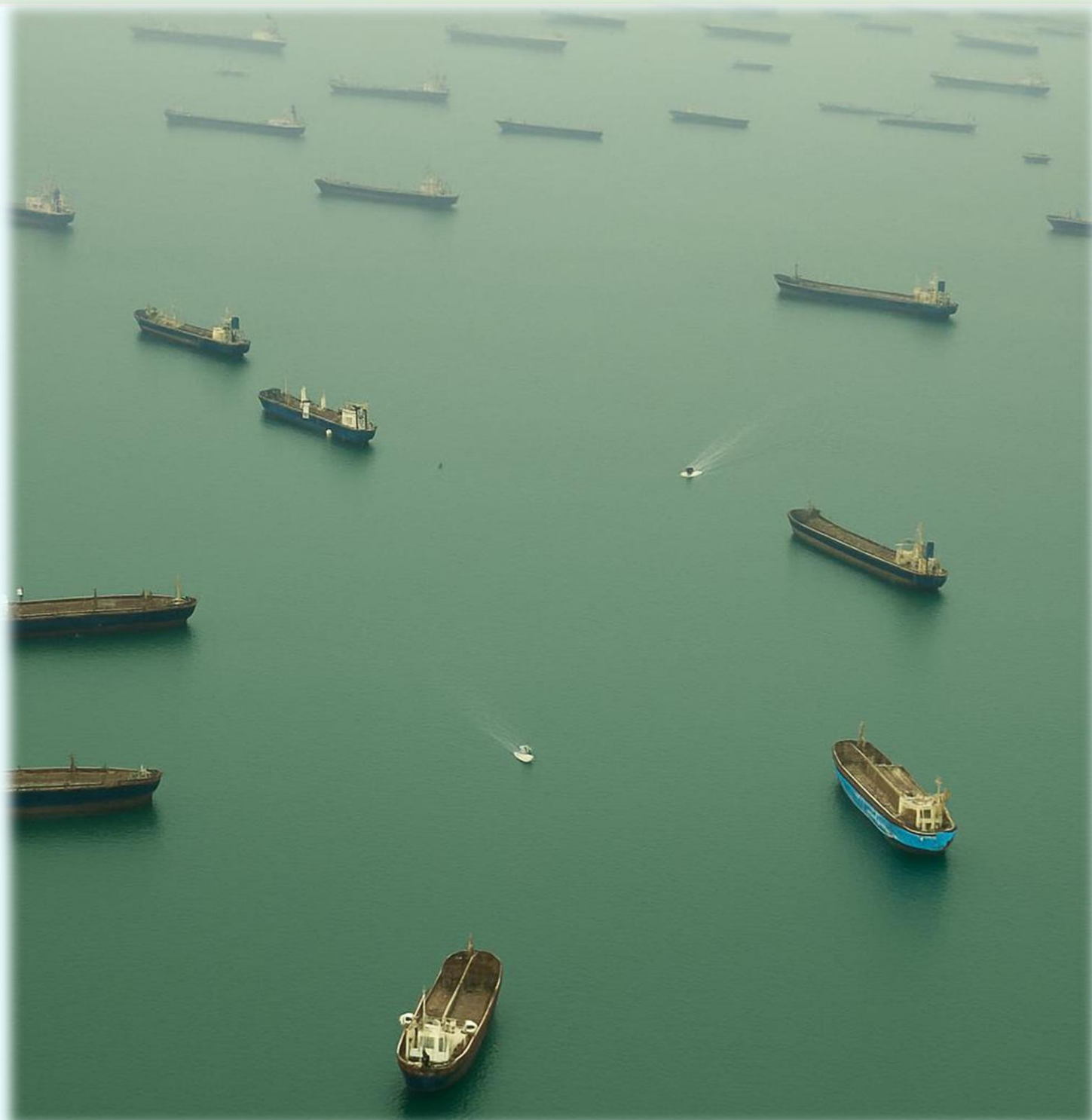




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Editors' Column

Dear Colleagues,

The WPA Education and Scientific Publications Committee extends its warm greetings as we present the new issue of the WPA e-journal *Education and Psychiatry*. We would like to thank all readers for their comments and thoughtful suggestions on our previous issues. Your feedback is important and continues to guide and inspire our editorial work. Encouraged by your responses, we remain committed to providing a global platform for sharing developments, perspectives, and innovations in psychiatric education. This issue features an important update on the WPA Educational Portal. The article by Rodrigo Ramalho (New Zealand) et al. outlines the development process and strategic goals of the portal's redesign, highlighting WPA's ongoing commitment to making educational resources more accessible and relevant for global audiences. In "Diversity Matters: Enriching Psychiatric Training," Anusha Lachman (South Africa) et al. offer an important and timely reflection on the value of inclusivity and representation in psychiatry education. The 2025 WPA Medical Students Essay Competition, coordinated by Muhammad Waqar Azeem (Qatar) and Howard Liu (USA), showcases the inspiring perspectives of future leaders in the field.

This issue also presents a special editorial initiative: *Nine Questions at 90*. We feature exclusive interviews with two true leaders of global psychiatry—Professor Norman Sartorius and Professor Ahmed Okasha—on the occasion of their 90th birthdays. These interviews were released ahead of print during the week of their celebrations and received wide attention on social media, being viewed and shared thousands of times.

The Country Reports section includes contributions from Lithuania (Ramune Mazaliauskiene, Virginija Adomaitiene), Singapore (Daniel Fung), and Pakistan (Afzal Javed, Nasar Syed Khan, Rehmina Iqbal, Aeysha Murtaza), offering a broad view of educational approaches in different regions.

Our Course Report features the 8th Research Course, where early career professionals and students from across Ukraine took part in intensive training and academic exchange, as described by Oleksandra Kolumbet and Marta Khomchenko. This issue also highlights the new book *Adolescent Psychosis: Clinical and Scientific Perspectives*, edited by Ingrid Agartz and colleagues, which brings together cutting-edge research and clinical insights on early-onset psychosis.

We extend our sincere thanks to all contributors, peer reviewers, and editorial board members for their dedication and collaboration. Happy reading!

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





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WPA Educational Updates

Enhancing Access to Psychiatric Education: The New WPA Educational Portal Development Process

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Rodrigo Ramalho

Introduction

During the COVID-19 pandemic, digital platforms became essential tools for global knowledge exchange. This was particularly the case for organisations such as the World Psychiatric Association (WPA) (Ng, 2022), an organisation that includes over 140 National Psychiatric Societies and Associations, representing more than 250,000 psychiatrists worldwide. The WPA Educational Portal played a central role in disseminating evidence-based and up-to-date content to support learning and improve clinical skills and capacity-building around the world. The WPA Educational Portal has delivered accessible resources in more than 15 languages to WPA members from more than 100 countries (Skokauskas et al., 2024). To ensure that the WPA Educational Portal remains current, accessible, and globally relevant, the WPA initiated the migration of all existing resources to the new portal. Under the leadership of the WPA Secretary for Education and Scientific Publications, Professor Norbert Skokauskas, the WPA Education Content Group, undertook a thorough review of the content as part of the migration process. The WPA Education Content Group includes WPA members from different regions, including Prof Dina Aly El-Gabry, Prof Andrea Fiorillo, Prof Bennett Leventhal, Dr Rodrigo Ramalho, Dr Gaia Sampogna, and Prof Norbert Skokauskas; administrative support was provided by Atina Ivanovski WPA CEO and Nathalie Lewkowicz from the WPA Secretariat. The Education Content Group reviewed all existing



