The CAPE (Compassion, Assertive Action, Pragmatism, and Evidence) vulnerability index – Second Edition: Putting mental health into foreign policy to address globalization, conflict, climate change, and natural disasters

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ABSTRACT

Background: The CAPE Vulnerability Index serves as a worldwide foreign policy indicator that implies which countries should get assistance first. It provides an evidence-based, well-structured, and well-reasoned strategy for employing aid in bilateral arrangements with mental health as a basis. **Objective:** The second edition of the CAPE VI has been developed to identify which nations should get priority foreign aid. **Materials and Methods:** We considered various indices or measures at the country level reflecting the average national health status or factors influencing public health. To make our choice, we used 26 internationally accessible and verified indicators. For the study, we have scored the countries according to these indices and prioritized those with the worst scores. **Results:** The CAPE Vulnerability Index is based on the number of times a country is ranked among the low-scoring nations. It is based on nine parameters and is an independent measure even though there may be a correlation with similar indices such as life expectancy, disability-adjusted life years(DALYs), physician numbers, and gross domestic product(GDP). **Conclusion:** We concluded that low-scoring countries were fragile or failed states, such as nations where governments lack complete oversight or power, are often oppressive and corrupt, have allegations of violations of human rights, or are marked by political turmoil in different forms, drawbacks from severe environmental damage, severe impoverishment, inequalities, cultural and racial divisions, cannot supply fundamental amenities, are victims of terrorism, and so on. To address these essential problems impacting fragile nations, administrations, aid donors, local organizations, mental health specialists, and associations should collaborate.

Keywords: CAPE, failed state, foreign policy, human rights, mental health

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The CAPE Vulnerability Index is a global foreign policy indicator identifying which countries should get foreign aid first. It provides an evidence-based, well-structured, and well-reasoned strategy for employing aid in bilateral partnerships with mental health as a basis.[1,2] This is the second edition of the CAPE Vulnerability Index, following the first edition published in 2020.[1] To examine and execute the current analysis, we evaluated and assessed the previously utilized 26 worldwide available and verified indices. Indeed, we evaluated numerous indices or indicators at the national level that represent federal health status or variables influencing public health: Health-related variables, medical services, prosperity and poverty, intra-nation disparities, strife and catastrophe, forceful relocation of people, corruption (which impacts inequality), and foreign help. We correlated and graded many health, medical care, financial, and assistance indicators (where applicable): life expectancy, physicians per person, disability-adjusted life years (DALYs), Gini coefficient (intra-country income or consumption inequality), current conflicts (≥1 000 deaths/year), gross domestic product (GDP), refugees classified by region of birth, the Corruption Perceptions Index and outside assistance acquired. We left out Palestine, which, like the Vatican State, has nonmember observer recognition with the United Nations (UN). Furthermore, according to The World Factbook of the Central Intelligence Agency (CIA) and the World Bank, the Palestinian territories have a population of roughly 4.5 million people.[3,4] The World Health Organisation (WHO) maintains a presence in the West Bank and Gaza Strip, constituting sovereign Palestinian territory. Various international agencies, establishments, and nongovernmental organizations (NGOs) have released countless political, security, economic, human rights, and peace assessments and reports on Palestine during the previous 50 years. Any rational study of these would justify including Palestine in the CAPE Vulnerability Index evaluations.

MATERIALS AND METHODS

We looked at numerous country-level indices or metrics that show the national state of health or variables impacting public health. They addressed issues pertaining to health, medical care delivery, prosperity and destitution, intra-nation disparities, strife and catastrophe, forceful displacement of people, corruption (which affects inequality), and foreign help. Numerous health, medical care, financial, and assistance metrics (where available) were cross-referenced and graded. We focused our study on data from 2016, the most recent year for which all indexes were available. We scored countries based on life expectancy, GDP, DALYs (DALYs), physicians per person, Gini coefficient (intra-country income or consumption inequality), present conflicts (≥1000 deaths/year), refugees by nation of origin, Corruption Perceptions Index, and outside assistance obtained.

To investigate and conduct the research, we selected 26 globally available and verified criteria. To track the vulnerability index among nations, this study should be updated and redone every year.

Ethical considerations

The Department of Medical Psychology of the National University of Asunción, School of Medical Sciences, Paraguay, authorized the study.

