



GMHPR REVIEW

Global Mental Health & Psychiatry Review, Vol. 2 No. 2, Spring/Summer 2021

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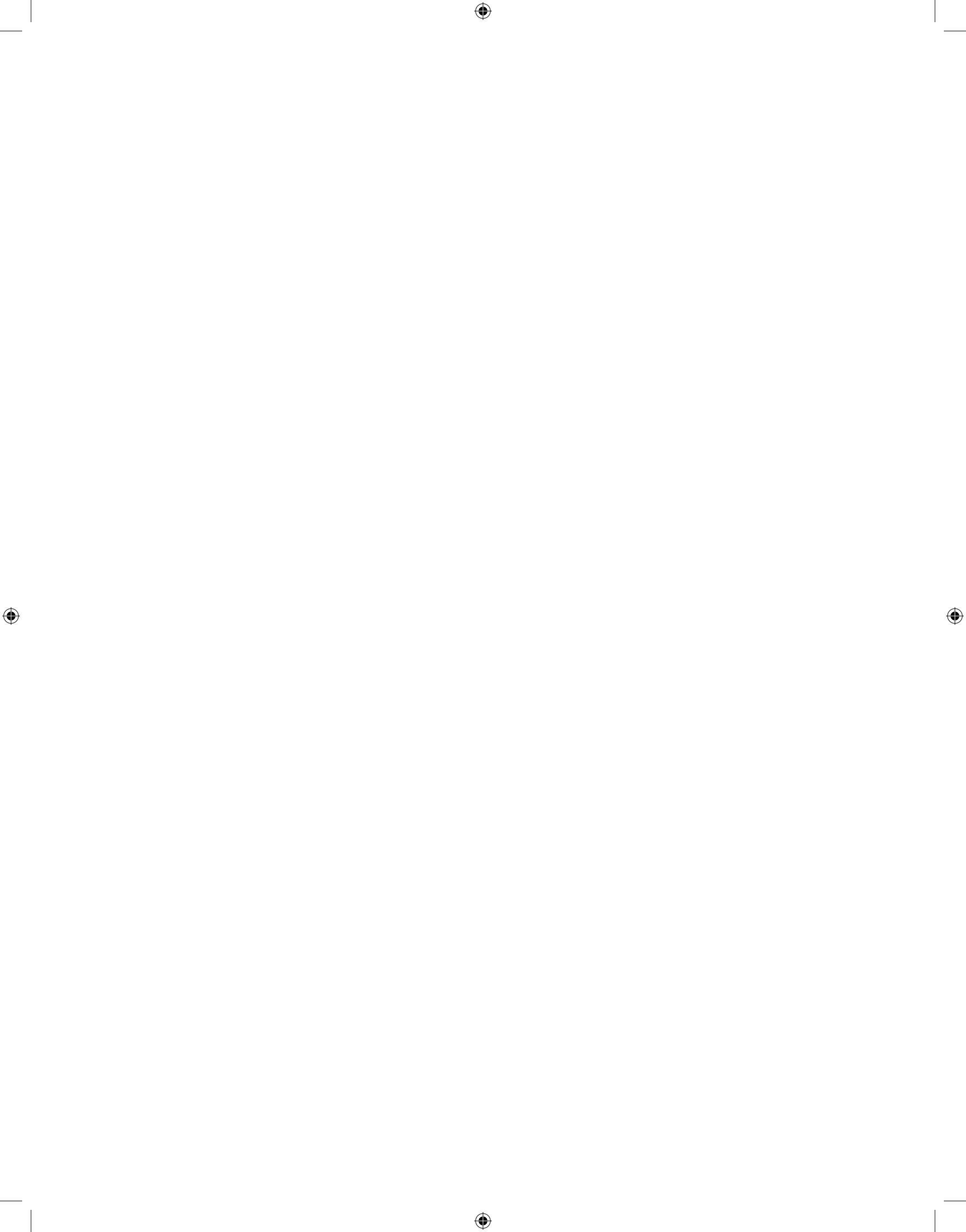
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Dear Colleagues and Friends,

Welcome to our Review's Spring/Summer issue 2021...!

We are grateful to our Zonal Editors, Professors David Ndeti, Bonginkosi Chiliza, Fernando Lolas, Vincenzo Di Nicola, Roy A. Kallivayalil, Dr. Victoria Mutiso, for their and their colleagues' contributions from Africa, the Americas, Asia/Pacific, and Europe as we continue our Review's thematic focus on the current pandemic. We welcome in this edition, Dr. Manon Charbonneau, President-Elect of the Canadian Association for Social Psychiatry and her contribution, *Celebrating Canadian Frontline Heroes*. A special note of thanks goes to Doctors Victor Pereira-Sanchez, Daria Smirnova and their early career Psychiatrists colleagues who rose to the occasion of the innovative mission we assigned to them and superbly accomplished it, the *global vaccinations survey at a glance*.

We are excited to launch in this issue the *Work/Life Balance Section* and to welcome Dr. Cynthia Turner-Graham with her inspiring story, *Living with the "Vaccinator"*, accompanied by a related, brief letter from President Joseph R. Biden. We are continuing with the recently established *Book Review Section* and welcome Rahn K. Bailey MD reviewing Dr. Lise Van Susteren's recently published volume, *Emotional Inflammation*, at the intersection of climate change, total health, and economics.

Continuing with enhancing our unique and evolving publication, this autumn we will launch the *TOTAL Health Innovations Section* of our Review. Professor Mansoor Malik of Johns Hopkins University will be this section's editor and Doctors Victor Pereira-Sanchez, Darpan Kaur, and Daria Smirnova will be the Associate Editors. We wish them much success with it and look forward to receiving innovative updates from you all and our global TOTAL Health network...!

Hope you all are vaccinated, will stay safe and be well...!

