

PANELISTS DEBATE

Thierry de MONTBRIAL, Founder and Chairman of Ifri and the WPC

Thank you very much, Jean-Pierre for this brief course in psychiatry, which was extremely interesting. I now suggest that during the 25 minutes we have left for general discussion, we really concentrate on the international aspects of all this. For example, Jean-Pierre, if you take PTSD, post-traumatic stress disorders, if I am correct the interest in this area started after wars and of course, the Crimean war in the 19th century, but particularly the First World War was quite important in this respect historically. However, PTSD is not only caused by wars and I do not know if there were any studies on mental disorders as a result of the Great Depression of the 1930s. Now, of course we have COVID-19, and it is likely that future epidemics or pandemics will have such consequences. My first question is to you Jean-Pierre but also the panel. Are there already some basic principles that should guide the people in charge of global governance in this area starting with the WHO but not exclusively? This topic is not often covered in discussions on global health so I would like to know if we can draw some interesting principles on this issue.

The second point I would like to make, also as a question, when I joked at the beginning of this session about mental disorders being communicable diseases, of course that was not in the medical sense, but in the sociological sense. I would remind everyone of the very famous book by the French sociologist Emile Durkheim, which I think was published at the end of the 19th century, which showed to the surprise of many readers that suicide was also a sociological phenomenon. If suicide is a sociological phenomenon, not only a personal health issue, maybe there are other disorders, for example, alcohol and one does not need to be a great psychiatrist to understand that young people drink alcohol because they are together and that usually exacerbates certain kinds of behavior. My second question to the panel is that if it is true that the collective, societal aspect is important in many mental disorders, mental disease, the psychiatric side of health, what kind of conclusions should we draw from that in trying to shape policy advice at a global level?

I will give the floor to Professor Burioni to comment on this and the two other speakers before we conclude.

Roberto BURIONI, Professor of Microbiology & Virology, Vita-Salute Sane Raffaele University, Milan

I think that this kind of massive change of life, because we have been stuck in our homes for a long time, will have a serious effect on the people's psychological equilibrium. Unfortunately, it will also have an effect on a lack of screening, a lack of visitors for controlling any kinds of medical conditions. I think that in this kind of emergency we need to face now, and in the future, a real complex modification. I am not talking about mental health because it is not my field, but I can assure you that there has been a very heavy disruption of normal medical practice because many hospitals, including mine, have literally closed for everything that is not an emergency or COVID-19. It does not surprise me that from the mental health point of view, the toll from the population is heavy.

Thierry de MONTBRIAL

Thank you very much. Michael.

Michael van den BERG, Health Economist and Policy Analyst, OECD

I am in the company of two doctors here, so I am glad you mentioned Durkheim because I am a sociologist. I think what we can learn from that is as you said, it goes for suicide but also for other mental health conditions, what Durkheim showed that it is strongly connected with social cohesion. That is a feeling of being connected, where there are people and being integrated into social groups. I think it certainly applies to the time we are living now in the pandemic. We can see throughout the world that we have these crisis teams and taskforces of very well-equipped people, but they are all composed of people working on virus containment. It is a very biological focus and I think managing what is often called the collateral damage is something that should have a high priority in how we deal with this kind of crisis, as well as the psychological effects of confinement. Do not get me wrong, confinements are necessary, and I absolutely support them, but it is true that for some people the effects of not being connected to other people are quite disastrous. I think that from mental health perspectives that is definitely a risk.

Thierry de MONTBRIAL

Thank you very much. Jean-Pierre.

Jean-Pierre LABLANCHY, Medical Doctor and Psychiatrist

This morning you said something like we are at war or not and indeed, our President has declared that we are at war and this theory of post-traumatic stress disorder began during the First World War. I had a chance to work with a colleague, General and Professor Louis Crocq, who trained me in terms of narco-analysis. This treatment was a weapon that played a huge role during the Battle of Britain because you had so many planes but very few pilots, so pilots were recovered as quickly as possible from sea landings, they would be injected and be back in a plane an hour later. It is a treatment, a physiological, a somatic treatment for this kind of psychosomatic disease. It is a disease.

Second, we now have much more information on wars, including the US in Iraq for example, where we discovered that people treated with ketamine for anesthesia did not develop post-traumatic stress disorders. That is why we now have the first new treatment for 50 years, called Esketamine, which is an injection by nose to treat resistant depression. Observing the world situation and treating these people in emergencies has led to new treatments.

I emphasize that there is a real medical condition, it is not an impression or whatever. I would add that that I must emphasize hypersensitivity, which is one side of the coin, the other being toxic abuse and dependency. Addiction is linked to hypersensitivity. If you make the diagnosis, if you help people deal with this hypersensitivity, you help them cut off addictions.

Thierry de MONTBRIAL

Two very specific questions. What is the definition of a trauma? We are all traumatized every day by many things, and these are very low-level traumas but when is a shock so bad that it becomes a real trauma? For example, if you compare the current pandemic situation with a real war, you feel it is not on the same level of magnitude. How do you define medically the level at which real trauma exists?

Jean-Pierre LABLANCHY

I will give you an idea. It is about dealing with your own level of sensitivity and the same event does not have the same impact on everyone. I was with Professor Louis Crocq at Saint-Michel station during the bombing and some people there were not shocked at all, but others are still under treatment now. It is not the event by itself, it is the way you receive and interpret it, and the way you deal with it. Some people have huge post-traumatic trauma from just losing their cat and for them it is serious. It is not just

the things you think of like explosions, plane crashes etc., it is the way you receive them and your sensitivity to them. That is why I emphasized hypersensitivity.