RESULTS

Twenty-five countries were low-scored in the analysis and considered fragile/failed states.[3-6] Here, we report on the characteristics of the 25 worst-scoring countries [Tables 1-4]:

- **The Central African Republic** has been turbulent since it declared independence from France in 1960. It is now going through an international-monitored phase of transition that includes a referendum on the constitution in addition to presidential and legislative elections. Despite its wealth in gemstones, petroleum, gold, and uranium, it boasts the world's lowest population of 4.8 million people, 42.6% of whom live in cities. The official languages are French and Sangho (lingua franca and national languages). The principal religion is Christianity (89.5%), and a small minority follow Islam (8.5%) and Indigenous beliefs. Life expectancy is 51 years (male) and 55 years (female).
- **South Sudan** won independence from Sudan on July 9, 2011, as a result of the 2005 deal that ended Africa's longest-running civil conflict. When the president and vice president clashed in 2013, civil war erupted again, displacing over four million people. In August 2018, the warring parties reached a shared authority deal to end the 5-year civil conflict. The population in South Sudan is 11.5 million, with 20.5% as urban population. There are 60 different major ethnic groups. The official languages are English and Arabic; however, Juba Arabic, Dinka, Nuer, Bari, Zande, and Shilluk are also spoken. The primary religion in South Sudan is Christianity. Life expectancy is 56 years (male) and 58 years (female).
- **Somalia** is a former British protectorate and an Italian colony created in 1960. It devolved into lawlessness with the toppling of President Siad Barre's military rule in 1991. To consolidate authority, an internationally supported unity government was

Table 1: Health, healthcare, socioeconomic, and aid indicators (where available) for the poorest 10% of countries. Year 2016 except where indicated

Life expectancy (persons) [1]	DALYs (persons) [2]	Physicians per person [3]	GDP (purchasing power/ capita) [4]	Gini coefficient (intra-country income or consumption inequality)[5]	Current conflicts (≥ 1 000 deaths/year) [6]	Refugees by country of origin (number)[7]	Corruption Perceptions Index (CPI)[8]	External aid received[9] (funds/resident population) [9]
Burkina Faso	Afghanistan	Benin	Afghanistan	-	Afghanistan (War in Afghanistan)	Afghanistan	Afghanistan	Angola
Burundi	Burkina Faso	Burkina Faso	Burkina Faso	Belize	Burundi (Burundian unrest)	Burundi	Angola	Azerbaijan
Cameroon	Burundi	Cameroon	Burundi	Botswana	Burundi, Democratic Republic of the Congo (Kivu conflict)	Central African Republic	Burundi	Bangladesh
Central African Republic	Central African Republic	Central African Republic	Central African Republic	Brazil	Cameroon, Chad, Niger, Nigeria (Boko Haram insurgency)	China	Cambodia	Congo
Chad	Chad	Chad	Comoros	Central African Republic	Central African Republic (Central African Republic conflict)	Colombia	Central African Republic	Côte d'Ivoire
Côte d'Ivoire	Côte d'Ivoire	Ethiopia	Democratic Republic of the Congo	Colombia	Egypt (Sinai insurgency)	Democratic Republic of the Congo	Chad	Democratic People's Republic of Korea
Democratic Republic of the Congo	Democratic Republic of the Congo	Guinea-Bissau	Guinea	Costa Rica and Mexico	Ethiopia, South Sudan (South Sudanese Civil War)	Eritrea	Congo	Egypt
Equatorial Guinea	Guinea	Liberia	Guinea-Bissau	Democratic Republic of the Congo	Iran, Pakistan (Balochistan conflict)	Iraq	Democratic People's Republic of Korea	Eritrea
Guinea	Guinea-Bissau	Malawi	Haiti	Guatemala	Iraq (Iraq Civil War)	Mali	Eritrea	Jamaica
Guinea-Bissau	Lesotho	Mozambique	Madagascar	Guinea-Bissau	Iraq, Syria, Turkey (Kurdish-Turkish conflict)	Myanmar	Guinea-Bissau	Kazakhstan
Lesotho	Malawi	Niger	Malawi	Honduras	Kenya, Somalia (War in Somalia)	Nigeria	Haiti	Madagascar
Mali	Mali	Papua New Guinea	Mozambique	Kenya	Libya (Libyan Civil War)	Pakistan	Iraq	Mauritius
Mozambique	Mozambique	Rwanda	Nepal	Lesotho	Mexico (Mexican Drug War)	Rwanda	Libya	Nigeria
Niger	Niger	Senegal	Niger	Namibia	Nigeria (communal conflicts)	Somalia	Somalia	Pakistan
Nigeria	Nigeria	Sierra Leone	Rwanda	Panama	Pakistan (War in Northwest Pakistan)	South Sudan	South Sudan	Paraguay
Sierra Leone	Papua New Guinea	Somalia	Sierra Leone	Rwanda	Saudi Arabia, Yemen (Yemeni Civil War)	Sri Lanka	Sudan	The Gambia
Somalia	Sierra Leone	Tanzania	South Sudan	South Africa	Sudan (South Kordofan conflict)	Sudan	Syria	Togo

Contd...

Table 1: Contd...