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resources, developed a new learning centre, and improved access to psychiatric education worldwide, ensuring the alignment of resources with current evidence and the evolving needs of WPA's global psychiatric community. The review process started with a comprehensive audit of existing resources on the WPA Educational Portal. Each resource was individually reviewed with attention to the currency of evidence, accessibility, and relevance for WPA's global membership. Team members documented observations and suggested actions for each resource, including identifying content that was to be updated and reorganised. Throughout the process, the team met regularly, sharing insights and ensuring consistency in decision-making. This collaborative approach enabled the group to apply shared criteria to the reviewed content while accommodating for professional diversity. Once the initial review was completed, the group focused on restructuring the educational resources into a clearer and easier-to-navigate format. These resources were reorganised by content and learning goals, aiming to increase accessibility and visibility of the resources. The process also aimed to ensure that the Portal continued to include a wide diversity of formats and delivery strategies; these included webinars and single and multi-module courses, many offered in multiple languages. The team was able to identify and share recommendations for the new portal, after identifying gaps and further refining content presentation. This entire process was designed to ensure alignment with broader WPA strategic educational goals.

The migration, update, and reorganisation of educational resources resulted in a new WPA Educational Portal hosted in the WPA website. The process laid the foundation for ongoing improvements in the availability and accessibility of WPA's educational resources. The new WPA Educational Portal will host up-to-date, evidence-based resources, which are structured around various key areas of knowledge and practice. The new WPA Educational Portal will offer all WPA members critical content that will foster the professional development for all psychiatrists around the world, with a special focus on ensuring access to colleagues from low-resource settings, who will be further supported through this easily accessible online portal. This process affirms the WPA's commitment to equity, ensuring that critical psychiatric knowledge and skills are available to all WPA members. The WPA Educational Portal is part of a larger, ongoing effort to strengthen the educational mission of the WPA. Future plans include a continuous resource update to assure alignment with emerging evidence, the development of new resources addressing currently underrepresented educational areas, and the further integration of multilingual materials. The WPA Education Content Group will continue to support these developments, working in collaboration with other WPA initiatives, WPA Sections, and WPA Member Societies and Associations.

In summary, through a comprehensive, systematic, iterative, and collective process, members of the Education Content Group were able to prepare a new, more efficient and accessible WPA Educational Portal.

References available upon request.



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Perspectives

Diversity Matters: Enriching Psychiatric Training

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Anusha Lachman

The globalization and internationalization of psychiatric education are related concepts, but they emphasize different aspects of cross-border learning. Globalization of psychiatric education focuses on creating common principles, practices, and curricula that are applicable across countries, while internationalization of psychiatric education focuses on fostering collaborations and exchanges that adapt global advancements to fit specific local and cultural contexts. The opportunity for advancing learning through the lens of a global perspective holds immense potential for the field of psychiatry. As the landscape around us changes through social, intellectual and economic migration, so too does the patient population and communities we serve. On another hand, patients, because of doctors migration, increasingly encounter psychiatrists including trainee doctors from countries and cultures unfamiliar to them. The concept of the "responsible global citizen" emphasizes the need for a transformative curriculum capable of addressing the complex and evolving nature of knowledge, while fostering an understanding of the historical contexts in which this knowledge has been produced (Litzelman et al., 2017). Such an approach has demonstrated effectiveness in enhancing clinical skills, promoting self-awareness, and cultivating a critical and reflective capacity to engage with societal and ethical considerations.

When considering disparity and inequality in professional medical training and educational settings, “differential attainment” is a term used to refer to the manifestation of the systemic factors that create an unequal environment which affects certain groups of individuals unfairly (Gupta et al 2021, Tiffin & Paton, 2021). The idea being that the differences in under or postgraduate medical outcomes by specific groups (i.e. international medical graduates from particular countries, specific gender, ethnicity or language backgrounds) cannot be explained by differences in ability alone but rather as a consequence of systemic or masked discriminatory practices and biases in the



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teaching and training environment (Woolf et al 2018, Dave et al 2020). Practically, this may take the form of some international graduates struggling with assimilating and understanding new culturally specific contexts, lacking adequate mentoring and support to navigate this, while sometimes simultaneously facing institutional racism and exclusion, which impacts on their ability to integrate.

The argument to hold training and educational standards strictly to historically acceptable standards need to be challenged as what delivers a competent and safe practitioner has changed or at least been reconceptualized. In a modern world the framing of practitioner competencies needs to occur recognizing diversity, equity and global human rights and support the globalization and internationalization of mental health education.

As part of the WPA action plan under President Wasserman, the initiative of a “Specialist Corner” serves as a tangible example of an opportunity to encourage inclusive and advanced clinical treatment practices by providing a platform dedicated to clinicians where experts from diverse backgrounds across continents present and engage in discussions in an accessible way. This will enable and pave the way for more robust, culturally sensitive and adaptive engagements with existing and novel evidence based treatment practices. Mental health leadership amongst trainers and trainees alike, will serve as the foundation to support a diverse and inclusive workforce. Recent literature exploring the concepts of inclusivity and diversity in psychiatric education continues to implore training institutions to foster a culture of belonging, curiosity and respect for difference within diversity (Zalpuri et al 2024; Khan et al 2022). The recommendation is for training programs to center a deliberate and intentional effort to openly discuss racial, cultural and socio-political realities that may impact both the trainers and trainees alike. The idea being that mental health training goes beyond the assimilation of psychiatric categorization and treatment interventions but also cultivates a learning environment that acknowledges the social determinants of mental illness, delivery of care and training experiences.

At the same time, the field of medical education is starting to embrace the digitization of healthcare and education. Transformation in the way training and healthcare is provided, recorded and supported, making the timing fertile for the rethinking didactic versus experiential models of psychiatric education and training. While the healthcare providers prepare for an onslaught of new and innovative technologies in diagnostic offerings and treatment solutions, as psychiatric educators, we also we are responding to this by preparing the mental health workforce to provide empathic, culturally appropriate and patient centered care alongside the technological wave. The WPA Committee on Education and Scientific Publications is launching a Global Study on Psychiatric Training to examine the structure and quality of psychiatry education for medical students worldwide. While the initial focus will be on medical students, the second phase will address specialist training, with particular emphasis on subspecialty development, curriculum standardization, and the promotion of global collaboration.

References available upon request



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2025 WPA Medical Students Essay Competition

Muhammad Waqar Azeem^{1 2 4} and Howard Liu^{3 4}

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Prof. Muhammad Waqar Azeem

The WPA medical students essay competition is World Psychiatric Association's flagship activity for Medical Students. It is WPA Presidential initiative with the support of the United Nations Secretariat – Department of Economic and Social Affairs, Division for Sustainable Development Goals and the WPA Medical Students Special Interest Group. This is the 4th year that WPA is organizing this competition successfully. Medical students from around the globe participate in this competition. Last year medical students participated from 41 countries, 93 medical schools and 6 continents.

This year topic is “Reducing inequalities and promoting inclusion to improve mental health”. The United Nations Sustainable Development Goals (SDGs) are a global framework of 17 goals designed to achieve a better and more sustainable future for all, addressing critical challenges such as poverty, health, education, and inequality by 2030. Goal #10, "Reducing Inequalities," is particularly important because it seeks to ensure that no one is left behind, promoting social, economic, and political inclusion regardless of age, gender, disability, race, or socioeconomic status. This prestigious competition aims to inspire future leaders in medicine to contribute thoughtful and innovative ideas on addressing inequalities and fostering inclusion to enhance mental health outcomes worldwide. Essays will be scored by a panel of distinguished psychiatrists from around the world using a modified version of the Harvard Crimson Global Essay Competition (HCGEC) judging criteria. Scoring will take into account originality, clarity/accessibility, and feasibility, as well as the author's evident synthesis of complex information, good academic practice (referencing), clear evidence-based conclusions, and good research integrity.

