

supporting appropriate responses to conflicts, emergencies and adversity.

The Alliance initiative is the first example of work to be implemented through the WPA-citiesRISE platform. In 2018-2019 we will work towards incorporating the other Action Plan initiatives that focus on the mental health needs of people in adversity. These initiatives include suicide prevention, with a focus on the needs of young women and young men in low income and emergency settings; support for human rights and quality care in institutional and other mental health care settings; and further development of capacity building projects with community mental health and primary care providers, in partnership with other organizations. Continuing the work to de-

scribe and disseminate examples of best practice in working between practitioners, service users and carers¹⁰ will remain a focus.

The work we are commencing is a critical priority for a world in which threats to the mental health and well-being of people in adverse situations remain high. Many organizations have worked for a long time to tackle global challenges in mental health that also concern WPA. Working together and choosing the best way to contribute to these efforts, we are beginning to leverage new resources to serve our collective goals. We welcome the growing involvement of WPA components and our other partners in the expansion of this effort over the next six months and the years to come.

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DOI:10.1002/wps.20545

WPA Position Statement on Banning the Participation of Psychiatrists in the Interrogation of Detainees

Though torture is illegal, as stipulated by a number of well-known conventions and treaties, and thus subjected to international prosecution, psychiatrists have been sometimes involved in situations connected to ill-treatment and torture which are also ethically unacceptable on any grounds.

The purpose of this Position Statement is to provide ethical guidelines for practice, in which psychiatrists are explicitly forbidden, and must refrain, from participating in any procedure linked to the interrogation of a detainee. An exception is the specific case of assessing the liability, when the person is being or has been submitted to ill-treatment or torture, and such events and possible consequences have to be documented.

The Statement is the outcome of a two-year consultation process among key stake holders and members of WPA, including a roundtable in Cape Town^{1,2} (November 2016), and has been approved by the WPA General Assembly in October 2017.

- The Madrid Declaration establishes the ethical standards for psychiatric practice. Article 2 of the section on “specific

situations” says: “Psychiatrists should not take part in any process of mental or physical torture, even when authorities attempt to force their involvement in such acts”.

- The WPA reiterates its position that psychiatrists should not participate in, or otherwise assist or facilitate, the commission of torture of any person under any circumstance. Psychiatrists who become aware that torture has occurred, is occurring, or being planned must report it promptly to a person or persons in a position to take corrective action.
- Every person in military or civilian detention is entitled to appropriate medical care. Denial of adequate health care to a detainee may be considered as ill-treatment or torture, when this is intentionally done by state agents according to one of the purposes stated in the United Nations Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment³.
- Psychiatrists working in detention facilities under any kind of contract, either private or public, have a duty to act for the benefit of detainees and not to do harm. Therefore, they should not par-

ticipate or assist in any way, whether directly or indirectly, overtly or covertly, in the interrogation of any person deprived of liberty on behalf of military, civilian security agencies or law enforcement authorities, nor participate in any other professional intervention that would be considered coercive and against the benefit of the detainee in that context.

- “Interrogation” refers to the attempt to elicit from a person deprived of liberty information that is not intended for the therapeutic benefit of the person. It refers to a deliberate attempt to elicit information from a person deprived of liberty for the purposes of incriminating the detainee, identifying or incriminating other persons, or otherwise obtaining information that might be of value to those who control the detainee. It may involve the creation of environments intended to undermine the self-identity of the detainee or break his or her autonomy, self-determination or will, including but not limited to humiliation, debasement or punishment. It does not include interviews or other interactions with a person deprived of

liberty that have been appropriately authorized by a court or by counsel for the detainee or a medical interview that is conducted as part of a therapeutic or forensic process under demand or proper informed consent of the person deprived of liberty.

- Requesting, releasing or causing transfer of medical records or clinical data or allowing access to clinical files for interrogation purposes is a violation of professional ethics.
- Participation includes, but is not limited to, intervention in the environment where the prisoner is held, advising on ways to confuse or debilitate the person to act against his or her will, doing psychological or medical examinations to certify the health of prisoners or detainees for interrogation, being present in the interrogation room, suggesting strat-

egies, asking or suggesting questions, or advising authorities on the use of specific techniques of interrogation with particular detainees.

- Psychiatrists may provide training to military or civilian investigative or law enforcement personnel on the adequate care of detained persons, proper cognitive interview techniques, recognizing and responding to persons with mental illnesses, the possible adverse medical and psychological effects of techniques and conditions of interrogation, and other areas within their professional expertise that will not result in harm to the physical or psychological health or well-being of the person.

Many regimes around the world put pressure on the medical profession. If the reader feels this is his/her case or

wishes to contact the WPA Section on Psychological Consequences of Torture and Persecution, the relevant e-mail address is pauperez@arrakis.es.

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DOI:10.1002/wps.20539

The WPA website: rich in content, excellent in performance

The WPA website (www.wpanet.org) has been thoroughly re-designed with state-of-the-art features and has gone live since October 2015. The website is based on a responsive design, which means that the dimensions of its pages now get automatically modified so as to make them properly fit the screens of various devices such as smart phones and tablets.

Media gallery on the website showcases latest photos, videos and audios. Photo gallery shows photos of international conferences and other events. The section on videos and audios contains videos of the speeches of WPA President and other officials as well as various educational videos. The homepage showcases announcements and updates on World Congresses and other WPA conferences in the near future. Latest updates regarding WPA are also given.

The homepage prominently displays the latest news from WPA Member Societies, Scientific Sections, Zonal Representatives and Affiliated Associations, along with the WPA Action Plan¹, the latest issue of the WPA official journal *World Psychiatry* and of the WPA Newsletter, along with all the past issues. The e-learning

section, available for all registered users, includes various educational videos and other materials of clinically relevance.

A specially designed login for WPA Executive Committee members has been introduced in the website, where details of agendas of various meetings are available. A group talk feature is available, where all WPA Executive Committee members can join together for discussions.

The educational section of the website contains details about educational resources, essentials of the WPA international guidelines for diagnostic assessment, along with a public educational gallery which includes several articles on common mental disorders. The website also provides information on how to join a WPA Scientific Section, details on the various Sections, and a list of office bearers. The website is linked with social media such as Twitter, Facebook and the WPA YouTube channel.

World Psychiatry, the WPA official journal, is frequently visited on our website. The new impact factor of the journal is 26.561, consolidating its position as no. 1 among psychiatric journals worldwide. The journal is also now no. 1 in the over-

all Social Sciences Citation Index (SSCI) category. Back issues from 2002, along with translations in several languages, are available for free download.

Several recent WPA documents are available on the website, which include WPA position statements on good psychiatric practice, substance use disorders, safeguarding children, roles and responsibilities of the psychiatrist in the 21st century, mental health and well-being of psychiatrists, cultural competency in mental health care, rights of children and adults with intellectual disability, mental health in the workplace, e-mental health, and homelessness and mental health.

The site's relevance and the popularity of its contents are documented by the fact that it has constantly remained on the high Google page rank of 6. This is an algorithm used by Google that measures how many links point to a website or page, and more importantly the quality or importance of the sites that provide those links.

The performance report of our website for the year 2017 bears testimony to its increasing influence. There has been