Life expectancy (persons) [1]	DALYs (persons) [2]	Physicians per person [3]	GDP (purchasing power/ capita) [4]	Gini coefficient (intra-country income or consumption inequality)[5]	Current conflicts (≥ 1 000 deaths/year) [6]	Refugees by country of origin (number)[7]	Corruption Perceptions Index (CPI)[8]	External aid received[9] (funds/resident population) [9]
South Sudan	Somalia	The Gambia	The Gambia	Suriname	Sudan (War in Darfur)	Syrian Arab Republic	Uzbekistan	Turkmenistan
Swaziland (eSwatini from 2018)	South Sudan	Timor-Leste	Togo	Swaziland (eSwatini from 2018)	Syria (Syrian Civil War)	Ukraine	Venezuela	Uzbekistan
Togo	Swaziland (eSwatini from 2018)	Togo	Uganda	Zambia	Ukraine (War in Donbass)	Vietnam	Yemen	Venezuela

[1]World Health Organization (WHO), Global Health Observatory (GHO) http://apps.who.int/gho/data/node.main. 688?lang=en. www.who.int/entity/gho/publications/world_health_statistics/2017/whs2017_Annex8.xlsx?ua=1. For the year 2016. The ranking was performed by mean life expectancy, which ranged from 60.6 years down to 52.9 years for the 20 countries. Data were not available for all countries. [2] IHME Global Health Data Exchange: http://ghdx.healthdata.org/gbd-results-tool/result/1ebcb0bbf9d8ocf1bf98f27f95cb47da. DALYs are defined as the total years lost due to premature death and years lived with disability – alternatively as years of healthy life lost. Ranking was by DALYs expressed as a rate in 2016. [3] WorldAtlas: https://www.worldatlas.com/articles/the-countries-with-the-fewest-doctors-in-the-world.html. Ranking by number of physicians per million total population. Updated in 2017. [4] IMF: https://www.imf.org/external/datamapper/NGDPDPC@WEO/ADVEC/WEOWORLD. [5]World Bank, GINI index (World Bank estimate) - Country Ranking: www.indexmundi.com/facts/indicators/SI.POV.GINI/rankings. Years 1999 to 2015 for individual countries. The Gini coefficient is an indicator of relative wealth rather than absolute wealth. It is derived from individual and household income data. [6] Wikipedia, List of ongoing armed conflicts: https://en.wikipedia.org/wiki/List_of_ongoing_armed_conflicts#List_guidelines. Ranking for the year 2016 for deaths greater than about 1 000/year. These ranged from about 500 to 50 000 deaths in conflicts that in some cases had been going on for many years; for example, the Balochistan conflict in Iran and Pakistan began in 1948: https://en.wikipedia.org/wiki/List_of_armed_conflicts_in_2016#10,000+_deaths_in_2016.In some of the countries listed there were also other wars going on. [7] World Bank, Refugee population by country or territory of origin: https://databank.worldbank.org/reports.aspx?source=2&series=SM.POP.REFG.OR&country=#. Refugees in 2016 by country of origin using data from the UNHCR and UNRWA. [8] Transparency International, Corruption Perceptions Index 2018, for the year 2016: https://www.transparency.org/cpi2018. [9] Calculated by the present author's as net total official Overseas Development Assistance (ODA) at current prices by countries and the European Union per total population in 2015 using data from the OECD, QWIDS Query Wizard for International Development Statistics: http://stats.oecd.org/qwids and from the UN, World Population Prospects 2019:https://esa.un.org/unpd/wpp/Download/Standard/Population. ODA is defined as government aid designed to promote the economic development and welfare of developing countries. The 20 countries with the lowest ODA per population are listed

founded in 2000, prompting the northern provinces of Somaliland and Puntland to secede. Since 2012, Somalia has continued moving toward peace, although Al-Qaeda-aligned Al-Shabab rebels remain a threat. The Somalian population is 15.9 million, with 46.7% as urban population. The official languages in Somalia are Somali, Arabic, English, and Italian. The primary religion is Islam. Life expectancy is 55 years (male) and 58 years (female).

