



EPA Council of National Psychiatric Associations Virtual Meeting

**Date: Saturday 4 June 2022
14:00 – 17:00**

PARTICIPANTS

| NAME | EPA ROLE |
|-----------------------------|---|
| Jerzy Samochowiec (JS) | EPA Council of NPAs Chair - EPA Board Member <i>Chair of the Meeting</i> |
| Peter Falkai (PF) | EPA President - EPA Board Member <i>Co-chair of the Meeting</i> |
| Julian Beezhold (JB) | EPA Secretary General - EPA Board Member |
| Bernardo Carpiello (BC) | EPA Council of NPAs Co-chair |
| Eka Chkonia (EC) | EPA Council of NPAs Secretary |
| Geert Dom (GD) | EPA President Elect - EPA Board Member |
| Philip Gorwood (PG) | EPA Past President - EPA Board Member |
| Mélanie Rieder (MR) | EPA Administrative and Governance Officer |
| Martina Rojnic-Kuzman (MRK) | EPA Secretary for Sections - EPA Board Member |
| Simavi Vahip (SV) | EPA Past Council of NPAs Chair - EPA Board Member |
| Margaret Walker (MW) | EPA Executive Director |

| COUNTRY | NPA | NPA REPRESENTATIVE |
|--------------------|---|-----------------------------|
| AUSTRIA | Austrian Society for Psychiatry and Psychotherapy | Eleonore Miller-Reiter (EM) |
| BELGIUM | Belgian Professional Association of Medical Specialists in Psychiatry | Geert Dom (GD) |
| BOSNIA-HERZEGOVINA | Psychiatric Association of Bosnia-Herzegovina | Goran Racetovic (GR) |
| CZECH REPUBLIC | Czech Psychiatric Association | Pavel Mohr (PM) |
| CROATIA | Croatian Psychiatric Association | Martina Rojnic-Kuzman (MRK) |
| ESTONIA | Estonian Psychiatric Association | Anne Kleinberg (AK) |
| FINLAND | Finnish Psychiatric Association | Tarja Melartin (TM) |
| GEORGIA | Society of Georgian Psychiatrists | Eka Chkonia (EC) |
| GERMANY | German Association for Psychiatry, Psychotherapy and Psychosomatics | Thomas Pollmächer (TP) |
| GREECE | Hellenic Psychiatric Association | Lilian Markaki (LM) |
| HUNGARY | Hungarian Psychiatric Association | György Szekeres (GS) |
| ICELAND | Icelandic Psychiatric Association | Karl Reynir Einarsson (KE) |
| ISRAEL | Israel Psychiatric Association | Yuval Melamed (YM) |
| ITALY | Italian Psychiatric Association | Bernardo Carpiello (BC) |
| LATVIA | Latvian Psychiatric Association | Māris Taube (MT) |
| LITHUANIA | Lithuanian Psychiatric Association | Ramune Mazaliauskiene (RM) |
| POLAND | Polish Psychiatric Association | Jerzy Samochowiec (JS) |
| ROMANIA | Romanian Association of Psychiatry and Psychotherapy | Doina Cozman (DC) |
| RUSSIAN FEDERATION | Independent Psychiatric Association of Russia | Anatoly Bogdanov (AB) |



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|-------------|--|---------------------------------------|
| SLOVAKIA | Slovak Psychiatric Association | Vanda Valkučáková (VV) |
| SPAIN | Spanish Society of Psychiatry | Pino Alonso (PA) |
| SPAIN | Association of Psychiatrists of Spanish Association of Neuropsychiatry | Maria Fe Bravo-Ortiz (MB) |
| SWITZERLAND | Swiss Society for Psychiatry and Psychotherapy | Rafael Traber (RT) |
| TURKEY | Psychiatric Association of Turkey | Koray Başar (KB) Simavi Vahip (SV) |
| UKRAINE | Association of Neurologists, Psychiatrists and Narcologists of Ukraine | Nataliya O. Maruta (NM) |
| UK | Royal College of Psychiatrists | Mohammed Al-Uzri (MA) |

EXCUSED

| COUNTRY | NPA | REPRESENTATIVE |
|-------------|-------------------------------------|----------------|
| NETHERLANDS | Netherlands Psychiatric Association | Niels Mulder |
| NORWAY | Norwegian Psychiatric Association | Lars Lien |