Eliot SOREL MD





Global Mental Health & Psychiatry Review, Vol. 2 No. 2, Spring/Summer 2021

Eliot Sorel, MD, Founding Editor-in-Chief

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GMHPR REVIEW

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GMHPR
REVIEW

EDITORIAL

AFRICA

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ASIA/PACIFIC

EUROPE

Reflections: The Covid-19 Pandemic

Eliot SOREL MD



Eliot Sorel

We are now in the second year of the Covid-19 pandemic with no immediate end in sight but with some signs of hope in the most recent past and at the horizon.

We have noted that among the nations that have adopted vaccinations as their public health strategy to combat the pandemic, the nations of Israel and Bhutan have done best in vaccinating their citizens. South Korea and Vietnam, are among the nations who have

done well by strictly following the public health guidelines recommended.

Paradoxically, the high-income economies of the European Union and the United States have not done as well as might have been anticipated given the enormous human, financial and technical resources at their disposal. A major, distinct variable between these high-income economies and those of Vietnam and South Korea is the degree of observance of the recommended public health guidelines.

Further, an unanticipated challenge during this pandemic is the rapid emergence of virus variants and the race between the virus variants emergence and the quest to vaccinate a high enough percentage of the populations to reach herd immunity. A very recent Biden Administration initiative to track the virus mutants is timely and encouraging. The race is certainly on and gaining momentum...!

Another complicating factor during this pandemic is the mercurial nature of "the best available evidence". The best available evidence is the usual and customary public health data base upon which public health guidelines are developed.

As new evidence is emerging that may affect guidelines it may also tap into the well of doubt and mistrust stimulated by recent vaccines being recalled. Public health depends on public trust. Such recent developments may further contribute to vaccination hesitancy.

While we are heartened by the significant progress we have made in the aforementioned nations of Vietnam, South Korea, Bhutan, and Israel as well as in the vaccination rates in the United Kingdom and the United States, yet major challenges continue to beset the global quest to defeat this pandemic with current devastating surges in Brazil, in India, in Africa, and elsewhere.

We need a global, well integrated plan across economies to defeat this pandemic.

It is heartening to have the United States reengaged anew in the affairs of the world. We are in this fight together, must rise up to this challenge together and act with alacrity!

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COVID-19 AND VACCINATION: SOME GENERAL FOOD FOR THOUGHT



David M. Ndeti



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The COVID 19 pandemic has caused a national disaster in Kenya unprecedented in recent history causing societal complexity. With forced quarantines and lockdown, majority of Kenyans have continued to be forced to engage in different social activities. Is reading a feminine activity? An article by the British Guardian claimed that the novel would die without women. So do women read more than men? It turns out women are more likely to consult general practitioners and even the internet on matters of health. Further, women seem to be more receptive to newer alternative therapeutic measures against known illnesses (Hunt et al, 2011). Would this mean that women would be more voracious in their reading about vaccines and vaccinations in the COVID 19 pandemic? Furthermore, given that they are more receptive to newer therapies would they be more open to get vaccinated against covid19? Studies have showed that women are more exploratory in these matters (Posadzki et al, 2013).

How many times has a female figure been heard asking someone to wash his/her hands? And how many times has a male figure been heard doing the same? When it comes to washing hands which gender is more likely to or not to wash hands? Turns out there are reports of sub optimal adherence by men to several key social distancing and hygiene behaviors (Fox et al, 2020). In such a time of this pandemic adherence to guidelines such as those set out by Ministry of Health (MOH) should not be a gender issue. But, here we are questioning whether one gender is more likely to adhere than the other. Interestingly, from the onset of this pandemic a general bias towards more male mortality has been widely reported. Is it a possibility that this gender bias is associated or arising from the above factors?

A hundred years after the Spanish flu, it was still relevant to study labor patterns, social organization and social behaviors that contribute to mortality between men and women. Therefore it is prudent to highlight the impact of psychosocial behaviors on the current pandemic. What would be the impact, in the long run, on gender ratios on the general population? Is it too much or is it out of this world to imagine the possibility of females generally surviving more than males? If so, that one gender is likely or happens to survive better than the other, would this have any

effect? Men have higher case fatality ratios relative to women with similar health and age background. Particularly amongst octogenarians who are expected to be disadvantaged in COVID-19 (Lee et al, 2020). Could the factors outlined here contribute to previously observed trends in an African context where more than 90% wanted vaccinations to be made compulsory and nearly 100% were willing to recommend the vaccine to others but only about a fifth of the population actually got vaccinated (Tatsilong et al, 2016).

All the above information can be used to sensitize the male gender on adhering to the set MOH guidelines by enlightening them on the importance of coming out to get vaccinated, becoming more aware about COVID-19 vaccination, to prevent the above scenarios from occurring. It is expected that a normalization of epidemic prevention and control measures will be required for a long time not only locally but worldwide for all genders.

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Vaccines, Vaccinations, and Pandemic Perspectives from Southern Africa



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The timeous response of Southern African governments to the COVID-19 pandemic by closing of borders to prevent influx of infection, hard lock-downs and social distancing measures meant that the dire predictions of the pandemic were averted (Kuehn 2021). The infection rates, which had risen rapidly from March 2020, peaking by July, had declined by November 2020. While the COVID-19 response strategies were effective they were unsustainable in the long-term. It was a balancing act between lives and livelihoods. It would only be a matter of time before the economic impact of lockdown would exceed the tensile force of our economies and with a decline in numbers at the end of the first wave meant that it was time to resume economic activity. The easing of lockdown in response to declining infections meant that that a second wave was inevitable.

The second wave was considerably worse than the first wave with higher infection rates, morbidity and mortality, particularly for South Africa. A few factors contributed to this, firstly the devastating effect of loss and death experienced in the first wave created a greater need for connectedness underpinned by the philosophy of UBUNTU (I am because you are). This led to a rise in super-spreader events such as funerals. Secondly, the resurgence of the second wave was driven by the emergence of a more infectious and a more virulent COVID-19 variant.