- **Chad** is a vast semi-arid nation rich in gold and uranium, benefiting from its newly formed petroleum trading position. Insecurity and violence have marked Chad's after-independence time, owing mostly to wars between the majority Arab-Muslim north and the predominately Christian and animist south. Chad emerged as an oil-producing country in 2003, with a $4 billion pipeline connecting its petroleum fields to ports on the Atlantic shore. Nonetheless, it suffers from a lack of resources and chaotic internal affairs. The population in Chad is 16.4 million, with 23.5% living in urban areas. The official languages of Chad are French and Arabic. The major religions are Islam and Christianity. Life expectancy is 49 years (male) and 52 years (female).
- **Niger** is a huge, dry country on the outskirts of the Sahara Desert. The UN has classified it as one of the world's least-developed nations. Since gaining independence from France in 1960, the country has been the subject of a disastrous sequence of revolts in addition to political upheaval. Niger now suffers from severe water shortages, conflict, and severe impoverishment. Slavery (which was only abolished in 2003) violates fundamental human rights. Niger's population is 24.2 million, with 17% being urban population. The official language is French; however, Hausa and Djerma are minority languages spoken in Niger. Niger's primary religion is Islam, but some practice Indigenous religions. Life expectancy is 55 years (male) and 56 years (female).
- **Afghanistan** has been plagued by persistent volatility and violence for so long that its economic growth and facilities are in shambles, resulting in many refugees. Following a horrific civil war, the Taliban implemented harsh Islamic authority before being deposed by a US-led incursion in 2001. They have, however, been on the rise. After 2001, foreign combat forces headed by the North Atlantic Treaty Organisation (NATO) were primarily responsible for safety upkeep, and the official conclusion of NATO's military operation on December 28, 2014, was owing to an increase in Taliban activities. Afghanistan's population is 38.9 million, with 25% being an urban population. The official language is Afghan Persian or Dari, and the second official language is Pashto. The primary religion practiced in

Table 2: Human freedom index 2016

Human Freedom Index 2016*
Algeria
Burundi
Cameroon
Central African Republic
Chad
Democratic Republic of the Congo
Egypt
Ethiopia
Gabon
Iran
Iraq
Libya
Mauritania
Myanmar
Saudi Arabia
Sudan
Syria
Venezuela
Yemen
Zimbabwe

Human Freedom Index: calculated from a multitude of sources covering various ranges of years. See https://www.cato.org/human-freedom-index-new

Table 3: Cape Vulnerability Index, worst 25 countries

Countries (*n*=25)	CAPE Vulnerability Index	Countries	CAPE Vulnerability Index
Central African Republic	99	Burkina Faso	35
South Sudan	99	North Korea	35
Somalia	90	Eritrea	34
Chad	67	Ethiopia	32
Niger	67	Mali	31
Afghanistan	66	Swaziland[x]	31
Sierra Leone	60	Libya	28
Syria	57	Venezuela	28
Nigeria	54	[x] *eSwatini from 2018.*	
Lesotho	53		
Guinea-Bissau	51		
Burundi	44		
Democratic Republic of Congo	44		
Sudan	44		
Mozambique	41		
Iraq	39		
Malawi	39		

Afghanistan is Islam. Life expectancy in Afghanistan is 52 years (male) and 55 years (female).

- **Sierra Leone** is a West African country that was the embarkation site for countless enslaved West Africans during the transatlantic slave trade. The capital, Freetown, was established in 1787 as a haven for deported formerly enslaved people. A horrific civil war concluded in 2002 due to the assistance of the original colonial power, the United Kingdom, and a substantial UN peacekeeping presence. Sierra Leone is a diamond and mineral-rich country. The illegal gem trade, nicknamed "blood diamonds" because of their role in fueling wars, fueled the civil war. The government has said that it aims to crack down on the trade. Sierra Leone is exceptionally impoverished economically, with about half of the working-age people engaged in agriculture for food security. There are significant mineral, agricultural, and fishing resources, but they are currently being exploited as a result of the civil conflict. The population in Sierra Leone is 8 million, with 42.9% as urban population. Sierra Leone's official languages are English, Krio, and a range of African languages. The major religions practiced in Sierra Leone are Islam and Christianity. Life expectancy in Sierra Leone is 51 years (male) and 52 years (female).
- **Syria** is a land of lush plains, rugged mountains, and arid regions, and it is dwelling to a varied cultural and religious population, including Kurds, Armenians, Assyrians, Christians, Druze, Alawite Shia, and Arab Sunnis, the latter of which constitute the vast majority of the Muslim population. Modern Syria obtained independence from France in 1946 but has since experienced phases of political unrest due to the competing demands of these distinct factions. Political control, which a small Alwaite elite had held, has been challenged in a brutal civil war since 2011. The Arab Spring began the war, quickly becoming a complicated battle spanning local and world powers. Since 2011, Syria's economy has also deeply deteriorated, declining by more than 70% from 2010 to 2017. The population of Syria is 17.5 million, with 55.5% being urban population. The official language in Syria is Arabic. Islam and Christianity are the major religions practiced in Syria. Syria has a male average lifespan of 74 years and a female average lifespan of 78 years.
- **Nigeria** has drifted from one military uprising to the next before establishing an elected government. The administration is dealing with the rising problem of keeping the biggest economy in Africa from splintering along lines of religion and ethnicity. Thousands of civilians have perished in assaults led by jihadists in the North-East in recent years. Separatist sentiment has grown, and the installation of Islamic rule in certain northern areas has exacerbated differences and driven thousands of Christians away. Nigeria's instability has further compounded the country's failing economy, limiting foreign investment. Even though the former British colony is one of the world's

