

COVID-19 Zoom Conferences by 30 WPA member societies and the Japanese Society of  
Psychiatry and Neurology (JSPN)

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“We are all simply more human than otherwise.”

*Harry Stack Sullivan, 1947.*

The COVID-19 is a new virus for which, as of September 2020, effective treatment has been limited, and a reliable vaccine is not yet available. Under such circumstances, the disaster hits all high, middle or lower income countries alike, and we need to resort to the same simple measures like lockdown or quarantine, social distancing, hand-washing or wearing a mask.

To share the experiences, difficulties, and tribulations in the efforts to face the pandemic, the JSPN organized five COVID-19 Zoom conferences with 30 WPA member societies, between April 18 and July 11, 2020. I was fortunate to be in charge of these gatherings.

During the initial phase, Italy was the country most prominently impacted. In April, the Italian Psychiatric Association published a practical and comprehensive guideline, which covered many areas, including:

1. Community Mental Health centers
2. Prevention measures
3. Procedures for mandatory mental health treatments
4. Administration of oral/IM drugs
5. Semi-residential activities
6. Treatment at inpatient facilities

Through the conferences, this material was immediately shared, and the participants reported on their engagement in similar efforts, including:

1. Population surveys
2. Support to the general population, and to high-risk sub-populations such as the elderly, people with existing chronic/medical diseases, children, pregnant women, and those living with socio-economic/ethno-demographic limitations.
3. Support to people under quarantine and COVID-19 patients and families, victims of discriminatory experiences and practices.
4. Support and assistance for emotional/mental issues arising from the lockdown and subsequent loneliness, i.e., depression and increased suicide risk, alcohol and substance abuse, and domestic violence.
5. Support to medical staff working under the threat of infection or related complications

and with insufficient personal protective equipment and scarce resources to assist their patients.

6. Remote support means (tele-mental health) to psychiatric patients.
7. Need to separate COVID-19 positive patients with suspected infection from those without it, in in-person treatment settings.
8. Close collaboration with physicians of other fields/specialties.
9. Provision of guidelines, tools, education, and training, frequently online
10. Lobby activities with government agencies.

The Zoom conferences provided an excellent platform to share experiences and exchange mutual support among the participating societies.

A serious disaster can constitute, in some sense, a good opportunity to reduce stigma against mental illness as all the stakeholders become dramatically aware that many people can suffer mental health problems as a result and will then seek psychiatric consultation without holding any stigma against us and improving the general appreciation of our services. Similarly, a disaster can enhance collaboration between WPA member societies as they all face similar issues.

We are all simply more human than otherwise. The JSPN and I are grateful that we could fully live this statement with 30 other societies. I hope that the WPA will continue enhancing such collaborative opportunities among and between all its member societies.