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Eliot Sorel, MD, Founding Editor-in-Chief

Climate, Conflicts, COVID, Trauma, and Healing

Climate change, conflicts and wars, an enduring COVID-19 pandemic, multiple traumas precipitated by climate change and enduring wars and conflicts have contributed globally to a state of sustained stress challenging all societal systems and existing social contracts[1].

We appreciate very much the scholarly contributions of our Editors and guest contributors consistent with the theme of this Review issue: the poignant illustrative renditions of the toll on populations' TOTAL Health; the innovative initiatives on the healing of trauma across Africa, Asia, the Americas, and Europe; and the inspiring details on the humanitarian generosity of the people of Republic of Moldova vis-a-vis the Ukrainian refugees.

Complementing this thematic issue of our Review we also were privileged to launch the first World Psychiatric Association (WPA) Tri-Sectional webinar on *Climate Change and Mental Health: TOTAL Health Consequences,* integrating primary care, mental health, and public health. The complete webinar program is included in this issue.

This innovative WPA webinar initiative was a collaborative project of the WPA Sections on Conflict Management & Resolution; Ecology, Psychiatry, and Mental Health; and Psychiatry, Medicine, and Primary Care. The webinar was recorded and will be shortly available via the WPA website.

We wish you all a good autumn, a healthy, happy, and safe holiday season…!

Eliot SOREL, MD
Founding Editor in Chief

REFERENCES

1. Sorel E. The Covid-19 Pandemic: A National and Global Social Contracts Stress Test. World Soc Psychiatry 2020;2:72-3.

ISSN 2833-3004

Global Mental Health & Psychiatry Review, Vol. 3 No. 3, Autumn 2022

Eliot Sorel, MD, Founding Editor-in-Chief

TABLE OF CONTENTS

GMHPR
Est. 2020

GMHP REVIEW

The Global Mental Health and Psychiatry Review (GMHPR) is a multidisciplinary publication serving the Global Mental Health Community. It welcomes original scholarly contributions that focus on research, health systems and services, professional education and training, health policy, and advocacy with a catalytic focus on TOTAL Health"

GMHPR is officially registered at the United States Library of Congress, and published three times a year around January (Winter issue), May (Spring/Summer issue), and September (Autumn issue).

Colleagues interested in contributing to future issues should contact our Editor's Virtual Office at gmhpreview@gmail.com, presenting a manuscript proposal for feedback and approval. Submitted manuscripts should have not been published, accepted, or under review elsewhere.

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Eliot Sorel, MD, Founding Editor-in-Chief

TABLE OF CONTENTS

GMHPR
Est. 2020

GMHP REVIEW

ISSN 2833-3004

Rethinking Trauma Healing: A Community Approach to The Covid-19 Pandemic

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The Covid-19 pandemic ravaged all areas of human life globally, creating significant distress in many people. Although it does not fit the textbook definition of a traumatic event, many authors have found that it can be understood as a traumatic stressor capable of eliciting trauma related responses (including intrusive re-experiencing and heightened arousal) and exacerbating other related mental health problems (anxiety, depression, substance use/abuse, psychosocial functioning). The pandemic's devastating consequences have spared almost no one, affecting whole communities resulting in both individual and collective trauma effects. The associated government-imposed lockdowns precipitated and caused prolonged tension and wore out the individual's ability to cope with stress. Communities in low and middle-income contexts such as ours were hit harder than others on the globe.

In Southern Africa, most people exist within networks of social relationships from which they derive their self-worth, sense of belonging and sense of security, with mutual and interpersonal privileges and responsibilities often more significant than the rights of individuals. The African worldview places emphasis on interconnectedness and community over individuality. It is therefore important to note that in the African context[1], trauma doesn't often mirror the quintessential western definition of trauma, with events often affecting whole families and communities as opposed to the individual. Culture has been highlighted to play a key role in how individuals cope with probable traumatizing experiences, providing the context in which social support and other positive and uplifting events can be experienced[1]. The interactions of an individual, their environment and community play a significant role in how traumatic experiences are navigated.

During the pandemic, violence and looting overtook parts of South Africa, triggered by the arrest of former President Jacob Zuma, with the unrest revealing a county with a sizeable number of people dealing with poverty and hunger. The pandemic exacerbated inequality levels. The rapid spread and mortality of the virus and coupled with economic hardships from the lockdown created social ruptures, with those affected often marginalized and disconnected from community due to stigma, at times in the face of death/loss of loved ones[2]. Coupled harsh restrictions, the society was left powerless and more prone to collective trauma and suffering, with the poor disproportionately affected. Thus, for many Africans, the community which had for so long been depended upon was lost, adding to the trauma already experienced. Despite many being affected, there is no one treatment that fits all, with the pre-packed universal interpretations, definitions, and approaches to trauma not necessarily contextually useful. Therefore, there is a need to reimagine what healing in our context should look like.

Literature has shown that a holistic view of the situation is key to creating sustainable transformation approaches. South Africa has a history of thinking about and working towards collective or shared healing through processes such as the truth and reconciliation commission which tried to address the wrongs of the apartheid. Although some work has been done, it is evident that healing is a long-term project that will continue for generations. Therefore, while talking about a community approach to healing in South Africa it is imperative to assess and factor holistically the needs of all the members of the community, be they social, economic, emotional, or spiritual[3,4]. It is therefore important that we integrate communal, spiritual, and cultural aspects of healing that have stood the test of time and cultural approval[1]; while embracing the multi-layered concept of *Ubuntu* that reminds us that "the interests of self and others are intermeshed". This can be used as the driving force behind healing of the community in the aftermath of the Covid-19 pandemic.

Chioneso and colleagues[5] highlight three psychological dimensions necessary for the promotion of community (shared)

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healing. The first two dimensions look at *connectedness* (which consists of mutual interdependence, a shared identity, and a sense of belonging, fostered through understanding, validating, and nurturing individual experiences) and *collective memory* (a group's shared understanding of the recent past by unearthing the lived experiences during the pandemic). For this we can tap into avenues that are readily available and are part of the system. Some activities that could help promote healing and have shown promise include creative activities such as storytelling, music, photographic exhibitions, filmmaking, singing, dance, poetry, literature. Engaging the community in a process of creative collaboration, in the aftermath of the pandemic will encourage people to reflect on the impact of the chaos on the individual and community at large. It will also give them space to commemorate loved ones lost because of the virus, participate in spiritual and religious ritual practices that they were unable to due to the restrictions, and help them to deal with their grief.

The third dimension highlighted by Chioneso and colleagues is that of *critical consciousness* which they suggest looks at the social, political, and economic forces shaping lived experiences and community well-being, and predicated on a person's belief in their ability to engage in actions that will produce change[5]. Community healing in the aftermath of the pandemic, in a country that is known for its inequitable structures, will require a reestablishment and restoration of hope and confidence for the individual and the community. The disproportionate suffering that was exacerbated by the pandemic calls for intersectoral collaborations to develop sustainable solutions that can reduce people's exposure to, their vulnerability to, and their consequences from future pandemics, and that can also encourage gains in economic equality, social connectedness, and efficacy empowering the disadvantaged.

REFERENCES

1. Edwards SD. A psychology of indigenous healing in Southern Africa. J Psychol Africa. 2011;21(3):335-347. doi:10.1080/14330237.2011.10820466
2. Mashaphu S, Talatala M, Seape S, Eriksson L, Chiliza B. Mental Health, Culture and Resilience—Approaching the COVID-19 Pandemic From a South African Perspective. Front Psychiatry. 2021;12(July):1-5. doi:10.3389/fpsyt.2021.611108
3. Ratele K. Four (African) psychologies. Theory Psychol. 2017;27(3):313-327. doi:10.1177/0959354316684215
4. Motsi RG, Masango MJ. Redefining trauma in an African context: A challenge to pastoral care. *HTS Teol Stud / Theol Stud*. 2012;68(1). doi:10.4102/HTS.V68I1.955
5. Chioneso NA, Hunter CD, Gobin RL, McNeil Smith S, Mendenhall R, Neville HA. Community Healing and Resistance Through Storytelling: A Framework to Address Racial Trauma in Africana Communities. J Black Psychol. 2020;46(2-3):95-121. doi:10.1177/0095798420929468

ISSN 2833-3004

Children and Adolescents' Mental Health during the Recovery Phase of the COVID-19 Pandemic in Kenya

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More recently, the advent of COVID-19 was traumatizing to all populations including children and adolescents through reports of mass infection leading to deaths of people known to them or were relatives. The constant feed of such images on social media platforms brought fear and uncertainty about their safety and future. In addition, disease containment measures imposed by local governments such as school closures, lockdowns, cessation of sports activities including swimming, quarantine and isolation exposed children and adolescents to several stressors, such as fear of contracting the disease, frustration, boredom, information overload, family financial loss and changes in daily activity patterns[1]. Increased loneliness, symptoms of depression and anxiety as well as suicidality rates have been reported in High-Income Countries (HIC)[2,3] and Low- and Middle-Income Countries (LMICS)[4] Kenya included[5]. It is therefore understandable that various studies have pointed to an increase in psychiatric symptoms in children and adolescents since the outbreak of the COVID-19 pandemic[6,7].

