membership in addressing our targeted priorities and making a real difference in mental health.

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DOI:10.1002/wps.20895

Psychiatric care in oncology and palliative medicine: new challenges and future perspectives

The World Health Organization (WHO) reports forecast an increase of cancer incidence of 40% in high-income countries and more than 80% in low-income countries by 2030, and a rise of both mortality and long survivorship. Consequently, the agenda of psychiatry in oncology and palliative medicine needs to be reviewed and updated.

The mental health implications of oncologic diseases have been in fact repeatedly stressed in the last 40 years as needing attention in clinical practice, as part of person-centered interdisciplinary care. At least 30% of patients with cancer are reported to receive a psychiatric diagnosis (e.g., major depression, depressive spectrum, stress-related and anxiety disorders), while a higher percentage show other clinically relevant psychosocial conditions (e.g., demoralization, health anxiety, irritable mood)[1].

Mental health problems amongst patients and their families are associated with reduction of quality of life, impairment in social relationships, longer rehabilitation time, poorer adherence to treatment, abnormal illness behaviour, and possibly shorter survival[2]. In advanced cancer patients, these problems are even more evident, with a series of significant psychiatric and psychosocial conditions that should be a target of end-of-life care.

For these reasons, it has been stated that "it is not possible to deliver good-quality cancer care without addressing patient's psychosocial health needs"[3]. Today, it is part of the oncology agenda worldwide that psychosocial cancer care should be recognized as a universal human right; that the psychosocial domain should be integrated into routine cancer care; and that distress should be measured as the 6th vital sign after temperature, blood pressure, pulse, respiratory rate and pain in patients with cancer[4].

The significant advances of research in the area of psycho-oncology have favored the development, implementation and dissemination of evidence-based treatments, both in terms of psychotherapy (e.g., supportive-expressive psychotherapy, cognitive-behavioural and cognitive-existential therapy, meaning centered psychotherapy) and integrated pharmacotherapy for psychiatric disorders and cancer-related symptoms (e.g., pain, hot flashes). However, inequalities exist in the development of psychosocial oncology worldwide. Significant economic constraints within health systems may undermine both the monitoring of distress and the process of referral to mental health services and psychiatric treatment[5].

A new challenge is represented by the debate on euthanasia and physician-assisted death, in which psychiatry and psycho-oncology have a specific role. Also, the implications of cancer screening and treatment among people with severe mental illness are an extremely important part of the psycho-oncology and palliative care agenda.

The WPA Section on Psycho-Oncology and Palliative Care was founded in the late 1980s with the specific aim of fostering psychiatry and behavioural sciences within all fields of oncology and palliative care. The main goal is to provide optimal psychosocial care to patients at all stages of disease and survivorship, as well as support to families.

The Section is committed to collect and disseminate scientific information on the most common psychopathological and psychosocial problems of patients with cancer and their families; and to establish working relations with other organizations in the field of psycho-oncology and palliative care at the international level.

Collaboration with other WPA Sections, especially that on Psychiatry, Medicine and Primary Care, has been established over time, with presentations at WPA meetings worldwide and production of books[6-8], scientific papers and book chapters. A number of other WPA Sections have the potential to be involved in this collaboration.

Today, psycho-oncology and psychiatry in palliative care are recognized as disciplines in themselves, within the wider field of consultation-liaison psychiatry. Many medical student and psychiatry residency programs as well as fellowships in consultation-liaison psychiatry include clinical rotations in psycho-oncology and palliative care. Screening for distress is now an accepted part of protocols in cancer centers and there is a growth of research aimed to better understand how to screen and provide psychiatric care using evidence-based guidelines and protocols[9].

Our Section has had a leading role in addressing the multiple issues related to patients with co-occurring oncologic and psy-

chiatric conditions. It will continue to work in order to improve the quality of training as well as of clinical care and research in this interdisciplinary area worldwide. Scholarly activities will continue to include opportunities for scientific presentations and training at WPA meetings, as well as collaborative research and clinical projects.

