International Activities of the Japanese Society of Psychiatry and Neurology

Tsuyoshi AKIYAMA*1

The Japanese Society of Psychiatry and Neurology (JSPN) had been focusing on international activities for a long time; international activities have been stepped up even more since JSPN hosted the World Congress of Psychiatry in Yokohama in 2002. When the Indian Ocean Tsunami struck Sumatra in December 2004, I attended an international conference on relief as representative of the JSPN. Later, we held a special symposium on tsunami aid at the general meeting of the JSPN held in 2005, to which we invited professionals from Indonesia and Sri Lanka who were involved in providing aid to victims.

At the World Congress of Psychiatry held in Cairo in the fall of 2005, Professor Naotaka Shinfuku was elected regional representative for East Asia. Professor Shinfuku had long been engaged in building the mental health services through the World Health Organization’s Western Pacific Regional Office in Manila, and he later continued to be involved in activities related to international exchange at Kobe University. For that reason, he had many acquaintances throughout the countries of East Asia, and played a major role in deepening ties with societies in each country and in promoting international exchange in East Asia.

Since 2006, the JSPN has provided a Fellowship Award to young psychiatrists who are invited from outside Japan to the JSPN’s general meeting. The purpose of this program is to strengthen future ties between the JSPN and member societies of the World Psychiatric Association (WPA), especially in Asia. The award exempts the participants from the registration fee, provides lodging during the general meeting, and covers part of their travel expenses. Conditions for the award are that the applicants be psychiatrists under age 40 who are recommended by the president of a WPA member society. We received 29 applications from 17 countries for the 2009 general meeting. This program has been lauded by the WPA as an outstanding program for promoting exchange among young psychiatrists.

In the fall of 2008, the World Congress of Psychiatry, which is held once every three years, was held in Prague. At this congress I was elected to the WPA’s executive committee as secretary of finance. The executive committee consists of eight members: the president, vice president (president-elect), secretary general, secretary for education, secretary for publications, secretary for finance, secretary for meetings, and secretary for sections. Terms are for six years with four members being elected every three years.

The WPA was established in 1950, but there were no executive committee members from Asian countries until now (in 1993, Dr. Felice Lieh-Mak from Hong Kong served as president, but Hong Kong was British territory at the time). In the background to my election was the fact that the JSPN’s activities had been highly regarded outside as well as inside Japan. That is why I gained support from societies in various regions.

At present, the WPA is carrying forward a number of powerful improvement measures set out in the Action Plan 2008–2011 under the leadership of Dr. Mario Maj (Italy), the current president.

Improving the image of psychiatry

Treatment delays and other negative consequences that occur as a result of psychiatry’s lack

*1 Director, Department of Psychiatry, Kanto Medical Center NTT EC & JSPN International Committee Chair, Tokyo, Japan (akiyama@east.ntt.co.jp).
of a positive image among policy makers, health professionals, and the general public is a world-wide problem. In response, the WPA is taking actions including: (1) hiring persons involved in the mass media and passing information to the media on pertinent conference presentations, and preparing for times when comments from a psychiatric perspective are solicited following the occurrence of incidents; (2) calling for proposals for funded research designed to improve the image of psychiatry; (3) organizing a task force to produce guidelines for combating stigmatization (Dr. Yuriko Suzuki of the National Institute of Mental Health; National Center of Neurology and Psychiatry and I are members); (4) gathering and disseminating best practices on a global scale; and (5) raising awareness of the relationship between depression and physical diseases, in collaboration with other medical specialty societies.

**Supporting member societies**
The WPA is providing assistance to help member societies smoothly carry out efforts including: (1) submitting proposals to policy makers; (2) producing guidelines, ethical codes, and research protocols; (3) improving graduate and post-graduate educational curricula; (4) developing continuing medical education programs for psychiatrists and primary care practitioners; (5) and improving their structure and organization. The United Kingdom’s society gave a presentation on these issues at the WPA International Congress held in Florence in 2009.

**Dissemination of information**
The WPA is taking actions such as the following to ensure adequate dissemination of information to psychiatrists in all regions of the world: (1) cosponsoring workshops with member societies; (2) developing online training courses; (3) translating main guidelines into several languages; (4) broadening the distribution of *World Psychiatry*, the official journal of the WPA; and (5) supporting the establishment of society journals in developing countries.

**Professional development of young psychiatrists**
The professional development of young psychiatrists is a worldwide challenge. The WPA is undertaking actions such as: (1) providing one-year fellowships for young psychiatrists from developing countries, in collaboration with research and educational institutions in developed nations; (2) holding workshops on leadership for young psychiatrists; and (3) reestablishing the Early Career Psychiatrist Council.

Additionally, the WPA is conducting the following three programs in cooperation with WHO.

**Integration of psychiatric care into primary care**
The integration of psychiatric care into primary care is an important challenge even in developed nations; in developing countries it is an urgent problem due to the extreme lack of psychiatric professionals. “Training the trainers” programs, which cultivate primary care staff in developing countries, were conducted in Nigeria in 2009 and in Bangladesh in 2010.

**Professional training courses on disaster psychology**
The nurturing of professionals in advance is necessary in order to respond swiftly to disasters. In 2009, a workshop was given in Geneva for 30 young psychiatrists to prepare for disasters. Thanks to this preparation, it was possible to mobilize professionals who could respond quickly and appropriately when a major earthquake struck Haiti in 2010.

**Development of ICD-11**
When developing a section on mental illnesses for the ICD-11, it is essential to hear the opinions of psychiatrists from around the world. Accordingly, WHO and the WPA co-developed a survey form and conducted hearings of opinions with professionals in different fields.

I believe that these WPA activities will contribute greatly to the development of psychiatry and psychiatric care. The JSPN is actively involved in these activities and is determined to demonstrate international leadership.