Besides the pandemic, other current and local crises such as famines caused by climate change coupled with ethnic/tribal clashes and gender-based violence threaten the mental health of children and adolescents locally and by extension globally. This is habitual in Kenya where political competition primarily occurs along ethnic lines, and neighbourhoods are frequently organized along those lines leading to clashes especially post-election as witnessed previously[8]. The clashes lead to the destruction of homes, loss of livelihoods, internal displacement or even deaths thus impacting the psychological wellbeing of the children and adolescents who are affected either directly or indirectly by these clashes.

The after-effects of the pandemic and trauma due to exposure to violence and clashes can have long-term adverse consequences on the mental health of children and adolescents. Recovery from this psychological trauma can take years. It is therefore important to monitor the mental health status of children and adolescents and strive to help them improve it.

REFERENCES

1. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020;395(10227):912-920.
2. Daly M, Sutin AR, Robinson E. Longitudinal changes in mental health and the COVID-19 pandemic: Evidence from the UK Household Longitudinal Study. Psychol Med. Published online 2020:1-10.
3. Tanaka T, Okamoto S. Increase in suicide following an initial decline during the COVID-19 pandemic in Japan. Nat Hum Behav. 2021;5(2):229-238.
4. Kola L, Kohrt BA, Hanlon C, et al. COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health. The Lancet Psychiatry. 2021;8(6):535-550.
5. Pinchoff J, Friesen EL, Kangwana B, et al. How Has COVID-19-Related Income Loss and Household Stress Affected Adolescent Mental Health in Kenya? J Adolesc Heal. 2021;69(5):713-720.
6. Meherali S, Punjani N, Louie-Poon S, et al. Mental health of children and adolescents amidst COVID-19 and past pandemics: a rapid systematic review. Int J Environ Res Public Health. 2021;18(7):3432.
7. Samji H, Wu J, Ladak A, et al. Mental health impacts of the COVID- 19 pandemic on children and youth–a systematic review. Child Adolesc Ment Health. 2022;27(2):173-189.
8. Hjort J. Ethnic divisions and production in firms. Q J Econ. 2014;129(4):1899-1946.

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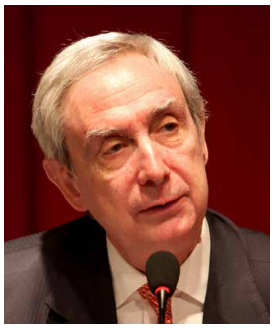
THE HUMAN DIMENSION OF THE ENVIRONMENT. "Psychoethical" Implications of Climate Change for Mental Health



Fernando Lolas

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From a purely descriptive point of view, it is obvious that climate, weather, and geography impact on human wellbeing. Already acknowledged in the *Corpus Hippocraticum*, it is accepted as part of the information that should be collected when analyzing individual and community health.

The medical and allied professions are not prominent actors when political decisions are needed for alleviating or controlling environmental degradation or natural catastrophes. They may be critical for responding to the health effects of environmental crises but, without adequate influence on policymakers or decisions at the global level, preventive actions are usually restricted to warnings, advice, and education. The ethical mandate to preserve the environment is ineffective in the context of Western traditions, based on the preeminence of human existence and the notion that Nature serves Humanity, as advocated by many religious and moral beliefs. Radical ecological movements collide with economic and political interests, creating discrepancies and conflicts.

The human dimension of the environment[1] alludes to the fact that Nature is considered a conceptual construction. No ethical mandate is based on the independent character of Nature. It is always related to human welfare. "Ecocentric" ethics, such as those proposed by Fritz Jahr[2] or Van Rensselaer Potter[3] under the term *bioethics,* implies solidarity with the biosphere. The first is based on compassion, and the second on utilitarian considerations ("science of survival").

The impact of climate change on mental health has been studied[4,5] with emphasis on the deleterious consequences of unpredicted or unpredictable situations. Climate change-related events have been associated with psychological distress, worsened mental health (particularly among people with pre-existing mental health conditions), increased psychiatric hospitalizations, higher mortality among people with mental illness, and heightened suicide rates. The effects of pressures on migration must also be considered. These results are in line with the detrimental impacts of climate change – and adverse environment in general - on human wellbeing.

There are some constraints and limitations in the studies so far. First, and foremost, few studies have been conducted in low-income countries and the scientific production of non-English speaking sources should be surveyed. Second, more adequate measures of what exactly is meant by climate change and its challenges should be developed, particularly when considering that different societies may possess different forms of "resilience" to environmental threats. The subjective character of what is perceived as a danger or threat makes it imperative to reconsider cultural dimensions in both the assessment of and the protection against, detrimental effects of environmental changes.

Mental health research and interventions, by their very nature, involve ethical considerations. All human beings are endowed with the capacity to comprehend and react to challenges to their integrity and welfare. Technical expertise and practical wisdom are intertwined in recognizing, accepting, and acting in relation to environmental changes. This assertion points toward a recognition that challenges ahead are not only professional concerns. They must involve a reconsideration of the relationships between human beings and Nature[6], philosophical reflection, and a humanistic concern that interests all segments of society, including policymakers, researchers, and public at large. The *psychoethics* of responses to climate change is imperative.

REFERENCES

1. Lolas, F . , Marinovic, M. (1995) La dimensión humana del ambiente (The human dimension of the environment). Santiago de Chile: Vicerrectoría Académica Universidad de Chile
2. Jahr, F. (2012) Aufsätze zur Bioethik (Essays on Bioethics)Berlin:LIT Verlag (edited by A.T.May and H.M.Sass)
3. Muzur,A., Rincic, I. (2019) Van Rensselaer Potter and his place in the history of bioethics. Zürich:LIT Verlag
4. Charlson, F., Ali, S., Benmarhnia, T., Pearl, M., Massazza, A., Augustinavicius, J., Scott, J.G., (2021). Climate Change and Mental Health: A Scoping Review. International Journal of Environmental Research and Public Health 18, 4486. https://doi.org/10.3390/ijerph18094486
5. Hwong, A.R., Wang,M., Khan, H. , Chagwedera, D.N.,Grzenda, A. Doty,B., BentonT., Alpert, J. Clarke,D.,*, Compton,W. (2022) Climate change and mental health research methods, gaps, and priorities: a scoping review. The Lancet Planetary Health 6(3):e281-e291. https://doi.org/10.1016/S2542-5196(22)00012-2
6. Böhme, H. (1988) Natur und Subjekt (Nature and Subject). Franskfurt a.M.: Suhrkamp

ISSN 2833-3004

Is Climate Change Responsible for Our Mental Health? Latin American Reality

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Hundreds of years ago, the Spanish Empire achieved the feat of conquering the new world: America. Known for its riches and landscapes, unimaginable for Europe at that time, the Latin America and the Caribbean region has some of the most beautiful landscapes on earth: mountains full of green, rivers, lagoons, archipelagos, waterfalls, jungles, virgin forests, glaciers, and all the marine and terrestrial fauna that inhabit these spectacular landscapes.

For several years now, the inhabitants of Latin America and the Caribbean have observed the changes in these natural landscapes; we are witnesses of how our pollution affects the natural resources of our varied and beautiful continent. The Economic Commission for Latin America and the Caribbean (ECLAC) has concluded that areas with dry climates such as central and northern Chile, the Peruvian coast, northeastern Brazil, western and northwestern Argentina and large areas of Mesoamerica will experience salinization and desertification of agricultural land; sea levels' rise could cause increased flooding in low-lying areas; and the increase in ocean temperatures due to climate change will have negative effects on coral reefs and regional fisheries, causing shifts in the location of fish stocks in the South and East Pacific1.