Two Winners will each receive a Travel Award and Free Registration for the 2025 World Congress of Psychiatry (WCP 2025) in Prague, this October. The Winners will be acknowledged at WCP 2025, and their winning essays will be translated into all six WHO official languages (Arabic, Chinese, English, French, Russian, and Spanish). All Finalists and the full text of their essays will be showcased on the WPA website, spotlighting both the authors and their ideas.



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Interview Feature

Honoring Professor Norman Sartorius at 90: A Legacy of Transforming Global Psychiatry

Norbert Skokauskas, G. Chaimowitz, A. Lopez Geist, A. Lachman, H.J. Yoo, A. Fiorillo, D. Elgabry, P. Robertson, B. Leventhal

Professor Norman Sartorius, a distinguished psychiatrist and one of the most influential figures in global psychiatry, celebrates his 90th birthday on January 28, 2025. Born in Münster, Germany, on January 28, 1935, Professor Sartorius has dedicated his life to advancing mental health worldwide. His remarkable career includes serving as Director of the Mental Health Division at the World Health Organization (1977–1993), President of the World Psychiatric Association (1993–1999), and President of the European Psychiatric Association (1999–2002). These leadership roles have allowed him to shape mental health policy, research, and education on a global scale.



Renowned for his advocacy, Professor Sartorius has been a champion for reducing stigma associated with mental disorders and improving access to mental health care. His efforts have positively impacted individuals and communities worldwide.

Professor Sartorius has held professorial positions at prestigious universities, authored hundreds of publications in psychiatry, and provided mentorship to generations of mental health professionals.

In celebration of his 90th birthday, Professor Sartorius has graciously agreed to participate in an exclusive interview for the WPA e-journal *Education and Psychiatry*. This feature includes nine questions carefully prepared by the WPA Committee on Education and Scientific Publications, focusing on his reflections about psychiatry, education, and more. Marking nine decades of life and contributions, this interview serves as both a tribute to his remarkable journey and an opportunity to share his enduring wisdom with the global mental health community.

- 1. How did growing up during wartime (WW2) and facing hardship influence your outlook on life and your future career?**



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During the years of the WW2 which we spent in the forest with the resistance movement – we have learned that the most important thing for survival is being with people whom you trust and on whom you can rely. This belief stayed with me and throughout my time and I have based my work on close relations with people who could trust me and whom I could trust; and I have seen that mutual trust is more important for success than any other factor, including regulations, written promises and documents, ease of obtaining resources, harmony with government or institutional rules.

2. How did your mother's role as a pediatrician influence your decision to pursue medicine and shape your career choices?

My mother was an extraordinary paediatrician – not only was she an excellent clinician but she also believed in public health and fought for mother and child welfare on the public health level. I was attracted to paediatrics but finally decided to take another specialty because I felt that I shall at best become known as a capable son of a great paediatrician rather than recognized for my own work and contributions. I have however been inspired by my mother's conviction of the importance and Omnipresence of public health aspects of all branches of medicine, including particularly strongly the discipline of psychiatry.

3. You have published many papers in some of the world's most prestigious journals. What was your first paper and what is your favorite paper?

My first paper reported the effects of using a psychotropic medication in the treatment of people suffered from schizophrenia. The use of medications as the main form of treatment of mental illness made us, at the time, feel that we can treat patients like other doctors do rather than primarily serve as guardians of people with disordered behaviour. My favourite paper was the report of the findings of the first large international study of mental disorder - schizophrenia which I was coordinating at the World Health Organization. The study showed that people in different parts of the world, belonging to different cultures and living their lives differently suffer from the same diseases, react to the same treatment; it also showed that large scale international collaboration in psychiatry is possible and can be fruitful. The study underlined the importance of public health approaches in psychiatry and thus opened another important area of work for public health authorities.

4. You are widely regarded as one of the most influential figures in psychiatry. Is there someone, or perhaps a few people, who have particularly influenced the way you think about mental health?

As anyone in our field I have been trained by professors who taught me psychiatry – many of them I admired but I was and am inspired by carers – people who live with relatives or friends struck by a severe



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mental illness and provide them with loving care for years on end, often sacrificing their own life to help them live a life that is livable.

5. What do you consider the most transformative innovation in mental health during your career, at least to date and what is the most exciting thing you see ahead?

Psychiatry has been changing over the years and many changes in psychiatry have been reflections of the changes in society. As far as single events are concerned I believe that the introduction of effective medications in psychiatry was a key change that not only helped patients but also demonstrated that mental illness is an illness amenable to treatment rather than an incurable and evil disposition of individuals who must be removed from society.

6. What is the most critical area(s) in which the WPA should focus its efforts in the next decade?

I see three functions of WPA as particularly important.

First, WPA should be the leader in the formulation of ethical rules of behaviour in psychiatry and the guardian of their application in the treatment of mental illness and in the organization of life of people with mental illness in the society.

Second, various other organizations in our field focus on aspects of psychiatry – for example on psychopharmacology – and WPA should attempt to establish links between them and WPA member societies as well as with intergovernmental bodies – thus serving as a hub of a worldwide network of organizations aiming to improve mental health. The WPA specialist sections could serve as bridges between these other organizations and the WPA and, in my opinion, see this function as their main goal.

Third, WPA should focus on helping young psychiatrists to learn psychiatry and create possibilities for their inclusion in the many networks which facilitate international collaboration and learning from each other.

7. What practices have helped you maintain productive professional longevity?

I believe that three factors contributed to remaining active in our field. First, I liked the work that I was doing throughout the years of my regular employments and therefore did not see the necessity nor had a wish to get into some other field when I left my employment. Second, I was fortunate to have had links and friendships with colleagues in various parts of the world and acquaintances in various professional organizations which were interested in my participation in their work; and third, I took retirement as early as was possible so that I could build a post-retirement engagements while still in good shape. It goes without saying that I was fortunate to have retained ability to work despite of advancing age.



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8. You have visited many countries throughout your career. Is there a country/city you've wanted to visit but have not had the opportunity for a visit yet?

This is question which I find difficult to answer– during my employment with the World Health Organization and after that I visited many countries, some of them several times. To my surprise I discovered that on a second and subsequent visits to the “same” country it was no longer the same, it changed in many ways – in habits, appearance, food styles, ways of speaking and working, dressing, political regimes, educational rules, composition of the population, plants and courses of rivers. Thus, I have to say that there are very many countries which I would experience as being new countries, different from each other and well worth a visit. The one country which I have never visited, and about which I have read and which I would like to visit for the first time is Bhutan which according to all accounts is a beautiful and happy place.

9. You and your wife Vera have been together since 1963, sharing an extraordinary partnership. Would you share the role Vera has played in supporting and contributing to your professional achievements?

I do not think that I would have achieved much without my wife Vera, my true partner in dreams and reality. I am convinced that those who are blessed by a true partner live longer, create more and feel better about their life. I am fortunate that we have found each other more than sixty years ago.

Thank you for sharing your insightful answers, and we wish you a very happy birthday.