NOT PRESENT

| COUNTRY | NPA |
|------------|--|
| ARMENIA | Armenian Psychiatric Association |
| AZERBAIJAN | Azerbaijan Psychiatric Association |
| BELARUS | Belarusian Psychiatric Association |
| BELGIUM | Flemish Association of Psychiatry |
| BULGARIA | College Private Psychiatry of Bulgaria |
| DENMARK | Danish Psychiatric Association |
| FRANCE | French Congress of Psychiatry |
| FRANCE | French Federation of Psychiatry |
| IRELAND | College of Psychiatrists of Ireland |
| MALTA | Maltese Association of Psychiatry |
| MOLDOVA | Society of Psychiatrists, Narcologists, Psychotherapists and Clinical Psychologists from Republic of Moldova |
| PORTUGAL | Portuguese Society of Psychiatry and Mental Health |
| SERBIA | Serbian Psychiatric Association |
| SLOVENIA | Slovenian Psychiatric Association |
| SWEDEN | Swedish Psychiatric Association |



PROPOSED AGENDA

1. **(14:00 – 14:15) Welcome Words & Introduction to the Meeting** (*P. Falkai & J. Samochowiec*)
 - a. (14:00) Introduction of the Participants
 - b. (14:10) Apologies for Absence
 - c. (14:12) Declaration of Interests
2. **(14:15 – 14:20) Approval of the Agenda & Report of the Previous Meeting** (*J. Samochowiec*)
Appendix 1: Report, previous Council of NPAs meeting
3. **(14:20 – 15:15) Key Matters for the Council of NPAs** (*P. Falkai, J. Samochowiec, J. Beezhold, B. Carpiello & M. Rojnic-Kuzman*)
 - a. (14:20) Examples of Helping Ukraine: On efforts to Organise Aid to Ukraine (*by responsive NPAs*)
 - b. (14:45) Discussion on Further Steps of Suspension for the Russian Society of Psychiatrists (*J. Beezhold & J. Samochowiec*)
 - c. (14:55) New Membership Application: Ukrainian Psychiatric Association (UPA) (*J. Samochowiec*)
Appendix 2: UPA Membership Application
 - d. (15:00) Discussion on NPA Membership: Should Specialist Associations be Considered or Should Membership be Restricted to National Associations? New Membership Application: Association of Forensic Psychiatrists Ukraine (AFPU) (*J. Beezhold & J. Samochowiec*)
4. **(15:15 – 16:00) Steps Towards a Reorganisation of the NPAs Steering Committee and Expanded Collaboration with the EPA** (*G. Dom and members of the Reform Working Group*)
 - a. (15:15) Rationale and Overview (*G. Dom*)
 - b. (15:35) Open Round Discussion (*All Participants*)

(16:00 – 16:10) Coffee Break
5. **(16:10 – 16:40) EPA/NPA Tasks Forces** (*P. Falkai & J. Samochowiec*)
 - a. (16:10) Sharpening the Diagnosis in Psychiatry – Schizophrenia Guidelines (*P. Falkai*)
 - b. (16:15) Mapping of Scientific Excellence in Countries of NPAs (*P. Falkai*)
 - c. (16:20) Digitalisation in EU Psychiatry (*P. Falkai & J. Samochowiec*)
 - d. (16:30) Ethical Dilemmas in Contemporary Psychiatry – Further Analyses (*J. Samochowiec*)
6. **(16:40 – 16:55) Proposals to Promote EPA & NPA's Collaboration** (*B. Carpiello & M. Rojnic-Kuzman*)
 - a. (16:40) Development of Anti-stigma Campaigns to be Launched under the NPAs/EPA umbrella (*B. Carpiello*)
 - b. (16:45) New Ambassador Project (*M. Rojnic-Kuzman*)
 - c. (16:50) New Task Force for Sections (*M. Rojnic-Kuzman*)
7. **(16:55 – 17:00) Closing Remarks** (*P. Falkai & J. Samochowiec*)



MINUTES

The meeting started at 14:00

1. Welcome Words & Introduction to the Meeting

- JS warmly welcomed all participants to the meeting. JS acknowledged Hungarian colleagues who prepared the EPA2022 Congress with so many efforts and ideas for social and cultural events. JS reminded all participants that the last 'in person' Council took place in Warsaw in 2019 and mentioned his hope to have a meeting in person in the near future, at least in France during EPA2023, if not earlier.
- PF thanked all participants for joining and mentioned the challenges linked to this Congress, including the change of date due to COVID and then the heart-breaking flip to virtual due to the uncertain situation in Ukraine. PF highlighted his pride that so many people still supported the EPA and mentioned that 2,800 people were due to attend EPA2022, a number still growing. PF also noted that, despite some technical issues, the EPA Forum linked up the highest number of participants to date with 620 people. PF sent all participants some 'virtual hugs' and mentioned the presence of good interaction and a good atmosphere even if only virtual. Finally, PF highlighted his happiness to be present at this Council of National Psychiatric Associations (NPAs), a core meeting of the EPA congress.
- No declarations of interests were expressed by participants.

