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**The Man, The Mentor, and The Legend:
A Tribute to Professor Norman
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"Promotion of mental health means we have done something to the children, to make them more resilient, more able, more knowledgeable- in various ways, we have improved their capacities."

-Professor Norman Sartorius, 2024

The Man, The Mentor, and The Legend: A Tribute to Professor Norman Sartorius

**Driss Moussaoui, MD, Mariana Pinto da Costa, MD, MSc, PhD
and Maria Bernadett Carandang, MD**



"Promotion of mental health means we have done something to the children, to make them more resilient, more able, more knowledgeable in various ways, we have improved their capacities." -Professor Norman Sartorius, (2024)

I first heard of Dr. Norman Sartorius in a meeting with colleagues from the United Kingdom. We were talking about psychiatrists we wanted to invite to projects for the Early Career Section of our association. "Of course, there's Sartorius..." the person I spoke to said. He said it in a way that the name needed no other explanation. The name itself was the word.

Perhaps it is then safe to say that very few psychiatrists living in our time whose name carries the same depth of meaning. I thought then that someday I, too, will certainly meet him. True enough, someday came a year later.

In a small and intimate auditorium at the Philippine General Hospital, I had the pleasure of listening to Dr. Sartorius fight for the future of mental health. It was fascinating to hear how deeply he understood the mental of the world. From the individual to the family, to the community, and the world as a whole, Dr. Sartorius talked about the dynamic changes that happened over the past decades and how we as a profession can move forward to answer the demands of our time. He knew of change and was wise to its qualities.

Erikson's 8th stage of life now comes to mind when I think of Dr. Sartorius. Integrity vs despair- a period when a person's challenge enriches the next generation (Bishop and Keth, 2013). I saw that day how Dr. Sartorius embodied the integrated ego filled with wisdom and ready to guide the future of psychiatry forward. Hence, in this feature, I wanted to explore his past as a Man through his good friend, Dr. Driss Moussaoui, and as a Mentor through his mentee, Dr. Mariana Pinto da Costa.

The Man: A Tribute to Professor Norman Sartorius

Driss Moussaoui, MD
WFP Advisor and Past President



I am a lucky man to have known Professor Norman Sartorius for the past 42 years. He is an exceptional man and certainly the most important psychiatrist of the second half of the 20th Century and the beginning of the 21st.

Professor Sartorius's impact on psychiatry and mental health over the past 50 years is outstanding and unsurpassed.

It all began with how he trained. After having lived through difficult times during World War II as a child, he studied and trained as a psychiatrist and a psychologist. His creativity was translated in the work he did during his tenure as director of the WHO Division in Mental Health and Substance Abuse for 25 years (the longest of all time in the WHO for a director). It became the foundation of a true mental health approach in the field of Psychiatry.

He had an inclusive vision of social and cultural aspects throughout schools of thought and various practices in the world. This made it possible to help isolated psychiatrists in low—and middle-income countries (and I was one of them), as well as big departments of Psychiatry in highly developed countries, by pointing out differences and similarities in the diagnostic and therapeutic processes of mental disorders.

It was also important to discuss his work as president-elect and then as president of the World Psychiatric Association (WPA) and the European Psychiatric Association (EPA). He brought up essential issues such as stigma and discrimination toward mental patients and disorders and the future of psychiatry, among other topics.

One of the main tasks Professor Sartorius has given himself during the past three decades is to teach young psychiatrists and other mental professionals how to be leaders in their field and the medical field at large. Being himself a polyglot (he speaks nine different languages), highly cultivated, and profoundly humanist, there would be hardly a better role model for youngsters. My experience in Morocco about this training is that early career psychiatrists loved it and asked for more.

In 1993, Norman Sartorius retired from WHO, and I remember that day he told me: **'Today, starts my phase of advisor'**. I will not forget what he said when I became president of the World Association of Social Psychiatry in 2010, and he helped me a lot in my function. I did not forget it either; in 2018, when I became president of the International Federation for Psychotherapy, he accepted the position of advisor again. His help was tremendous in many aspects.

The World Federation for Psychotherapy is extremely lucky to have Professor Norman Sartorius as an advisor to the WFP president and board. This man, who will turn 90 on January 28th, 2025, is a true treasure for Psychiatry and Mental Health. **I wish him many years to come of health and happiness for himself, his family, and all of us, psychiatrists and psychotherapists.**

(drissm49@gmail.com)

The Mentor: Championing The Next Generation of Psychiatry Professor Norman Sartorius' Dedication to Early Career Psychiatrists

Mariana Pinto da Costa, MD, MSc, PhD

**Chair of the Early Career Psychiatrists Section of the World
Psychiatric Association**



My first email to Professor Norman Sartorius was on 7 March 2012. I introduced myself as a psychiatry trainee from Porto, Portugal, who had recently met him at a conference and was following up to share the poster I had presented. Professor Sartorius promptly responded, writing: *"Dear Dr Pinto da Costa, Thank you very much for the poster. I hope that I shall meet you some-where to talk about it, With kind regards, Norman Sartorius"*. This thoughtful reply – a hallmark of Professor Sartorius' approach to early career psychiatrists (ECPs) – marked the beginning of a long and invaluable mentorship and friendship.

A Global Network of Mentorship

Professor Sartorius' influence extends well beyond his own achievements in psychiatry. He has established a global network of support for ECPs across continents. In the dynamic field of psychiatry, the early-career phase can be particularly challenging, with complex patient needs and rapid scientific advancements. Professor Sartorius has long championed a nurturing and supportive environment for ECPs worldwide.

Through his mentorship, collaborative projects, international conferences, local initiatives, and renowned Courses on Leadership and Professional Development, he has profoundly shaped the field of psychiatry and the careers of countless ECPs.

Advocating for Professional Development and Leadership

Attending one of his courses is a truly invaluable experience for any psychiatrist. I had the privilege of participating in 2014 in Wroclaw, Poland, with

Professor Sir Graham Thornicroft, and afterward organized a course in 2015 in Porto, Portugal, with Professor Sir David Goldberg. Over the years, Professor Sartorius has organized hundreds of such courses, with the first in Vellore, India in 1993. He invites other excellent and influential educators each time, including regular contributors such as Professor Mohan Isaac from Bangalore, now in Australia, Professor Ee Heok Kua from Singapore, and Professor Hanfried Helmchen from Berlin.

Many ECPs credit his support for providing them with the tools they needed to navigate the complex demands of the profession. His mentorship style strikes a careful balance between support and autonomy, creating a safe space where ECPs feel encouraged to explore new ideas and take calculated risks. This approach fosters a culture of innovation and resilience. Professor Sartorius tailors his guidance to align with the person's career aspirations and challenges, providing insights that are as practical as they are inspiring.

Breaking Barriers to Access and Collaboration

Recognizing the challenges many ECPs face in accessing international networks and resources, Professor Sartorius has been instrumental in establishing Fellowships that fund and facilitate ECPs' attendance at international conferences. His efforts have enabled ECPs to share ideas, learn from each other, and build cross-border collaborations. In a field where geographical boundaries often restrict access to resources and support, his efforts have brought together ECPs from different regions and backgrounds, helping to build valuable and lasting professional relationships that support career trajectories.

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Empowering Through Opportunities

A cornerstone of Professor Sartorius's support for ECPs is his commitment to accessible professional opportunities. Through initiatives like his curated list of *"10 research projects that don't require funding,"* he opens doors for ECPs to contribute to impactful studies. These projects, often involving international teams, expose ECPs to diverse perspectives and broaden their professional experiences. They also provide opportunities to publish and present findings and enhance their research skills and professional profiles.

Championing Inclusivity and Diversity

Through his mentorship, Professor Sartorius actively promotes the inclusion of psychiatrists from underrepresented regions and communities, welcoming professionals from various cultural and linguistic backgrounds. His approach empowers ECPs and fosters a culture of mutual respect and understanding within the field. Many ECPs have shared that his support has given them the confidence to embrace their unique perspectives and contribute authentically to the field.

Always Looking to The Future

Prof Sartorius's dedication to supporting ECPs has left a profound and lasting mark on the field. He has empowered generations of ECPs to pursue their passions and make meaningful contributions to mental health by providing mentorship, research opportunities, and collaborative platforms.

Some years ago, Dzmitry Krupchanka, me, and other colleagues published a correspondence in The Lancet Psychiatry describing Professor Sartorius as *"psychiatry's living legend."* In 2023, the European Federation of Psychiatric Trainees honored him with an award for his exceptional contributions to psychiatry.

Professor Sartorius's influence is clearly reflected in the success stories of ECPs who have gone on to lead clinical or research teams, present internationally, and publish ground-breaking studies. As psychiatry continues to evolve, Professor Sartorius exemplifies the power of mentorship and community in fostering professional growth. His commitment to nurturing people and promoting inclusivity sets a high standard that will continue to inspire future generations of ECPs.

Just as he demonstrated in his first e-mail to me over a decade ago, Professor Sartorius continues to show genuine interest in the work of ECPs, making each of us feel that our contributions truly matter. Many of us, myself included, owe Professor Sartorius an enduring debt of gratitude—not only for his mentorship but for his profound impact on our lives and careers, inspiring us to carry forward his legacy of compassion and dedication.

Thank you very much, Professor Norman Sartorius.

(mariana.pintodacosta@gmail.com)

The Man, The Mentor, and The Legend: A Tribute to Professor Norman Sartorius

**Driss Moussaoui, MD, Mariana Pinto da Costa, MD, MSc, PhD
and Maria Bernadett Carandang, MD**



Success in the 8th stage of life does not come without challenge. From a child in wartime Europe to the man who shaped global mental health as we know it and, lastly, into the gentle guiding mentor for all psychiatrists who came after, Professor Sartorius' journey is truly the example of true ego integration.

Much like the impressions he had made with Dr. Moussaoui and Dr. Pinto da Costa, my encounter with him that day has an indelible mark on my life as a psychiatrist. I shall never forget his words, and I hope we, as a generation of actively practicing psychiatrists, will be able to enact his advice and impart to our future mentees the same wisdom he has imparted to us.

In this sense, only a living legend like Professor Norman Sartorius should be the first feature of this newsletter. **We, the WFP Newsletter Editorial Board, wish him a most wonderful birthday and send our deep gratitude for all the wisdom he imparts.**

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Dr. Sartorius' Lecture at UP-Manila, Philippines



Dr. Sartorius with Attendees, Manila, Philippines

Editor's Notes: Create or Die!

Alma Lucindo-Jimenez, MD, FPPA
WFP Secretary General (2023-2026)
Editor, WFP Newsletter



The following is Prof Jimenez' closing address in the WFP Regional Meeting in Rome, October, 2024.

The WFP Regional Congress and International Congress of the Fondazione Masimo Fagioli in Rome, from October 18-19, 2024, draws to a close. In my summation, allow me to recapitulate the scientific program content and express gratitude to speakers, discussants, chairs, and organizers.

Two days of open and spirited discussion realized and verified the organizers' efforts to note, prepare, and incubate their ideas on the complex interplay of creativity and psychotherapy in one forum. This conference, themed "Psychotherapy, Creativity and the Arts," developed through a creative process, drew on the talent, knowledge and skills, motivation, and passion of multi-talented, multinational, and multidisciplinary experts from architecture, visual arts, literary arts, musical arts, anthropology, linguistics, and not least, psychotherapy.

That creativity undergirds art, and psychotherapy pervaded the conversations. As proof that creativity drives art as well as psychotherapy, in this meeting, artists and psychotherapists similarly describe how their own and their subjects' backgrounds and life experiences produce new emotional and intellectual comprehensions of present reality, most useful in promoting coping and eventually uplifting the human spirit. Artists express creativity as originators of prose, poetry, music, paintings, sculptures, and magnificent buildings. Likewise, psychotherapists embody creativity as co-constructors of narratives of their patient's painful experiences.