We experience heat waves during the summer and even autumn months, abrupt temperature changes in the same seasons, hurricanes, the rationalization of drinking water supplies and prolonged droughts in crop fields, which translates to less availability of our natural resources and the destruction of the economic chain: the commercialization of agricultural and livestock land, the generation of wind and water power and the use of metals for the production of industrial elements such as copper or lithium. Thus, faced with the impact of natural sources, the delicate economic balance is threatened, aggravating or eliciting mental symptoms such as anguish, depression, violence and even traumatic phenomena2,3.

After the COVID 19 pandemic, our population already shows a significant decrease in the quality of mental health: the latest studies determine that 36%4 of the Latin American population has presented some symptoms that affect their mental health. This is a previously damaged population to which the costs of an environmental system in crisis are added.

One of the phenomena that elicits the consequences on mental health as a result of climate change is the acceleration of the migratory process5, presenting characteristics of forced migration with the risk of presenting symptoms before, during and after displacement. This population initially exposed to violent natural events such as hurricanes, floods or earthquakes, are forced to dismember the family, social and cultural nucleus, breaking the sense of belonging to a community, and to face the cultural and language barriers of the new place to which they have had to migrate3. One scenario studied is that of Central American migrants arriving at the North American border, favoring violence-related symptomatology; in the case of migrants seeking refuge from Syria, the loss of family members was found to be a predictor of the development of post-traumatic stress and depression; looking at the figures by age, children and adolescents are more at risk than adults for psychological symptomatology, substance abuse and interpersonal difficulties, so interventions should include an age perspective6.

What are the actions we as a community can take?

First of all, we must make a diagnosis of the situation, indicating the groups most at risk of suffering from anxious and mood symptomatology: children and adolescents. We need to ally with our regional political leaders to promote public policies focused, first and foremost, on information for the general population. In this sense, evidence shows that one of the determining variables in addressing the impact of climate change on the population is the presence or absence of scientific information on the damage not only to our environment, but also to our mental health7. It is our responsibility to communicate to the population about these effects, and the fact that today we are united in this scientific community discussing how we should address this problem is certainly a start.

REFERENCES

1. 1. Conde-Álvarez C, Saldaña-Zorrilla S. Cambio climático en América Latina y el Caribe: Impactos, vulnerabilidad y adaptación. Ambiente y desarrollo. 2007;23(2):23-30.
2. 2. Susanta KP, Sidharth S, Mahima P, Surender P. Mental health effects of climate change. Indian J Occup Environ Med. 2015;19(1):3-7.
3. 3. Dunsmore C. Mitigating Mental Health Impacts of Climate-Related Migration. Published online April 2022.
4. 4. Zhang SX, Chen J. Scientific evidence on mental health in key regions under the COVID-19 pandemic – meta-analytical evidence from Africa, Asia, China, Eastern Europe, Latin America, South Asia, Southeast Asia, and Spain. null. 2021;12(1):2001192. doi:10.1080/20008198.2021.2001192
5. 5. Corvalan C, Gray B, Villalobos E, Sena A, Hanna F, Campbell-Lendrum D. Mental Health and Climate Change: Policy Brief. WHO TEAM Climate Change and Health, Environment, Climate Change and Health, Mental Health and Substance Use; 2022.
6. 6. León DC. Dimensiones para abordar la salud mental en el contexto de la migración. Revisión de literatura científica entre 2016 y 2019. Gerencia y Políticas de Salud. 2020;19(1):1-18.
7. 7. Sapians R, Ugarte AM. Contribuciones de la Psicología al abordaje de la dimensión humana del cambio climático en Chile (Primera parte). Interdiciplinaria. 2017;34(1):91-105.

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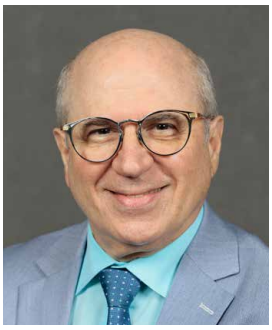
Reflections on Truth & Reconciliation Commissions: Lessons for the Global Mental Health Movement



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The authors approach the matter of Truth and Reconciliation Commissions (TRCs) from their contrasting perspectives on human rights in post-conflict societies (Schimmel) and on the Global Mental Health (GMH) Movement (Di Nicola) and offer their reflections with lessons for GMH.

Genocide and other mass human rights violations create a cascade of consequences in every sphere of individual, family, communal, and social functioning. They are a major preoccupation for GMH and are tragically prevalent throughout the world, including the Global South, where the resources in both civil and humanitarian spheres are often impoverished[1]. In considering the impact of TRCs on GMH, many issues need to be addressed to adequately grasp the mental health and welfare of survivors of severe human rights violations. TRCs typically reflect the power of national political, economic, and social elites. It is essential that in their design and implementation, survivors are consulted, have ample opportunity to participate if they wish to do so, and – as importantly – can register their criticisms and concerns and choose not to participate in these processes without being marginalized by government and society for doing so. The integrity of TRCs rests on the extent to which they respect and reflect democratic values and human rights, including their voluntary nature and the right of victim-survivors to reject formal reconciliation processes. Many victim-survivors seek both retributive and reparative justice, rather than reconciliation, and they have no obligation – moral or legal – to pursue reconciliation[2].

Victim-survivors must not be instrumentalized in the pursuit of truth and reconciliation. Victim-survivors experience high levels of vulnerability and disadvantage post mass human rights violations. Because their testimonies and participation are often essential for the advancement of truth and reconciliation procedures and efforts, they can be pressured implicitly and explicitly by government, civil society, and society at large to 'play a role' in reconciliation efforts and to sacrifice their preferences, beliefs, and privacy for what is portrayed and perceived as the greater good. Such instrumentalization violates their dignity and can increase mental health distress and trauma[2,3]

TRCs should recognize that, without substantive reparative justice programming, many victim-survivors will find that commissions may emphasize symbolic gestures and rhetorical expressions that require little investment of national economic resources and the creation of consequential policies and programs that empower and support survivors of mass human rights violations. Truth and reconciliation cannot be meaningful, durable, and sustainable if it takes only symbolic and rhetorical forms. Victim-survivors typically have concrete needs such as access to mental health counseling as well as basic social needs, including healthcare, housing, technical-vocational training, educational opportunity, and legal support services. Talking about human rights violations in a formal truth commission context will not promote reconciliation without concurrent tangible efforts to

ISSN 2833-3004

promote healing and recovery that directly address the human rights and welfare of victim-survivors and aim to fulfill them[4,5].

TRCs need to localize their efforts such that they reflect the particularities of human rights violations and the nature of how they took place and in what cultural context[1,6]. Countries such as Colombia, Sierra Leone, Rwanda, and South Africa all experienced very different forms of human rights violations. While they share areas of commonality – involving mass violence – its forms and contexts were different and what may be helpful to promote truth and reconciliation in one country and culture may be harmful in another. There is no template for truth and reconciliation. For example, women and children experience multiple and heightened forms of vulnerability and disadvantage during and after mass human rights violations. TRCs need to recognize and respond to this and ensure their safety and well-being, both physically and psychologically.

Efforts at education about human rights violations and the commemoration of them need to be done in ways that center on victim-survivors and reflect both their experiences of human rights violations and the ways in which they want them to be acknowledged and remembered. They should reflect grassroots consultation and participation of survivors of human rights violations rather than be limited to the planning of national elites that typically design and implement formal national truth and reconciliation commissions and programs.

The pursuit of reconciliation must not undermine human rights and international human rights law obligations. The South African TRC chose this path which exacerbated impunity and marginalized victim-survivors rather than enabling reconciliation. This can lead to feelings of isolation, exclusion, insecurity, injustice, and invisibility with all the attendant mental health cascade of adaptational problems, including anxiety, depression, and trauma. Addressing trauma today invokes two parallel communities – the *clinical* and the *cultural* or humanitarian[7]. The pursuit of truth and reconciliation for both societal reasons and for the care and treatment of victim-survivors each have their own compelling *humanitarian reasons*[8,9], yet they do not and cannot replace moral and legal responsibilities to prosecute grave criminal behavior, particularly mass violence involving rape, torture, and murder.