2. Approval of the Agenda & Report of the Previous Meeting

- The proposed agenda was adopted and the report of the meeting held on 14 January 2022 was approved without further comments.

3. Key Matters for the Council of NPAs

a. Examples of Helping Ukraine: On Efforts to Organise Aid to Ukraine

- JS mentioned topical challenges facing Europe such as social concerns, pandemic, war, migration, inflation, and climate issues. JS then noted that NPAs' enthusiasm, dedication, and willingness to help enabled progress against these various challenges.
- JS highlighted the actions taken by the EPA including the establishment of the EPA Network of Solidarity for Ukraine. JS described this network as crucial in obtaining information and monitoring the situation on a regular basis to discuss how to best support mental health in Ukraine and in places where Ukrainian refugees are mostly present.
- JS mentioned the energy and engagement of the EPA President and of the Presidents and Official Representatives of NPAs in countries neighbouring Ukraine. JS gave the examples of some actions taken, such as the collect of funds for Ukraine by the Polish Psychiatric Association, as well as activities with Ukrainian colleagues.
- JS noted the creation of the EPA Fund for Ukraine, which received donations from Croatian, Finnish, German and Hungarian NPAs, which donated over 20 000 euros, reaching a total of over 22 000 euros to help offer concrete support to psychiatrists and their patients in hospitals in Ukraine.
- PF then provided further information on the help provided which included medications brought to hospitals in need. PF gave a big thank you to all NPAs who helped since the start of the situation in Ukraine.
- PM thanked everybody for their efforts and support to organise help to Ukraine. PM mentioned that the Czech Psychiatric Association was able to provide direct assistance in addition to direct financial help to support



psychologists from Ukraine. PM noted that a large group of skilled and experienced mental health experts who fled Ukraine were present in Czech Republic and able to provide psychological help and possibly psychiatric help to Ukrainian refugees.

- JS mentioned that the Association of Neurologists, Psychiatrists and Narcologists of Ukraine had been very active from the beginning in connecting the EPA with the situation in Ukraine. For example, NM provided a list of Ukrainian psychologists living abroad who agreed to provide psychological support for displaced persons from Ukraine. NM noted that psychological support was the main task for Ukraine. NM also reported a Ukrainian government programme of psychological support for people suffering from the war, such as children and adolescents, military personnel, their relatives as well as internally and externally displaced people. NM mentioned the involvement of the Association of Neurologists, Psychiatrists and Narcologists of Ukraine in this state programme.
- MA mentioned that emergency weekly meetings had been set up since the crisis in Ukraine emerged to ensure the Royal College of Psychiatrists (RCP) could provide adequate support. MA also noted that the NPA had been liaising with the EPA and shared resources available online. Webinars about psychological first aid were delivered jointly with colleagues from Ukraine. The RCP worked with all countries surrounding Ukraine receiving refugees to ensure colleagues dealing with demands for psychological support were supported. The RCP also donated money for resources for Ukrainian colleagues and translated resources in local languages. Support was also provided to doctors who left Ukraine and needed support in the UK. Finally, MA mentioned that the situation in Ukraine was monitored closely by the leadership of the RCP and adapted accordingly.
- MRK noted that weekly calls with colleagues from Ukraine and surrounding countries took place as part of the EPA Network of Solidarity for Ukraine. During these calls, a need for education on the best way to approach displaced people in Ukraine and neighbouring countries were expressed. It was decided to focus webinars on how to help the helpers as most people in need of support wanted to speak to helpers, NGOs and volunteers as opposed to mental health professionals. A variety of experts delivered webinars on how to triage, how to provide first aid help, how to identify the needs of children, how to provide self-help to avoid burn out and how to do supervision. MRK noted that the webinars were translated in several languages.
- VV explained that help was mainly provided by NGOs in Slovakia, which were most active in helping Ukrainian refugees coming to Slovakia.
- GS indicated a similar situation in Hungary where NGOs were the most active part to support refugees. GS noted the provision by the Hungarian Psychiatric Association of professional and good practical information to find most vulnerable people. GS also noted that the NPA contributed to funding help to Ukrainian hospitals.
- BC mentioned that money was collected and sent directly to the Polish Psychiatric Association as it was felt that the best way to reach Ukrainian colleagues was through Polish colleagues working at the front line. BC indicated that there were half a million refugees in Italy and that many psychologists and psychiatrists in Italy can speak Ukrainian and are thus able to work directly with people and Ukrainian colleagues. BC mentioned that refugees are supported through the National Health System, which is free and open for Ukrainian people. BC also noted that the Italian university system has opened doors to Ukrainian refugees, including post-doctoral positions. BC indicated that there is no official data related to the needs of these populations to date, and that the department of Mental Health is trying to collect data to have a better idea of needs and to provide tailored support. According to information personally collected, BC mentioned that the key issues seem to be PTSD and adjustment disorders with cases of psychotic disorders or major mental disorders being scarce.
- JS added that access to education and hospitals was also available in Poland and that more cases of PTSD and psychotic cases were expected.