In this sense, psychotherapy is essentially an art. Masimo Fagioli's Human Birth Theory posits imagination and creativity as the driving force for healthy human development, and inhibited creativity as anathema to biopsychosocial homeostasis. Various papers on the Human Birth Theory depicted the human desire to shape inner and outer reality from diffuse cognitions and emotions

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into coherent narratives scoping the present and the past. The discourse described psychotherapy as a transformative process, bringing forth a novel and evolved interpretation of a lived experience.

This holds universally true for all forms of psychotherapy.

The convergence of various disciplines with principles of the Human Birth Theory and psychodynamic psychiatry, among others, lends credence to the integrity of this body of ideas and the valuable place that creativity and art occupy in psychotherapy.

Editor's Notes: Create or Die!

Alma Lucindo-Jimenez, MD, FPPA
WFP Secretary General (2023-2026)
Editor, WFP Newsletter



Thus, we note several themes that surfaced in our proceedings:

1. The creative process is instinctive and pre-verbal.
2. Creativity pervades everyday things and everyday life, and manifests in linguistics, social science, photography, literary arts, cinema, dance, and music.
3. Inhibited creativity enervates the life force and spawns mental health problems.
4. Creativity vitalizes psychotherapy.
5. Art and creative methods stimulate patients' as well as trainees' receptivity to alternative ways of experiencing their lives, making them open to change. Creative.
6. Creativity can be preserved when psychotherapists use artists' experiences of suffering as a transitional space for their own emotional expression.
7. Creativity may be harnessed from the creator's life experience.
8. Creativity suffuses innovative theoretical thought.
9. Creativity should be nurtured in psychotherapists.

We thank the lecturers for taking the time and effort to share their knowledge and jointly creating these insights with all of us.

In his keynote address, Professor Sartorius challenged us to explore new paradigms in response to the mounting mental health challenges of our world in flux. Now, more than ever, to keep psychiatry alive, we need creative psychotherapists who practice creative psychotherapy. This conference thus sounds the alarm for psychotherapists: **"Create or die."**

In my concluding remarks, I daresay that the art of co-creating narratives in therapy bestows us a 'special worthiness.' And to whom much is given, much is required. Thus, we ask ourselves:

- Do we, as therapists, fulfill the performance requirements of contemporary psychotherapy? Aside from basing it on scientific and objective principles, do we incorporate into it, moral and aesthetic values of justice, human dignity, freedom, respect for uniqueness and choice? Do we bear intellect with intuition and inspiration?
- Specifically, as psychotherapists, do we submit to the rigors of science and systems of theory and practice? But then, like artists, do we appreciate the aesthetics of human interaction, the prosaic narratives of hearts segregated from minds?

Truly, holding the juxtaposition of these opposing ways of knowing altogether in the person of the psychotherapist poses the greatest challenge to our standing in the scientific community. Giving free rein to our creativity does give us pause for thought.

- Because we value intuition, does it follow that we downplay hard facts and, not least of all, science?
- But does an appreciation for intuition cancel out the regard for theory and empiricism?

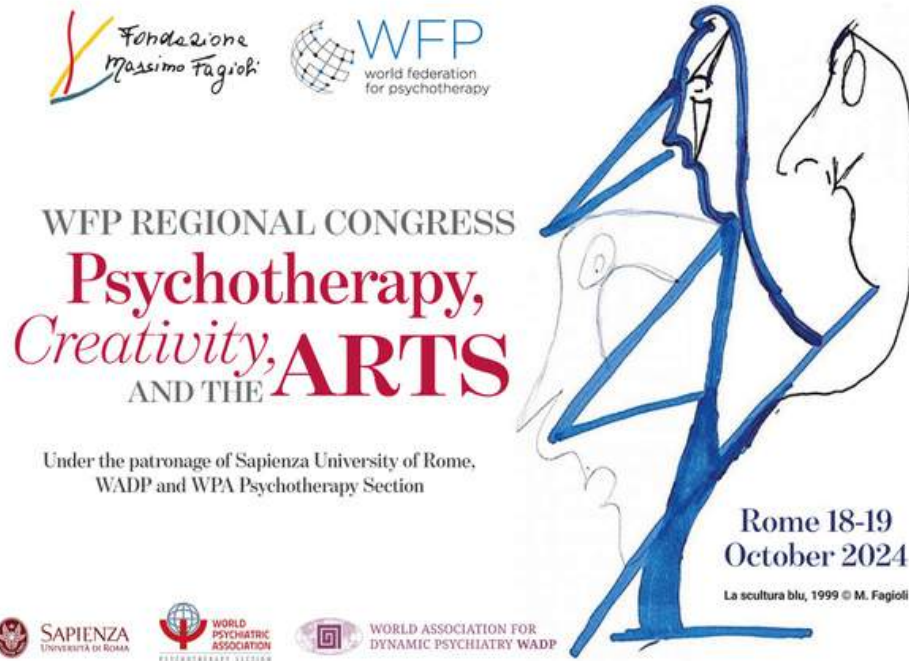
The content of the two-day congress on "Psychotherapy, Creativity, and the Arts" belies this contention. The lectures shared in this meeting illustrate the symbiotic relationship between science and art.

And so, we end our creative journey on this hopeful note.

We thank the Massimo Fagioli Foundation for hosting this Congress and Daniele Polese, a member of the WFP Council, for serving as the liaison between our two organizations. Of course, we award special mention to Cesar Alfonso, the president of the WFP. This meeting's theme is his 'brain and heart child.'

Editor's Notes: Create or Die!

Alma Lucindo-Jimenez, MD, FPPA
WFP Secretary General (2023-2026)
Editor, WFP Newsletter



But before we bid “Arriverderci Roma,” the WFP welcomes you to another journey to Manila, Philippines.

On January 21-24, 2025, the Philippine Psychiatric Association and the World Federation for Psychotherapy invite you to a congress-themed **“Biopsychosocial Advances in Evidence-based Psychotherapies.”** Once again, the WFP responds to the call of the times. Its charge into areas with limited mental health resources, such as the Southeast Asian region, blends creativity, efficiency, and equity in psychosocial interventions. Through this educational initiative, with a multinational faculty, we endeavor to enhance creative capacity-building.

For details, please look at the World Federation for Psychotherapy website.

<https://wfpsychotherapy.org/>

May your respite from winter find you in sunny Manila, where another creative experience awaits you.

Grazie!

Alma L. Jimenez, MD is Secretary General of the WFP and the editor-in-chief of the WFP Newsletter. She is Professor of Psychiatry at the University of the Philippines Manila and the World Association for Dynamic Psychiatry Regional Representative. She is a past-president of the Philippine Psychiatric Association, a diplomate of the Philippine Board of Psychiatry and is a Life Fellow of the Philippine Psychiatric Association.

President's Column

César A. Alfonso, M.D.
WFP President (2023-2026)



I am pleased to highlight in this column some of the exciting initiatives that will take place during the second half of my term as President of WFP as the Federation continues to grow with international visibility and impactful educational activities.

WFP 24th World Congress of Psychotherapy



United Nations Headquarters, New York City



City University of New York Graduate Center

The 24th World Congress of Psychotherapy will take place in New York City in June 4-6, 2026.

The dual venues finalized are the United Nations Headquarters and the City University of New York Graduate Center (CUNY-GC). The Graduate Center is located on Fifth Avenue, directly in front of the Empire State Building. On Day 1 of the congress, we will meet at the United Nations and on Days 2 and 3 at the CUNY-GC.

The congress will be co-sponsored by the United Nations Critical Incident and Stress Management Services (CISMS) under the leadership of Sohail Ali, CUNY-GC, facilitated by University Associate Dean Ekaterina Sukhanova as liaison to WFP, and the Association of Women Psychiatrists, facilitated by Silvia Olarte as liaison to WFP. Other co-sponsors may join our efforts.

The theme of the World Congress will be *"Psychotherapy, Mental Health and Human Rights-Caring for Vulnerable Populations, Health Professionals, and Humanitarian Relief Workers."*

The Scientific Executive Committee is holding monthly meetings in preparation for the World Congress. Members of the committee include: Asher Aladjem (USA), Sohail Ali (UN-USA), César Alfonso (USA), Chaimaa Aroui (Morocco), Moussa Ba (USA), Dilip Jeste (USA), Ekaterina Sukhanova (USA), Alma Jimenez (Philippines), Amine Lar-naout (Tunisia), Goran Mijaljica (Sweden), Helene Nissen-Lie (Norway), Daniela Polese (Italy), and Nik Ruzyanei Nik Jaafar (Malaysia).

A Call for Submissions will circulate in 2025, one year before the meeting. WFP Member Societies and allied organizations will be given priority in the program.

President's Column

César A. Alfonso, M.D.
WFP President (2023-2026)



Educational activities will focus on the following areas of interest:

1. Caring for Refugees, Displaced Persons and Asylum Seekers
 2. Stigma and Discrimination
 3. 2SLGBTQIA+ affirmative psychotherapies
 4. Caring for Survivors of Natural Disasters
 5. Caring for Survivors of Torture and Terrorism
 6. Climate Change
 7. Suicide Prevention
 8. Human Rights
 9. Women's Rights
 10. Bioethics
 11. Psychotherapy with the Medically Ill
 12. Psychotherapy with Persons with Disabilities
 13. Psychotherapy with Persons with Sensory Impairment
 14. Psychotherapy with PLHIV
 15. Caring for Humanitarian Relief Workers
 16. Prevention of Burnout and Moral Injury
 17. Caring for Healthcare Professionals
 18. Trauma-Focused Psychotherapies
 19. CBT
 20. Third-Wave Therapies
 21. Psychoanalysis and Psychodynamic Psychotherapy
 22. Motivational Interviewing
 23. Interpersonal Therapy
 24. Supportive Psychotherapy
 25. Mindfulness
 26. Humanistic Therapies
 27. Hypnosis
 28. EMDR
 29. Ketamine and Psychedelic Assisted Psychotherapy
 30. Brief Psychotherapies
 31. Group Psychotherapy
 32. Balint Groups for Healthcare Professionals
 33. Family and Couple Therapy
 34. Psychosocial Therapies
 35. Computer-Assisted Therapies
 36. Tele-psychotherapy
 37. Culturally Adapted Psychotherapies
 38. Combined/integrated Psychotherapies
 39. Psychotherapy Outcomes
 40. Psychotherapy Research
 41. Psychotherapy and Neuroscience
 42. Parent-Infant Psychotherapy
 43. Psychotherapy with Children and Adolescents
 44. Psychotherapy in Late Life
 45. End-of-Life and Palliative Care Psychotherapies
 46. Psychotherapy and Primary Care
 47. Psychotherapy, Culture and Society
 48. Religion and Spirituality
 49. Psychotherapy and Public Health
 50. Liaising with NGOs to Promote Mental Health
 51. Psychotherapy at the Workplace and Employee Assistance Programs
 52. Delivering Psychotherapy in Underserved Areas of the World
- In addition to plenary sessions, symposia, workshops, interactive panels, case presentations, and clinical and research poster sessions, several introductory and intermediate courses will be offered to review advances in evidence-based psychotherapies. The Congress Social Event/Awards Dinner will take place at the United Nations Delegates Dining Room.

President's Column

César A. Alfonso, M.D.

WFP President (2023-2026)



Also, museum tours will be arranged for congress registrants at the Morgan Library and the Museum of Modern Art, located near the congress venues. A 5km Race for Mental Health will take place in Central Park on Sunday morning after the congress.

Organizations Seeking WFP Member Society Status

The following groups have expressed interest in joining WFP:

Kingdom of Saudi Arabia Cognitive Behavioral Therapists, via Haifa Alghatani – pending.

Malaysian Psychiatric Association Psychotherapy Committee, via Nik Ruzyanei-pending.