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Honoring Prof. Ahmed Okasha at 90: A Legacy of Influence, Leadership, and Vision

Norbert Skokauskas, G. Chaimowitz, A. Lopez Geist, A. Lachman, H.J. Yoo, A. Fiorillo, D. Elgabry, P. Robertson, B. Leventhal

Professor Ahmed Okasha, a pioneering figure in psychiatry, is celebrating his 90th birthday on February 2, 2025. Born in Cairo, Egypt in 1935, he has played a transformative role in advancing mental health policy, research, and education worldwide. During his tenure as President of the World Psychiatric Association (2002–2005), he secured \$1 million in funding for a presidential initiative to improve child and adolescent mental health, raising global awareness and establishing key policy frameworks. In 1990, he founded the Okasha Institute of Psychiatry at Ain Shams University, a pioneering center for psychiatric treatment, training, and research in the Arab world. Beyond academia, Professor Okasha has been a leading media voice, using television, radio, and public discussions to challenge stigma, educate the public, and advocate for mental health awareness. His ability to bridge scientific expertise and public engagement has left a lasting impact on psychiatry both regionally and globally.



To mark his 90th birthday, Professor Okasha has granted an exclusive interview for the WPA e-Journal, “Education and Psychiatry”. This feature includes nine questions from the WPA Committee on Education and Scientific Publications, offering his insights on psychiatry, education, the future of mental health and more.

- 1. Your father, Okasha Pasha, served as a Major-General in the Egyptian army and was succeeded by General Mohamed Naguib, who later became Egypt’s first President. Your older brother, Sarwat Okasha, was a key leader in the 23rd of July (1952) Revolution, later shaping Egypt’s cultural landscape as its first Minister of Culture and serving as Deputy Prime Minister. How did your father’s legacy and your brother’s distinguished journey shape your understanding of leadership?**

Growing up with two prominent and disciplined characters definitely shaped my sense of responsibility and nationalism. Being decisive after consulting well informed and educated people was a further grasp on improving my skills towards academic research, as well as being focused on the issues at hand while always having the interests of the general public in mind.



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- 2. Coming from a well-known and respected family in Egypt deeply involved in Egypt's political life, what motivated you to take a different course by becoming a doctor and moving to the UK for psychiatric training?**

As you mentioned, I was fortunate to be raised in a cultured and politically driven family which gave me a holistic view on life and its challenges, while also being influenced by my maternal uncle who was the Dean of the medical school at Cairo and Alexandria Universities. My desire to study medicine was also in search of elevating the suffering of people and I found my aspirations fulfilled in psychiatry which looks at the human and not the individual organs one is comprised of.

- 3. In the UK, you met your beloved wife, Jennifer, with whom you shared over 60 years of a deeply meaningful partnership until her passing in 2022. Please share how your wife's support and presence influenced your career and life journey?**

I met my wife Jennifer while I was working in Bexley hospital in London, from the beginning we shared several interests like music, art, reading and travelling. Although I had very good job offers to continue my career in London, she supported my decision to go back to Cairo where I would be more comfortable and would be able to better achieve my academic and clinical goals as she said. She was a very empathetic person who always looked out for the needs of others and tried to help them as much as possible whether family, friends or acquaintances. She was able to provide a loving and caring home environment for me as well as my children which I believe helped in our academic and professional lives. She was very supportive of my work and in the early stages of my career before computers she helped in typing my research for publication and editing the English language. As we grew older, she was the perfect companion well read, well educated, well-travelled and we shared all these interests together.

- 4. You once shared that you had a dream of establishing Institute of Psychiatry to provide care for patients, train doctors, and conduct scientific research—not just for Egypt, but for the entire Arab world. How your dream became a reality?**

In the early 1980s, with the spread of heroin in Egypt, with the increasing number of patients with substance abuse, and with increased awareness about psychiatry and psychiatric disorders, I had a dream. That dream was that Egypt needed an Institute of Psychiatry to provide care for patients, training for doctors and scientific research not just for Egypt, but for the entire Arab World. Many people thought that this would not be possible due to the shortage of finances in the government and university hospitals, and the reality that psychiatry and psychiatric patients usually come last on policymakers' lists. The Institute of Psychiatry was built through personal investment, charity money from many people who saw the importance of having such a project, and the help of many people to make it a state-of-the-art project involving construction, services, medical equipment and experienced personnel. I wanted it to be a pioneer project and an example for all of Africa and the Middle East. The idea started in 1984. The foundation



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stone was laid in 1988, and the Institute was inaugurated in 1990. In 1993, the Institute was chosen to be a WHO Collaborating Center for Training and Research in Mental Health in the Eastern Mediterranean Region. In 2016, the Institute became a World Psychiatric Association (WPA) Collaborating Centre for Training and Research in Psychiatry. Renovation and reopening of the Institute was done most recently in September 2022. It was renovated to keep the Institute on track with the most recent advancements in psychiatry. These recent renovations included: increasing the patient bed capacity to 72 inpatient beds in 6 wards and building a psychiatric intermediate care unit (PICU). The Institute now has 22 running outpatient clinics, 7 of which are specialized clinics, including the child and adolescent clinic, the substance misuse clinic, the psychosexual disorders clinic, the sleep disorders clinic, the memory and cognitive disorders clinic, the neurotic and stress disorder clinic, and an eating disorders and smoking cessation clinic. It serves as one of the one of the oldest and most eminent educational, training, and research centers for psychiatry in Africa and the Middle East. It houses 3 large lecture theatres; teaching programs for undergraduates and psychiatry postgraduates (Diploma of Psychiatry, Master in Neuropsychiatry and Doctorate degree in psychiatry); and postgraduate training programs for Egyptian Board trainees. Since its establishment in 1993 and first publication in 1995, Middle East Current Psychiatry, (MECP) has served as the official journal of the Okasha Institute of Psychiatry, Ain Shams University, and is one of the Middle East's and Africa's leading psychiatric open access peer-reviewed journals. It is published under Springer and is now on the Web of Science, SCOPUS.

5. **As President of the World Psychiatric Association (WPA) from 2002 to 2005, one of your most memorable achievements was securing \$1 million for your presidential initiative on child and adolescent mental health. Additionally, you assembled an eminent group of leading child psychiatrists, including Prof. Barry Nurcombe (who passed away in 2023), Prof. Helmut Remschmidt, and Prof. Myron Belfer, to contribute to the program. How did you secure this funding, and how did it help realize your vision for the program?**

At that time, there were alarming epidemiological studies from all over the world concerning child and adolescent psychiatry. These studies showed that, although 20% of children and adolescents had a diagnosable mental disorder, the management and the concern given to child and adolescent mental health was not up to the needed standard. To my astonishment, there was a state of global neglect and a worldwide absence of identifiable national child and adolescent mental health policies. Hence, there was a huge need to increase the awareness of healthcare decision-makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and adolescence and about the possibilities for their resolution through primary prevention, early detection and early interventions, and through services that provide effective methods of treatment. There was also an inevitable need to create a database containing information about the current epidemiological situation



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and about policies and programmes relevant to the promotion of child and adolescent mental health in different parts of the world. For all the aforementioned causes and needs, action was needed. I had a chance to convince the board of Eli Lilly Foundation, in their headquarters in the USA, to take part in an initiative involving the most eminent child and adolescent psychiatry professors from all over the world. I succeeded in securing one million dollars at that time for the promotion and development of child and adolescent mental health worldwide. There were publications of critical reviews of the literature on different aspects of child and adolescent mental health, together with information about relevant programs in different countries. There were manuals and guidelines concerning the prevention and early recognition of mental disorders, and also internationally accepted guidelines for activities promoting child and adolescent mental health. All of these publications are in the WPA website. We also managed to develop a database containing information about the epidemiological situation and about policies and programs relevant to the promotion of child mental health in different parts of the world. We created a functional network of individuals and institutions committed to the achievement of the objectives of the programme. I also chaired the steering committee, and we had task forces on awareness, on primary prevention and on health services, management and treatment.