- EM indicated that the count of people coming in Austria was not as overwhelming as in 2015. EM noted the system of using Ukrainian teachers to come to classrooms to help refugee children. EM mentioned the use of Welcome Centres that provide key information to refugees who also have access to housing, insurance, financial support as well as work permit. Finally, EM mentioned the effort to establish translation services and that several Ukrainian speaking doctors and psychiatrists were helping out to translate in psychiatric care centres.
- RT noted that Switzerland had less refugees than countries neighbouring Ukraine and that they could access the healthcare system, the school system as well as work. RT mentioned that information related to psychiatry was given in Ukrainian and Russian. RT noted the existence of psycho-social support groups, especially for women and children, which helped people talk about their situation without making a screening of psychiatric symptoms. RT explained that psychiatric help to refugees in need was also provided. Even though there weren't so many PTSD cases, many patients with major psychiatric diseases migrated to Switzerland. The Swiss Society for Psychiatry and Psychotherapy supported private initiatives and financial support to colleagues from Switzerland that have connections with Ukrainian colleagues. Finally, RT noted that they could support other initiatives if there was a concrete need.
- KB indicated the presence of around 20 000 refugees from Ukraine who arrived in Türkiye. A leaflet for mental health professionals was translated, adapted, and distributed to colleagues across Türkiye.
- PF mentioned that the needs present in 2015 were different to the current ones and that there were more women and children. PF noted a little unit helping 20-40 people who arrived in Munich with acute addiction, severe depression, or PTSD.
- PG explained that there were less than 100 000 refugees in France, many of whom are waiting to go to the UK. PG highlighted that it would be a good idea for the EPA to collect nice examples of the positive aspects of an increasing flow of people to show that receiving refugees can be a fantastic asset for hosting countries and that it is not a burden for countries to host a large set of migrants who also bring new ideas, brains, and capacity.

b. Discussion on Further Steps of Suspension for the Russian Society of Psychiatrists

- JS reminded participants about the statement from the Steering Committee of the Council of NPAs with regards to the situation in Ukraine. JS noted that the statement was signed by 37 NPAs, including the Belarusian Psychiatric Association and the Independent Russian Society. JS also mentioned that the EPA Board and Executive Committee had carefully considered the position of the Russian Society of Psychiatrists (RSP) before taking the decision to suspend.
- JB provided further details on the situation, one that nobody wanted but one that meant the EPA was confronted by a situation of a war between two countries with EPA members. Following the RSP's refusal to sign the statement, a meeting including PF, JB and the RSP took place to try to understand their position. Following this meeting, the EPA Board took a vote and the RSP was suspended. The hope is that things will change in future and that it may be possible for the RSP to be eventually re-admitted.
- PF added that a careful step-by-step approach was taken, indicating that the first weekly calls of the EPA Network of Solidarity for Ukraine had included Russian colleagues before it was decided to continue them with colleagues outside of Russia. PF confirmed that a call had taken place with the RSP to ask colleagues if they, in general, disagreed with the situation in Ukraine and they could not do that. PF also noted that there has been some criticism about the decision taken by the EPA. However, the suspension took place and the letter sent to the RSP was carefully formulated to allow for Russian colleagues to come back when the situation changes.
- There were no further comments and after no vote against the decision and no abstention, JS noted that the Council of NPAs has officially approved the suspension of the RSP.



- *Following the meeting, KB contacted JS to share his concerns and enquire what should be done for the RSP to be allowed back to the Council of NPAs. JS noted that this issue would be a matter for discussion during the next Council meeting.*

- c. New Membership Application: Ukrainian Psychiatric Association (UPA)
 - JS gave key information on the Ukrainian Psychiatric Association, which applied to become a member of the EPA Council of NPAs. JS also noted that the EPA Board approved this application and after no vote against the decision and no abstention, the UPA was declared as the 44th member association of the EPA Council of NPAs.