REFERENCES

1. Di Nicola V. The Global South: An Emergent Epistemology for Social Psychiatry. World Social Psychiatry. 2020;2:20-6. doi:10.4103/WSP.WSP_1_20
2. Schimmel N. Transitional Justice Interviews and Reflections: Perspectives of Women Survivors of the Rwandan Genocide against the Tutsi on Reparation and Repair. Peace Review: A Journal of Social Justice. 2022;34(2):246-258. doi:10.1080/10402659.2022.2055898
3. Schimmel N. On the Loneliness and Dissonance of Being a Survivor of the Rwandan Genocide Against the Tutsi. Journal of Victimology and Victim Justice. 2020;3(2):262-273. doi:10.1177/2516606920960386
4. Schimmel N. Advancing International Human Rights Law Responsibilities of NGOs: Respecting and Fulfilling the Right to Reparative Justice for Genocide Survivors in Rwanda. London: Palgrave, 2020.
5. Schimmel N. A Critical Perspective on Reconciliation and a Rwandan Case Study. Peace Review: A Journal of Social Justice. 2022;34:1-14.doi:10.1080/10402659.2022.2042918
6. Di Nicola V. "A Person Is a Person Through Other Persons": A Social Psychiatry Manifesto for the 21st century. World Social Psychiatry. 2019;1:8-21. doi:10.4103/WSP.WSP_11_19
7. Di Nicola, V. Two Trauma Communities: A Philosophical Archaeology of Cultural and Clinical Trauma Theories. In: PT Capretto & E Boynton (Eds), Trauma and Transcendence: Limits in Theory and Prospects in Thinking. New York: Fordham University Press, 2018, pp. 17-52.
8. Fassin D. Beyond Good and Evil?: Questioning the Anthropological Discomfort with Morals. Anthropological Theory. 2008;8(4):333-344. doi:10.1177/1463499608096642
9. Fassin D. Humanitarian Reason: A Moral History of the Present. Oakland, CA: University of California Press, 2011.

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Pakistan: Climate Change and Mental Health

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Background

The catastrophic floods in Pakistan are only the latest episode in a series of climate disasters. As a result of these floods, one-third of Pakistan is under water and more than 33 million people are internally displaced. With 10,000 fatalities from climate-related disasters and financial losses of over $4 billion from 173 extreme weather events in the last 20 years, Pakistan is rated among the top 10 most susceptible nations on the Climate Risk Index[1]. Global warming and resulting climate change can cause a variety of emergency events. These events include extreme heat (increased surface temperature, heat waves); climate change-related water disasters (sea level rise, flooding, hurricanes, and coastal storms); droughts; wildfires; winter storms, extreme snow, and severe thunderstorms and tornados[2]. In recent years, Pakistan has experienced almost all of these phenomena.

There is a strong link between natural disasters and mental disorders. In order to address the effects that climate change is having both directly and indirectly on mental health and psychosocial well-being, the World Health Organization (WHO) recently published a policy report. The WHO not only pointed to the rising prevalence of mental diseases (such as emotional discomfort, stress, depression, and suicidal behavior) but also warned about emerging mental health syndromes that are directly related to climate change, such as "*ecotrauma*, which refers to anxiety in the face of the cataclysmic transformation of ecosystems"[3]. A recent literature review identified several other climate-related syndromes such as *ecoanxiety*, *ecoguilt*, *ecopsychology*, *ecological grief*, *solastalgia* and *biospheric concern*[2]. In addition to having an adverse effect on one's mental health, climate change-related impacts might cause people to lose their jobs, be forced to relocate or experience a loss of community services and social support.

A direct correlation between the intensity of the disaster and the severity of the mental health effects has been noted in several studies. Direct, indirect, and long- or short-term effects of climate change are all possible. Acute events may have effects via traumatic stress-like processes, resulting in psychopathological patterns that are well-understood. Additionally, exposure to intense or protracted weather-related events can have delayed effects, including disorders like post-traumatic stress disorder; these effects can be passed down to future generations. Women, children, the elderly, people with disabilities, pre-existing mental health issues, or belonging to ethnic or linguistic minority groups are particularly susceptible to the mental health effects of climate change.

In the case of flood, a very high proportion of PTSD symptoms has been reported, for example, a study in India reported a 70.9 percent prevalence of post-traumatic stress disorder one year after the Uttarakhand flood[4]. There are also several reports of increased suicide rates in flood victims. A recent study from Bangladesh found that 57.5% of flood survivors reported having suicidal ideation, whereas 5.7% and 2.0% made a suicide plan and suicide attempt[5].

Pakistan lacks a robust mental health infrastructure and is ill-equipped to deal with the massive mental health demands related to climate change. With a population of over 200 million, Pakistan only has about 500 psychiatrists. According to a 2017 WHO report, there are only 4 main psychiatric hospitals and 3,729 outpatient mental health facilities in the country, of which only 1% are for children and adolescents. Pakistan can clearly not tackle the massive climate-related surge in men-

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tal health issues alone. Like most other developing countries, Pakistan spends less than 1% of its health budget on mental health. Current floods have caused an estimated $18 worth of damage to the country's economy. Pakistan will face growing food and housing shortages as a result of floods in the coming months. This will undoubtedly worsen the mental health crisis. UN Secretary-General Anthony Guterres has appealed for 'massive' global support to help Pakistan. This support must include the delivery of mental health interventions. Fortunately, there are effective models such as task-shifting, whereby community workers can be trained to deliver effective mental health services and reduce the large treatment gap for common mental disorders in low- and middle-income countries.

The scale of flood destruction in Pakistan poses a major public health and primary care crisis. Previous floods in Pakistan were followed by a steep rise in infectious diseases, malnutrition, and infant mortality. We are likely to see outbreaks of dengue fever, cholera, falciparum malaria, measles, and polio. Effective surveillance will be extremely important to promptly identify disease outbreaks, food and supply shortages, and the nutritional status of affected populations. Unfortunately, international relief aid has been slow in proportion to the scale of the disaster. The relief efforts are also hampered by political instability and corruption in the country. While international aid can provide short-term support, the long-term solution requires attention to long-standing resource allocation, capacity building, and health infrastructure issues in Pakistan.

REFERENCES

1. Web link: https://www.usip.org/publications/2022/07/pakistans-climate-challenges-pose-national-security-emergency
2. Cianconi P, Betrò S, Janiri L. The Impact of Climate Change on Mental Health: A Systematic Descriptive Review. Front Psychiatry. 2020 Mar 6;11:74. doi: 10.3389/fpsyt.2020.00074. PMID: 32210846; PMCID: PMC7068211.
3. Web link: https://www.who.int/publications/i/item/9789240045125
4. Srivastava M, Goel D, Semwal J, Gupta R, Dhyani M. Posttraumatic stress disorder symptoms in the population of Uttarkashi, Tehri, and Pauri Garhwal India in reference to Uttarakhand flood - June 2013. Int J Health Syst Disaster Manag. 2015;3(1).
5. Mamun MA, Safiq MB, Hosen I, Al Mamun F. Suicidal Behavior and Flood Effects in Bangladesh: A Two-Site Interview Study. Risk Manag Healthc Policy. 2021 Jan 13;14:129-142. doi: 10.2147/RMHP.S282965. PMID: 33469396; PMCID: PMC7812054.
6. World Health Organization: Mental Health Atlas. Geneva: World Health Organization, 2017.

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Tele-Mental Health Care Initiatives Amidst the COVID-19 Pandemic: Perspectives from India

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Background

The COVID- 19 pandemic has had a major and wide impact on mental health world-wide, as extensively highlighted in numerous studies. These were related to fear of contracting the virus, significant changes to daily lives from restrictions and lockdowns, work from home, loss of personal space, increasing interpersonal interactions and frictions, temporary unemployment, loss of jobs, financial challenges, home-schooling of children, domestic- violence, and lack of physical contact with other family members, friends and colleagues. Neuropsychiatric aspects of COVID-19 infection have also been reported. Existent literature highlights that there has been an increase in rates of stress, anxiety, depression across many countries worldwide. Various organisations and societies across the world such as the World Health Organization, United Nations, United Nations Children's Fund (UNICEF), Centers for Disease Control and Prevention (CDC) and many more highlighted the urgent need for globally prioritising mental health care during the Pandemic[1-4].