As South Africa emerged out of the second wave, the light at the end of the tunnel came in the form of the COVID-19 vaccine. At the time of writing this article, Botswana had received its first consignment of 30 000 vaccines from India. Malawi had just received its first batch of vaccines and Zimbabwe has already vaccinated almost 70 000 recipients. South Africa had taken the lead at sourcing vaccines, but the rollout program has been met with a few challenges. The first consignment of vaccines which reached our shores turned out to be less effective particularly for the dominant new strain in circulation. This fueled the fire of vaccine hesitancy with a number of social media posts trying to discourage people from getting the vaccine due to socio-political, cultural and religious beliefs. At the time of writing this article over 250 000 South African healthcare workers have been vaccinated. The rollout, however, has been criticised by many to be slow and is likely to take a very long time to reach the vulnerable populations such as the poor and disadvantaged communities.

Africa has been marred by wave upon wave of epidemics of varying proportions and magnitude. The COVID-19 epidemic grips our continent as the response against HIV gains momentum, as we grapple with many other infectious diseases such as TB and childhood diarrheal diseases. Studies in the first wave have shown the extent of the mental health impact of COVID-19 among healthcare workers and society at large, with high rates of depression, anxiety. The repeat trauma of the second wave has brought about a fear of an impending third wave. The economic impact of the lockdown and the necessary diversion of funds towards the COVID-19 response makes us aware of the magnitude of another wave of a mental health crisis in the horizon. Sociotherapy interventions, popularized by the response to the humanitarian crisis of the Rwandan genocide, are community-based health interventions that contribute to the psychological well-being of groups in society by enhancing interaction with the living environment (Biracyaza and Habimana 2020). The humanitarian crisis created by the pandemic requires the mental healthcare community to re-think these interventions as the need arises in light of the created by the pandemic (Biracyaza and Habimana 2020).

While the pandemic impact has been mostly negative, the other side of the pandemic cannot be overlooked. The pandemic has been a unifying force as all levels of society joined forces against one invisible enemy. As Southern Africa continues to navigate the muddy waters of the pandemic, we do not lose sight of the foundation of reliance upon which our modern society was built. Just as we stood resolutely against other calamities in the past, such as the apartheid system, colonisation and natural disasters, we continue to stand in unison against the pandemic with the knowledge that once again, we will overcome and rise up to a better stronger society.

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Fernando Lolas

VACCINES, MENTAL HEALTH, AND “TRANSLATIONAL HUMANITIES”

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“Think globally, act locally”

This principle is essential for policies worldwide. Every indication from the World Health Organization or any specialized professional body considered relevant for people everywhere needs to be adapted to diverse local contexts to be useful and effectively followed. All knowledge, which is organized information, is context-dependent.

Psychosocial determinants of health must be studied considering that mental health is culturally determined and not homogeneous. This is one reason to expect that directives regarding safety measures, such as vaccination, or interventions, such as hospital care, must be “translated” to the local idioms to be understandable.

Evidence is a polysemic concept. What counts as proof for experts may not be universally accepted by those who could eventually benefit from it. The idea of *translational medicine* stems from the fact that laboratory data and information must be adapted to real-world conditions. The “evidence pyramid” leads experts to believe that their fact-construction is at the top and that their discourse is hegemonic concerning people’s beliefs and practices. Translation supplements the original knowledge, adds meaning and relevance to statements, and incorporates other logic of evidence to the original formulations. The old notion that basic knowledge is simply “applied” to reality needs to be enhanced by a hermeneutic stance, bringing together, contrasting, and amalgamating contexts, prejudices, and meanings.

We have witnessed the rise of anti-vaccine movements based on beliefs and customs that experts consider erroneous and dangerous. This phenomenon needs interpretation considering that the *meaning* of any concept lies in its *use*, associated with the aims and expectations of people. However universal the idea of prevention through vaccines may appear, the narratives of the experts do not always satisfy the users, who may even profess different convictions and value differently the risks and harms of certain behaviors.

The equilibrium between data, theory, and application may seem to be a simple adherence to scientific proof and its context of rational production. Less consideration has been given to the beliefs and values of persons which may occasionally collide with empirical fact. Effective healthcare is not only evidence-based. It is also *value-based*.

Value-based evidence does not depend solely on experimental facts or laboratory information. It has to do with the hierarchy of

wishes, expectations, and goals of people, an area in which mental health experts should also be proficient. Their understanding, and contribution, may be critical to the successful policymaking that the new waves of the viral pandemic may require.

To the usual role of mental health professionals regarding diagnosis, treatment, and prevention of psychological disorders we should add one that is at the boundary with the human sciences and philosophical reflection: the translation of the language of values and facts into proper action.

“Translational humanities” have been always a task of philosophers and thinkers, who derive from their thinking practical advice and suggestions for a better life. In these times of turmoil, mental health professionals and humanistic researchers may join forces in bridging the gap between thoughtful reflection on values and truths and the actual behavior of people.

The hermeneutic approach is useful in this task of creating and re-creating certainties. The continuous process back and forth between considered opinions and relevant principles, values, and factual information, sometimes called wide reflective equilibrium, is similar to the hermeneutic circle, in which the reader or observer modifies his/her understanding based on an increased comprehension of texts. Each iteration adds meaning and facilitates understanding, a necessary step for correct action.

Populations worldwide need scientific information and familiarity with the ethical principles guiding the decisions of the authorities. Mental health professionals should strive at providing clarity, coherence, and comprehensiveness to the vaccination programs. They may help achieve increased explanatory power and authority to the measures taken in different settings.

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From Plato's Cave to the COVID-19 Pandemic: Confinement, Social Distancing, and Biopolitics



Vincenzo Di Nicola

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Abstract

This essay by a physician-philosopher compares the COVID-19 pandemic to Plato's allegory of the cave, where prisoners see only shadows cast on the walls of their cave and know them as their only reality. Raised there since childhood, they experience sensory deprivation, impacting their brains and their minds, limiting their perceptions and their understanding. The philosopher who escapes from the cave into the harsh light of day and returns to tell the truth is met by fellow prisoners with derision. The pandemic's preventive measures of confinement and social distancing may induce sensory deprivation and trauma, creating an "experimental childhood" for billions of vulnerable youth. In the political sphere, philosophers like Giorgio Agamben warn that the COVID-19 crisis creates a pretext for emergency measures, at worst a "techno-medical despotism" in a new form of biopolitics, declaring a medical state of exception where the pandemic crisis is the new normal.