Table 4: Cape Vulnerability Index, next worst 54 countries

Countries	CAPE Vulnerability Index	Countries	CAPE Vulnerability Index	Countries	CAPE Vulnerability Index
Guinea	27	Zambia	16	Saudi Arabia	09
Cameroon	26	Tanzania	15	Uganda	08
Egypt	26	Congo	14	Bangladesh	07
Angola	24	Belize	13	Azerbaijan	06
Rwanda	23	Myanmar	13	Honduras	06
Yemen	23	Paraguay	13	Benin	04
Côte d'Ivoire	22	Jamaica	12	China	04
Togo	22	Ukraine	12	Guatemala	04
Kazakhstan	20	Brazil	11	Iran	04
Liberia	20	Mauritius	11	Nepal	04
South Africa	20	Turkey	11	Senegal	03
Kenya	19	Pakistan	10	Costa Rica	02
Mexico	19	Uzbekistan	10	Sri Lanka	02
Namibia	19	Vietnam	10	Timor-Leste	02
Turkmenistan	19	Equatorial Guinea	09	Cambodia	01
Botswana	18	Haiti	09	Comoros	01
Colombia	18	Panama	09		
The Gambia	18	Papua New Guinea	09		
Madagascar	17				
Suriname	17				

top crude oil producers, just a handful of Nigerian petroleum-producing regions have profited. The population of Nigeria is 206.1 million, with 50.3% being an urban population. The official language in Nigeria is English, although Yoruba, Ibo, and Hausa are also spoken. Islam and Christianity are mainly practiced in Nigeria, but Indigenous religions are practiced. Males have an average life expectancy of 52 years, and females have a lifespan expectancy of 54 years.

- **Lesotho** is primarily mountainous, and many communities may only be accessed by carriages, walking, or small planes. The severe climate of the upland plateau and inadequate farming areas in the valleys have resulted in a scarcity of supplies. Thousands of individuals have been compelled to work in South African mines due to a shortage of job options. The Lesotho Highlands Water Project, which exported water to South Africa, finished in 1990. Lesotho has an estimated population of 2.1 million people, with 29% living in cities. Sesotho and English are the primary languages. Lesotho's predominant religion is Christianity. Life expectancy is 51 years (male) and 56 years (female).
- **Guinea-Bissau** is part of West Africa and contributed to part of the Portuguese Empire for centuries. The country was once heralded as a possible model for African growth but is now among the world's poorest. The crucial cashew nut harvest offers a modest livelihood for farmers while also serving as the mainstay of foreign exchange. The country now has an enormous foreign debt and a financial system heavily reliant on international handouts. Guinea-Bissau is presently deeply in debt and largely reliant on international help. It is also a transit center for narcotics from Latin America. By the close of the 1990s, the nation was engulfed in a dispute that drew in Guinea, Nigeria, Senegal, and France, resulting in the president's exile. The population is 1.9 million, with 44.2% being urban population. The major languages are Portuguese and Crioulo. Islam and Christianity are practiced in Guinea-Bissau, although some practice Indigenous religions. Males have an average lifespan expectancy of 47 years, and females have a lifetime expectancy of 50.
- **Burundi** constitutes one of the world's lowest countries, still struggling to recover after a 12-year racial civil war. Since Burundi's independence in 1962, tensions have grown among the Tutsi minority and the Hutu majority. Burundi became the site of one of Africa's most difficult wars when a civil war erupted in 1994. In 1994, a civil war broke out, making Burundi the scene of one of Africa's most intractable conflicts. Burundi's population is 11.9 million, with 13.7% being urban. The official language in Burundi is Kirundi; however, a small minority speaks French, Swahili, or English. The major religion in Burundi is Christianity, although Islam is also practiced. Males have an average lifespan expectancy of 50, while females have a lifetime expectancy of 50.
- **The Democratic Republic of Congo** is a big country with enormous financial assets, which has

recently been the focus of a war that has resulted in massive human misery. The war has already claimed up to six million lives because of fighting or disease and malnutrition. A UN force is struggling to keep the peace. The population is 90 million, with 45.6% being urban. The predominant languages are French, Lingala, Kiswahili, Kikongo, and Tshiluba. Christianity and Islam are the two largest religions. Males have a 58-year average lifespan, while females have a 61-year average lifespan.