Tele Mental Health Care Initiatives in India

The Ministry of Health and Family Welfare (MOHFW) highlighted the need to prioritise mental health during the COVID-19 Pandemic and took several initiatives towards setting up informational resources, psychoeducational strategies, psychosocial helplines, collaboratively providing guidelines and strategies for mental health care during the COVID-19 Pandemic. The UNICEF and its partner organizations also launched child help lines and psychosocial support for children and parents/caregivers during COVID19. The MOHFW and National Institute of Mental Health and Neurosciences (NIMHANS) released educational materials and guidelines on mental health care during COVID-19[5]. The Centre for Psychosocial support in Disaster Management, NIMHANS, Ministry of Health and Family Welfare initiated a nationwide toll free 24x7 helpline on March 29, 2020 for psychosocial support. Further, Central Institute of Psychiatry and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health also developed helplines and provided psychosocial support in regional languages. All India Institute of Speech and Hearing provided mental health support and psychosocial counselling to caregivers of children with hearing, intellectual and multiple disabilities. A mental health rehabilitation helpline, "Kiran", was also launched by the Ministry for Social Justice and Empowerment, and is also free, in 13 regional languages and operational 24 hours a day seven days a week[6]. Telemedicine Guidelines were released during the COVID19 pandemic by the MOHFW along with Board of Governors (BOG) and National Institution for Transforming India (NITI Aayog), and the NIMHANS and Indian Psychiatric Society (IPS) collaborated to develop and release Telepsychiatry guidelines. Further, the IPS formed a special task force on COVID-19 which worked towards creating mental health awareness during the pandemic. The IPS Specialty Section on Technology and Psychiatry worked towards improving awareness and use of technology and psychiatry via webinars and training sessions on technology and psychiatry, tele mental health care, e-prescription, digital psychiatry clinic, etc. The IPS also provided free telecounselling services for many patients across India through voluntary work by its members and fellows. Nationally, many institutions, organizations and individuals made efforts to innovate and explore the role of technology to provide psychiatric and psychosocial care to the patients in distress and need of mental health care. The Central Government of India has recently announced the launch of the National Tele- Mental Health Program (NTMHP) with a network of 23 tele-mental health centers of excellence which will be established under the NTMHP to provide people with better access to quality mental health counseling and care services with NIMHANS as the nodal center for its successful implantation and the International Institute of Information Technology-Bangalore providing the required technological support. The Tele-Mental Health Assistance and Nationally Actionable Plan through States (T-MANAS) initiative has also been announced by the NIMHANS under the NTMHP to provide 24x7 tele-mental health services in all parts of the country, particularly to people living in remote or under-served areas[8].

Institutional COVID-19 Mental Health Task Force and Department of Psychiatry Tele-Mental Health Care Initiatives

Mahatma Gandhi Missions Medical College and Hospital was designated as a COVID-19 Designated Hospital during the pandemic. Considering the need for and importance of mental health services in COVID pandemic, the Institutional authorities at MGMIHS formed a COVID-19 task force on Mental Health. Dr Rakesh Ghildiyal, Dr Darpan Kaur and Dr Shubhangi Dere were appointed and served on the Institutional Task Force

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on COVID-19 and Mental Health. The Institutional Leadership comprising Dr Sudhir Kadam, Honourable Institutional Director along with Dr GS Narshetty, Honourable Dean and Dr KR Salgotra, Honourable Hospital Director and esteemed Multidisciplinary Task Force Members convened daily meetings and provided excellent direction and guidance to the Department of Psychiatry for developing unique and innovative models of care for mental health services amidst the COVID-19 pandemic. Tele mental health screening and tele mental health counselling services were provided to all COVID-19 patients admitted at the Hospital. Tele mental counselling services were provided for caregivers as well especially at the Intensive Care Unit (ICU) and High Dependency Unit (HDU) settings. Further arrangement was made for in person Consultation Liaison Psychiatry Services for those screening positive on tele mental health screen for psychopharmacology and psychotherapy. There were tele mental health screening and tele counselling services developed and provided for post COVID care of recovered patients. They were contacted after discharge and screened on post COVID tele mental health screen and provided counselling. Those who reported any neuropsychiatric symptoms post COVID were encouraged to follow up at the POST COVID Multidisciplinary OPD and were attended in person by the Psychiatrist at the POST COVID OPD. Daily tele mental health care was provided to front-line workers who were positive for COVID-19 and admitted in the hospital. Further, if they reported mental health symptoms they were attended by the psychiatrist in person for psychiatric consultation and psychological care. Regular online and in person training programs on mental health awareness and stress management were conducted for the frontline workers comprising doctors, nurses, physiotherapists, technicians, lab workers, hospital allied staff, etc. Mental health programs on stress management and positive mental health were also conducted online as well as on campus for medical students and were provided information about mental health resources, students tele mental health help lines and student mental health support services. The patients and relatives appreciated the mental health services provided by the Department of Psychiatry and found them to be very useful during the COVID-19 Pandemic and provided good feedback as collected by the Institution Quality teams. The members of COVID-19 Task Force on Mental Health along with entire Department of Psychiatry were felicitated on Doctors Day Celebration 2022 at the Institution for their exemplary and dedicated services during the COVID-19 Pandemic as part of the Multidisciplinary Teams providing care for COVID-19.

Future perspectives

Current institutional research is underway on departmental projects on tele mental health care for COVID-19 and post COVID-19, child and adolescent consultation liaison service and perinatal psychiatry service as well as tele mental health care of frontline workers during the pandemic. Technology has a huge potential to help bridge the gap in mental health care. It is further recommended that future research may focus on outcome and impact assessments, utilisation and deliverance, cost benefit and cost effective analysis, quality assessments, quantitative real time data analysis integrating technology and policy in tele mental health care with real world centric models as per appropriate regulatory, collaborative and multi-systemic frameworks.

REFERENCES

1. Web link: https://www.who.int/teams/mental-health-and-substance-use/mental-health-and-covid-19
2. Web link: https://www.cdc.gov/mentalhealth/stress-coping/cope-with-stress/index.html
3. Web link: https://www.unicef.org/lac/en/impact-covid-19-mental-health-adolescents-and-youth
4. Web link: http://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf
5. Web link: https://www.mohfw.gov.in
6. Web link: https://pib.gov.in/PressReleasePage.aspx-?PRID=1703446
7. Web link: https://nimhans.ac.in
8. Web link: https://indianpsychiatricsociety.org
9. Web link: https://www.mohfw.gov.in/pdf/Telemedicine.pdf
10. Sagar R, Singh S. National Tele-Mental Health Program in India: A step towards mental health care for all? Indian Journal of Psychiatry: Mar–Apr 2022 - Volume 64 - Issue 2 - p 117-119.

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The Experience of "Nicolae Testemițanu" State University of Medicine and Pharmacy (SUMPh) in the Republic of Moldova with Service and Assistance Provision for War Refugees from Ukraine

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Solidarity, regardless of nationality, spoken language, religion or political affiliation is an indispensable quality of medical workers. The State University of Medicine and Pharmacy "Nicolae Testemitanu" from the Republic of Moldova manifested its solidarity with the Ukrainian people from the very first moments of the war. The university aid for Ukrainian refugees has included several levels of intervention, in particular:

1. Social aid (refugees' accommodation in the university campus);
2. Emergency primary and dental care delivery by the university staff;
3. Psychological and psychiatric counseling services;
4. Employability offers in the research sector;
5. Ukrainian students' guidance in the context of their transfer at SUMPh;
6. Crisis management capacity building for the medical staff of the country health care sector;
7. Students' volunteering actions, etc.…

As part of the social aid for refugees, since February and up to the present, three hundred accommodation places have been prepared in the university campus. Essential personal hygiene products, whitening sets, blankets and pillows were purchased. The prepared dorms are equipped with refrigerators, microwaves, kettles and electric hobs, washing machines, etc. The first refugees were s students from Tunis and Morocco, from the Medical University of Odessa and the Technical University of Odessa, Ukraine, as well as twenty employees of the regional WHO office from Odessa. In total, the university campus has offered temporary shelter provision for over 785 refugees from Ukraine with an average length of stay of 10,257 people/day.

Primary care provision for Ukrainian refugees is continuously provided by the University Clinic of Primary Health Care. The clinic offers free consultations and emergency medical assistance. Thus, between February 24th and May 31st, 2022, the medical staff of the Clinic consulted over 147 refugees, of which 133 were adults, fourteen were children and four were pregnant women. Currently, under the constant supervision of the Clinic are 86 refugees, of whom 29 are children.

By Rector's decree, free emergency dental services for Ukrainian refugees are offered in two University Dental Clinics. Thus, 153 patients appointments were registered and 78 patients with Ukrainian identity card or passport benefited from the emergency dental care provision for various clinical situations such as acute pulpal diseases (32), acute periodontal disease (25), dental fractures with indication for direct recovery (5), dental fractures with indication for extraction (8), prosthetic emergencies (re-cementing of prosthetic constructions) (8), etc. Patients underwent clinical and paraclinical examination (radiographic) for diagnosis treatment plan establishment. Most of them had acute pulpal and periapical diseases, which underwent pedodontic, endodontic orthodontic, surgical and orthopedic treatment. All emergency operations were performed free of charge.