Key words: Plato's cave, COVID-19 pandemic, sensory deprivation, confinement, social distancing, biopolitics

In this essay, I examine the COVID-19 pandemic as a physician (Di Nicola & Daly, 2020) and as a philosopher (Di Nicola & Stoyanov, 2021; Di Nicola, et al., 2021). In the interest of full disclosure, I studied philosophy with Giorgio Agamben and worked as his teaching assistant at the European Graduate School. – VDN

In his allegory of the cave, Plato says that the prisoners are "like us" (Wilberding, 2004). Never in our lifetimes has this been so true as during this COVID-19 pandemic which through confinement and social distancing has made us prisoners in our own homes. Now, just how are we like the prisoners in Plato's cave?

Let's recall Plato's allegory: a group of prisoners is chained in a cave since childhood where they cannot see each other, only shadows on the cave wall ahead cast by a fire behind a parapet along which puppeteers parade with two-dimensional objects poorly representing the real world outside the cave. Sounds bouncing off the walls from beyond the cave are attributed by the prisoners to the shadows that are their only reality. The philosopher who frees himself to seek the truth beyond the cave is received with scorn when he returns to the cave to inform his fellow prisoners who are content with illusion as their habitual reality.

Caption: An Illustration of The Allegory of the Cave, from Plato's Republic



Source: <https://commons.wikimedia.org/w/index.php?curid=73850232>

Contemporary commentaries on Plato's cave divided into two camps: those who see it as an allegory about knowledge (*epistemology* – how we know what we know) or about politics (how citizens of a state or *polis* form a government). Now, with COVID-19 these two camps are running into each other: *What can we know and who can we trust?*

How is COVID-19 making us like the prisoners of Plato's cave?

Plato's prisoners are in a situation of sensory deprivation much like the subjects in Don Hebb's psychological experiments at McGill University (not incidentally, these experiments were funded by the CIA for defensive and military purposes). Hebb's experiments demonstrate that Plato's prisoners would experience sensory deprivation and begin to hallucinate to make up for the lack of external stimuli. As anthropologist Clifford Geertz read Hebb, the brain lives – and only functions normally – in a bath of stimuli which makes the brain grow and the mind develop. In Plato's account, having been there since childhood, the prisoners have experienced long-term sensory deprivation which likely impacts brain structure. Nobel-prize winning research by David Hubel and Torsten Wiesel on cats showed that blocking visual stimuli at a critical stage radically alters their neurophysiology. COVID-19 is creating what I call an "experimental childhood," subjecting billions of youth to confinement and social isolation casting a deep shadow with potentially devastating life-long impacts (Di Nicola & Daly, 2020).

Yet Plato is not talking about neurophysiology but of the mind's interpretation of reality and truth. Along with the neurophysiological impact of deprivation (brain) are the psychological (mental) and relational (social) impacts. Living with such chronic sensory deprivation affecting brain, mind, and relations becomes traumatic. Yet this trauma, like the shadows and the prisoners' lives shaped by deprivation, is their "normal." What kind of perceptions and interpretations can we expect from people who have known only a dim reflection of reality? And



(From *Plato's Cave to the COVID-19 Pandemic* from page 12)

which we, observing from the outside, understand as limited, distorting perceptions, impinging on the brain, traumatizing the mind, and hobbling social life?

Confinement, social distancing, and biopolitics

The term *confinement* applies to a fascinating congeries of circumstances:

1. Philosopher Michel Foucault documented “the Great Confinement” of the mid-17th century, offered as a metaphor for the social control of *déraison* (folly, irrationality, madness).
2. We used to speak of a woman in labor as “lying in” and the *post-partum confinement* is called *la cuarentena* – a 40-day quarantine – in Latin American countries. This confinement protects both mother and child but is also rooted in taboos about purity and danger, so confinement is for their protection but also that of others (Douglas, 1966).
3. We call preventive measures for dealing with epidemics a *confinement*, rooted in the French term, *cordon sanitaire* (protective barrier), referring to the restriction of movement in a defined territory to contain contagious diseases. This term was also used in international relations to describe a geopolitical strategy to prevent unwanted or dangerous ideologies, such as the *containment policy* of the US towards the USSR.

What do they have in common? The connecting thread through these different uses of confinement as a social, health, and political strategy is precisely anthropologist Mary Douglas’ notion of *purity* (sanity, health, security) versus *danger* (madness, pollution, threat). The binary *purity/danger* has its roots in biology and grants credibility and power to socio-political means. The “mad” had to be protected from harm, a woman “lying in” needs to be “in isolation,” and pandemic victims need to be “confined” and contained – but always with an adversarial double edge: sealing off the affected group to prevent the spread through the general population.

This parallels philosopher Giorgio Agamben’s argument about the preventive measures associated with the COVID-19 pandemic (Caldwell, 2020). Agamben asks, for example, why has it been named *social distancing* rather than *physical* or *personal* distancing? It is as much for society as for the individual; as much for political reasons as for biomedical ones. This is congruent with his entire body of work on “biopolitics” (pioneered by Foucault, 2008) and the “state of exception” (for which he is a noted political philosopher), where exceptional circumstances like disasters, wars, and pandemics serve as pretexts to limit freedoms which then become the established norm. Agamben frames the COVID-19 confinement as “techno-medical despotism” – political power *disguised* as medical expertise. Look no further than Canada and the world’s most *woke* politician, Prime Minister Justin Trudeau, who demanded emergency powers in 2020 at the beginning of the pandemic well into 2022 – not weeks and months but years of political leeway! The opposition justifiably balked. Other opposition leaders in Quebec bristled at our National Assembly being shut down in the name of the pandemic, giving the reigning party a free hand without being held accountable to voters.