- d. Discussion on NPA Membership: Should Specialist Associations be Considered or Should Membership be Restricted to National Associations? New Membership Application: Association of Forensic Psychiatrists Ukraine (AFPU)
 - JS noted that there was another application received and mentioned the need to discuss whether Specialist Associations should be considered or restricted from NPA membership.
 - After being asked to give an overview on the subject, JB mentioned that receiving applications from new members was very encouraging and that the EPA was also hoping to receive an application from a country currently not represented in the Council of NPAs. JB noted that the statutes of the EPA mention that for a national society to be a member, it must be composed primarily of psychiatrists and must have the promotion of general psychiatry as a significant part of its activity. JB noted that the recent application from a national society focussed on forensic psychiatry raised the question as to whether the EPA should open NPA membership more broadly and whether a national association with a specific focus on an area of psychiatry, could be considered as member.
 - PF added the need to take in account that accepting national associations with sub-specialities may lead to a country having multiple votes. PF also indicated that the decision taken was not against the association, which was instead recommended to become part of the EPA Section on Forensic Psychiatry. PF mentioned that whilst big societies can be accommodated in the Council of NPAs, more specialised societies could integrate the EPA Sections.
 - GD mentioned the need to have an overall strategy of empowering the work of Sections and bringing all the specialists together. GD noted that, in future, the EPA Secretary General may think about the possibilities for specialised associations to become a member of a Section as an association and that there may be a need to find an official way to welcome these associations in a Section.
 - JB responded that when a country has more than one NPA, the country vote has to be shared, therefore inducing the national NPAs to decide together how to vote. JB noted that having several different smaller associations joining at the same time could be challenging. JB also noted that comments from PF and GD were important and that constructive solutions, built on the work that MRK is doing in terms of further empowering and strengthening Sections, can be examined to look at how these specialist associations can be involved in the work of EPA Sections.
 - PF noted that NM was contacted to discuss these issues and that it is important to know that if a second application for a country is received by the EPA, this will always be discussed with already established societies in the country.
 - NM responded that she supported the decision of the EPA to recommend the association to join and strengthen the work of the Section on Forensic Psychiatry.



4. Steps Towards a Reorganisation of the NPAs Steering Committee and Expanded Collaboration with the EPA

- JS reminded participants that a working group was created in January 2022, tasked by the Council of NPAs, under the leadership of Geert Dom and that a first meeting took place in May.
- GD mentioned the 10 year-anniversary of the creation of the Council of NPAs and noted the importance to take a step-by-step approach to identify necessary changes and opportunity for improvement. GD noted that in view of the growing complexities of all the tasks, projects and joined activities, collaboration between the EPA and the Council of NPAs had been more intense and fruitful. As such, a decision to create a working group was taken at the last Council of NPAs, with a given a composition and mandate. GD provided further details on the composition, which includes Julian Beezhold, Bernardo Carpinello, Eka Chkonia, Geert Dom, Peter Falkai, Martina Rojnic-Kuzman, Jerzy Samochowiec and Simavi Vahip.
- GD noted that the process to develop a new structure had started and would be proposed in the next EPA General Assembly. GD described the first meeting of the working group as fruitful and highlighted the need to meet more frequently, in order to facilitate the exchange of ideas and to bring continuity as well as to provide an ongoing platform for discussions between the Council of NPAs and the EPA. It was agreed to have a meeting every month to enhance this collaboration and GD also noted that, depending on the proposed agenda, guests would be invited to help further develop topics.
- GD also mentioned that MRK and himself were working to develop a draft proposal for the composition of the Steering Committee and interaction with the EPA. GD indicated that a subsequent meeting was scheduled for June and mentioned his hope to progress step by step to have a more concrete draft of collaboration. GD also mentioned that an update on the organisation would be discussed by the Council next year.
- SV noted that the idea emerged around four years ago when the results of a survey sent to NPAs showed their desire to participate and contribute to EPA activities. SV noted that different ways to increase the productivity of the Council had been thought through and that a couple of proposals had been formulated and discussed inside the Council. SV also mentioned that a Special file of InterACT had included different perspectives on this topic and invited all Presidents to think about how productivity and collaboration could be increased and to share any ideas.
- JS noted that this was a good idea and invited Presidents and Official Representatives to send any suggestions to MR at melanie.rieder@europsy.net.
- PF mentioned that to avoid duplication of work and to speed up activities, it was a good idea to bring things together with this platform. PF also noted his support for increased activities and that any idea was good and welcome as new ideas may lead to new projects, making the EPA 'alive'.
- JS also noted his thanks for the very good support received from EPA staff, MW/MR, which helps make progress.
- JB noted the strength, the robustness and the breadth of activities and highlighted that things had moved on since the Council was started 10 years ago and that the current process would help take us forward.
- JS thanked all Presidents for filling out the recent surveys more quickly and encouraged all participants to take part in the Ambassador project. JS concluded by adding that a structure to work more efficiently was crucial.