The university staff of the Dermatology and Communicable Diseases Hospital provided specialized outpatient medical care to 116 patients, of which five were children, 75 women and 36 men. One patient was hospitalized. The Clinical Hospital for Infectious Diseases "Toma Ciorbă" treated 118 refugees, most of the presentations being due to food poisoning, bacterial intestinal infection, rotaviral infection and Covid. The university staff of the Municipal Clinical Hospital for Contagious Diseases in Children treated over 201 children of various ages during the same period, most of the complaints being due to Covid, acute gastroenterocolitis, rotaviral infection and acute tonsillitis. In total, in the first months of war, 541 refugee patients with an infectious pathology profile were benefited from medical service provision with subsequent hospitalization.

Psychological counseling services were continuously provided by the specialists of the Center for Psychological Counseling and Career Guidance within the University.

The Psychiatric, narcological and medical psychology department of Medical State University have a fruitful partnership with Moldovan-Swiss project "Support of the reform of mental health services in Moldova" (MENSANA) in all aspects of mental health. They engaged in joint activities

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from the first days of the war. Activities that were provided were oriented in 2 strategical directions:

1. Service provision and assistance for refugees;

2. Training activities for the Moldovan mental health specialists engaged in refugees care provision and assistance.

In this regard, on February 25, 2022 a public presentation for the launch of the Psychiatric Emergency Guide" for medical specialists took place. The event was held in a hybrid format, with physical participation of the speakers. The guide was written by an international team of authors (Republic of Moldova, Switzerland, Netherlands) and describes how to manage the most common psychiatric emergencies encountered by professionals in the field of medicine and psychiatry in situations of crisis including war. The guide was approved at the national level and was disseminated to the general hospitals, psychiatry hospitals, community mental health centers, residential intuitions and other service providers. Expertise, support and monitorization was provided to forty community mental health centers from all the country on how to provide mental health assistance for refugees. Information provision with regards to the access to mental health assistance (community mental health centers, psychiatry hospitals, access to medication, etc.) was developed in Ukrainian language on platforms accessed by the refugees. Jointly with the Ministry of Health in lobbying and negotiation with the US Embassy, Moldova received a substantial medication aid for refugees. The Psychiatry department in partnership with MENSANA project and the Republican Center for Psychopedagogical Assistance organized a seminar titled "Psychological first aid in crisis situations for non-professionals". The training started on March 26, 2022. Training sessions were organized for the volunteers directly engaged with Ukrainian refugees on the platform "Moldova pentru pace" ("Moldova for peace"). The training included topics related to Psychological First Aid, methods and techniques and ethics. The total number of 71 volunteers attended the training.

A collaboration with the European Psychiatric Association (EPA) was established, which provided three webinars focused on practical skills and the experience of the countries related to mental health services for refugees and intervention strategies. The webinars were also disseminated to mental health professionals from community mental health services and psychiatric hospitals from Moldova. In collaboration with the Union for Equity and Health a session dedicated to Mental health of vulnerable groups was organized. Two types of training were developed for the police. One training was online and other offline. The topics of the sessions were mental health and occupational safety in the exercise of their duties. The training is organized within the joint UN Program "Strengthening human rights on both banks of the Dniester River" with the financial support of the Swedish Embassy in the Republic of Moldova. Two hundred police officers attended the training.

MENSANA project and the psychiatric department runs a survey focused on mental health in crisis situations. The scope of the research is to measure the impact of crisis situations on mental health in the Republic of Moldova. The objectives of the survey include:

- Mental health and wellbeing status monitor of the citizens of Republic of Moldova;

- Understanding which category of population is most vulnerable to negative effects of crisis situations on mental health in the Republic of Moldova;

- Determine how people in the Republic of Moldova cope with negative impacts of the crisis situation and what types of help/support they use;

- Measure the crisis situation (COVID and war in Ukraine, refugee crisis) experience of the general population in the Republic of Moldova.

On 27th of June 2022 the WHO regional office organized a workshop of the Community Based MHPSS in Emergency Settings for academical staff at the university.

The State University of Medicine and Pharmacy "Nicolae Testemitanu" is also very open to all students and refugee researchers from Ukraine who want to continue their university studies and/or research activity during this difficult period. In this regard, the university research department signed the "Statement of biomedical scientists against Russian aggression in Ukraine" and participated in the publication "Scientists Against War: A Plea to World Leaders for Better Governance"1. Thus, jointly with the Human Resources department, the Research department created and developed employment positions with established salaries for the refugees in the fundamental research laboratories such as genetics, biochemistry, immunology, etc. Jobs were offered to three biostatisticians within the Bioinformatics Laboratory of the National Research Institute in Medicine and Health. Opportunities were given to Ukrainian researchers and PhD students to publish their scientific papers in English at the university Moldovan Journal of Health Sciences. For our scientific events, namely the 9th edition of the Congress of students, residents and young doctors MedEspera, held at the beginning of the May, doctors, researchers and teachers from Ukraine were invited to share their experiences and knowledge during the state-of-the-art lectures sessions.

For doctoral students who started their doctoral studies in Ukrainian universities, SUMPh offers the possibility to partially continue their studies and research at the Doctoral School of the University. The refugee researchers are provided with internet access, workspace, office supplies and stationery. The university also offers access to teaching materials in English and provides online resources and educational courses. The university set up a solidarity office that provides information on how to continue or start their education and training at the University of Medicine and Pharmacy "Nicolae Testemitanu", gain recognition of their qualifications for professional or educational purposes and how to find employment opportunities in the Republic of Moldova. The participation of Ukrainian teachers, students and researchers in conferences and workshops organized or held by the University is free of charge.

The undergraduate, master's and doctoral students are supported to carry out their research and bachelor's, dissertation or doctoral dissertation under the guidance of the University professors and academic staff.

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Three Ukrainian refugee students have been granted a 3-month internship in the field of bioinformatics. They are also eligible for the Academic Mobility Programe with the recognition of mobility periods. Mobility for refugee students from Ukraine and citizens of Ukraine is to be organized free of charge thanks to institutional budget. However, students who wish to study Medicine in the Republic of Moldova will have to learn Romanian, since they will practice in state hospitals. Nevertheless, intensive Romanian language courses are also provided by the University.

Other university activities of indirect support in addressing the refugee crisis in Ukraine included the strengthening of the health sector capacity through training and education of medical staff in the context of crisis management. The following activities were registered:

1. Development of information on sexual and reproductive health (SSR) components for refugees in Ukraine, in Romanian, with translation into Russian and Ukrainian. Leaflets and brochures were distributed at all points of entry at the border with Ukraine, at the refugee placement centers, at the Youth Friendly Centers in Moldova, at the pre-hospital medical institutions. The aim of the initiative was to familiarize refugees with all the components of SSR and SSR services they can call for free, 24/7 in Moldova and phone numbers they can call, to obtain the necessary information or to be referred to the nearest medical institutions, depending on needs and requirements.

2. Seven remote information workshops on the Minimum Initial Package of Sexual and Reproductive Health Services in situations of humanitarian crisis, exceptional situations, or public health emergencies

3. Inclusive approach to the topic "Provision of SSR services in conditions of humanitarian crisis (COVID-19 pandemic, refugees)" for the representatives of non-governmental organizations providing HIV prevention and psycho-social support services to key populations and developing an interactive module for the distance learning platform administered by the Union for HIV Prevention and Risk Reduction.

Members of the Association of Medical Students and Residents were involved in various volunteer actions. Initially, medical students voluntarily agreed to move to other dormitories at the Student Campus to vacate places for refugees and were assigned to other dormitories where they lived with their colleagues from different years of study. Thus, for a day they packed their personal belongings and offered places of residence for those fleeing the war in Ukraine. "We cannot be indifferent to human pain and suffering, especially when we see around us children, mothers and grandmothers crying… We are willing to help with what we can these desperate people, who have fled the plague that has befallen their country".

Over twenty young students from the Faculty of Pharmacy and members of the Association of Pharmacist Students of the Republic of Moldova participated in the division and packaging of essential medicines for Ukrainian refugees in our country. Medicines were donated to the Ministry of Health of the Republic of Moldova (MoH) by the World Health Organization (WHO) with the support of the European Union (EU) through a humanitarian donation. Drugs were delivered in bulk production batch, and in order to be more easily distributed, it was necessary to divide them. The activity was carried out within the Master Forms Section of the "Vasile Procopișin" University Pharmaceutical Center of the USMF "Nicolae Testemitanu" in collaboration with the Ministry of Health and the WHO. The young pharmacists volunteered in support activities for refugees in Ukraine, thus expressing their gesture of solidarity and empathy towards the suffering and needy people.