Rogerian Psychotherapy Society from Spain – This organization completed their application and has joined WFP.

isIPT-, via Myrna Weisman and Dilip Jeste-pending.

Association of Clinical Psychologists of Armenia via Tigran Mkrtumumyan – pending.

Regional Meetings Co-Sponsored with Member Societies and Affiliate Organizations

WFP will continue to support member societies and affiliate organizations by participating in Regional Meetings. A Regional Meeting was held in Rome in October 2024, and another will be held in Manila in January 2025. You may read about these in detail in separate features of this Newsletter. The Rome Regional meeting attracted close to one thousand registrants and 500-700 registrants are expected to attend the Manila meeting.

We appreciate the collaborative efforts and financial support from the Massimo Fagioli Foundation and Sapienza University in Rome, and the Philippine Psychiatric Association in Manila.

WFP continues to support the academic efforts of like-minded societies. We have held courses, symposia and delivered state of the art lectures at the World Congress of Psychiatry in Mexico City in November 2024 and a presidential symposium at the Annual Meeting of the American Psychiatric Association in New York in May 2024. We plan to do the same in Prague (WPA) and Los Angeles (APA) in 2025. In addition, in September of 2025, we will hold symposia in Tokyo at the joint meeting of the World Association of Cultural Psychiatry and Pacific Rim College of Psychiatrists.

I hope to meet WFP constituents in person in 2025 in Manila, Los Angeles, Tokyo, and Prague. Ours is a truly global federation that is diverse and inclusive, protecting and promoting the practice of psychotherapy in the clinical professions worldwide.

I would like to end this column by expressing gratitude to the able members of the WFP Board of Directors -President-Elect Dilip Jeste, Secretary General Alma Jimenez, Treasurer François Ferrero, and Advisors Norman Sartorius, Ulrich Schnyder, and Driss Mousaoui, with Lydia Kurk as our Secretariat. The Board of Directors meets six times a year, and its effective leadership is responsible for the success of the Federation. Special thanks also to our 30 Council members from all continents, serving as the advisory group to the

President's Column

César A. Alfonso, M.D.
WFP President (2023-2026)



Board of Directors and representing the interests of member societies and allied organizations. Council meets twice a year to generate ideas and move the Federation forward with relevance. And finally, thanks to the Newsletter Editorial team for their hard work and precise coordination of this important publication. Needless to say, the soul and compass of our organization are our constituents, with over 50,000 members worldwide. I wish every one of you Happy Holidays and a healthy and generative New Year.

César A. Alfonso, M.D. is President of the WFP. He is Clinical Professor of Psychiatry at Columbia University, Adjunct Professor of Psychiatry at Universitas Indonesia, and Visiting Professor of Psychiatry at Prince of Songkla University in Thailand and at the University Kebangsaan Malaysia. He is Chief Psychiatrist at Lighthouse Guild in New York and Editor of Psychodynamic Psychiatry. Professor Alfonso is a Fellow of The American Academy of Psychodynamic Psychiatry and Psychoanalysis, New York Academy of Medicine, and Academy of Consultation-Liaison Psychiatry.

President-Elect's Column

Dilip V. Jeste, MD

WFP President-Elect (2023-2026)



I am delighted to report that the WFP is continuing to flourish under the outstanding leadership of President Cesar Alfonso, with great help from Secretary General Alma Jimenez, Treasurer François Ferrero, and Consultants Norman Sartorius, Ulrich Schnyder, and Driss Moussaoui, with Lydia Kurk as the Secretary. As described eloquently by President Alfonso in this Newsletter, the 24th World Congress of Psychotherapy will take place in New York City on June 4-6, 2026. A unique feature of this conference is that its main venue is the United Nations Headquarters, and its Theme will be "Psychotherapy, Mental Health, and Human Rights."

The WFP has actively participated in several major international conferences over the past two years. Here, I describe in detail the World Psychiatric Association (WPA) Congress in Mexico City, held on November 14-17, 2024. As an affiliate of the WPA, the WFP was well represented at this Congress. There were three sessions in which I was personally and actively involved. These are described below.

Course on Positive Psychiatry, Psychotherapy, Psychology, and Healthy Aging

This 4-hour invited Course was held on Dec.11. I Co-Chaired with Hamid Peseschkian and had two other speakers: Samantha Boardman and Leonardo Machado. This Course described the mechanisms that underlie healthy vs. unhealthy aging and the positive strategies that promote healthy aging in people with and without mental illnesses, their families, and also the mental healthcare providers themselves.

My topic was "How to Keep the Brain Young and the Body Active in Later Life." I described global research during the last 30 years that has clearly shown the plasticity of the aging brain in people who stay physically, cognitively, and socially active. I focused on positive psychosocial determinants of health, such as quality of social connections, wisdom, resilience, and purpose in life, and how these can be enhanced at individual as well as societal levels with age-friendly communities.

Hamid Peseschkian, President of the World Association for Positive and Transcultural Psychotherapy, talked on Positive and Transcultural Psychotherapy: An Integrative Humanistic Approach. He described Positive Psychotherapy, a humanistic semi-structured individual and family therapy that includes elements of different psychotherapeutic methods and has been successfully applied in the treatment of mental illnesses since 1977 in more than 40 countries.

Samantha Boardman, the founder of PositivePrescription.com, spoke on Positive Prescription for Vitality and Vigor in Later Life. She shared practical and achievable strategies for life enhancement and resilience-building, as well as pragmatic approaches to promote positive aging in clinical practice. Beliefs about aging, sense of purpose, social connections, personal strengths, and lifestyle were addressed along with illustrative examples exploring the "what," the "why," and the "how" of positive aging.

The final speaker was Leonardo Machado, President of the Pernambuco Psychiatry Society

President-Elect's Column

Dilip V. Jeste, MD

WFP President-Elect (2023-2026)



in Brazil, who talked about Positive Aging in Physicians and Other Mental Healthcare Professionals. He discussed positive aging strategies for healthcare practitioners, beginning at medical and other professional schools and then addressing dilemmas at subsequent phases of life. He described the effectiveness of positive psychotherapy combined with psychopharmacology in recovery from PTSD and the development of post-traumatic growth.

Session on Transcultural Psychotherapeutic Interventions for Addressing Social Determinants of Mental Health

This one-hour session was held on December 15. It was Co-Chaired by Cesar Alfonso and me. There were two other speakers: Goran Mijaljica and Alma Jimenez. Growing literature provides strong evidence for a significant impact of social determinants of mental health (SDoMHs) on mental, physical, cognitive, and social functioning in people with or at risk of developing psychiatric disorders. Major SDoMHs include different forms of discrimination such as racism, sexism, gender-related stigma, and ageism; early-life traumas; social isolation, poverty; homelessness, food insecurity, poor access to quality healthcare; and disadvantaged urban neighborhoods with high levels of substance use and violence. Comprehensive reviews of meta-analyses and systematic reviews of the association of specific SDoMHs with schizophrenia-spectrum psychotic disorders and major depressive disorder have found moderate-to-large effect sizes for childhood abuse/neglect and food insecurity. Studies that examined the prevalence of these illnesses reported markedly elevated rates in incarcerated persons, homeless persons, and migrants in areas with high social fragmentation. Recent research suggests an

important role for SDoMH-focused psychotherapies in promoting the well-being and overall health of persons with mental illnesses. When assessing a patient, the clinician should determine which specific social factors are potentially modifiable and are of particular concern to a patient based on their and their family's input. Such information can be collected by a case manager in person or by phone, using valid and pragmatic measures. The case manager can then work with appropriate community agencies to find ways to meet the patient's social needs practically and affordably. Evidence-based psychotherapies shown to be useful for reducing the adverse impact of social isolation, loneliness, and trauma include cognitive behavior therapy, wisdom- and compassion-promoting interventions, and trauma-focused therapies. Jeste's topic was "Effects of social determinants of health on persons with mental illnesses."



Alfonso spoke on "Epigenetic effects of psychotherapies for mental illnesses." Mijaljica's topic was "Global inequalities and cultural issues in psycho-traumatology." Finally, Jimenez discussed "Training current and future psychiatrists in psychotherapies."

President-Elect's Column

Dilip V. Jeste, MD

WFP President-Elect (2023-2026)



State of the Art Lecture on Positive Psychiatry: Conquering the Pandemic of Loneliness and Social Anomie with Wisdom, Resilience, and Positive Social Connections

This one-hour presentation was delivered by me on December 16. During recent decades, there has been a global behavioral pandemic of loneliness and social isolation, with rising rates of deaths of despair from suicides and substance abuse. There is an urgent need to replace this state of affairs with wisdom, resilience, compassion, and spirituality to promote positive social connections. Positive Psychiatry is the science and practice of psychiatry that focuses on the study and promotion of mental health and well-being through the enhancement of positive psycho-social factors. Neurobiological studies have shown contrasting effects of loneliness and social anomie versus wisdom and compassion at individual and societal levels. I presented pragmatic strategies for assessing and promoting positive psychosocial factors. Examples of positive psychiatry interventions include trauma-focused psychotherapy, social prescribing, compassionate communities, and green prescription programs. These positive strategies apply to diverse transcultural populations in terms of age, sex, race, ethnicity, gender/sexual orientation, and socioeconomic status.

The WFP will continue to be well-represented at various international conferences during the coming year. I wish all the readers of this Bulletin a happy and healthy 2025.

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Dilip Jeste MD is the President-Elect of the WFP. Concurrently, he presides over the Global Research Network on Social Determinants of Mental Health and Exposomics, and is the Editor-in-Chief of International Psycho-geriatrics. An eminent neuropsychiatrist, he is a former Professor of Psychiatry and Neurosciences and Director of the Center for Healthy Aging at UC San Diego, and a Past President of the American Psychiatric Association

Addressing Stigma Against People with Mental Health Conditions: Insights from the Philippines



Rowalt C. Alibudbud, MD, FPPA
Manila, Philippines

In 2022, the Lancet Commission on Ending Stigma and Discrimination in Mental Health emphasized that stigma often has a more severe impact than mental health conditions themselves. The report, produced by over 50 global contributors, highlights the voices of those with lived experiences, underscoring their crucial role as change agents in combating mental health stigma. It provides actionable recommendations, including creating a global mechanism for sharing stigma-reduction strategies, establishing national bodies to promote mental health inclusion, integrating anti-stigma training in educational curricula, and systematically documenting and addressing stigma within mental healthcare systems. The Commission advocates for the full implementation of WHO guidelines and urges UN member states to prioritize mental health in policy and education to ensure meaningful progress in reducing mental health stigma and promoting social inclusion in mental healthcare and services.

The Lancet Commission's report on ending stigma and discrimination against people with mental health conditions offers a comprehensive framework that could have a significant impact in the Philippines, where mental health stigma is still pervasive. It is, therefore, essential to analyze and adapt the report's guidance to the context of the Philippines.

Enhancing the Philippine Council for Mental Health

Having passed the Mental Health Act of 2018, the Philippines has established the Philippine Council for Mental Health, a dedicated national body for addressing mental health stigma and discrimination. This council is tasked with improving the delivery of integrated mental health services and protecting the rights of individuals receiving psychiatric, neurological, and psychosocial care. It is also responsible for coordinating and monitoring mental health policies,

collaborating with stakeholders such as non-governmental organizations and community leaders, and ensuring that stigma reduction efforts are culturally sensitive and effective. The council can enhance awareness of its initiatives by promoting the country's mental health program and developments through public and academic channels. Additionally, involving leading scientists and people with lived experiences will help ensure that mental health interventions are evidence-based and pragmatic to effectively meet the needs of Filipinos.