5. EPA/NPA Tasks Forces

a. Sharpening the Diagnosis in Psychiatry – Schizophrenia Guidelines

- PF noted that the treatment and diagnosis of mental disorders is relatively disperse and that there were, for instance, over 30 guidelines for schizophrenia. PF explained the idea to establish a core guideline for schizophrenia, starting with pharmacotherapy and potentially including psychotherapy if all works well.



- PF mentioned that feedback was collected from 18 NPAs and that all guidelines were graded based on AGREE II. PF then explained that Swiss, Slovakian, Finnish, Ukrainian, German, and Norwegian guidelines met AGREE II guidelines and were subsequently translated in English. PF invited NPAs that had not yet submitted their local schizophrenia guidelines to do so.
- PF indicated that the final grading was finished, done by reviewers independently from the EPA and outside of Germany. PF explained that the guideline with the best mark was selected as the basis and that recommendations were selected out of this guideline. PF then explained the Delphi-process, whereby 30 schizophrenia experts were asked to rate every recommendation (agreeing, disagreeing, or asking to have it changed). PF noted that the rate of agreement was 75%.
- PF then invited all NPAs who would like to participate to recommend an expert for a 2nd panel to look at pre-selected recommendations and rate them using the same system. PF mentioned the idea to have around 30 recommendations for pharmacotherapy to then write an EPA core guideline to be used and modulated in European countries and to, hopefully, be published in the journal European Psychiatry. PF concluded by saying that the guidelines would help assert that schizophrenia is treated on a specific set of recommendations.

b. Mapping of Scientific Excellence in Countries of NPAs

- PF described the second project which is on translational research, emphasizing that research drives care but care should drive research too and that there should be interactions. PF mentioned that people who care for people with mental illnesses should tell researchers what should be done and that the way to have a fruitful interaction is via translational research. PF mentioned the idea to create a map with the main facilities performing translational research and teaching about mental disorders. PF explained that this would especially support young research psychiatrists in Europe.
- PF noted that 22 NPAs had so far sent the relevant information, including university and non-university centres, as well as teaching hospitals. PF explained that the information was being put on an interactive map and that the aim was to include centres in every country in Europe. PF concluded with his desire to include all 44 NPAs on the map and invited all participants to send the relevant information.

c. Digitalisation in EU Psychiatry

- PF noted that 36 NPAs responded to a survey on the digitalisation in European Psychiatry. PF mentioned that the data would be used to create a roadmap and help establish the current status of digitalisation in European psychiatry.
- PF then explained the idea of establishing what needs to be done to push digitalisation forward in the next 5 to 10 years. This would include the minimum requirements (computer, camera, software etc) for a hospital, a day care clinic etc. Each NPA could then mention what is required to push digitalisation in psychiatry in their country.
- PF emphasised the importance to write a paper and a concept on this topic to ensure digitalisation is not forgotten after COVID. PF also mentioned that this is an important topic as young people are very much into digitalisation and noted the need to include the next generation. PF highlighted that hindrances, current status and recommendations (5-10 points) would be provided.
- Finally, PF noted the importance of this work as more resources are needed for mental health care and that in order to use our resources better, digitalisation is a prerequisite as it helps to free up resources and time to look after patients.



- JS indicated that the work is still in progress and gave existing key findings from the survey, including the following aspects:
 - Ψ e-mental health tools that are the most available nationally;
 - Ψ rating on the accessibility as well as the technical suitability of the remote synchronous telemedical appointments using videoconference system;
 - Ψ legislative regulation of remote synchronous telemedical appointments and rating the financial reimbursement of these;
 - Ψ standards of remote synchronous telemedical appointments details provided as well as which ones may become standard for adult patients and for children and adolescents;
 - Ψ situations where these standards of remote synchronous telemedical appointments would not be recommended;
 - Ψ results on how the appointments are financed and how they should be financed;
 - Ψ results on cost compared to face-to-face;
 - Ψ preferred form of contact;
 - Ψ advantages and disadvantages of remote synchronous telemedical appointments (point of view of specialist and patient).
 - Ψ existence of legislation / legal framework for telemedicine;
 - Ψ recommended proportion for the provision of remote services.
- PF mentioned that these results mirror what he has found in the literature. PF also noted that whilst the survey is very helpful and provides a state of the art, two key issues are not clarified yet:
 - Ψ Remuneration/finances – this key issue should be defined, irrespective of whether it is paid by the government or private insurance.
 - Ψ Tools to be used – whilst there is clear cut evidence that telepsychiatry is effective, there are a variety of tools and as such, there is a need to define those that are safe to use.
- PF mentioned that it would be great if NPAs could keep supporting this work to help define key elements on the above issues, perhaps using a delphi round, and to agree on what is needed and how to define the future of digitalisation and of e-mental health tools. PF also suggested that this would be helpful for NPAs in their interactions with government and local commissions.
- JS noted that digitalisation is here to stay and also mentioned that the Polish Ministry of Health (MoH) recently asked about priorities. JS explained that having a paper and concrete data based on European knowledge from the EPA would be a strong help in negotiating with MoH and insurance companies.