Conclusion: Who are the real prisoners of COVID-19?

In the contemporary incarnation of Plato’s cave imposed by the COVID-19 pandemic, the sensory deprivation imposed by our confinement has exposed the fault lines of our culture: *social*

inequities (prisoners, puppeteers, and the political class; see Wilberding, 2004), *illusions* (opinions masquerading as facts), *propaganda* (puppeteers manufacturing truth), and for some of us, represented by *Plato’s philosopher*, a desire to break out of the cave and seek the truth.

Let me give you another Canadian example. Medical research established an acceptable level of effectiveness of the Pfizer vaccine given in two doses. When a few studies suggested a degree of effectiveness after only one dose, some governments pounced on them to cover more people. This is not merely a health consideration but a political one based on socio-economic pressures: facts (medical research on two doses) challenged by pseudo-scientific observations (one dose) for political expediency (a pragmatic ruse to distract from the mismanagement of procuring and distributing adequate doses in a timely manner under cover of the utilitarian principle of more good for more people). We don’t know how long and what coverage one dose of the vaccine provides – Does it block being infected by the virus or transmitting it to others, attenuate some or all symptoms or does it merely simulate the asymptomatic cases already established in the epidemiology of the disease, and crucially, does it affect subgroups differentially?

The most benighted prisoners in the COVID-19 cave are those who, being offered a way out of the cave, still insist that shadows are reality. Ah, I know you are thinking about those who called COVID-19 a hoax and refuse to wear masks or resist the vaccine. We physicians have straight-forward answers for them. Much more complex is the cult of “Science” and its blindness to biopolitics and the state of exception, yielding political power, as Agamben warns. We barely understand the biology of the virus, its epidemiology is still emerging, and the social impacts of confinement are minimally acknowledged, yet they argue for the fire and the cave wall as their “science” and its shadows as “facts.” What philosophy demands during this pandemic is nothing less than to leave our illusions behind with the shadows of the cave for the truth in the sometimes harsh light of day.



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Laurie Flynn

Science and Stories: Lessons of Covid-19

Laurie Flynn, Executive Director (16 years) of the *United States National Alliance on Mental Illness*



We are living through an unprecedented and harrowing global coronavirus pandemic.

Last month the CDC announced that 2020 was the deadliest year in America's history. (1)

Over 547,000 people have died in the US, with a total of 2.75 million deaths worldwide. (2)

These numbers are overwhelming and they continue to grow. The impact of Covid related quarantine and economic loss is staggering and hard to overstate. Worldwide devastation includes millions of workers unemployed and businesses shuttered. Millions of families are struggling with eviction, food insecurity, school closures, lack of transportation and childcare. Suicides, domestic violence and crimes have increased sharply as pandemic-caused stress, anxiety and depression linger. The prolonged quarantine and isolation, loss of contact with friends and family, a year of cancelled holiday gatherings has deepened our despair. We long for human connection and the simple joys in the company of others.

Tragedy on the scale of the pandemic is very emotionally challenging. We cannot imagine thousands of people succumbing daily to a mysterious new virus until it's someone in our circle. We see the figures but become numb to the tragedy because it is so continuous and so relentless. A year ago I didn't know anyone with Covid-19. But now I've lost three friends and one of my daughters was quite ill. A massive global crisis is suddenly much closer to home.

As I noted in an earlier article, data moves the mind, stories touch the heart. And an effective public health response requires both. Data provides vital information on transmission, treatment and control, while stories help bring all that data alive.

A key challenge to a successful public health campaign is how to help people understand the data and respond effectively. It's clear that both accurate information and personal stories of loss help officials reach the public and are necessary to inspire action. I've been moved by powerful features on the PBS News Hour and in the New York Times sharing the impact of Covid-19 on many families and communities. Stories get our attention and engage our emotions. They enable us to comprehend the threat and the toll of a worldwide disaster. Covid has demonstrated that stories are an effective educational tool to deliver public health messages in a personal and highly relatable way.

It's equally important that we fight the global pandemic by leading with science and data. With the spread of dangerous conspiracy theories posted on the Internet, accurate data and evidence-based guidance from trusted leaders is essential. Respected scientists serving as spokespeople, including Drs.

Anthony Fauci and Francis Collins of NIH, have been quite effective. But many people, especially when uncertain or confused, will rely for advice from their physician, pastor, family and friends or other trusted messengers. In considering recommended public health strategies like wearing a mask, maintaining social distance and getting vaccinated, what people decide to do is often influenced by what others in their circle are doing.

In a public health crisis strong leadership is crucial to success. Clarity and coordination are essential elements of a major public health initiative. A national strategy must provide clear consistent guidance that can overcome hesitation and resistance. Local leaders and officials can deliver public health messages in the languages that diverse populations can understand and accept. Tragically, conflicting information and indecisive action on the part of the federal government led to a delayed, inadequate response and a chaotic rollout of Covid testing and mass vaccination. The surprising success of two very different states, Alaska and West Virginia, shows the power of mobilizing local resources. In both states the challenges on the ground led to an innovative "all hands on deck" strategy. Officials acted quickly and creatively to reach a largely rural population. They authorized grocery store clinics, community pharmacies, and health practices to administer shots. Vaccinations were offered in large public spaces, church parking lots and sports stadiums. Necessity truly breeds invention. Recently, with more vaccines available and a more forceful national leadership, the US is doing better. The struggle isn't over but we've learned important lessons.

Strong confident leadership must articulate a national strategy based in sound public health principles. Communication of both science and stories is critical to meeting the public health challenge of a global pandemic. Engaging the citizenry with trusted voices will gain respect and promote adherence to vital messages. Experts say we are likely to experience more pandemics.

Hopefully we will be much more successful next time, using hard-won knowledge from Covid 19.