Mental Health Education and Public Awareness

Education can be critical to changing perceptions and reducing mental health stigma. Integrating mental health education into the national curriculum in the Philippines could result in transformative change. Schools and universities could include modules on mental health awareness, promoting empathy, understanding, and acceptance from a young age. For example, the country can include these topics in the health subject of basic education. Likewise, mental health topics and promotion can be incorporated into the module related to mental health at the college level. Additionally, teachers and professors can be equipped with skills to identify and support students with mental health conditions, reducing stigma within the school environment by creating and enhancing current educator training programs. This could be achieved by enhancing existing educator training programs, such as the University of the Philippines' Sandigan Sangalan Program. Moreover, mental health awareness campaigns could leverage traditional and social media, as well as community leaders and people with lived experiences, to disseminate accurate information and educational materials regarding mental health.

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Manila, Philippines

Healthcare and Social Care Systems Strengthening

In the healthcare sector, the Commission's recommendations could be adapted to enhance training for Filipino healthcare and social care providers. This training should focus on improving mental health knowledge and changing attitudes and behaviors toward patients. Mandatory training programs could cover the impact of stigma and how to deliver non-discriminatory care, integrating these topics into employee orientation and annual activities such as team-building and sensitivity programs. Additionally, health facilities should be encouraged to systematically document instances of stigma and discrimination, developing strategies to address and rectify these issues.

Policy Implementation and Monitoring

The Philippines could significantly benefit from aligning its mental health strategies with the Lancet Commission's recommendations on systematically documenting and addressing stigma within mental healthcare systems. This approach involves establishing regular monitoring and reporting mechanisms to track progress and changes in societal attitudes towards mental health, ensuring that efforts to reduce stigma are both effective and sustained. Additionally, integrating research initiatives to explore the determinants of stigma and identify effective interventions could address the country's relatively low number of mental health publications. The Philippines currently has the fourth-lowest number of mental health publications per capita in the Southeast Asian region. By focusing on these areas, the country can enhance its mental health research landscape and improve overall mental health outcomes.

Dr. Alibudbud is a psychiatrist and faculty member at the Department of Sociology and Behavioral Sciences of De La Salle University in Manila, Philippines. (rowalt.alibudbud@dlsu.edu.ph)

International Collaboration

The Philippines could also participate proactively in international collaborations to exchange experiences and strategies for reducing mental health stigma. By engaging with global networks, the country can access evidence-based materials and insights from other nations, particularly those with similar challenges in low- and middle-income contexts. This participation could enhance the effectiveness of local interventions and contribute to the global effort to combat mental health stigma, particularly in the Global South.

Conclusion

Overall, the Lancet Commission's 2022 report underscores that stigma can have a more severe impact than mental health conditions themselves. For the Philippines, where mental health stigma is prevalent, aligning local strategies with the Commission's recommendations can be crucial. This involves enhancing the Philippine Council for Mental Health, integrating mental health education into national curricula, strengthening healthcare and social care systems, and implementing robust monitoring mechanisms. Additionally, fostering international collaborations can provide valuable insights and support. These steps aim to reduce stigma, improve mental health outcomes, and contribute to global efforts in the Global South.

Link to the Report of the Lancet Commission on Ending Stigma and Discrimination in Mental Health:

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Changi General Hospital Psychodynamics Conference 2024

David Teo Choon Liang, MD
Singapore



The Changi General Hospital (CGH) in Singapore held the inaugural CGH Psychodynamics Conference on 25 and 26 July 2024. The conference was organized by the Centre for Psychodynamic Psychotherapy, Department of Psychological Medicine at Changi General Hospital, and co-sponsored by the World Psychiatric Association and World Federation for Psychotherapy.



Opening of the CGH Psychodynamics Conference 2024

Featuring close to 30 leading experts from different professional backgrounds, including psychiatrists, psychologists, counselors, internists, primary care physicians, and social workers who shared their knowledge and experiences in integrating psychodynamics in clinical care, the conference drew an international audience of 200 participants from diverse clinical backgrounds and practice settings. With the theme "Psychodynamics in Everyday Clinical Practice", the conference aimed to bridge the gap between theoretical insights and practical applications and provide a comprehensive overview of how psychodynamic concepts can enhance everyday clinical practice.



Two Hundred Participants from the Region Attended the Conference



Conference Attendees

With two plenary lectures, four symposia, three workshops, and a clinical case conference, the program was thoughtfully crafted to cater to the diverse professional backgrounds of our participants, seeking to help each find relevance and inspiration in broad applications of psychodynamics in day-to-day clinical work.

Changi General Hospital Psychodynamics Conference 2024

David Teo Choon Liang, MD
Singapore



Professor César A. Alfonso, the President of the World Federation for Psychotherapy (WFP), was the keynote speaker, opening the conference with a plenary lecture entitled "The Relevance of Psychodynamics in Contemporary Mental Healthcare and Medicine". Samuel Cheng, Clinical Assistant Professor and the current Director of the CGH Centre for Psychodynamic Psychotherapy, then followed up Dr. Alfonso's lecture with "The Use of Theories in Contemporary Psychodynamic Psychotherapy".



Symposium on Psychodynamics Across Mental Health Care Approaches



Opening Plenary Lecture by Professor Cesar A. Alfonso, President, World Federation for Psychotherapy

Interspersed between the lectures were interactive symposia comprising practical and diverse topics, including Psychodynamics Across Mental Health Care Approaches, Psychodynamics Across Diverse Clinical Settings, Psychodynamics Across the Life Span, and Psychodynamics Across Different Faith Traditions.



Symposium on Psychodynamics Across Diverse Clinical Settings



Symposium on Psychodynamics Across the Lifespan

Changi General Hospital Psychodynamics Conference 2024

David Teo Choon Liang, MD
Singapore



Symposium on Psychodynamics Across Faith Traditions



Workshop on Family Dynamics and Psychodynamics

Each afternoon, participants had the opportunity to join one of three breakout workshop tracks: Balint Groups – Its Essence in the Healthcare Professional-Patient Relationship; Family Dynamics and Psychodynamics – Exploring the Interface; and Exploring Psychodynamics in Everyday Practice with Psychodrama.



Balint Group Workshop



Psychodrama Workshop

The Changi General Hospital's Centre for Psychodynamic Psychotherapy was also officially introduced during the conference. This center seeks to improve access to psychodynamically-informed clinical services for patients, and offer training opportunities for mental health professionals seeking psychodynamic training in Singapore and the region.

Changi General Hospital Psychodynamics Conference 2024



David Teo Choon Liang, MD
Singapore



Introduction of the CGH Centre for Psychodynamic Psychotherapy

The conference was well received by the participants, and the organizing committee is thankful for the encouraging feedback from the participants who took time off their busy schedules to be part of this event. The organizers are also grateful to the World Federation for Psychotherapy and the World Psychiatric Association for their support.

The organizers look forward to the conference's next edition and building a community of practice and learning in psychodynamically-informed healthcare in the Southeast Asia region and beyond.



Post-Conference Celebratory Dinner



Introduction of the CGH Centre for Psychodynamic Psychotherapy



Post-Conference Celebration

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Trainees' Corner

Reflection on Secondary Traumatization of Psychiatry Resident Trainees

Anne Marie Pamela Torga, MD
Manila, Philippines



The journey to becoming a psychiatrist is both intellectually rigorous and emotionally demanding. A core aspect of this process is learning to practice empathy, which goes beyond simply understanding someone else's emotions. It requires immersing oneself in another person's perspective, momentarily stepping into their lived experience. By viewing the world through another's eyes, empathy fosters a deeper connection and promotes a more balanced appreciation of their emotional landscape. However, this emotional engagement is not without its drawbacks.



Image from Canva

As psychiatry resident trainees, we are routinely confronted with the realities of mental health crises and are frequently exposed to the traumatic experiences of our patients. This prolonged exposure can lead to secondary traumatization, which can have a profound impact on our emotional well-being and professional functioning.

Secondary traumatization, also known as secondary traumatic stress (STS) or vicarious traumatization, affects mental health professionals who work closely with trauma survivors. It manifests as PTSD-like symptoms—such as intrusive thoughts, emotional numbness, hyperarousal, and avoidance behaviors—resulting from indirect exposure to traumatic experiences (Barbee, Purdy, & Cunningham, 2023). My experiences as a young psychiatry resident have

heightened my awareness of the personal and professional risks associated with secondary trauma. Recognizing and addressing these risks is crucial for maintaining both emotional resilience and clinical effectiveness, as prolonged exposure to others' trauma can significantly impair a clinician's well-being and ability to provide adequate care.

Studies have shown that professionals in mental health and medical fields are particularly vulnerable to secondary trauma. One recent study highlights that pediatric healthcare providers, especially those working in intensive care and emergency departments, face high rates of secondary PTSD (Rigas et al., 2024). This is attributed to continuous exposure to life-threatening situations and distressed patients, with insufficient time for self-care and processing stressful events. The same is true for therapists and counselors working with victims of violence or abuse, where the risk of emotional exhaustion and burnout is high (Diehm et al., 2019).

Several factors contribute to the development of secondary traumatization in mental health professionals. Clinicians who **repeatedly engage with stories of trauma** from their patients are at a heightened risk. The constant exposure to distressing material, such as cases involving abuse, neglect, or violence, can take an emotional toll. Professionals who **lack access to supervision, peer support, or personal counseling** are more likely to experience the adverse effects of vicarious trauma (Diehm et al., 2019). How a clinician copes with stress is a significant determinant of their vulnerability to secondary traumatization. Research indicates that self-compassion and emotional intelligence are protective factors against STS development (Ewert et al., 2021).

Conversely, maladaptive coping mechanisms such as substance use or emotional withdrawal can exacerbate symptoms. Clinicians with a personal history of trauma may be more susceptible to secondary traumatization (Henderson et al., 2024).

Trainees' Corner

Reflection on Secondary Traumatization of Psychiatry Resident Trainees

Anne Marie Pamela Torga, MD
Manila, Philippines



The emotional resonance between their own experiences and the trauma shared by their patients can intensify their vulnerability.

The **consequences** of secondary traumatization extend beyond emotional distress. Clinicians experiencing secondary trauma may face professional difficulties, including reduced effectiveness, impaired judgment, and emotional withdrawal. These issues can lead to burnout, decreased job satisfaction, and a higher risk of errors in clinical practice (Acquadro et al., 2023). Furthermore, secondary trauma can spill over into the personal lives of professionals, affecting their relationships and overall quality of life. Secondary traumatization also has implications for the therapeutic alliance. A clinician suffering from STS may become emotionally distant or detached, diminishing their ability to empathize with patients. This, in turn, can hinder the therapeutic process, leaving patients feeling unsupported or misunderstood.

Effective management of secondary trauma requires a multifaceted approach that addresses both the individual and organizational levels. Some strategies include **regular supervision and peer support**--consultation with colleagues provides a safe space for clinicians to process difficult emotions and share experiences. This helps mitigate feelings of isolation and emotional burden. Moreover, **engaging in consistent self-care routines**--such as exercise, mindfulness, or hobbies--can replenish emotional reserves and promote resilience. Research emphasizes that professionals prioritizing self-compassion and adaptive coping strategies are less likely to experience STS (Ewert et al., 2021).

Additionally, **educating mental health professionals** about the risks of secondary trauma and providing them with the tools to recognize early signs is crucial. Preventive measures, including training on emotional intelligence and resilience-building techniques, can reduce vulnerability to STS. Lastly, psychiatric associations and mental health organizations should foster environments and implement policies that promote well-being and reduce the risk of secondary

trauma. This includes creating manageable caseloads and ensuring that staff have access to counseling and other forms of support.

In my attempts to understand secondary traumatization and learn strategies to combat or prevent it, I have several questions about how to apply the insights from available literature practically. If given the opportunity to consult with a senior psychiatrist, I would ask which strategies they have found most effective in preventing secondary traumatization, especially in long-term trauma-focused therapy. I am also interested in learning how psychiatrists maintain emotional resilience when faced with particularly challenging or distressing cases. Given the importance of supervision in managing the emotional burden of working with trauma survivors, I wonder if there are specific supervisory approaches that have been found helpful. Additionally, considering that emotional intelligence and self-compassion are highlighted as protective factors, how can a junior psychiatrist develop these qualities to guard against secondary trauma? Lastly, if one has already experienced secondary traumatization that has significantly impacted their work or therapeutic relationships, how can they navigate these challenges?