6. What do you see as the most critical issues facing psychiatry over the next decade?

I believe the critical issues facing psychiatry are firstly, the current geographical shift occurring all over the world which includes displacement, migration and immigration as well as climate change, natural disasters, wars, conflict, population growth, urbanization, agricultural production, industrialization, geopolitics and socioeconomic transformations which is now termed Geopsychiatry. Secondly, to face the rapid advancement in AI, psychiatry needs to be repackaged in a way to make it easier to work online for diagnosis and management of our patient, putting in mind the need for ethical and confidentiality consideration, as well seeking mental health care and guidance and service provision. Thirdly, psychiatric education and training for the younger generation need to be changed and updated to fit in their technologies like mobile phones and computer pads.

7. What is the future role and function of the WPA in the development of psychiatry and mental health over the next 10 years?

- a) Stigma affecting the patient, the psychiatrist and mental disorders in general
- b) Precision Psychiatry
- c) Advocacy for mental health as a priority
- d) Training and education in psychiatry
- e) Focus on prevention and early intervention



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- f) Equity and parity between mental and physical disorders
- g) Cultural sensitivity and globalization
- h) Ethics and consent in psychiatry

8. Beyond your professional achievements, what moments in your life do you consider most meaningful and fulfilling so far?

Family and friends are by far the most enjoyable and fulfilling interaction, seeing my two sons prosper with their nuclear families and sharing my time with my grandchildren gives me a sense of extension and purpose while I guide them and see them mature.

9. You became an influential figure in the media, particularly on Arabic television, long before social media and “influencers” became popular and widespread. What is your advice for psychiatrists on effectively using modern media to advance psychiatry, training, and patient care?

When I started appearing on the television and radio in the 1960s my aim to change several things: a) the image of psychiatry that is a branch of medicine and not something mysterious related to medieval religious beliefs, b) the image of the psychiatrists which had suffered a lot at the hands of the mass media and portrayal of psychiatrists, psychiatric patients and psychiatric hospitals in movies, c) decrease the stigma affecting both the patient with psychiatric disorders as well as the prognosis of psychiatric disorders and that it is similar if not better than some physical disorders. Digital media and social media are a new form of mass and rapid communication, while delivering a profound message which psychiatrists in the modern age should master and better utilize to send out our core beliefs that we continually ask for better awareness and inclusion for psychiatric patients. As population grows and more remote towns and villages need more attention, modern media would play a pivotal role, but as we talk about communication and the threats of isolation due to reduced personal interaction, we must also remember that digital media should augment interpersonal relations and communication for the sense of empathy which is not fully relayed when using AI or social media channels in training and in patient care.

Thank you for sharing your insightful answers, and we wish you a very happy birthday!



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Country Reports on Psychiatry Education and Training

Changes in Education of Young Psychiatrists in Lithuania

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Dr. Ramune Mazaliauskiene, MD



Prof. Virginija Adomaitiene, MD, PhD

In Lithuania psychiatric residency is available in two universities: Vilnius University and Lithuanian Health Sciences University. During the period of 2012-2021 172 psychiatrists and 53 child and adolescent psychiatrists finished residency in both universities. The usual duration of residency both for psychiatry, and child and adolescent psychiatry was 4 years. During this period residents had to participate in 18 educational cycles and receive 264 credits.

On April 20, 2022, Minister of Health issued a regulation about changes in residency programs, and this regulation became effective from January 1, 2023. Universities had to rearrange their programs and implement new rules in preparation of the residents. Main changes: increased duration of the studies (up to 5 years), increased number of credits (up to 330), and new educational topics including community psychiatry, psychosocial rehabilitation and genetics. The balance between theoretical knowledge and practical activities were left the same: 25 % and 75 % accordingly.

In addition to these changes, there were also changes in how residents were evaluated including: 1) Clinical case evaluation (*Mini-clinical evaluations*); 2) Evaluation of Technical skills (*Objective Structured Assessment of*



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Technical Skills); 3) 360° evaluation (*Multisource feedback 360° evaluation*); 4) Free form evaluation (*Narrative feedback*). The evaluative feedback to residents became broader with residents' performance reviewed and evaluated not only by their psychiatric supervisor, but by nurses, clinical psychologists, social workers, etc.

New terms to describe this modernisation in psychiatric residency were introduced, specifically:

- Competency: the ability of the resident that can be obtained, measured and evaluated.
- Domains of competence: various areas to which tiered competences and sub-competences are assigned, which together form the entirety of the studied residency program.
- Entrustable Professional Activities: medical practice activities that can be entrusted to a resident physician to perform independently, with entrustment occurring after first observing a specific activity, then performing it under the supervision of a doctor, then performing independently, and finally obtaining a certificate of graduated competence or entrustment.
- Milestones (sub-competencies): A clearly defined and measurable parameters that allows identification of the skill level of each physician resident at a particular time. Each specialty must define its own sub-competencies.

Obtaining so-called sub-competencies is divided into 5 levels. At the first level the psychiatric resident watches how certain professional activities are done, at the second level they perform it with the support of the supervisor, on the third level they performs it with minimal support of the supervisor. At level 4 means the resident performs the task independently. At level 5 that resident can teach others, and this is the highest level of a certain sub-competency.

In conclusion the Lithuanian curriculum for psychiatry residency studies has been developed in accordance with the laws of the Republic of Lithuania, as well as the Directives of the European Parliament and Council. The program is based on integration of theoretical studies and practical work from the very first year of studies. Practical skills are acquired under the guidance of resident supervisors approved by the university. The theoretical course is delivered by University's academic staff. So, in the period of few years we will have a new generation of psychiatrists who have received an extended and up-to-date residency training.



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Shaping the Next Generation of Child and Adolescent Psychiatrists: A Singapore Perspective

Daniel Fung Shuen Sheng

Chief Executive Officer, Institute of Mental Health, Singapore

Immediate Past President, College of Psychiatrists, Academy of Medicine, Singapore

Introduction

The field of psychiatry is undergoing rapid transformation globally, with growing emphasis on integrated care, early intervention, and community-based models. Singapore, as a high-income, multicultural city-state in Asia, faces unique challenges and opportunities in mental health care delivery. Singapore's healthcare system is made up of 3 clusters of Public Hospitals and National Centres. The National Healthcare Group (NHG) is the cluster responsible for the central region of Singapore and has 3 national centres under its umbrella. The Institute of Mental Health (IMH) is responsible for centralised training of all psychiatrists as well as other mental health professionals in Singapore. The NHG Psychiatry Residency Programme therefore serves as the national training platform and is an exemplar of how postgraduate education can align with both local health needs and international best practices. One of its strengths lies in its structured exposure to child and adolescent psychiatry (CAP), a sub-specialty of growing importance given rising youth mental health issues worldwide. The current pipeline produces about 20 psychiatrists annually and due to Singapore's small size, subspecialty recognition is through the establishment of sections within the College of Psychiatrists, the professional body representing specialists and their ongoing development in Singapore. In 2024, we have 298 registered psychiatrists of which 32 are members of the Section on Child and Adolescent Psychiatry.