d. Ethical Dilemmas in Contemporary Psychiatry – Further Analyses

- JS mentioned that further analysis in this area had been done and noted his hope for the data to be sufficient to write a paper in the journal European Psychiatry. JS mentioned that this would be discussed with the EPA Committee on Ethical Issues. JS reminded participants about the scope of the study and that 31 NPAs provided answers to the survey.
- JS reminded participants of the following key findings, which had already been presented in the previous Council of NPAs meeting:
 - Ψ NPAs are active in the field of medical ethics - more bodies than documents.
 - Ψ Many NPAs indicate “patient’s autonomy”, “stigma / discrimination”, and “euthanasia” as emerging topics for discussion, no research-associated dilemmas among the answers.



- Ψ NPAs are generally open to adopt international ethical codes (e.g., Declaration of Helsinki) but the EPA Code is still to be adopted by most NPAs.
- Ψ Most NPAs accept the idea of sharing their ethical documents and building an EPA-supported database of ethical guidelines.
- JS noted that responses to the survey were clustered into 6 categories, as follows:
 - Ψ CAT 1. Violations of clinical practice standards (doctor-patient relationship, medical malpractice).
 - Ψ CAT 2. Human rights (compulsory admission, informed consent, human rights, patient's autonomy vs. protection of society, confidentiality).
 - Ψ CAT 3. The role of psychiatrists in making patient decisions about euthanasia (assisted suicide/abortion procedures, assessment of consciousness and informed consent in specific situations).
 - Ψ CAT 4. Stigma/minorities access to care: access to state-of-the-art medicine (psychiatry in general medicine, underfunding, discrimination, minority groups, stigma, private-public interface, access to care including post Covid care and vaccination).
 - Ψ CAT 5. Other: psychiatry and industry, workplace bullying, cooperation - hospitals vs. ambulatory psychiatry, private-public interface, religion-related aspects of psychiatry, reform of psychiatric care, climate
 - Ψ CAT 6. Forensic psychiatry
- JS then explained that statistical analyses included various factors such as the number of psychiatrists, the number of mental hospital beds, suicide mortality, GDP, the number of inhabitants and countries geographical location in relation to the Iron Curtain Barrier.
- JS informed participants about the correlation between GDP and Categories 1 and 3 and how the level of economic development of a country involves different ethical dilemmas. JS noted that assisted suicide and abortion were important issues in countries with a high GDP, whilst issues related to the violations of clinical practice standards were more important in countries with a lower GDP.
- JS also noted the correlation between geographical location and categories 1 and 3, with the topic in category 3 being more significant in former 'Western' countries whilst category 1 being more prevalent in former 'Eastern' countries.
- JS concluded by mentioning that these above correlations were also mirrored qualitatively and that the work was still in progress.
- For BC this work is outstanding and very important as it is one of the first papers linking wealth and ethical issues. BC also noted that it may be the only way to understand ethical problems in different countries and that further work may reveal more specific associations. BC then gave the example of cultural perspectives and the difficulty to define these and to relate them to ethical issues.
- MRK congratulated JS and PF on this very important work which was done excellently. Whilst MRK mentioned that she was looking forward to further results, she enquired about the rationale used to include abortion in the same category as euthanasia as for example, in Croatia, one was important and the other one not so much at this point.
- JS responded that the clustering was worked out by five Polish authors with three deciding on the final clustering and that both topics dealt with 'life'.
- MA mentioned he was pleased to see the EPA addressing some important and contemporary issues related to ethics, digitalisation, guidelines etc. and also noted the importance to be mindful about stigma associated with mental health and psychiatry. MA stated the many misconceptions and myths about what psychiatrists do and



do not and highlighted that this was a good opportunity to address stigma in the first place and clear some of these myths. JS noted that these comments would be shared with the Committee on Ethical Issues.