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International Congress: Psychotherapy, Creativity, and the Arts Massimo Fagioli Foundation & World Federation for Psychotherapy Rome 2024, October 18th-19th

Luca Giorgini, MD, and Daniela Polese, MD, PhD
Rome, Italy



WFP Regional Congress in Rome, Italy

On 18th-19th October 2024, at the University Sapienza of Rome, Italy, it has been held the WFP Regional Congress titled **Psychotherapy, Creativity, and the Arts**, organized by the Massimo Fagioli Foundation, supported by the World Psychiatric Association (WPA) - Psychotherapy Section and the World Association of Dynamic Psychiatry (WADP), under the patronage of Sapienza and with the support of the Italian Ministry of Education, Research and Culture.



A Moment at the Congress

The Massimo Fagioli Foundation (MFF) was created in 2021 with the aim of safeguarding and promoting the work of Massimo Fagioli, the psychiatrist, and psychotherapist known for the discovery of the disappearance fantasy, the basis of what he called the **Human Birth Theory**, and for the **Collective Analysis Seminars**, an innovative group psychotherapy modality, which engaged in therapy, training, and research. MFF organizes scientific colloquia, research activities, and social causes. In 2022, the MFF organized an international congress at Teatro Olimpico for 50 years after the publication of Fagioli's **Death Instinct and Knowledge**, which had a vast audience: more than 2000 on-site and 2800 live streaming attendees.



Congress Delegates

The WFP/MFF congress Psychotherapy, Creativity, and the Arts was held at the University at the Aula Magna of Marco Polo Building at the Faculty of Oriental Studies. The congress was attended by over 1000 registrants (600+ online and 400+ on-site) with 50 speakers over two full days. It was live-streamed, and a recording was made available on the Massimo Fagioli Foundation YouTube channel and the Radio Radicale website <https://fondazionemassimofagioli.it/progetto/psychotherapy-creativity-and-the-arts/>

International Congress: Psychotherapy, Creativity, and the Arts
Massimo Fagioli Foundation & World Federation for Psychotherapy
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Luca Giorgini, MD, and Daniela Polese, MD, PhD
Rome, Italy



The over 50 speakers gave rise to a rich and lively multidisciplinary dialogue involving experts from various fields of knowledge, such as psychiatrists, psychologists, psychotherapists, but also visual artists, musicians, film directors, choreographers, architects, writers, linguists, and other professionals from the humanities and social sciences.

International academics representing both organizations (WFP/MFF) interacted and deliberated on the relevance of the study of **the creative process in the practice of psychotherapies and the production of works of art.**

The Keynote Speaker was Norman Sartorius, and Alma Jimenez gave equally impactful closing remarks. Sartorius delivered a speech on "New Paradigms of Psychiatry," setting the tone for the discussions ahead. Alma brilliantly summarized the essence of the congress with the following home message: "Create or die."



Dr. Jimenez, Dr. Alfonso and Dr. Sartorius

The congress began with an opening session featuring César Alfonso, WFP President; Francesca Fagioli, Congress President; Leonarda Galiuto, Associate Professor of Cardiology at Sapienza University; and Daniela Polese, Congress Scientific Co-Chair.

The first panel explored topics such as creativity in interhuman relationships, therapeutic techniques for children and adolescents, borderline personality disorder, and the role of psychotherapists' creativity.

After a brief break, the second panel delved further into the intersection of art, design, critical thinking, and the politics of creativity. Presentations touched on libraries, art practice, and creativity in the Paleolithic era, challenging the audience to reconsider notions of modernity.

The day continued with a presentation by Marcella Fagioli, Scientific Director of the Advisory Scientific Council of MFF, and Marco Delogu, photographer and director of the Rome PalaExpo, on identity and freedom in art, followed by a panel discussing the importance of creative dimensions in psychiatric treatment, culture as a transitional space, creativity in learning foreign languages, and the contrast between words and images starting from the advent of monotheism. Subsequently, a session on dream interpretation and creativity with Francesca Fagioli showcased an original perspective on the topic.



Congress Panel

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Rome, Italy



The day concluded with a panel on the art of living, play-based group support psychotherapy for rural African youth, the work of the photographer Diane Arbus, and an Investigation into the cultural climate from Fagioli's discovery of the fantasy of disappearance (1964) to the publication of *Death Instinct and Knowledge* (1972).

The second day of the congress was highly stimulating.

The morning panel focused on dynamic and creative psychotherapy, with interventions ranging from the Twentieth-Century Avant-gardes to Collective Analysis and the relationship between psychiatry, image, and space. The interventions offered original and in-depth insights into the role of art and creativity in the therapeutic context.

The subsequent panel discussed poetry as a therapeutic tool, modern modes of representation in cinema and theater, and the role of sound, voice, and singing in art.

In the afternoon, the topics addressed included the connections between literature and psychotherapy, creativity as a psychic act, and the teachability of creativity itself. The interventions explored unexpected and suggestive connections between different cultural and artistic fields, offering deep and engaging food for thought.

Finally, the evening panel delved into themes related to movement, light, and music, with interventions ranging from body analysis to the relationship between music and language. Very emotionally engaging, the final movement of the Ninth Symphony by Mahler, directed by Claudio Abbado, is shown by the pianist and composer

Stefania Tallini. The in-depth exploration of these themes further enriched the interdisciplinary dialogue and understanding of creative and therapeutic processes.



A Moment at the Congress

In summary, the congress was highly stimulating and fruitful, providing food for thought and in-depth analysis of crucial topics in the world of psychotherapy and art. The interventions of speakers from different parts of the world enriched the debate and opened up new perspectives for research and practice in the fields of mental health and creativity.

International Congress: Psychotherapy, Creativity, and the Arts
Massimo Fagioli Foundation & World Federation for Psychotherapy
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Luca Giorgini, MD, and Daniela Polese, MD, PhD
Rome, Italy



Social events included a private guided visit to the Biblioteca Angelica, where attendees were able to examine up close magnificent books, including Vesalius De Humani Corporis Fabrica, published over 500 years ago. A lively social dinner for all 50 speakers and significant others served to give closure to the congress.



A Visit to the Biblioteca Angelica

The day after the congress, there was a private tour of the Palazzetto Bianco, a building project by Massimo Fagioli and Paola Rossi, an office of group psychotherapy located inside the building, and the office where the Collective Analysis was held from 1980 until 2016. Now, it is the Foundation's headquarters.

Dr. Giorgini is a psychiatrist, psychotherapist, and developmental psychologist, currently serving as a consultant of the Child and Adolescent Mental Health Service in Florence, Italy. (lucagiorgini72@gmail.com)



Palazzetto Bianco, Designed by Massimo Fagioli

Dr. Polese is a psychiatrist, psychotherapist, and artist, currently working at the Department of Neurosciences, Mental Health, and Sense Organs (NESMOS) at Sapienza University of Rome, Italy. (daniela.polese@uniroma1.it)

Global Event Highlights

24th World Congress of Psychiatry Mexico City, 2024



Shireen Shehzad Bhamani, PhD
Massachusetts, USA

Dr. Bhamani at the WPA Mexico Congress

The conference sparked the following insights on mental health:

- Treating individuals is important not only diagnosis
- Focusing on preventive factors over risk factors
- Applying EDIT(Equality, Development, Inclusion and Transcultural) principles in research and practice.
- Addressing Loneliness as a silent pandemic
- Recognizing the potential of conditional cash transfer to promote a child's growth and development
- Promoting resilience and wisdom-which further validates my work on resilience intervention across diverse populations.



Dr. Bhamani's Research Presentation

It was inspiring to connect with experts like Drs Lukoye Atwoli, Muhammad Waqar Azeem, Alma Jimenez and Celso Arango, and reconnect with Drs. Rozina Karmaliani and Tania Nadeem.



Dr. Bhamani at the WPA Mexico Congress

I also appreciated the medical student's essay competition and believe a similar initiative could be valuable for nurses in mental health promotion, encouraging their leadership in the field.

Dr. Bhamani is a post-doctoral fellow in Global Mental Health at Harvard and an Assistant Professor at Aga Khan University School of Nursing and Midwifery in Pakistan. (bhamanishireen82@gmail.com)

Global Event Highlights

WFP Registers Strong Presence in WCP Mexico City, 2024



Cesar Alfonso, WFP president, led the charge along with Dilip Jeste, WFP president-elect; Alma Jimenez, WFP Secretary General; and Goran Mijaljica (Sweden), WFP Council member, in a symposium on Transcultural Psychotherapeutic Interventions for Addressing Social Determinants of Mental Health: Perspectives from the World Federation for Psychotherapy. This symposium covered various aspects of the impact of social determinants on the practice of psychotherapy.

Alfonso (USA) spoke on "Epigenetic Effects of Psychotherapies for Mental Health." Jeste's (USA) lecture discussed "Effects of Social Determinants of Health on Persons with Mental Illness." Mijaljica (Sweden) spoke on "Universality and Cultural Issues in Psychotraumatology." Jimenez (Philippines) discussed "Training Challenges for Socially Responsive Psychotherapy."

Dilip Jeste (USA) and Hamid Peseschkian (Germany) delivered a course on "Positive Psychiatry, Psychotherapy, Psychology, and the Healthy Aging" where Jeste (USA) lectured on "How to Keep the Brain Young the Body Active in Later Life" and where Hamid Peseschkian (Germany) spoke on "Positive and Transcultural Psychotherapy: An Integrative Humanistic Approach."



Dr. Alfonso at the WPA Mexico Congress

Global Event Highlights

WFP Registers Strong Presence in WCP Mexico City, 2024



Dr. Jeste at the WPA Mexico Congress

Furthermore, Dilip Jeste (USA) delivered a State of the Art of Positive Psychiatry lecture: " Conquering the Pandemic of Loneliness and Social Anomie with Wisdom, Resilience, and Positive Social Psychotherapy."

In the symposium on "Global and Regional Priorities for Mental Health Research and Action in Low-to-Middle Income Countries," Norman Sartorius (Switzerland) lectured on "Advances in Sciences/Specialist Corner." He also lectured on caring for the carers; and on mental health, human rights and the sustainable development goals."

Other WFP council members spoke in various fora at the convention: Cesar Alfonso (USA) joined Constantine Della (Philippines) and Iza Ramirez-Espinosa (Mexico) in delivering a course on "Psychotherapy Challenges in Clinical Practice."

Iza Ramirez-Espinosa (Mexico) spoke in a symposium on "Making DBT More Accessible: Local Initiatives to Deal With Global Challenges."

Etheldreda Nakimuli-Mpungu (Uganda) described her experience in a symposium on "Medical Education Promoting Holistic Psychiatric Care for People Living with HIV/AIDS."

"The State of the Art Session on Cultural Adaptations of Psychotherapy: A Review of the Evidence and Expert Opinions" was delivered by Constantine Della (Philippines.)

Early career psychiatrists participated in oral and digital poster presentations.

AJ Tabuena's (Philippines) poster described the "Development and Pre-Testing of the Self-Report Achievement Instrument on the Outcomes-Based Education (OBE) Domains in a Postgraduate Psychiatry Residency Training Program in the Philippines."



(L-R): Dr. Peralta, Dr. Tabuena, Dr. Alfonso, Dr. Ramirez-Espinosa, Dr. Della and Dr. Chua at the WPA Mexico Congress

Bernette Choa (Philippines) presented her study on "A Two-Year Historical Child and Adolescent Psychiatry Patients' Chart Review on Safety Events and Related Sociodemographic and Clinical Profiles of a Tertiary Hospital."