Daniel Fung Shuen Sheng

Structure of Psychiatry Residency in Singapore

Singapore's psychiatry residency is a five-year program guided by the Singapore Specialist Training Standards (SSTS) and Joint Committee on Specialist Training (JCST). It integrates core training in adult psychiatry with dedicated rotations in various sub-specialties, including CAP, addiction, forensic, geriatric, consultation-liaison, and psychotherapy. Child and adolescent psychiatry features prominently, with 3-to-6-month rotations in both R2



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and R5 years, and is aligned with core EPAs (Entrustable Professional Activities) such as risk assessment, outpatient and inpatient management, and community-based interventions.

Child and Adolescent Curriculum Design

CAP training in Singapore is immersive and longitudinal. In the second year (R2), residents rotate through CAP for three months, gaining foundational clinical skills in developmental assessments, child and adolescent psychopathology, family systems, and school-based mental health. In the fifth year (R5), residents can opt for advanced electives in CAP across major institutions such as the IMH, KK Women's and Children's Hospital (KKH), and National University Hospital (NUH). These electives allow deeper exposure to subspecialty areas such as eating disorders, autism spectrum disorders, gender dysphoria, consultation liaison psychiatry and early intervention in psychosis.

Weekly didactics, case discussions, simulation training, and multi-source feedback enrich the clinical learning environment. All CAP rotations are supervised by faculty credentialed in child psychiatry, with structured assessments tied to EPAs and milestones.

Training Philosophy and Professional Identity Formation (PIF)

The NHG Psychiatry Programme places strong emphasis on holistic development and professional identity formation. Residents are encouraged to reflect on their roles not only as clinicians but also as educators, advocates, and leaders. CAP training particularly fosters awareness of developmental perspectives and the role of family, school, and society in mental health. The PIF framework embedded in the programme enables residents to grow through mentorship, progressive responsibility, and participation in multidisciplinary teams.

Innovations and Integration with National Priorities

Singapore's Healthier SG initiative focused on health promotion and illness prevention as well as the national mental health blueprint have elevated CAP as a key priority. Psychiatry residents contribute to school-based interventions (e.g., through REACH (Response, Early intervention, Assessment in Community mental Health) teams), participate in inter-agency collaborations, and are trained to navigate complex ethical and legal issues in youth psychiatry. They are also involved in quality improvement and research projects focused on early identification, suicide prevention, and digital mental health.



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Challenges and Future Directions

Despite the comprehensive structure, challenges remain. These include limited faculty trained in CAP, high service demands, and the need for expanded community training sites. Future directions include strengthening interprofessional education with allied health and education sectors, expanding simulation training, and enhancing resident-led advocacy for child mental health.

Conclusion

Singapore's psychiatry residency provides a model of structured, progressive, and context-sensitive training. Its emphasis on child and adolescent psychiatry reflects national needs and global trends. With continued refinement and investment, Singapore is well-positioned to nurture future leaders in child mental health, both regionally and globally.

Reference available on request



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Fountain House Lahore, Pakistan: A model facility in a low-income country offering psychosocial rehabilitation & social care in the community

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²Fountain House, Lahore, Pakistan



**Afzal
Javed**

Pakistan was founded in 1947 after partition from India that was governed by British rule at that time. This country has now become the fifth largest country in the world with a population of around 242 million people, making it one of the most populated countries in the world. (National population census (2023)). Like many developing countries and despite more than 75 years of its independence, Pakistan is still struggling in several health and social areas, which have considerable impact on the health system of the country. In terms of mental health, Pakistan is no exception for its low priority for mental health when compared to many other developing countries. Health care delivery in Pakistan is provided by the public and private sectors and like many low and middle-income countries, there is inadequate priority by the state in the provision of mental health services compared to the general medical health services.

While the World Health Organization has drawn attention to gaps in mental health services, Pakistan continues to face difficulties in ensuring comprehensive care. While recognizing mental health issues as a concern, the greater part of the community always seems to be in the denial mode. Mental health disorders in Pakistani occur in various forms, and symptoms can overlap with physical complaints and mask each other, especially in primary care. A recent (unpublished) National Psychiatric Morbidity Survey of Pakistan shows lifetime and current weighted prevalence of all psychiatric disorders at around 37%.

At the time of the partition from India, mental health services were mainly provided by three mental hospitals (in Lahore, Peshawar & Hyderabad) with almost no community-based facility for the treatment of mental disorders. The last few decades have, however, seen rapid changes in the treatment and management of psychiatric patients in Pakistan.

It is reassuring that there have been some recent developments including establishing several public and private sector facilities as well as voluntary sector initiatives in developing such services. Pakistan continues to struggle in establishing subspecialties in the field of psychiatry and general psychiatrists provide most of the services with limited facilities for child and adolescent, forensic, rehabilitation and old age psychiatry. Psychiatric rehabilitation



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is still in its infancy in Pakistan with a few centres offering these services. The major milestone in this journey had been the establishment of Lahore Mental Health Association (LMHA) in 1962 to mobilize community resources for the uplift and promotion of psychosocial rehabilitation in the country.

In 1963, the Association started a project with the objective of rehabilitation and resettlement of chronic mentally ill patients discharged from the Mental Hospital to the community. This day-night rehabilitation facility was started in 1971 and named Fountain House following its links with Fountain House New York. Fountain House moved to its present premises in 1976 and presently offers a wide range of community-based treatments for long-term mental health patients. Since its inception it has continued to extend its services in the community and has successfully expanded its branches and now operates in three cities of Pakistan - Lahore, Sargodha, and Farooq Abad (Sheikhupura).

Fountain House provides psychiatric treatment and social care services to support individuals with mental health problems both as in-patient and out-patients. It provides 700 in-patient beds offering residential care to the female and male patients who need intensive treatment and rehabilitation. Outpatient departments (OPD) at all sites are also salient features of Fountain Houses services in all three cities. A Treatment and Rehabilitation unit for people with drug addiction adds to the wider treatment approaches offered at this institution. These facilities offer wide-ranging care according to individual needs and may include regular follow up, intensive short-term residential support, consultations, psychological assessments and counseling sessions. Moreover, the routine follows up of patients to monitor their adherence to treatment is a regular feature of the services. In promoting psychosocial rehabilitation Fountain House has started a day hospital to offer psychosocial support to its members for basic learning skills for day-to-day living. In addition, the outreach program (ORP) offers a community based, accessible and supportive mental health services, and resources for those in need.

Allied health therapies comprise various recovery-oriented programs like occupation, sports and vocational therapies. Additionally, there is music therapy, spiritual therapy and reading therapy units along with religious and spiritual treatments for supporting the needs of the patients.