6. Proposals to Promote EPA & NPA's Collaboration

a. Development of Anti-stigma Campaigns to be Launched under the NPAs/EPA Umbrella

- BC presented this project, which was put on stand-by during the pandemic. BC provided the background and consequences of stigma on patients' life, in particular with regards to discrimination and adherence to treatment.
- BC noted that an important aspect to consider was the substantial lack of knowledge of anti-stigma initiatives in Europe. Whilst campaigns were implemented in a limited number of European countries, BC mentioned that many did not have any formal evaluation at the end of the campaign.
- BC explained that the project is to be developed in four phases:
 - Ψ European Survey (Summer 2022) to collect data
 - Ψ Project Development (Dec 2022 – April 23) including a Task Force to collect proposed projects to be evaluated and piloted, and to set up the project
 - Ψ Pilot Project Implementation (June 23 – Dec 2023) also including outcomes evaluation
 - Ψ Extended Project Implementation (2024 – 2025)
- BC concluded that this ambitious project would be very much based on the results of the initial survey.

b. New Ambassador Project

- MRK presented the 3rd Ambassadors project, mentioning its task and objectives. MRK gave some background to the project, mentioning that the initiative was originally taken by Philip Gorwood (PG) with the following aims in mind:
 - Ψ to build a pool of European psychiatrists which could take 4 surveys a year and to establish a database of information and maps on mental health practices and perspectives.
 - Ψ to be able to share the results quickly to the clinical and scientific community (and publish it in *European Psychiatry*).
 - Ψ to inform and support EPA's official position regarding EU policies on mental health research, education, and practices.
- MRK noted that a small change from the initial idea was to perform less survey (1 year) and to add quality in methodology.
- MRK then presented the maps which were created after the 1st and 2nd survey. Key findings were as follows:
 - Ψ The 1st survey was focused on mental health services during the first wave of the COVID-19 pandemic. The results were analysed and presented in an article, which was published in the *European Psychiatry Journal*.
 - Ψ The 2nd survey had better methodology and was based on a validated questionnaire. This survey was centred around decision-making styles in Europe. Survey and questionnaire were designed by PG, MRK, and experts in the field. Result showed regional differences between decision-making styles, with drivers also including age and setting. MRK mentioned that the survey was to be submitted as a few authors still had to revise and accept the manuscript. Authors present at the meeting were all invited to respond to MRK before the end of the EPA2022 Congress.



- MRK noted that for the 2022 Survey, the topic was, as usual, an actual one. MRK noted that the survey was quick to answer (less than 10 mins), was asking for participants background (years of education, practice, etc) and that the subject related to the way trauma are being detected, diagnosed, treated, and followed, with a specific focus on the Ukraine war, collecting experiences (if any). MRK encouraged all participants to take part in the 2022 survey.
- MRK noted the collaborative nature of the Ambassador project with some authors from NPAs and others from Sections who also contributed to the gaining of country responses (the aim being to have at least 20 respondents per country).
- EC thanked MRK for the great work and asked whether it may be possible to increase the participation of Ambassadors by adding their name to motivate them to respond.
- MRK replied that adding a thank you note to all the Ambassadors who have filled the survey could be a possibility if they agreed to have their name mentioned.

c. New Task Force for Sections

- MRK mentioned that after meeting with Sections Chairs individually, the idea to increase collaboration between Sections and NPAs emerged.
- MRK noted that a Taskforce was formed to plan annual activities and she provided details on the call for applications to find a NPA representative to join the Taskforce. MRK mentioned that Agata Szulc's expression of interest had been reviewed and approved by the Steering Committee of the Council of NPAs and that she was now representing the voice of NPAs within the Taskforce for Sections.

7. Closing Remarks

- PF noted that the EPA had been very cautious about spending money and that if all went well with the EPA Congress, there may be a possibility to make some relatively small spendings on activities taking over the next 2-3 years. PF mentioned that the next Council of NPAs meetings should be in person.
- PF explained that whilst there is a need to think about hybrid component, this always involves additional spendings and that smaller in person meetings may be better.
- PF also emphasised the importance of visiting other NPAs and noted the example of visits/Joint Symposia in Poland, Italy and Georgia this year.
- PF highlighted the value of interactions and increased activities to improve the EPA / NPAs links.
- PF mentioned that despite not being an 'in-person' meeting, this Council of NPAs was very important and went very well. PF concluded with expressing his longing to meet in person again to exchange with colleagues and have a good time.
- JS thanked PF before noting that important decisions and discussions regarding key matters of the Council of NPAs had taken place in relation to the future reorganisation, taskforces as well as proposals on how to promote collaboration. JS concluded by mentioning that whilst a lot of work is ahead, there is a very good team and that elections every two years bring new people with fresh energy.
- Finally PF reminded participants about the opening ceremony as well as the full programme of EPA2022.

The meeting ended at 16:34.



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