As health care sector medical education providers, the University management is fully aware that a considerable increase in the flow of Ukrainian refugees significantly increases the need for health care services. Therefore, the resident doctors from the specialty of Family Medicine remains indispensable in providing medical assistance to refugees. Thus, resident doctors from the State University of Medicine and Pharmacy "Nicolae Testemitanu" in the Republic of Moldova can work together with the team of the Organization "Doctors Without Borders" (MSF) and Medicine du Monde. "Doctors Without Borders" is an international humanitarian non-governmental organization that conducts healthcare projects in regions affected by armed conflict and epidemics. The MFF team arrived at the Palanca border point in the initial days of the war in Ukraine, where it provided a medical institution, a pharmacy and a team of psychologists. In the first stage, the volunteers who want to work together with the MFF were identified. A reserve group of doctors who can be contacted if necessary was created. The MFF provided transport and accommodation at all border crossings. There is also a financial allowance for volunteering. Resident doctors work at border crossings for as long as they wish and can withdraw from volunteering at any time.

In conclusion, the effects of war in Ukraine reunited the entire society of the Republic of Moldova and mobilized the university society in engaging in a sustainable, multidirectional help and support of the ones in need. Only jointly we can achieve much!

"We are greatly affected by the events that are now taking place in Ukraine. This war is an absolute injustice that brings only loss and human suffering. We are here to offer all the necessary support to desperate people".

REFERENCES

1. 1. Sleep and Vigilance (2022) 6:1–6 https://doi.org/10.1007/s41782-022-00198-0

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Rethinking Mental Health Care – Inclusion, Access, Respect, Dignity

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This September 2022, experts from different regions of the world gathered to discuss mental health issues in Vilnius, Lithuania. The conference, titled *Rethinking Mental Health,* focused on psychiatric treatment access and human rights to promote change in the current mental health system, with a regionally based approach.

Lithuanian Health Minister opened the conference emphasizing the importance of biopsychosocial mental health, mainly addressing regional disparities and mental health inequities.

His speech was followed by a keynote talk by the world-renowned psychiatrist Prof. Norman Sartorius, former president of the World Psychiatric Association and an opinion leader in global psychiatry. Prof. Sartorius emphasized the importance of a professional psychiatric community, drawing attention to psychiatrists' education, encouraging young specialists to use a holistic approach and be able to diagnose physical disorders as well. This way, psychiatry would gain more respect as a discipline in the medical world, ensuring better diagnostic and treatment opportunities for patients.

During the conference, the importance and the dire need for developing psychosocial interventions, especially across regions, was highlighted many times. Facing war in Ukraine, people with lived experiences enriched the conference by sharing their memories, immediately earning the empathy from international colleagues.

Prof. Dainius Puras, another renowned psychiatrist and Former Special Rapporteur for Human Rights at the United Nations, discussed the importance of non-pharmacological interventions in psychiatry. In his opinion, the use of medication is still the focus in regional psychiatry, although psychotherapeutic interventions are well evidence based for psychiatric disorders. He encouraged the psychiatric community to use all the possible tools while treating patients, avoiding overmedication.

Prof. Peter Falkai, president of the European Psychiatric Association, presented the newest data on posttraumatic stress disorder and depressive disorder in refugees and migrant populations. In his speech he drew attention to ongoing conflicts in Ukraine and worldwide, showing the universal aspects of those problems.

This conference was an excellent opportunity for knowledge exchange, promoting a better understanding of mental health issues amidst ongoing conflicts. Understanding the importance of mental health as a part of "total health" could lead to a paradigm shift and ensure better opportunities for our patients. Mental health issues should not be left aside because of current challenges, including the ongoing pandemic, the war in Ukraine, and an international financial crisis[1-2].

REFERENCES

1. Abu Suhaiban H, Grasser LR, Javanbakht A. Mental Health of Refugees and Torture Survivors: A Critical Review of Prevalence, Predictors, and Integrated Care. Int J Environ Res Public Health. 2019 Jun 28;16(13):2309. doi: 10.3390/ijerph16132309. PMID: 31261840; PMCID: PMC6651013.
2. Rizkalla N, Segal SP. War can harm intimacy: consequences for refugees who escaped Syria. J Glob Health. 2019 Dec;9(2):020407. doi: 10.7189/jogh.09.020407. PMID: 31360447; PMCID: PMC6642814.

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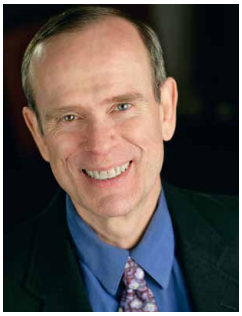
Online Mind-Body Trauma Relief for Ukrainians

Patricia L. Gerbarg



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Seeing Russia's brutal full-scale invasion of Ukraine after eight years of war and knowing it would get worse, we felt compelled to support the psychic survival of Ukrainians. With assistance from the non-profit Breath-Body-Mind Foundation, we began free online mind-body trauma relief for all Ukrainians. This paper, describing the effects of Breath-Body-Mind (BBM) programs in Ukraine, includes implementation and feedback from the Ukrainians.

When large populations are subjected to the traumas of war and displacement, the individual therapy model for healthcare services, falls far short of survivors' needs. Healthcare and NGO workers need to learn efficient, effective, inexpensive group interventions that can be delivered in-person or online to large populations. Training local healthcare providers and community extenders lays the foundation for sustainability[1,2].

Initially, physical safety, sustenance and shelter are foremost. However, over time, unmet emotional and psychological needs impair recovery and the capacity to rebuild productive, fulfilling lives. Profoundly damaging genocide seen in World War II, Cambodia, Bosnia, Rwanda, Myanmar, and other countries, is happening now in Ukraine. Untreated trauma-related disorders persist for decades and may be intergenerationally transmitted[3].

Resilience and psychosocial support are crucial for the wellbeing of disaster survivors. We approached Ukraine with over 20 years' experience providing carefully sequenced, evidence-based, breath-centered mind-body practices for rapid trauma relief in survivors of medical illnesses, earthquakes, World Trade Center attacks, Southeast Asian tsunami, Gulf Deepwater Horizon oil spill, military service, rape, torture, and human trafficking[1,2,4]. Our work with healthcare providers includes extreme stress during the COVID pandemic (Gerbarg et al., in process). Regardless of the type of trauma, age, gender, religion, nationality, or ethnicity, most people experienced substantial lasting improvements in anxiety, depression, and post-traumatic stress disorder. Schoolteachers, social services, NGOs, and others can become BBM teachers.

Prevention is the first step towards reducing long-term neuro-psychophysiological effects of trauma. Simple breath and movement practices improve autonomic balance, flexibility, and resilience[4,5]. It is easier to teach these skills before a disaster, rather than in the midst of war. Nevertheless, on February 24th the day Russia invaded Ukraine, we began planning and networking. On March 16th BBM volunteer teachers held the first of many free online crisis relief programs with Ukrainian translation. Hundreds of Ukrainians registered for healing practices that quickly helped them calm down, sleep, restore energy and mental clarity, and boost resilience.

Our goals for BBM for Ukrainians are:

1. Immediate short crisis relief programs online, open to all Ukrainians with translation
2. Train Ukrainian mental health workers for self-care and treatment of others
3. Establish a BBM teacher training structure for Ukrainians to expand as needed

The Positive Psychotherapy Association of Ukraine (PPAU), recognizing the benefits of BBM, agreed to sponsor BBM training for psychologists. We asked them to tell us their most urgent needs. Their first need was for tools to help Ukrainian children. Most of the psychotherapists were trained to work with adults; they had little or no experience with traumatized children. Jyoti Manuel, founder of Special Yoga for children with special needs, taught these tools. As a Level-4 BBM teacher, she collaborates in the creation of BBM children's programs. Secondly, they wanted methods to help thousands of Ukrainian women raped by Russian soldiers. As dedicated therapists, their first thoughts were to help others. Our task was to help them understand that they needed to strengthen, balance, and replenish themselves before they could help others. The 18-hour BBM Fundamentals course taught the basic movement,

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breathing, and meditative/relaxation methods that restore balance to the autonomic system, thereby reducing anxiety, stress, and defensive over-reactivity. These psychophysiological changes increased energy, mental clarity, and connectedness with others. The neurophysiological basis of these effects has been presented[4-7]. To date, 120 PPAU members have taken BBM Fundamentals courses, including PPAU founder, Professor Volodymyr Karikash, who now begins therapy sessions with coherent breathing (personal communication, August 12, 2022). Recently, 44 psychotherapists completed Level-1 40-hour teacher training, preparation for integrating trauma-informed BBM methods into their work.