Pakistan is an agro-based country, and most of our population live in rural areas with agricultural as a major source of earning. Initial services of Fountain House were designed mainly for patients coming from urban areas but later a special programme evolved for the rehabilitation of persons coming from rural backgrounds. This was the beginning of agro-therapy (agriculturally based rehabilitation programme) at Farooqabad Farm. This provided a variety of activities connected with farming, cultivation, gardening and agriculture industry. In addition to these facilities, Fountain House has achieved national and international recognition by extending its services to social care of mentally ill. The opening of residential shelter houses for the homeless at its rural farm provides free social



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care to mentally ill women left with no family support or care in the community. Compassion Homes at its Farooq Abad campus offers additional services for adult females with intellectual disability with access to no other facility in the country. These homes provide long-term care and rehabilitation services to women who have lost their caregivers or are unable to receive adequate support in the community. The Institute for Disadvantaged Children provides a drop-in day-school for intellectually challenged children and adolescents. This drop-in Centre offers an educational program leading to recovery and social integration back to the community. Additionally, a recently established Autism Assessment Centre provides comprehensive diagnostic and therapeutic services for individuals with autism spectrum disorder (ASD). These services have been extended to a community-based satellite facility outside the main premises of Fountain House as well. These services help children and adolescents suffering from other psychiatric disorders

https://drive.google.com/file/d/1ATZQr_Q31Y93WF-cieR07vfMhImClKpw/view?usp=drive_link

As per prevailing traditions and customs, families and carers still take main responsibility for the patients. Keeping this in mind, Fountain House started a support system for patients' families and careers to educate them about the care and management of patients enabling the families to take the main responsibility for keeping these patients in their homes. Regular meetings and sessions are held by mental health experts sharing knowledge on different mental disorders and related issues with patients, families and carers and promoting psychoeducation as an important support for the families

https://drive.google.com/file/d/1JJSI5s90UJxDwWr45ISmCLBgoA6atqui/view?usp=drive_link

Poverty's link with mental illnesses is well established. Fountain House, likewise, initiated a poverty alleviation program to support individuals with mental health issues through interest free microfinance loans. This program has been established in collaboration with Akhuwat, an NGO working to alleviate poverty in Pakistan through interest-free microfinance loans. With these loans, people with mental problems start their businesses and lead their lives with financial empowerment. Khwajasira (Transgender) Support Program's primary goal is to build a network of support for the Khwajasira community by overcoming long-standing discrimination against them via group meetings and building living skills. This group receives health screening, assessment of physical and mental health and educational sessions to enhance their level of functioning. Based on the financial empowerment program for the mentally ill, a similar program is in place for the Transgender group enrolled at Fountain House.

Fountain House also offers an internship program to postgraduate students from Psychology, Social Work, Medicine and other professionals from Finance, IT, Marketing etc. These internship programs are open throughout the year and vary in duration from one month or to longer periods depending on the project-based needs. Pakistan Psychiatric Research Centre, scientific component of Fountain House, Lahore, was established in 1982. It has assumed paramount importance in national and global research and has published more than 375



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scientific publications based on national and international research conducted in collaboration and involvement of Fountain House workforce. It has also emerged as a center of excellence for organizing educational activities, conferences, symposia, and other academic activities in different fields of mental health. Pakistan Psychiatric Research Centre has recently launched "Suicide Prevention Overview, Guidelines, and Recommendations among Children and Adolescents in Pakistan".

https://drive.google.com/file/d/1yOgA_WzATy_ZI6UbchhxAKALY80FE7_n/view?usp=sharing

These guidelines have been found to be important and highly relevant for teaching and training and we are now expanding this work further by organizing different workshops and training programs for suicide prevention for the postgraduate mental health students and clinicians including the primary care physicians.

In summary, the experience of Fountain House Lahore, a pioneering facility in psychiatric rehabilitation in Pakistan, has established its efficacy as a therapeutic community and has given a sense of direction to develop suitable programmes to achieve better community management goals for mentally ill. Fountain House is offering a wide range of psychosocial treatment and rehabilitation services in three big cities of Pakistan since 1971. Like many low-income countries, Pakistan continues to face mental health challenges and a need for an urgent review and expansion of its mental healthcare system. Fountain House is, thus, providing an exemplary model of psychiatric and social care for mentally ill especially when such facilities cannot be provided by the state. With the prevailing financial hardship in the country, Fountain House is filling the gaps in the delivery of mental health service with its complimentary and free access to services. Using its onsite and online health care services, Fountain House, is making mental health facilities more accessible, acceptable and affordable for people suffering from mental illnesses and their caregivers. It has emerged as a model facility in the voluntary sector offering a broad range of mental health services to mentally ill especially to those who cannot afford expensive treatment. The addition of Fountain House as a psycho-social rehabilitation and social care facility has certainly added a lot of value to the existing mental health services in the country. Fountain House has continued with its remarkable progress over the last 52 years and has made a visible transformation to the mental health facilities in the country by providing inexpensive, affordable and low-cost services in Pakistan. This, certainly, offers a community friendly model that can easily be replicated in many other countries.

References available upon request

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Course Report

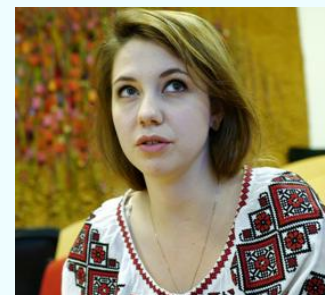
The 8th UPA Research Course for Early Career Mental Health Specialists and Students

Oleksandra Kolumbet^{1 2}, and Marta Khomchenko^{1 2}

¹ Municipal Non-Profit Enterprise "PSYCHIATRY"

² Taras Shevchenko National University of Kyiv, Institute of Psychiatry, Ukraine

In November 2024, the vibrant city of Oslo became a hub of learning and collaboration as the 8th Ukrainian Psychiatric Association Research (UPA) Course brought together 12 ambitious early-career mental health professionals from Ukraine. Hosted from November 5 to 8, the course aimed to empower these young scientists with essential tools to excel in the demanding world of psychiatric research.



Oleksandra Kolumbet

The journey began at the prestigious University of Oslo. Are Brean Editor-in-Chief of the Journal of the Norwegian Medical Association (Tidsskrift for Den norske legeforening) discussed effective strategies for writing and publishing impactful scientific papers. After that, Senior Librarian Ivana Malovic and Head Librarian Ellen Christophersen provided practical guidance on maximizing PubMed's vast resources. Professor Lars Lien's session on research methodologies highlighted critical approaches for designing robust studies, focusing mostly on mixed methods studies. Attendees left the day equipped with actionable tools and a clearer vision for elevating their research projects.

The second day highlighted the ethical dimensions of mental health research. Professor Reidun Førde presented thought-provoking scenarios illustrating the complex ethical dilemmas researchers face in real-world settings. Thomas Bjella demonstrated advanced methods for safeguarding sensitive data, ensuring participants understood how to maintain both confidentiality and security. Synne Stensland from the Centre for Violence and Traumatic Stress delivered a compelling presentation on stress's pervasive effects, while Professor Norbert Skokauskas explored the unique challenges and responsibilities involved in conducting studies with children and adolescents.

A highlight of the course was the immersive visit to Oslo University Hospital, where participants observed pioneering treatments for substance use disorders. The visit included a detailed overview of heroin-assisted



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therapy led by Professor Thomas Clausen, with insights from Philipp Lobmaier and Desiree Eide. Participants explored Norway's evidence-based approaches to addiction treatment and debated the societal implications in a stimulating and open forum. This experience offered a rare, hands-on perspective on integrating clinical innovation into mental health care.

The course wasn't just about academics — it was a cultural exchange. The group explored Norwegian heritage with visits to the iconic Munch Museum, where Edvard Munch's evocative works left a lasting impression, and the Viking Ship Museum, a testament to Norway's rich maritime history. A warm and personal highlight of the trip was an invitation to the home of Dr. Anna Faerden. In a warm and welcoming atmosphere, participants, alongside Ingrid Agartz, shared a hearty meal, exchanged ideas, and engaged in thoughtful discussions.