- **Sudan** was formerly Africa's most extensive and most logistically diversified state. Sudan was divided into two nations in July 2011 when the citizens of the south opted for independence. Despite South Sudan's independence, after Christian and Animist Sudanese had fought for generations opposing the Arab-Muslim north's authority, there were still unresolved concerns. These issues of shared oil earnings and boundary delineation have remained a contention between the two subsequent republics. This implies that Sudan is still deeply divided, and 1.5 million people have perished due to two cycles of north-south civil war. A battle in the western area of Darfur has driven over two million individuals from their residences and assassinated over 200,000 people. The population is 44 million, with 35.3% being urban population. The major languages in Sudan are Arabic and English. The primary religion practiced in Sudan is Islam. Males have an average lifespan expectancy of 63 years, while females have a lifetime expectancy of 66.
- **Mozambique** acquired its independence from Portugal in 1975. Nonetheless, it is still suffering the ravages of a 16-year civil war that concluded in 1992. Friction between the two parties persisted, raising serious concerns about corruption. In 2011, off Mozambique's coast, the discovery of gas fields expanded economic growth. Notwithstanding, over 50 percent of Mozambique's 24 million people remain poor. The population is 31.3 million, with 37.1% being urban population. Portuguese is the official language, yet several Indigenous languages are spoken, including Makhuwa. Christianity and Islam are major religions practiced in Mozambique, as well as Indigenous beliefs. Life expectancy is 56 years (men) and 60 years (women).
- **Iraq** is home to the world's second-busiest crude oil resources. However, the nation of Iraq has been wrecked by centuries of violence and penalties, as well as serving as a battleground for rival factions since the US-led overthrow of President Saddam Hussein in 2003. Specifically, Shia-led regimes have gained authority but battle with preserving order and security. Amid a prolonged period of ethnic violence, there have only been small moments of peace. Efforts to reconstruct the economy have been hampered by insecurity and subversion. The population is 40.2 million, with 70.9% being urban population. While Arabic and Kurdish are the primary languages of Iraq, Turkmen (a Turkish dialect), Syriac (Neo-Aramaic), and Armenian are commonly used in areas in which native speakers make up the majority of the inhabitants. The major religion practiced is Islam, but 1% of the population practices Christianity. Males have an average lifespan expectancy of 71 years, while females have a lifetime expectancy of 75.
- **Malawi** is a largely agricultural country, which an authoritarian leader headed for the first 30 years of its independence. Most Malawians depend on agriculture for survival, but food availability depends on weather conditions. Over the recent years, Malawi has achieved significant economic growth. Malawi's population is 19.1 million, with 17.4% being urban. The official languages spoken in Malawi are English and Chichewa. The major religions practiced are Christianity and Islam. Males have an average life expectancy of 60 years, while females have a lifetime expectancy of 65 years.
- **Burkina Faso**, which translates as "land of honest men," is an impoverished nation by West African standards. Droughts and military coups have plagued the nation on several occasions. Although the country possesses considerable gold deposits, it has faced internal and international criticism over the health of its financial system and regard for human rights. Burkina Faso was a historic French territory until 1960 when it earned sovereignty as Upper Volta. Burkina Faso's population is 21 million, with 30% being urban. The official language in Burkina Faso is French, but Indigenous languages are also spoken. The major religions practiced are Christianity and Islam, and there are also Indigenous religions practiced. Males have an average life expectancy of 59 years, while females have a lifetime expectancy of 61.
- **The Democratic People's Republic of North Korea** has long been among the world's most clandestine countries and remains theoretically communist. North Korea's military aspirations have exacerbated the country's tight seclusion from the rest of the world. North Korea developed amid the instability that followed the end of World War II in 1948. North Korea's Great Leader, Kim II-Sung, has directed its internal politics for nearly half a century. This rigorous state-controlled structure resulted in immobility and administration based on "the cult of personality." This authoritarian regime has been, and

continues to stand, accused of systemic human rights violations. North Korea's population is 25.8 million, with 62.4% being urban. The official language in North Korea is Korean. The major religions practiced are atheist or nonreligious traditional beliefs. Males have an average lifespan expectancy of 66 years, while females have a lifetime expectancy of 72.