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Celebrating Canadian Frontline Heroes: Laurent DUVERNAY-TARDIF and Louise BRADLEY



Manon Charbonneau

Manon Charbonneau, MD, FRCPC, DFCPA
Associate Professor of Psychiatry and Addictology
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President-Elect, Canadian Association of Social Psychiatry

A year into this pandemic, I look back gasping for air that will allow me to continue my role as a frontline doctor. As a psychiatrist caring for children, adolescents and their families as well collaborating with teachers, mental health caregivers and their exhausted physicians.

During these challenging times, many factors can impair the mental wellbeing of health workers, including myself (1). At the end of a long day working in the Emergency Room I wonder how I will continue to move forward. Then, two very inspiring people, a physician and a nurse, came to mind.

Laurent DUVERNAY- TARDIF, a leading NFL US Football player, also a Quebec physician, a graduate of McGill University, joined the Quebec, COVID-19 frontline instead of playing in the NFL this season. In an interview for *Arrowhead Pride* in Kansas City, he explained that being back home in the midst of the pandemic, he immediately sought how he could be helpful. He joined the frontline health workers in a long-term care facility just outside Montreal, stating that, “*Something bigger than football is happening*”. (2) He chose to work in the healthcare frontlines despite the very real risk of being exposed to COVID-19¹.

Further, he founded the LDT Foundation (info@fondationldt.com), based on the principle that physical activities – as well as creativity – are fundamental factors in the fulfillment of children and their educational success. An inspiring model of generativity (Erik Erickson’s theory of psychosocial development) and philanthropy, he noted that “*l’Education est un enjeux de société, c’est la génération de demain*”. (3)

Louise BRADLEY became a registered nurse in the late 1970s and went on to achieve graduate and post graduate studies in mental health nursing². Bradley shattered misperceptions that people needed to be in recovery before they would be affording the dignity

1 We all remember the U.S. Super Bowl on February 2nd 2020 when he was the first Quebecker to win the Vince-Lombardi Trophy with his team, as the Kansas City’s Chiefs, Right Guard.

2 As a frontline nurse working in mental health, Bradley experienced stigma. She recalls that when she got her first job as a mental health nurse, some expressed sympathy that she was “not able to find another type of job”.

of a place to live. Bradley noted, “That people do better when safely and securely housed should never have been a question, but the wheels of policy turn slowly.”(4) Another Bradley innovation was her work on the First Canadian Strategy for reshaping the mental health landscape of Canada with *Changing Directions, Changing Lives: the Mental Health Strategy for Canada* (5).

Bradley was awarded the Order of Canada for her contributions to mental health.

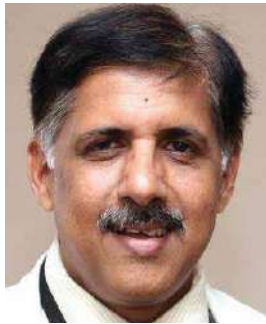
After 12 years as chief operating officer (2 years) and President CEO (10 years), of the Mental Health Commission of Canada (MHCC), BRADLEY retired from MHCC. She now volunteers her time to “The Gathering Place”, a comprehensive community program for homeless people, mentoring emerging leaders, and carry on the much needed work in mental health. During this pandemic, she worries about people living alone in isolation with a chronic mental health disorder, noting, “Everybody needs a home, a job, a friend” (6).

Dr. Laurent Duvernay-Tardif and Ms. Louise Bradley, we salute your values, and your remarkable contributions to the health/mental health of us all. Following your inspiring leadership, we will follow your example and do our best to be positive AGENTS OF CHANGE you so aptly have demonstrated for us and the world. As frontline physicians, in solidarity with both of you, we are gladly serving our Canadian people during these unprecedented and most challenging of times. (7)

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Vaccinations, Pandemic and Mental Health Perspectives from India



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India is a huge country with 1.4 billion population living in 29 States and 7 Union Territories. Despite its large size and huge population, India has responded to the Covid-19 pandemic in an admirable manner. India had 12.1 million cases (as on 1 April 2021) out of which 11.4 million have recovered. The total deaths have been 1,62,000.

The nationwide [Covid-19 vaccination drive was started on January 16](#). In the first phase, health workers engaged in Covid-19 duty along with other essential frontline workers were covered. In Phase 2 that started on March 1, all [senior citizens aged more than 60 years](#) and those in the age group of 45-59 years with co-morbidities were eligible for vaccination. Phase 3 of the vaccination drive has started on April 1, 2021. In this phase, the focus is to cover all people aged more than 45 years. The vaccine will be available free-of-cost at government hospitals and for up to Rs 250/dose (\$3) at private centres.

Frontline healthcare workers (HCW) have faced significant plight during the ongoing Coronavirus disease 2019 (COVID-19) pandemic. Studies have shown their vulnerabilities to depression, anxiety disorders, post-traumatic stress, and insomnia. In a developing country like India, with a rising caseload, resource limitations, and stigma, the adversities faced by the physicians are more significant. In a research study, we have attempted to hear their “voices” to understand their adversities and conceptualize their resilience framework (1) Hardships and struggle for survival have formed the face of human civilization for decades; ‘pandemic outbreaks’ are just

reminders of the same. The philosophy of Camus can once again be revisited to develop a non-judgemental approach to counter the innate fear, anxiety and despair for the eventual joy and gratitude, that human resilience has always been capable of. The biopsychosocial damage done by COVID-19 cannot be undone. But, vaccines have brought in new hope and vaccinations are being undertaken in large scale by almost all countries. Although we are unsure about the length of the immunity conferred by the new vaccines, the sky looks bright and humanity will triumph over this pandemic very soon!

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Global Covid-19 Vaccination Rollout: Perspectives From Early-Career Psychiatrists



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At the beginning of 'A Tale of Two Cities', Charles Dickens wrote about "a winter of despair" and "a spring of hope". Regardless of meteorological seasons' cycles in each part of the world, we are finishing the first trimester of 2021, globally, with a mix of despair and hope in terms of COVID-19. While the pandemic keeps ravaging communities and nations and exposing local and worldwide health disparities, vaccine rollout has entered a global, yet slow, new stage. We are contributing to this GMHPR Spring/Summer 2021 issue presenting blossoming of hope across the world.