The final day showcased the intersection of technology and mental health. Helga Brøgger's captivating session on artificial intelligence (AI) highlighted its transformative potential in healthcare, leaving attendees eager to explore AI's applications in their work. A powerful panel discussion followed, featuring Lise Eilin Stene, Florence Askenazy, Michel Duckers, and Alan Barrett. Titled "Mental Health and Psychosocial Support After Mass Violence," the session addressed global challenges in trauma recovery and sparked collaborative problem-solving among attendees.

The Ukrainian team, led by course director Irina Pinchuk, shared a heartfelt session titled "Mental Health and War: The Ukrainian Experience." They recounted vivid stories of providing care in war zones, highlighting the immense psychological toll of conflict. Each story was an example of resilience—mental health professionals who, despite the chaos and danger surrounding them, provided unwavering care to those in need. The audience was not merely informed; they were deeply touched, their admiration and empathy drawn to these brave individuals who embody the essence of hope and healing. The presentation underscored an essential truth: even in the darkest times, the power of compassion and professional dedication can light a path forward.

This course was far more than an academic exercise—it was an extraordinary opportunity for learning, networking, and growth. By blending cutting-edge knowledge, cultural immersion, and genuine exchanges, the program not only equipped young Ukrainian researchers with essential skills but also amplified their voices on the global stage. Returning home, they carried with them not only new tools and knowledge but also a renewed sense of purpose: to advance mental health care during one of the most challenging periods in their country's history.

The development and delivery of the course were made possible through a grant from Oslo University.



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We are sincerely grateful for their valuable support and commitment to advancing education in this field.

Course organizers:

Prof. Irina Pinchuk, Institute of Psychiatry of Taras Shevchenko National University of Kyiv, Ukraine;
President of the Ukrainian Psychiatric Association

Prof. Thomas Clausen, Norwegian Centre for Addiction, Oslo, and University of Oslo, Norway

Prof. Lars Lien, President of Norwegian Psychiatric Association

Ingrid Agartz, KG Jebsen Center for Psychosis Research Institute of Clinical Medicine, University of Oslo,
Norway and Department of Clinical Neuroscience, Karolinska Institutet, Sweden

Ann Faerden, Oslo University Hospital, Norway

Prof. Norbert Skokauskas, RKBU, Institute of Mental Health, Norwegian University of Science and
Technology, Norway



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New Book

Adolescent Psychosis: Clinical and Scientific Perspectives

Ingrid Agartz^{1 2 3}, Runar Elle Smelror^{1 2}

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This book, *Adolescent Psychosis: Clinical and Scientific Perspectives*, edited by Ingrid Agartz and Runar Elle Smelror, offers a comprehensive overview that integrates the latest research into the genetics, phenomenology, nosology, and long-term outcomes of adolescent early-onset psychosis. Relative to adult studies of psychosis, there have been few studies focusing on early-onset cases, possibly due to the lower incidence and the more restricted patient group. However, it appears that a number of adult patients with psychotic disorders had their initial onset of psychosis before their 18th birthday, underlining the importance of focusing attention on psychosis in children and adolescents. Furthermore, several studies have found stronger genetic and biological correlates for those young individuals with psychosis, especially compared to adult patients, suggesting a more evident biological substrate of early psychosis. These findings emphasize the importance of broadening our knowledge about both affective and non-affective psychotic disorders in children and adolescents as we search for explanatory models.

The book comprises 13 chapters written by an international group of researchers who have extensive experience in the field. The book provides an overview that integrates the latest research and novel scientific findings resulting from new research methods. The discussion includes an review of phenomenology, nosology, genetics, risk factors, and long-term clinical outcomes for adolescent psychosis. The authors provide guidance for treatment options, including pharmacological as well as other treatment methods. Also presented are recent epidemiological studies and exploration of the complexity of clinical diagnoses, including comorbidity with other neurodevelopmental syndromes and somatic diseases. Results are presented from studies on cognitive and immune function as well as brain imaging. Ethical practices and considerations are elucidated. In the book experts from multiple disciplines explore recent findings in the light of comparable studies of adult psychotic disorders as well as future research using a translational perspective from genes to the clinic, encompassing the relevant phenotypes, biomarkers, treatment options and etiology.

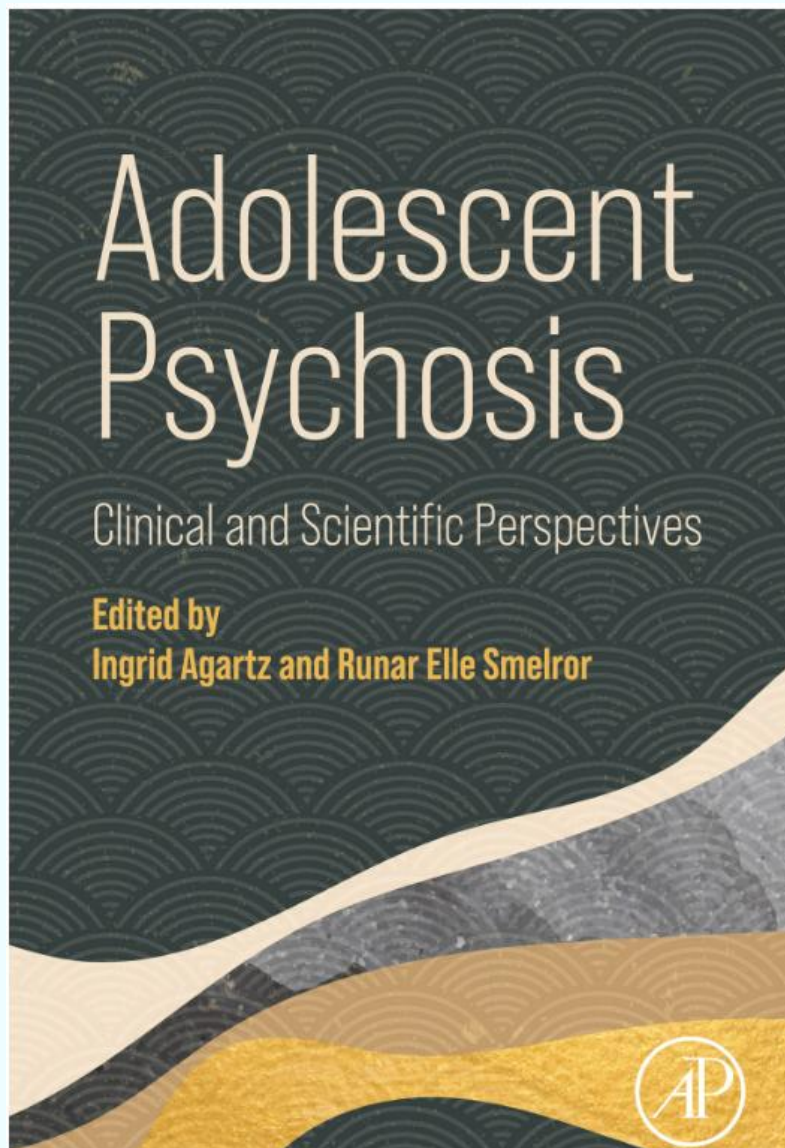


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This book has been endorsed by experts in the field of psychosis. It will be useful for health care workers, therapists, clinical psychologists, psychiatrists and pediatricians engaged in research and clinical practice focusing on child and adolescence psychiatric disorders. It well suited to be a part of student's curriculum in child psychiatry or suggested reading in general psychiatry.





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