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DOI:10.1002/wps.20836

Advancing psychotherapy in psychiatry: the contribution of the WPA Section on Psychotherapy

Psychotherapy has been an essential component of psychiatric theory and practice for over a century. There is sufficient evidence to consider it a treatment which may produce enduring epigenetic, neuroendocrine and structural changes in the brain[1].

Many psychotherapy modalities have been manualized over the last three decades and proven helpful for most mental disorders. Randomized controlled trials show that all psychotherapies are equally efficacious for anxiety and mood disorders, with a robust effect size for supportive psychotherapy, interpersonal therapy (IPT), cognitive behavioral therapy (CBT) and psychodynamic psychotherapy[2].

Clinicians often combine psychotherapy modalities in daily practice[3], and common factors such as empathy, validation, support, affirmation, the therapeutic alliance, reflective functioning/mentalization, and expression of affect promote symptom reduction and improvement in functional domains. Effectiveness studies have shown that common factors may be at the core of positive outcomes[3,4]. The WPA Section on Psychotherapy supports efforts to delineate the role that these factors play in patient care even when formal psychotherapy is unavailable or deliberately not used, and to develop educational approaches to foster their implementation.

Individual participant data meta-analyses are now being used to examine the differential treatment efficacy among empirically supported treatments, to help identify if subgroups of patients may respond better to particular forms of psychotherapy[5]. Preliminary findings are encouraging and could help clinicians triage patients to one or more forms of therapy, based on the presence of comorbid conditions or the duration and severity of symptoms. For example, there is pooled data showing that psychodynamic psychotherapy may be more efficacious than CBT, when combined with antidepressant medication, for depressive episodes of longer duration. On the other hand, CBT may be superior for patients with shorter duration of depressive symptoms and with comorbid anxiety[5]. These research developments, expanding the availability of data sets to significantly increase statistical power, may advance the field to create guidelines to select psychotherapy modalities based on specifiers and subgroups of patients with anxiety and depressive disorders[2,4-8].

The WPA Section on Psychotherapy provides a forum to advance the practice, training and research on evidence-based psychotherapies within psychiatry. The Section currently has over 200 active members, representing 32 countries. Given the eagerness to develop expertise in evidence-based psychotherapies, we created eleven special interest groups to promote targeted formal academic and educational activities. These groups are further subdivided into two categories: "Psychotherapy for Special Populations" and "Cultural Adaptations of Evidence-Based Psychotherapies".

The "Psychotherapy for Special Populations" groups seek to explore the delivery of psychotherapies in an economically responsible way to disenfranchised and underserved groups or populations. They include "Psychotherapy with Refugees, Displaced Persons and Survivors of Trauma", "Psychotherapy with Lesbian, Gay, Bisexual, Transgender, Queer and Others (LGBTQ+)", "Psychotherapy in Late Life", "Psychotherapy in Consultation and Liaison Psychiatry", and "Psychotherapy with Adolescents and Young Adults". During the last triennium, these groups contributed presentations at the WPA Co-Sponsored Meeting on Psychotraumatology held in Duhok, Iraq in June 2019, and the WPA Intersectional Congress on Psychological Trauma held virtually in December 2020.

The "Cultural Adaptations of Evidence-Based Psychotherapies" groups seek to develop culturally consonant and sensible psychosocial treatments. They include "Cultural Adaptations of CBT", "Cultural Adaptations of IPT", "Cultural Adaptations of Third-Wave Psychotherapies", "Cultural Adaptations of Psychodynamic Psychotherapies", "Cultural Adaptations of Supportive Psychotherapy", and "Cultural Adaptations of Motivational Interviewing". The leaders of these groups were instrumental in developing the WPA Supportive Psychotherapy Course in April 2021, which had close to 1,000 registrants and was offered free of charge on a virtual platform. Additionally, they designed eight comprehensive teaching modules on Evidence-Based Psychotherapies now available on the WPA