In this short communication we summarize perspectives compiled by an international team of early-career psychiatrists connected through the Global Mental Health Think Tank (co-founded and coordinated by VP-S) on the COVID-19 vaccination rollout across nations. We present the current state of affairs and reflect on its implications for psychiatry and global mental health. Our team included two coordinators (DS and VP-S) and six pairs of contributors who collected data on particular indicators related to the COVID-19 vaccination process from all of the World Health Organization (WHO) regions (who.int/about/who-we-are/regional-offices): the Americas (ZA and GA-R), Africa (MIO and FJ), Europe (VM, DS, GS), Eastern Mediterranean (JIMH and LE), South-East Asia (SN and CJ), and Western Pacific (RV and WL).

Vaccine rollout across the world has so far reflected old problems in global health, including healthcare access disparities between the 'global north' and the 'global south', the lack of prioritization of mental health care and people with mental disorders in local, national, and international policies¹, and pervasive global nationalism. By the end of 2020 China (*Sinovac*) and Russia (*Sputnik V*) were already vaccinating their populations and high-income countries starting immunizing their healthcare workers with 'Western' vaccines (*Pfizer-BioNTech*, *Moderna*). Vaccine access in low and middle income countries had to wait to the first trimester of 2021, widely harnessed by the rollout of the Indian flagship (*Covaxin*) and different versions of the *Oxford-AstraZeneca* vaccine, distributed in India as *Covishield* and globally through the WHO as COVAX. The recent development of the *Janssen* vaccine, furthermore, brings the hope for faster immunization processes.

Currently, WHO regions differ with respect to the number and diversity of available vaccines: eleven in the Americas, versus only three in Africa and South-East Asia. The most available vaccines across regions are the *Oxford-AstraZeneca* (in all six regions) and the *Pfizer-BioNTech* and *Sputnik V* (four regions). As of April 1, 2021 (ourworldindata.org/covid-vaccinations), all countries in Europe and the vast majority of countries worldwide have already started the vaccines rollout, with some exceptions in Africa (notably, Madagascar) and no data on availability in many countries in the Americas (especially in the Caribbean). Our global survey has also found notable disparities in vaccine availability within countries and world regions. For instance, access in the private healthcare sector is lacking or very limited in most countries (except for South Korea, United Arab Emirates, and others). As for intra-region disparities, by the end of March we observed that in Africa, Seychelles had the highest vaccination rate with about 92 doses administered per 100 individuals, while Kenya had a rate of 0.04. Even among high-income countries, performance is heterogeneous. The WHO region of Europe seems to lead vaccines rollout per population, with more than 104 total million doses, including the UK with 31 million total doses (third place in the world) and 45.2

doses per 100 citizens (fourth place in the world), and other countries such as Italy (13.7 per 100 citizens), Germany (13.3 per 100 citizens), and France (13 per 100 citizens). Despite their early start, Russia has administered 11.18 million doses (7.66 per 100 citizens), and China 7.97 per 100 citizens.

Regarding public attitudes towards vaccination, a national survey in New Zealand² identified four distinct types of perceptions: vaccine enthusiasts (36%), supporters (28%), hesitants (24%), and skeptics (12%). Indigenous populations there, in particular, many Maori and other Polynesians, who are at high risk for infection due to various factors, were expressing mistrust. In many countries across the world there is widespread misinformation and skepticism in relation to vaccination, its associated risks, and risks-benefits ratio; apart from those perceptions existing in the general public, their prevalence among healthcare workers is worrisome. Of course, and especially in high income countries, there are many individuals impatiently waiting their turn, and even willing to travel abroad to get those, creating a flow of 'medical tourism' to countries where vaccines are freely available for foreigners (e.g. Serbia) or to countries where they can pay to 'skip the line' (e.g. United Arab Emirates).

As COVID vaccines are a healthcare commodity particularly scarce, evidence-based and fair prioritization of populations has been a global concern. High priority groups have been designated similarly across world regions: (1st) essential frontline workers (including health care personnel) and long-term facility residents (e.g. USA), (2nd) people aged >65 years, (3rd) people aged <65 with certain underlying medical conditions. Global advocacy efforts need to continue to make sure that psychiatrists, as frontline workers, and people with severe mental illness (which have shown to be at higher risk of infection, morbidity, and mortality³) are not left behind, as it is happening in a number of countries⁴.

In conclusion, we are seeing a hopeful, and challenging, new Spring of global COVID vaccination. Global health clinicians, researchers, and advocates need to maintain their efforts to ensure a fast and fair immunization worldwide. Early career psychiatrists should be involved in this endeavor, addressing public anxieties regarding the vaccines and advocating for the protection of their patients and colleagues.



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GMHP
REVIEW

WORK/LIFE BALANCE

AFRICA

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LIFE WITH THE "VACCINATOR"

Cynthia Turner-Graham, M.D., DFAPA



Cynthia Turner-Graham
and Barney Graham

It all started in 1977. Nearing the completion of our physical diagnosis course in medical school, Barney Graham and I were partners for our very first physical exam on a live person. While awaiting transportation to the hospital, I listened to stories about his life as a Kansas farmer. He listened to mine about life as a chemistry major in college on a music scholarship. Our fathers were both dentists, our mothers both homemakers with post-graduate degrees. He is white, I am Black. How life would evolve over the subsequent 42 years of marriage could never have been imagined.

Our natural aptitudes and interests were complimentary and

mutually appreciated - me as a psychiatrist most comfortable and fascinated by the intricacies of the human psyche and he in the world of microorganisms. A child of the civil rights movement, I entered professional life connected to community, desiring to help individuals build upon their strengths to create meaning and purpose, mental illness and disease notwithstanding. This was achieved in the public and private practice of psychiatry, as a physician executive and through various civic causes that more broadly addressed quality of life issues for minority and disadvantaged persons.