Pearl Peralta (Philippines) posted her research on "Impact of post-COVID-19 Pandemic on the Quality of Life of Patients with Bipolar Disorders of a COVID-19 Referral Center in the Philippines: A Cross-sectional Study."

Thus, leaders from different parts of the world, such as North America, Europe, Asia, and Africa, collectively push to promote the continuing relevance of psychotherapy as a mental health intervention.

An Awe-Inspiring Plenary Session at the WPA 24: The Effort to Review Cultural Adaptations of Psychotherapies in the Last 10 years by Dr. Constantine Della.



Izax G. Ramírez-Espinosa, MD
Mexico, Mexico

In a world full of psychiatrists implementing pharmacological strategies to treat human suffering, it is very brave to talk in a plenary session about psychotherapy and the importance of making it available for everyone by making the necessary adaptations to be implemented in different cultural contexts.



Dr. Della at the WPA Congress

There is growing evidence that psychotherapy impacts brain function as much as other biological interventions, and yet, it is not available as much as pharmacotherapy. Moreover, we know that there are mental disorders whose treatment of choice is psychotherapy (e.g., Posttraumatic Stress Disorder, Borderline Pers-

-onality Disorder, Bulimia Nervosa), so it becomes imperative that the people suffering can have access to the indicated treatment. There are several barriers as to why this bio=psychosocial intervention is not as used. One of those reasons is that most psychotherapies are developed in a specific sociocultural context; for example, some interventions are designed and tested in universities with technological and human resources so specialized that it is hard to reproduce those same environments in clinical practice world-wide. Still, clinicians worldwide make great efforts to bring those evidence-based treatments to their patients. This is where cultural adaptations to psychotherapies begin, with the will to do better for the communities.

To make the delivery as effective as possible, we cannot change core strategies from the original implementation; therefore, the clinician must know which characteristics can be adapted. The most common elements that are adapted are:

- Language
- Goals
- Metaphors
- Content
- Concepts
- Context
- Therapeutic relationship
- Community involvement
- Number of people in the intervention

To evaluate if the cultural adaptations are as effective as the source, it has become important to share the findings of research on this topic. To this day, most of the cultural adaptations

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Izax G. Ramírez-Espinosa, MD
Mexico, Mexico

have proven their efficacy, but it has been difficult to generalize the evidence, mainly because the adaptations are not made in a standardized manner. Some efforts have been made to make this possible, for example, the Southampton Adaptation Framework to culturally adapt Cognitive behavior therapy, but not all the publications use it.

Knowing the importance of disseminating the findings of these culturally adapted implementations of psychotherapies, Dr. Constantine Della and his team made an effort to review the literature on this topic, published from 2014 to 2024. They began a journey to answer two questions:

1. What cultural adaptations have been made to psychotherapeutic interventions in the past 10 years?
2. How are these cultural adaptations implemented across different cultural contexts?

They used the now very common method of using search terms in databases like Scopus and Pubmed, but they also innovated by using artificial intelligence tools like ChatGPT. From the 587 documents that resulted from the key terms search, only 51 fulfilled the criteria for review.

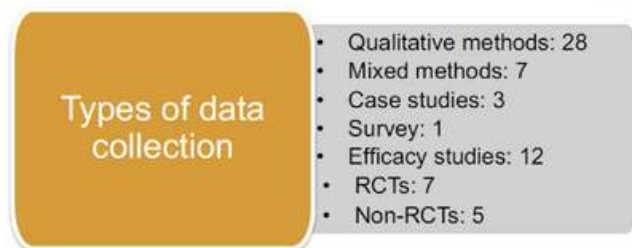


Fig. 1 Types of Data Collection

There are articles from Africa, Asia, America, Oceania, and Europe, as well as a wide variety of groups of age, gender, and classes of disorders. Different types of psychotherapies are also investigated.

- Acceptance commitment therapy (ACT)
- Behavioral Activation (BA)
- CBT (including online format)
- Cognitive stimulation therapy (CST)
- Dialectical Behavioral Therapy (DBT)
- Interpersonal therapy (IPT) (individual and group)
- Motivational Interviewing (MI)
- Mindfulness program
- Positive Health Programme
- Prolonged Exposure Therapy
- Trauma informed psychotherapy
- Instrumental Reminiscence Intervention
- Meaning-centered psychotherapy
- Meaning of Life Therapy (MLT)
- Parent-Child Interaction Therapy (PCIT)
- Reminiscence therapy
- Taoist Cognitive Therapy (TCT)

Fig. 2 Types of Psychotherapies Investigated

As expected, some of the findings indicate a greater need for the standardization of the method of adaptation used by the authors who are reporting their culturally adapted intervention. What is more, this impacts the decision to channel resources to the training of mental health professionals who could implement the models and elaborate on health policies that could bring closer treatment of choice to those in need. Dr. Della

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Mexico, Mexico

and his team conclude by inviting clinicians to continue to make psychotherapies accessible for patients, they invite researchers to develop comprehensive guidelines on how to conduct research in this field, and they invite administrators to develop training and research programs to improve the cultural and clinical competence of therapists.

This state-of-the-art session was eye-opening; it made clear that if we want psychotherapies to be more accessible, as Dr. Della says, we need to evaluate the effectiveness of adapted psychotherapies using robust designs and improved methods and compare them with non-adapted interventions or usual care.

Dr. Iizax G. Ramírez-Espinosa is a psychiatrist and psychotherapist based in Mexico city. She works in private practice and is the team leader of her DBT team. She is an assistant professor at the Faculty of Medicine of the National Autonomous University of México (UNAM). She is a member of the Mexican Society of Neurology and Psychiatry, a WPA Psychotherapy Section Committee Member and an enthusiast on psychotherapy dissemination. (draiizaxramirez@gmail.com)

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Mental Health in Lesotho

Ann Scheunemann, PhD
Lesotho



Dr. Scheunemann at the 24th World Congress of Psychiatry

Lesotho is a small, mountainous, lower-middle-income country with roughly 2.2 million people. The terrain creates geographic barriers to accessing needed health and mental health care, compounding economic and infrastructure obstacles to receiving needed services. Additionally, low mental health expenditures contribute to the estimated mental health treatment gap of 75%. Less than 2% of Lesotho's annual health expenditures are dedicated to mental health. As with many countries globally, mental health has not been prioritized in Lesotho, and this fact is reflected in the low capacity for mental health promotion, mental distress prevention, and treatment. The country does not currently have a mental health policy, and the one in-patient psychiatric institution is outdated and under-resourced. There are no psychiatrists in the country, no practicing child specialists, and few clinical psychologists.

With this background, Boston Medical Center and the Boston University Wheelock Institute for Early Childhood Wellbeing in the United States partnered with the Lesotho-Boston Health Alliance (LeBoHA) in Lesotho to conduct a situational analysis and needs assessment to better understand the mental health care needs of the Basotho people, as plans are developed for integrating mental health into healthcare services, initiating mental health training programs, and expanding promotion, prevention, and care into communities.

The situational analysis and needs assessment study is a broad study initiated to understand the mental health landscape in Lesotho better. As such, it provides a landscape perspective of the state of mental health in Lesotho and directions for future research and initiatives to improve mental health and care. The study conducted 25 focus groups with health workers, mental health workers, and adult community members to gain their perspectives regarding mental wellbeing and illness, signs and symptoms of mental distress, adversities and resilience resources that may impact mental health, and recommendations for improving mental health and care. Additionally, participants were asked these questions with regard to children, adolescents, young adults, adults, and older adults to capture adversities, resilience, and perceptions of experiences throughout their lifespan. Focus groups were conducted in English or Sesotho, depending on the participants' preferences. One major finding is insufficient material and human resources to support mental health care. There are few mental health professionals in the country, particularly outside of Maseru, including child mental experts, clinical psychiatrists, psychiatric social workers, and psychiatrists.

Mental Health in Lesotho

Ann Scheunemann, PhD
Lesotho



A positive finding is the number of participants asking for more ongoing mental health and care information. People wanted to know more and recognize that mental health is complicated, and more than a single meeting or workshop is required to learn about mental wellbeing and illness. This was a particularly interesting finding because of its potential for improving mental health – community motivation could be an initial step towards increased mental health promotion activities in schools (from preschool onward), communities, and health facilities.

The findings in this study align with findings from other countries, and there are evidence-based strategies developed in other countries in sub-Saharan Africa and beyond that could be successfully adapted to Lesotho's context. Parenting for Lifelong Health, for example, is an intervention from South Africa that teaches positive parenting, mental health for carers, and economic empowerment. An adapted version was piloted in Mokhotlong a few years ago. The Friendship Bench out of Zimbabwe is another intervention that may be effective here. There is a lot of potential for mental health promotion in schools so that from a young age, people are aware of strategies to care for their mental health, recognize symptoms of mental distress, and support friends and family who are in need. Promotion and prevention are very effective strategies for maintaining mental wellbeing. Increasing the workforce and training more mental health professionals across disciplines as it is concerning that Lesotho does not have psychiatrists.

Additionally, Lesotho should capacitate more mental health workers across diverse specializations. According to the World Health Organization, Lesotho has a below-average average number of mental health workers. A recent Lesotho-based study confirmed the World Health Organization's findings. The country currently

does not have a psychiatrist, has few clinical psychologists, and needs more mental health workers across all disciplines – psychiatric social workers, child psychologists and psychiatrists, school psychologists and counselors, and psychiatric nurses, to name a few. Lesotho also has challenging infrastructure and terrain, which makes accessing mental health care difficult for those who need it. Services in remote areas, particularly in the highlands, are severely limited because of this. And a lack of human and material resources like transportation makes it difficult for mental health workers to get to remote communities. Lastly, mental health care and education do not need to be only the purview of the health system – schools can play a role, employers can play a role, and other government institutions can play a role. Mental health affects all aspects of our lives and thus can be approached from different avenues.



Dr. Scheunemann with her E-Poster at the 24th World Congress of Psychotherapy

Mental Health in Lesotho

Ann Scheunemann, PhD
Lesotho



In recent years, mental health has been recognized as a global concern. Mental disorders contribute significantly to the worldwide burden of disease. Lesotho is no exception, and the needs assessment has provided direction for future action. Increased awareness of the importance of mental health promotion and care should translate to action through increased training and employment of mental health professionals across disciplines, interventions to improve care, particularly in remote locations with limited access to services, and increased mental health promotion and education in schools and communities. Short-term country goals should include one psychiatrist in Lesotho, Basotho

doctors training to specialize in psychiatry, utilization of a participatory approach to adapt and pilot an evidence-based intervention, and increased mental health education in schools.

Dr. Ann Scheunemann is a postdoctoral fellow in the Department of Psychiatry at Boston Medical Center in the United States. She is also an affiliate of the Lesotho-Boston Health Alliance. She received her PhD in Applied Social and Community Psychology from North Carolina State University in 2021, with particular interests in promotion of wellbeing in resource-limited settings and in global mental health. She has been living in Lesotho for two years, where she continues her research. (Ann.Scheunemann@bmc.org).

The 51st Philippine Psychiatric Association and World Federation for Psychotherapy Regional Meeting

Robert Gerard O. Kelemen, MD, FPPA
Manila, Philippines



Mabuhay! In only one month, the 51st Philippine Psychiatric Association Annual Convention and World Federation for Psychotherapy will bring together world-class psychiatrists at the EDSA Shangri-la Hotel in Manila, Philippines. With the subject *Biopsychosocial Advances in Evidence-based Treatments in Psychiatry*, the four-day event seeks to bring together psychotherapy practitioners and specialists from many continents to exchange best practices and information.