The BBM team expressed respect for the Ukrainians and their culture by using some Ukrainian words for greetings and teaching. The Foundation produced T-shirts with beautiful sunflower symbols of the Ukrainian spirit. The BBM theme song, "I want to walk a mile in your shoes" was translated into Ukrainian. They loved the song and asked for copies. Most importantly, we asked about their responses to the practices, listened carefully to them, valued their opinions, modified whatever was uncomfortable for them (e. g. certain sounds or words), and respected their advice. Our respect for the Ukrainians helped build trust.

As the Ukrainians began to trust the BBM team and as they got to know their colleagues better, they talked more about their own distress. One said that when people asked if they were "OK", they would say "Yes," but they really were not. They were shaking inside, feeling panicky when sirens blared, not sleeping, and having trouble thinking. It was difficult for them to understand simple instructions or to figure out what to do. Coping with loss and danger, emergency work overload, and stress-related cognitive impairment was exhausting.

Each person responds to mind-body practices in their own way, in their own time. During the first session, many felt calm for the first time since the war began. With home practice and in weekly sessions, more and more experienced stability, clarity, and revitalization. They recovered the ability to feel happiness, hopefulness, and joy.

During BBM training, the psychotherapists became a stronger support group, helping each other learn, attending practice sessions and BBM clinical seminars. Next, they will assist in teaching BBM courses. With further study, they will develop the structure for a sustainable BBM training program of their own.

REFERENCES

1. Gerbarg PL, Brown RP, Streeter CC, Katzman M, Vermani M. Breath Practices for Survivor and Caregiver Stress, Depression, and Post-traumatic Stress Disorder: Connection, Co-regulation, Compassion. Integrative and Complementary Medicine OBM, April 2019. 4(3):1-24. DOI: 10.21926/obm.icm.1903045.
2. Gerbarg PL, Wallace G, Brown RP. Mass disasters and mind-body solutions: Evidence and field insights. International Journal of Yoga Therapy. 2011. 2(21):23-34. PMID: 22398351
3. Lindert J, Kawachi I, Knobler HY, Abramowitz MZ, Galea S, Roberts B, Mollica R, McKee M.The long-term health consequences of genocide: developing GESQUQ – a genocide studies checklist. Conflict and Health (2019) 13:14. https://doi.org/10.1186/s13031-019-0198-9.
4. Brown R, Gerbarg PL. Breathing techniques in psychiatric treatment-stress, anxiety, depression, attention, relationships, trauma, and mass disasters. In Complementary and Integrative Treatments in Psychiatric Practice, edited by Gerbarg PL, Brown RP and Muskin PR. Washington D.C., American Psychiatric Association Publishing; 2017. p. 241-250.
5. Zaccaro A, Piarulli A, Laurino M, Garbella E, Menicucci D, Neri B, et al. How breath-control can change your life: A systematic review on psycho-physiological correlates of slow breathing. Front Hum Neurosci. 2018; 12: 353. doi: 10.3389/fnhum.2018.00353
6. Gerbarg PL, Brown RP. Neurobiology and neurophysiology of breath practices in psychiatric care. Psychiatric Times. 33(11):22-25, 2016.
7. Porges SW. The polyvagal theory: New insights into adaptive reactions of the autonomic nervous system. Cleve Clin J Med. 2009; 76: S86. doi: 10.3949/ccjm.76.s2.17

GMHP REVIEW

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TOTAL HEALTH INNOVATIONS

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Possible Energy Shortage in Switzerland – A Total Health Challenge

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We are currently experiencing the first global energy crisis, with Europe at its epicenter. Due to the ongoing war of aggression from Ukraine, Europe is particularly affected by the energy crisis; thus also Switzerland. The energy shortage is a current example of how geo-political environmental changes and health influence each other in mutual and multifactorial ways. According to projections, the daily social costs of the energy shortage are higher than those of the COVID-19 pandemic[1]. It is hardly surprising that certain people are showing increased fears for the future due to the rapid increase in energy and living costs.

This is an acute example how human systems and infrastructures influences the mental, physical and community or public health level. The mental health suffers from the economic insecurity in the near future. But what is economic insecurity and how does it impact on mental wellbeing?

Economic insecurity describes the risk of economic loss faced by people when encountering unpredictable life events. More specifically, this refers to the anxiety felt by people when they are threatened by the potential of severe economic losses and the anticipation of the challenges to recover from these losses. The current example of economic loss refers to the expectation of a worsening financial situation due to an inevitable energy shortage[2].

Public and primary health are also significantly affected in an energy shortage situation. Because of lower room or water temperatures, expensive transportation costs, energy blackouts and other circumstances, public and primary health is strongly impacted. But, what can we do on a global level? The health community and policy makers should first recognize the climate crisis as an existential and the greatest threat to humanity, human and total health, requiring immediate and effective action across all sectors[3,4]. For example by establishing a normative guidance on primary health care that directly addresses threats to populations, communities and systems posed by the climate crisis[5].

However, let's now look concretely at the country level and into the Swiss solution: The Swiss government presented the following plan at the end of August 2022[1,6] with the following action steps and measures:

A) Steering of consumption:

1) Savings appeals (call for savings) - e.g. if each and every individual reduces the heating temperature, this has an effect, said Bastian Schwark, Head of the Energy Department at the Economic National Supply (WL). A reduction of one degree brings about six percent savings per household.

2) Restrictions or bans on mandatory illuminations - e.g. illuminated advertising

3) Energy contingencies – depending of the

4) Coordinated shutdown for a few hours (ultima ratio)

B) Steering of supply:

1) Central control of power plants

2) Export restrictions (ultima ratio)

Whatever That Comes,
Better Act In Coordination
Than Act In Emergency!

REFERENCES

1. Swiss Federal Council (2022): https://www.admin.ch/gov/de/start/dokumentation/energie.html
2. Nicholas Rohde, K.K. Tang, Lars Osberg, Prasada Rao, The effect of economic insecurity on mental health: Recent evidence from Australian panel data, Social Science & Medicine, 2015, DOI: https://doi.org/10.1016/j.socscimed.2015.12.014.
3. Introcaso D., Climate change is the greatest threat to human health in history. Bethesda: Health Affairs; 2018. Available from: https://www.healthaffairs.org/do/10.1377/forefront.20181218.278288/full/
4. S. Kadandale et al., Primary health care and the climate crisis, Bull World Health Organ 2020;98:818–820, DOI: https://dx.doi.org/10.2471/BLT.20.252882
5. Xie et. al, Challenges and opportunities in planetary health for primary care providers, The Lancet, 2018, DOI: https://doi.org/10.1016/S2542-5196(18)30055-X
6. Swiss Federal Council (2022): https://www.energieschweiz.ch/programme/nicht-verschwenden/startseite/

WPA Tri-Sectional Webinar

Climate Change and Mental Health:

TOTAL Health Consequences


Dr. Afzal Javed


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Dr. Victor Pereira-Sanchez

Saturday, October 29, 2022

10:00 am - 12:00 pm USA-Eastern Time | Zoom

Global open webinar organized by the Tri-Sectional project joining the World Psychiatric Association (WPA) Sections of Conflict Management, and Resolution; Ecology, Psychiatry & Mental Health; and Psychiatry, Medicine, and Primary Care.

Welcome: Dr. Afzal Javed, MD, President, World Psychiatric Association, (WPA)
Greetings: Prof. Dr. med. Thomas G. Schulze, MD, FACNP, FAPPA, WPA Secretary of Sections
Host: Prof. Eliot Sorel, MD, Founder, WPA-CMCR Section
Coordinator: Dr. Victor Pereira-Sanchez, MD, PhD, Secretary, WPA-CMCR Section

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Africa
- **Presenter:** Dr. Jibril I. M. Handuleh, Somaliland
- **Discussant:** Prof. David Ndetei, Kenya

Asia
- **Presenter:** Dr. Darpan Kaur Mohinder Singh, India
- **Discussant:** Prof. Yueqin Huang, China

Americas
- **Presenter:** Prof. Rahn Bailey, USA
- **Discussant:** Dr. Lise Van Susteren, USA

Europe
- **Presenter:** Prof. Luigi Janiri, Italy
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