Barney's life, in contrast, was vested in "the academy," as he was fascinated by the microscopic world invisible to the naked eye, but whose presence was seen through the many ways microorganisms can impact the human body causing disease, disability and death. He enjoyed navigating this invisible world, understanding the intricacies and wisdom of our immune system to recognize and mount life-preserving defenses against foreign invaders. He needed lots of solitary time, not as excited about the more lively, sometimes raucous experiences that invigorated and energized me.

As a Black professional living in America, success, in large part, requires an understanding of the nuances and expectations of the dominant culture. Barney had no such demand, free to choose how much he wanted to know or not know about my world. *Black Rage*, written by two Black psychiatrists, Drs. William H. Grier and Price W. Cobbs about the African American psyche, was required reading as one of the prerequisites for marriage engagement.

Published in 1968, it pulled back the curtain on Black life in a hostile, racist America. Needless to say, having been reared within the confines of different cultures for which there was very little intersection, building our marriage required a lot of conversation about things most couples do not have to say aloud or even discuss. Over time, the energy invested in bridging our two worlds has enriched and deepened our relationship and given us an empathy for humanity's challenge speaking across chasms of difference.

From our unlikely partnership have come many unique challenges, as well as surprises and unexpected blessings. Barney's years of asking empirical questions, doggedly pursuing answers that would relieve human suffering, has in this last year culminated in discovery of the SARS CoV-2 spike protein used in several emergency authorized vaccines.

In appreciation, President Biden recently visited the Vaccine Research Center at the National Institutes of Health where the coronavirus vaccine was developed. As he was leaving, Barney mentioned that his wife, Dr. Cynthia Turner-Graham, wanted him to say hello for her. In that moment, he whipped out his cell phone and asked, "What is her name again, and cell number?" *and actually called me* in the middle of a busy clinic afternoon when I usually don't answer the phone! "Hi, this is Joe Biden." "I beg your pardon, this is who?" I responded somewhat abruptly, thinking it was a prank call. As though it was obvious, he responded emphatically "Joe Biden." We talked for almost 10 minutes about children, grandchildren, preserving our democracy, what is at stake, and what it will take. We agreed that one day, we would meet. *C'est ma vie!*

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THE WHITE HOUSE
WASHINGTON

March 2, 2021

Barney Graham, M.D., Ph.D.
Rockville, MD

Dear Dr. Graham,

I was honored to meet with you, and talk with your wife, Cynthia, during my recent visit to NIH. By developing the first COVID-19 vaccine candidate, you and your NIH colleagues performed a miracle of science. On behalf of a grateful Nation, thank you.

With your determination, scientific excellence, and relentless efforts to contain the pandemic, we will succeed in defeating this virus. We can do this – together.

God bless you.

Sincerely,



GMHPR REVIEW



Emotional Inflammation by Lise Van Susteren MD & Stacey Colino



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In the long history of psychiatry, we have implemented treatments based on our knowledge and understanding of neurotransmitters in the brain. The deficiencies of these biological amines and their corresponding receptors play a key role in the pathogenesis of psychiatric illnesses. This book gives us an alternative view that forces us to delve deeper to the possible core of the problem, inflammation. In recent years, many studies have brought forth light upon the role that inflammation has on a multitude of pathologies across medicine. This book highlights the issue that inflammation may also play a role in the development of psychiatric diseases.

Changes in climate over time notably impact cardiovascular processes. As climate change occurs, the ocean acidifies, leading to reduced ability for carbon emissions to remain in our seas. The resultant increase in air pollution can lead to oxidative stress, inflammation throughout the body, as well as glucose dysregulation causing complications such as atherosclerosis, diabetes, and obesity.¹ Additionally, high traffic in population-dense areas tends to bring about high particulate matter emissions from motor vehicles. A significant amount of the ethnic makeup in these areas is African American and/or Hispanic. In these same populations, there is a higher rate of diabetes and obesity, correlating with areas of elevated air pollution rates.¹ Unfortunately, the results of climate change don't just affect the body, but also the mind.

Mental health continues to be negatively affected by fluctuations in temperature across the world. Demonstrated by yearly natural disasters, such as Hurricane Katrina in the mid-2000s, tropical disasters can have devastating effects on citizens' mental health, property, and livelihood. As global temperatures

continue to rise, frequency of such disasters will continue to grow as well.² Higher temperatures have also been associated with increased susceptibility to psychiatric disorders, such as anxiety, depression, and mood disorders, which are disproportionately found in minority populations.² This could be due to minority communities in warmer regions not having access to cooling amenities such as air conditioning. Sadly, as climate change continues to occur, people across the world will be severely impacted by its effects.

As a society we must cultivate resilience in order to cope with the effects of climate change and modern afflictions. The focus should be on reclaiming our equilibrium. We as psychiatrists can assist this process immensely. Awareness and education on these issues is essential. Identifying different reactor types, which can help us formulate individualized treatment plans to address the pernicious needs of our patients. Promoting activities such as yoga, meditation, exercise, religious fellowship can allow our patients to develop this resilience against an inevitable/unavoidable effects of climate change and modern stressors.

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Links to articles below:

1. <https://static1.squarespace.com/static/5e852cb5274ed77c0097ddcc/t/5e8c022e56235a-1ba6d306a7/1586233903859/Cardiovascular+and+climate+change.pdf>
2. <https://www.pnas.org/content/115/43/10953.full>

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WED. - SAT. JUL. 7 - 10, 2021	European Federation of PSYCHIATRIC TRAINEES FORUM JUL. 7 - 10, 2021 • LOCATION: BRUSSELS, BELGIUM
WED. - SAT. JUL. 14 - 17, 2021	National PSYCHIATRIC CONGRESS JUL. 14 - 17, 2021 • LOCATION: CLUJ, ROMANIA
MON. - FRI. OCT. 18 - 21, 2021	World Psychiatric Association (WPA) CONGRESS OF PSYCHIATRY OCT. 18 - 21, 2021 • LOCATION: CARTAGENA, COLOMBIA