The current WFP President Dr. Cesar Alfonso from the United States of America (USA) will begin the plenary session with his lecture on *Psychotherapy: Past, Present, and Future*. In addition, Dr. Dilip Jeste (USA) will share his insights on *Positive Psychotherapies to Address Social Determinants of Mental Health*. Dr. Alma Jimenez from the Philippines will head the discussion on *Rethinking Psychotherapy* and Dr. Ulrich Schnyder from Switzerland will discuss *Evidence-based Psychotherapies for Posttraumatic Stress Disorder*. Furthermore, we will hear Dr. Ethel Mpungu from Uganda talk about *Group Supportive Psychotherapy* and Dr. Gerhard Grobler from South Africa discuss *Transgender Care in Developing Nations*. Lastly, Dr. Timothy Sullivan from the USA will talk about the *Evolution and Future of Evidence-based Therapies*.

To cap off a week of learning, there will be a series of panel symposia, case conferences, and workshops that will address cutting-edge topics that address contemporary biopsychosocial influences on mental health and therapy. These concerns include transgender mental health, artificial intelligence, cultural adjustments to psychotherapy, and cognitive behavioral therapy aided by virtual reality. Additionally,

The Philippine Psychiatric Association
In collaboration with
The World Federation for Psychotherapy
presents

51st PPA Annual Convention and WFP Regional Meeting
**BIOPSYCHOSOCIAL ADVANCES IN
EVIDENCE-BASED THERAPIES IN PSYCHIATRY**

January 21-24, 2025
EDSA Shangri-la Manila, Philippines

WFP PLENARY SPEAKERS

Cesar A. Alfonso (USA)
Dilip V. Jeste (USA)
Alma L. Jimenez (Philippines)
Ulrich Schnyder (Switzerland)
Gerhard P. Grobler (South Africa)
Etheldreda Nakimuli-Mpungu (Uganda)

WFP Activities:

17 Symposia
3 Case Conferences
2 Workshops
2 Interactive Panels

Early Registration: USD 450
Regular Fee: USD 550

For more information, please contact ppa-wfp@philippinepsychiatricassociation.org
or visit <https://philippinepsychiatricassociation.org/ppa-wfp-annual-convention-2025/>

we will learn how to modify group therapy concepts for an outpatient group therapy program and hear from specialists in Southeast Asia in psychodynamic psychotherapy and psychoanalytic training.

We firmly believe that collaboration across borders and cultures can lead to meaningful progress toward healthier communities. Join us for an unprecedented gathering of international scholars from over 17 countries. Don't miss out on this global event!

Dr. Kelemen is a general and adult psychiatrist, and the current Philippine Psychiatric Association Public Relations Officer. (philpsych.org@gmail.com)

Much Ado About Manila 2025

Marie Angelique T. Gelvezon, MD, MBA
Manila, Philippines



Photos from Google Images and Canva

As an early-career psychiatrist in a low- to middle-income country, I'm just getting started in my practice. Yet, I already face ethical and professional dilemmas that test the foundations of my clinical training. For instance, a recently encountered patient of mine could not afford direly needed psychiatric care, therapy, and medication, which left me grappling with a difficult decision. How does one provide the best care in an environment with limited resources? Finding the balance between providing urgent mental health care while keeping its cost within the reality of systemic barriers boggled my mind.

In moments like these, information about contemporary and accessible advancements in psychotherapy lends a hand to the uninitiated. The upcoming 51st Annual Convention of the Philippine Psychiatric Association and Regional Meeting of the World Federation of Psychotherapy (WFP) on January 21-24, 2025, in Manila, provides a timely and necessary learning platform about such innovations. Themed “Biopsychosocial Advances in Evidence-Based Therapies in Psychiatry,” the convention will address real-world topics, especially relevant to the actual dilemmas of beginning practitioners in areas with limited resources. Thus, I value it as an opportunity to adapt efficient, equitable, evidence-based therapies for underserved populations.

Out of the numerous substantive and compelling subjects in the scientific program, two topics caught my eye.

Addressing Social Determinants of Mental Health through Positive Psychotherapies

The 20-minute plenary lecture by Dilip V. Jeste, “*Positive Psychotherapies to Address Social Determinants of Mental Health*,” tops my list of ‘most anticipated sessions.’ In the Philippine setting, widespread poverty, unemployment, and limited access to healthcare illustrate the pivotal role played by social determinants in shaping mental health outcomes. Indeed, at this early juncture in my career as a psychiatrist, the specter of depression, anxiety, and trauma, exacerbated by social systemic factors, remains all too real and largely unaddressed in clinical settings. This plenary lecture speaks to these broader challenges and probably offers practical strategies rooted in positive psychotherapy.

Positive psychotherapy shifts the focus from pathology and deficits to strengths, resilience, and well-being. Rather than solely treating symptoms, it encourages psychiatrists to help patients tap into their inner resources and develop mechanisms that help them not only cope but thrive in the face of adversity. The principles of positive psychotherapy—wisdom, compassion, and the enhancement of well-being—resonate with my desire to provide holistic care that goes beyond symptom management.

Take, for example, my dilemma with my patient, who could not afford costly mental health services. In such cases, rather than offer traditional forms of therapy and medication that may be out of reach, I can offer positive psychotherapy as an alternative that builds on the patient's existing strengths and fosters resilience. By focusing on enhancing the patient's capacity for self-compassion, gratitude, and hope, I can help them manage the psychological distress tied to their life circumstances, even without extensive therapy or medication.

Much Ado About Manila 2025

Marie Angelique T. Gelvezon, MD, MBA
Manila, Philippines



Jeste's presentation promises practical strategies for integrating these concepts into community interventions, which is vital in settings with limited access to care. Moreover, this plenary lecture engages psychotherapists to adapt psychosocial interventions to mitigate the adverse effects of social determinants, such as poverty and discrimination.

Incorporating these strategies into my practice enhances my shot of better serving patients facing significant barriers to their care, thus fostering their resilience and sustaining their mental health.

Innovative Approaches in Psychotherapy Education and Training in Indonesia

Another session that appeals to me, both as a clinician and an educator, is the 90-minute symposium entitled *"Psychotherapy Education, Training, and Services in Indonesia: An Evidence-Based Point of View."* As a fledgling teacher in psychotherapy to psychiatry residents, I find the complexities of translating theory into practice, especially within a culturally diverse and resource-limited setting, daunting to my confidence. This symposium, featuring speakers Petrin Redayani Lukman, Yaniar Mulyantini, and Dyani Pitra Velyani, bodes to shed light on innovative approaches to socio-culturally adapted psychotherapy education and training.

The development of learning modules, as discussed by Lukman, fascinates me. How does one teach psychotherapy based on accessible psychodynamic concepts? Psychodynamic psychiatry, which explores unconscious processes and long-term therapy, can seem abstract and difficult to grasp, far removed from the exigent demands for brief, solution-focused therapies. With the learning from this symposium, I can be part of a new generation of psychiatrists who can teach about and deliver diverse therapeutic models.

Mulyantini's presentation on the implementation of psychotherapy services in Indonesia, with whom the Philippines shares similar socioeconomic and cultural backgrounds, catches my attention. Success stories on the implementation of psychotherapy services in a resource-constrained setting provide valuable insights on the importance of culturally adapting psychotherapy.

Finally, Velyani's discussion on psychotherapeutic interventions for pain in advanced cancer patients highlights the interphase between physical and mental health. In my practice, chronic physical illnesses compound patients' mental health conditions. Integrating psychotherapeutic approaches into primary medical care, as Velyani suggests, could significantly improve patient outcomes and reduce the psychological burden of long-term illness.

For an early career psychiatrist, the 51st Annual Convention of the Philippine Psychiatric Association and Regional Meeting of the World Federation of Psychotherapy (WFP) on January 21-24, 2025, in Manila offers a wealth of learning opportunities. The sessions on positive psychotherapy and innovative approaches to psychotherapy education in Indonesia address some of the most pressing issues I struggle with. These topics illuminate as well as capacitate early career psychiatrists to navigate real-world dilemmas they encounter. Thus, as the event draws closer, I find myself filled with excitement for novel insights and formative values for a more compassionate and effective psychiatrist.

Dr. Gelvezon is a psychiatrist, and wellness mentor, based in Manila, Philippines. She is currently a psychiatry consultant at the Philippine Orthopedic Center. (angelique.gelvezon@gmail.com)

Study Spotlight

Sharing the Workload of Psychotherapists? Artificial Intelligence-Based Chatbots May Improve Depression and Anxiety Symptoms Shorter



Summary by Hecil A. Cruz, MD, FPPA

Artificial Intelligence (AI)-based chatbot interventions have the potential to alleviate depression and anxiety symptoms within a short-term period, as highlighted by a recent systematic review and meta-analysis published in the *Journal of Affective Disorders*.



Photo from Canva

AI has been increasingly revolutionizing healthcare, including the area of mental health. As the rate of mental health problems continues to increase globally, AI-based solutions are becoming increasingly popular to help fill the gaps in the provision of mental health care. However, the use of AI in psychotherapy continues to be an intriguing debate, as it offers opportunities and challenges that need to be considered. Still, AI tools like conversational agents and predictive algorithms have been increasingly used in recent years to improve mental health outcomes. In particular, conversational agents like AI-based chatbots that utilize machine learning and natural language processing have been used to provide mental health interventions to help overcome some limitations of traditional psychotherapy, particularly regarding accessibility, acceptability, and cost. Early chatbots developed could mimic therapist conversations, but recent chatbots can

offer specific interventions like cognitive behavioral therapy and positive psychology techniques to reduce mental health symptoms. Despite growing interest in research on AI-based chatbots and digital mental health interventions, there is still a relative lack of empirical studies assessing their effectiveness for specific, prevalent mental health conditions like depression and anxiety.

As such, Wenjun Zhong and colleagues from the Southwest University and Xinjiang University of Finance and Economics conducted a systematic review and meta-analysis by performing a comprehensive search on five large databases, i.e., Web of Science, PubMed, Embase, PsycINFO, and Cochrane Library. A total of 18 randomized controlled trials published from 2016-2024 involving 3,477 adult participants who had clinical or subclinical symptoms of depression and/or anxiety were included. Sixteen (16) out of the 18 trials, with a total of 3,252 participants, were included to analyze the effects of the intervention on depressive symptoms, while 15 trials were included to analyze the effects of the intervention on anxiety symptoms. The intervention in these trials was the use of AI-based conversational agents (chatbots) as a treatment method through different platforms, such as mobile applications and computers. AI chatbots were defined as tools with an application interface that allows user inputs, interprets the users' responses autonomously, and formulates responses based on these inputs. The efficacy of these interventions was assessed by examining changes in the severity of depression and anxiety symptoms using clinically validated rating scales, and data regarding the chatbot types, presence of embodiment, duration of the treatment, and follow-up procedures were also gathered. The outcomes in the trials were compared to various control groups that included treatment as usual,

Study Spotlight

Sharing the Workload of Psychotherapists? Artificial Intelligence-Based Chatbots May Improve Depression and Anxiety Symptoms Shorter



psychoeducation, information-only interventions, bibliotherapy, e-books, waitlist control, and other treatments not involving AI-based chatbots. Quality assessment measures were done to ensure the quality of the trials, focusing on evaluating the risk of biases related to randomization, allocation concealment, blinding, incomplete outcome data, and selective reporting.

The duration of treatment of the trials spanned from two to sixteen weeks, but two trials included a three-month follow-up after the treatment period. Overall, the meta-analysis showed that the participants who used AI-based chatbot interventions had a small but significant improvement in their depression and anxiety symptoms in the fourth week of treatment, and this effect was noted to be significantly increased in the eighth week of treatment. However, the same effects were not seen at the 3-month follow-up, which suggests that the benefit observed at earlier time points may not be sustained over a more extended period.