- **Eritrea** is a nation in the Horn of Africa surrounded by Sudan, Ethiopia, and Djibouti, representing a strategically significant location. Following a 30-year rivalry, Eritrea won sovereignty from Ethiopia in 1993, marred by persecution at home and strained ties with its neighbors. Until 2018, it remained intense across the restricted and tightly controlled border, when Ethiopia began a diplomatic drive that officially ended the two countries' long-running war. Eritrea has a one-party government and a militarized population. It is one of Africa's impoverished countries, with protracted violence and severe drought harming its agricultural sector. Eritrea's population is 3.6 million, with 41.3% being urban. The major languages spoken in Eritrea are Tigrinya, Tigre, Arabic, and English. The primary religions practiced are Islam and Christianity. The average lifespan is 63 years (male) and 67 years (female).
- **Ethiopia** is the continent's oldest autonomous country. It hosts the Ethiopian Orthodox Church, one of the ancient Christian faiths, and has a distinct cultural legacy. For five decades, it symbolized African freedom during the region's colonial period underneath Mussolini's Italy. It was also a founding member of the UN and the African headquarters of numerous global organizations. Ethiopia's population is 115 million, with 21.2% being urban. The major languages spoken in Ethiopia are Amharic, Oromo, Tigrinya, and Somali. The primary religions practiced are Christianity and Islam. Males have an average lifespan expectancy of 63 years, while females have a lifetime expectancy of 67.
- **Mali** was governed by several colonial rulers. In the north, Timbuktu was a significant regional trade center and hub of Islamic culture for decades. Mali has undergone droughts, insurrections, a coup, and 23 years of military rule following its independence from France in 1960 until free and fair elections in 1992. France's military engaged in 2013, at the government's behest, to seize Konna and overcome Islamist strongholds. Despite authorities agreeing on a UN-sponsored ceasefire with Tuareg separatists in 2015, tension remained with Tuareg rebels sporadically active in certain parts. Mali's population is 20.3 million, with 43.9% being urban population. The major languages spoken in Mali are French and Indigenous languages. The major religion practiced is Islam, with a minority practicing Christianity. Males have an average lifespan expectancy of 60 years, while females have a lifetime expectancy of 64 years.
- **eSwatini (Swaziland before 2018)** forms part of the world's few absolute monarchies. Previously known as Swaziland, the king announced the country's name change in 2018. As a result, opponents claimed that such a decision was made without consensus and required a constitutional amendment. Sugar is exported from the nation, and most Swazis are employed in South Africa to take their profits home. According to UNICEF, eSwatini has the enormous HIV infection rate in the world. The HIV/AIDS infection has claimed the lives of thousands of Swazis and left thousands of orphans. eSwatini's population is 1.2 million, with 24.2% being in urban areas. The major languages spoken are Swazi and English. The major religions practiced are Christianity and Indigenous religions. Males have an average life expectancy of 54 years, and females have a lifetime expectancy of 60.
- **Libya** has a long history, best known for the 42-year reign of the volatile Colonel Muammar Gaddafi until 2011, following an armed rebellion with Western military assistance. The country is mostly desert and oil-rich and was under foreign rule for centuries. In 1951, Libya gained independence, and the country earned immense wealth following its oil discovery. The nation has served as a significant transit point for migrants traveling to Europe and as a source of international friction over national immigration control between opposing West and East administrations. Libya's population is 6.9 million, with 80.7% being urban. The major language is Arabic, and the major religion practiced is Islam; there is also Christianity. Males have an average lifespan expectancy of 69 years, while females have a lifetime expectancy of 75.
- **Venezuela** is one of Latin America's most densely populated nations. It also boasts among the world's largest known oil reserves and massive amounts of coal, iron ore, bauxite, and gold. However, Venezuelans have been living in destitution, frequently in shanty settlements, some stretching across the slopes around Caracas. The nation's current president, Nicolas Maduro, has had to deal with falling oil prices and an economic and political crisis that has put Venezuela on the verge of catastrophe. Venezuelan population is 28.4 million, of which 88.3% are in urban areas. The official language is Spanish, and a minority speaks indigenous dialects. The major religion in Venezuela is Christianity. The life expectancy is 70 years (males) and 79 years (females).

CAPE vulnerability index

The CAPE Vulnerability Index (**C**ompassion **A**ssertive action, **P**ragmatism, and **E**vidence Vulnerability Index) has been calculated from the number of times each country is listed in the worst 20 within each of the nine parameters examined. The figures and map show the 20 worst countries shaded [Figures 1-13]. The CAPE VI has constructed arithmetically and without weighting from the number of occurrences of the country in the 20 worst-ranked nations for each of the nine parameters. Each of the nine parameters is an independent measure of a particular characteristic. However, it is to be expected

Figure 1: Life Expectancy. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*[12]). Life expectancy (persons, 2016): 20 worst-scoring countries (shaded).Source: World Health Organization: CAPE Vulnerability Index: ©Persaud and Day

Figure 2: Health-related disability-adjusted life years (DALYs).Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*[12]). Disability-adjusted life years (per one hundred thousand persons, 2016): 20 worst-scoring countries (shaded). Source: Institute for Health Metrics and Evaluation Global Health Data Exchange. CAPE Vulnerability Index: ©Persaud and Day

Figure 3: Healthcare provision: physicians per person. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*[12]). Physicians per person (2017): 20 worst-scoring countries (shaded). Source: WorldAtlas, CAPE Vulnerability Index: ©Persaud and Day

Figure 4: Economies: GDP. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*[12]). Gross domestic product (GDP) per capita, current prices (2016): 20 lowest-scoring countries (shaded). Source: International Monetary Fund, CAPE Vulnerability Index: ©Persaud and Day

that there may be correlations between some of them, for example, life expectancy and DALYs, and physician numbers, and GDP. Note that some sources – the Gini coefficient and the CPI – are compound indices based on several individual variables.