Thierry de MONTBRIAL

Thank you very much. Of course, there are statistics showing the percentage of the population or the distribution over a real population and I suppose there are epidemiological studies on this sensitivity?

Jean-Pierre LABLANCHY

Yes, the practitioners know. When I said we still had something like 3% of people from Saint Michel station still under treatment and that is a very small number, but they are still there.

Thierry de MONTBRIAL

I would now like you to all try to answer my question. What kind of recommendation or if not recommendation at this stage, what do you think should be done in-depth to start shaping some global policy elements that do not currently exist on the issue of mental health and addiction? If you could all try to give a brief answer. I used the world recommendations and that is premature, but at least some ideas that we could try to deepen within or outside the framework of the World Policy Conference.

Jean-Pierre LABLANCHY

I will answer with just one point. Did you know about this kind of psychological test? Did you know about genetic tests? Did you know about this new MRI? Most of you did not, so my answer is education and training and this kind of knowledge being shared much more by psychologists.

Thierry de MONTBRIAL

Thank you very much. Roberto.

Roberto BURIONI

I think that what is very important from the larger definition of mental health is not to undermine the political institutions that we already have and that are now doing very good work, which is basically the WHO. It is very irresponsible to undermine its authority, which is very bad and should not come from governments, as has happened. On the other hand, the WHO has a great responsibility, it should not appear in any way as being related to politics, it has to be outside; that is a given. We have learned that in a stressful situation fake news and blaming other people can really undermine the geopolitical equilibrium to produce something we do not want. Cooperation is the basis of the advances. We must not forget that the vaccine was made by two American companies in an unprecedentedly short time but the sequence for the virus was provided on January 10th by Chinese scientists. The Chinese scientists released the sequence and the German, and the American scientists worked on it. I think that the very end of the story in practical terms is how cooperation between countries can be very good for everybody. Personally, I hope that the WHO will continue to retain the moral and scientific authority it has without being undermined by politics.

Thierry de MONTBRIAL

Thank you, Roberto. I think this also relates to the education aspect, that is making what real authorities have to say better known, if I understood correctly. If that is the problem, it seems that one of the problems is that the vast majority of the population or populations, even if they are educated in a very basic sense, do not know much about complex issues. It is clear that most ordinary people do not know much about economics unless they are educated in economics, or medicine unless they have trained

as doctors, etc. Nevertheless, in a democracy everybody has a right to express themselves in every field including those where they have no particular education. This means that it can only work if the trust is there. We always come back to the same question because it is impossible for anyone to be a perfect citizen who is able to make well thought out judgements on every kind of issue. If individuals cannot do that, it means that they have to trust some sort of authority in all the fields and dimensions where they themselves are not particularly competent. We come back to the same problem. Is that right?

Roberto BURIONI

Yes, I completely agree.

Michael van den BERG

I completely agree. I would like to highlight three things. One of the things that we have not talked much about in this session but that has been a common thread today, is data, data, data. For example, Mr. Moreira mentioned international interoperability when it comes to health data. We do not have an international data system for health as we do in banking, for example. We all know that if you want to do something you need to measure it and it may not be feasible to have an international health data system in the short-term. However, what we can do, and we spend a lot of time on that at the OECD, is bring together stakeholders and countries to develop our algorithms together so that we can learn from each other and compare, as we do with PISA and other data collections. I think that is also really a way to facilitate work internationally in this domain. We have also developed an international mental health framework specifically for this field. There is not time to go into that but one thing that really stands out if you talk about it all over the world is that there are problems with access and awareness of mental health problems. We have this striking figure that we said 50% of the population has to deal with some mental health issue at some time in their lives. The other striking figures is that we know across the OECD data that about 80% of people with mental health problems remain untreated so they never find a way to healthcare. That is a huge problem that has to do with stigma, which might be greater in some cultures than others, as well as access. I think this is a major issue we need to work on.

My last comment is connected to the story that I already told you. I think when we think about mental health and how we design health systems, we should think about mental health not just in terms of disease or disorder but also quality of life. Let us move away from a disease focus towards a more people-centered focus.

Thierry de MONTBRIAL

Thank you very much. We are now approaching the end. Michael, I think it was good to come back to the question of data that was raised several times this morning, but I think that data, data, data is not enough. An algorithm is not enough too, because the problem is the mindset of the people who interpret data and the mindset of those who build algorithms. For example, if you are an economist trying to interpret the world today in a very global way, there are still people who think in Marxist terms or liberal terms and they will come to different interpretations of the same data. It is not enough to have a shared database, for instance, if you want to act at a global level it is also important to agree on some model to interpret the data and this is not clear. In my opening comments this morning I drew a comparison with arms' control in the Soviet era. In the early stage of arms' control, when the American and Soviet experts met for the first time, they had no common language, and it took months if not years for the negotiators to reach an agreement on a common language. For instance, the missiles had different denominations in the two countries and there were many more complicated issues. It seems to me that when one faces complex problems the first step is to agree on the language and some principles of interpretation. In other words, data without models is almost useless. If you are a good pilot and do not have a plane, you

cannot fly; if you have a wonderful plane but no pilot you cannot fly. There are problems of complementarity.