The authors attributed the efficacy of the chatbots on depressive symptoms within a short period of treatment to the predominance of participants with subclinical depressive symptoms, the high frequency of engagement of the participants with chatbots, and the convenience of using these chatbots compared to traditional psychotherapy sessions. The AI-based chatbot interventions used in the trials applied cognitive behavioral therapy (CBT) principles, and the rapid effects of CBT on alleviating depressive symptoms have been largely established. Hence, the authors believe that using these principles in the chatbots, focusing on cognitive restructuring and behavioral modification contributed to the rapid efficacy of AI-based chatbots in improving

depressive symptoms. The authors pointed out that integrating these established psychotherapies like CBT allows for facilitating therapeutic conversations and applying strategies centered on cognitive restructuring and better problem appraisal. Additionally, the authors stated that the ability of the AI-based chatbots to support therapeutic alliance may contribute to their efficacy in alleviating depression, as these chatbots can conduct autonomous, self-improving interactions.

The improvement in anxiety symptoms within a short period of treatment suggests the potential of the AI-based chatbot interventions to also reduce anxiety symptoms rapidly, as noted by the authors. However, the authors acknowledged that the modest improvement in anxiety symptoms may be mainly due to the complexity of the diagnosis and range of symptomatology of anxiety disorders, which includes intense emotional and physical responses. They concurred that the limitations of current AI-based chatbots in recognizing and processing these emotions and providing specific behavioral therapies like exposure therapy point to the possibility of using these chatbots in combination with other behavioral therapies to ensure an integrated approach, usually needed in managing anxiety disorders.

The study's findings add significant insights into the increasingly widespread use of digital mental health interventions. However, the authors cautioned that the potential placebo effect driven by the users' expectations towards digital interventions should be considered when interpreting the efficacy of these AI-based chatbot interventions. They also highlighted that although the study included larger trials compared to previous analyses done and focused on evaluating the efficacy of AI-based chatbot

Study Spotlight

Sharing the Workload of Psychotherapists? Artificial Intelligence-Based Chatbots May Improve Depression and Anxiety Symptoms Shorter



interventions. They also highlighted that although the study included larger trials compared to previous analyses done and focused on evaluating the efficacy of AI-based chatbot interventions on depressive and anxiety symptoms, most of the trials in their analysis were done in the United States and among adults with clinical or subclinical symptoms of depression and anxiety. These, along with the use of CBT techniques primarily in these chatbots, limit the generalizability and applicability of the results to other populations, mental health conditions, and other AI-based interventions. The authors suggest the need for randomized controlled trials with larger sample sizes that include various populations and higher quality research designs with the inclusion of chatbots utilizing other types of psychotherapy to further establish the efficacy of these AI-based chatbot interventions. Furthermore, the authors also noted the need to evaluate the long-term efficacy of these chatbots, particularly in improving patients' adherence to therapy.

Overall, the study highlights the potential of AI-based chatbots to shorten treatment durations and enhance the quality of care for patients with depressive and anxiety symptoms. The current findings suggest that these interventions are effective as a short-term treatment, particularly during the 4th to 8th week. The authors imply that these interventions can be particularly helpful in alleviating the burden on healthcare systems, as AI-based chatbot interventions are

accessible and cost-effective. Additionally, the authors stated that "at the systemic level, the incorporation of these AI-based chatbots in clinical psychology encourages interdisciplinary collaboration between healthcare and technology fields, promising further innovations in research and clinical practice."

Given the limitations and the risks of current AI-based interventions, it is unlikely that these AI-based chatbots will replace therapists in the current clinical setting. However, with the findings of this recent study, they may be able to share the therapists' workload in the near future. Further collaborations with healthcare and technology sectors will ensure that these tools are well-designed and appropriately regulated to maximize the benefits while reducing the risks as we prepare for an inevitable future of digital mental health, where AI-based interventions continue to transform mental health care.

For more information on the study, read the article on the Journal of Affective Disorders:

Zhong, W., Luo, J., & Zhang, H. (2024). The therapeutic effectiveness of artificial intelligence-based chatbots in alleviation of depressive and anxiety symptoms in short-course treatments: A systematic review and meta-analysis. *Journal of Affective Disorders*, 356, 459–469.

<https://doi.org/10.1016/j.jad.2024.04.057>
(<https://www.sciencedirect.com/science/article/pii/S016503272400661X>)

Study Spotlight

Falling Into and Escaping the Vicious Circle of Addictive Social Media Use



Summary by Katrina Therese R. Esling, MD

The “Vicious Circle of Addictive Social Media Use and Mental Health” model illustrates that negative experiences, social media use, social media flow, and addictive social media use are core driving and maintaining forces. These are further fueled by risk factors such as depressive and anxious symptoms, time on social media use, and narcissism, while mindfulness, physical activity, and positive mental health are mitigating factors. Consequences of addictive social media use on mental health are observed through insomnia, symptoms of stress, and suicidal outcomes while mitigating factors include mindfulness, physical activity, and positive mental health.

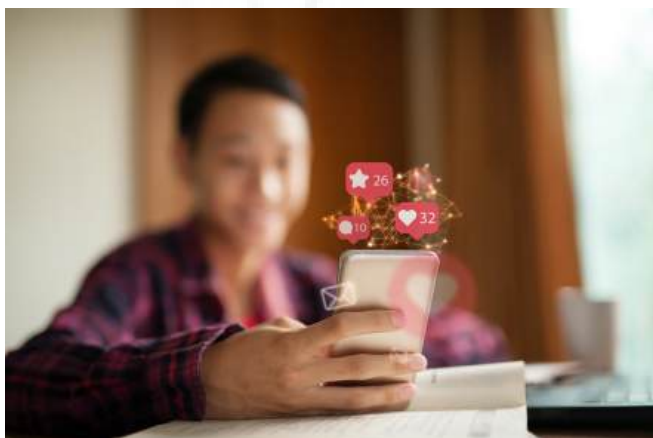


Photo from Canva

Dr. Julia Brailovskaia of the Mental Health Research and Treatment Center, Ruhr-Universität Bochum, synthesized existing research to construct the “Vicious Circle of Addictive Social Media Use and Mental Health” model. In her publication in *Acta Psychologica*, she describes the role of social media use in addictive tendencies, the influence they have on mental health, and the strategies to avoid them. Her work fills a gap in knowledge by presenting an integrated model that demonstrates the interaction of factors.

Social media has billions of users glued to their screens, gratifying various needs, but it has consistently raised concerns about its effect on mental health. Intensive use of social media has been observed to cause addictive use, features of which include salience, tolerance, mood modification, relapse, withdrawal, and conflicts caused by use. Though not recognized as a psychiatric disorder, problems relating to mental well-being are associated with addictive social media use.

Negative experiences, ranging from mundane hassles to global threats, push many to social media as a means to cope. Social media is a digital escape that can bring positive feelings and distraction from real-world negativity. Intense use can contribute to the experience “flow,” allowing the user to feel in control of the activity and tune out everything outside. Users in social media flow have high levels of attention on concentration on social media use, experience time distortion, enjoyment, and curiosity. Telepresence is achieved when there is an immersion into the world of social media, and everything offline fades away. The phenomenon of flow can increase the risk of addictive social media use tendencies. This vicious circle is closed by the distress and negative consequences of addictive use that again bring users back to the need for reprieve and into the temporary solace of social media.

Users who experience symptoms of depression and anxiety are at risk of falling into the “vicious circle” as they turn to social media for relief. These symptoms are hypothesized to affect the relationship between adverse experiences and social media use. Another reinforcing factor to the circle is time spent on social media, which can directly predispose addictive use and promote flow, which later leads to addictive use. Time spent on social media strengthens the connection

Study Spotlight

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between addictive use and its antecedent flow. Individuals with narcissistic traits are observed to spend more time on social media to satisfy their need for attention but, in doing so, become vulnerable to the “vicious circle.”

Stress symptoms are identified as a potential consequence of addictive social media use. These may be attributed to conflicts that arise from uncontrolled use, including disregard for obligations. As stress symptoms are linked to depression and anxiety symptoms, the outcome of addictive use perpetuates the cycle. This is also observed with insomnia, resulting from the users’ inability to limit use and excessive use at night. Interruptions in sleep are further exacerbated by blue light emission from screens. Insomnia, in turn, is associated with depression and anxiety, which again reinforces the cycle. Suicidal outcomes may be increased by the depressive and anxiety symptoms that moderate the cycle and the interpersonal conflicts that directly arise from addictive use.

Factors against addictive social media use can interrupt and mitigate the perpetuating elements of the “vicious circle.” Controlled and conscious decrease in social media time interrupts the link between social media use and “flow,” as well as that of “flow” and addictive social media use. Physical activity can also aid in reducing the time spent on social media and also relieves symptoms of anxiety and depression. It can also disrupt the connection between adverse experiences and social media use, and improve

positive mental health. The risk of addictive social media use risk is reduced by positive mental health as individuals use more adaptive coping strategies. This also reduces the risk of suicidal outcomes and depressive and anxious symptoms. Mindfulness is protective, as it can disrupt social media “flow,” weakening its connection to addictive behavior. It may also promote well-being by enhancing positive mental health.

This comprehensive model increases awareness of the perils of excessive social media use. It aids in psychoeducation and offers potential avenues for improving our use of social media. As Dr. Brailovskaia stated, “By the combination of risk factors, consequences, and protective factors, the model significantly extends available literature on this topic and shows potential starting points for mental health programs and future research.”

For more information on the study, read the article on Acta Psychologica:

Brailovskaia, J. (2024). The “Vicious Circle of Addictive Social Media Use and Mental Health” Model. *Acta Psychologica*, 247.

<https://doi.org/10.1016/j.jad.2024.04.057>
(<https://www.sciencedirect.com/science/article/pii/S016503272400661X>)

INVITATION



The Philippine Psychiatric Association
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51st PPA Annual Convention and WFP Regional Meeting
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CONGRESS CALENDAR



2025

WFP Regional Meeting: Advances in the Evidence-Based Psychotherapies

January 2025, 21-24

Manila, Philippines

<https://philippinepsychiatricassociation.org>

Dynamic Psychiatry Congress

April 2025, 12-13

Nagpur, Maharashtra, India

Co-sponsored with the World Association of Dynamic Psychiatry-India Chapter

World Association of Social Psychiatry and Moroccan Association for Dynamic Psychiatry

Regional Meeting

April 2025

Rabat, Morocco

Contact: Hachem Tyal hachem.tyal@gmail.com

American Psychiatric Association

Annual Meeting

May 2025, 17-21

Los Angeles, California

<https://www.psychiatry.org>

World Association of Dynamic Psychiatry Regional Meeting in Central Asia

September 2025, 18-19

Kazakhstan

Contact: Maria Ammon dapberlin@t-online.de

Pacific Rim College of Psychiatrists and World Association for Cultural Psychiatry Joint Congress

September 2025, 25-28

Tokyo, Japan

<https://www.prcpwacp2025.com>

2025

WPA World Congress of Psychiatry

October 2025, 5-8

Prague, Czech Republic

Integrative Foundations of Psychotherapy Society for the Exploration of Psychotherapy Integration Annual Congress

October 2025, 10-12

Istanbul, Turkey

www.sepiweb.org/page/2025conferenceannouncement

World Congress of the World Association of Social Psychiatry

November 2025

Montreal, Canada

Contact: Vincenzo Di Nicola vincenzodinicola@gmail.com

2026

24th World Congress of Psychotherapy: Psychotherapy and Human Rights: Caring for Vulnerable Populations, Humanitarian Relief Workers, and Health Care Professionals

June 2026

New York, New York

<https://wfpsychotherapy.org>

For inclusion in the Congress Calendar of future issues of the WFP Newsletter, please send your congress announcements to
amljimenez@yahoo.com / cesaralfonso@mac.com

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Happy Holidays



We extend our heartfelt thanks for being part of our community and look forward to continuing our journey together in the coming year.
Wishing you a joyous holiday season and a prosperous New Year!

-WFP Newsletter Editorial Board