DISCUSSION

We can state with assurance that the bottom 25 score countries are weak or failing states. They consist of nations where authorities do not have full power

Figure 5: Inequality: GINICoefficient. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Gini coefficient (2015): 20 worst-scoring countries (shaded). Source: World Bank, CAPE Vulnerability Index: ©Persaud and Day

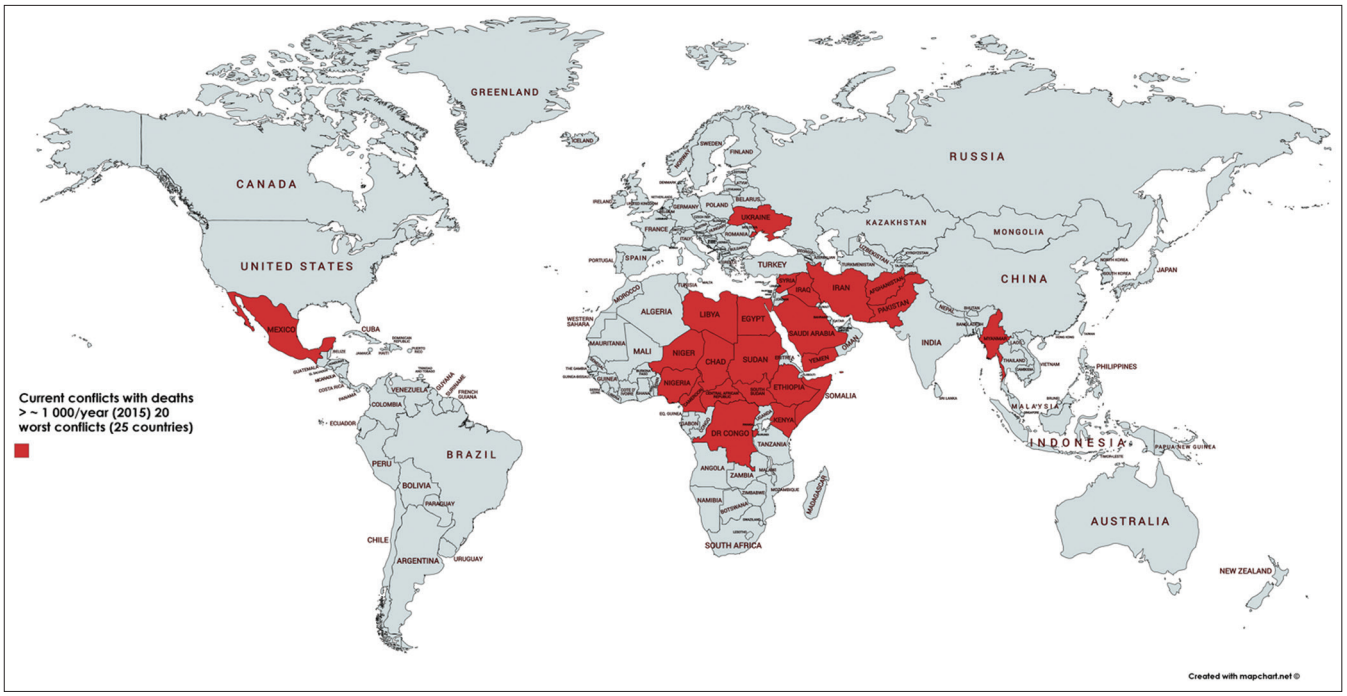

Figure 6: Current conflicts. Globalisation, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Current conflicts, deaths >~1 000/year (2015): 20 worst conflicts: the 25 countries involved (shaded). Source: Wikipedia, CAPE Vulnerability Index: ©Persaud and Day

or legitimacy, are often harsh and tainted, have allegations of serious violations of human rights, and are defined by political turmoil in a variety of drawbacks from excessive climate change, severe impoverishment, inequalities, cultural and racial divisions, an inability to provide fundamental necessities and acts of terror.

CAPE VI and mental health

The whole world is confronting multiple sociopolitical problems, including the continuing COVID-19 epidemic, global population growth, changes in the climate, natural and artificial catastrophes, persistent wars resulting in widespread immigration a rise in refugees and asylum seekers, and so on.[2] Nevertheless, their influence on

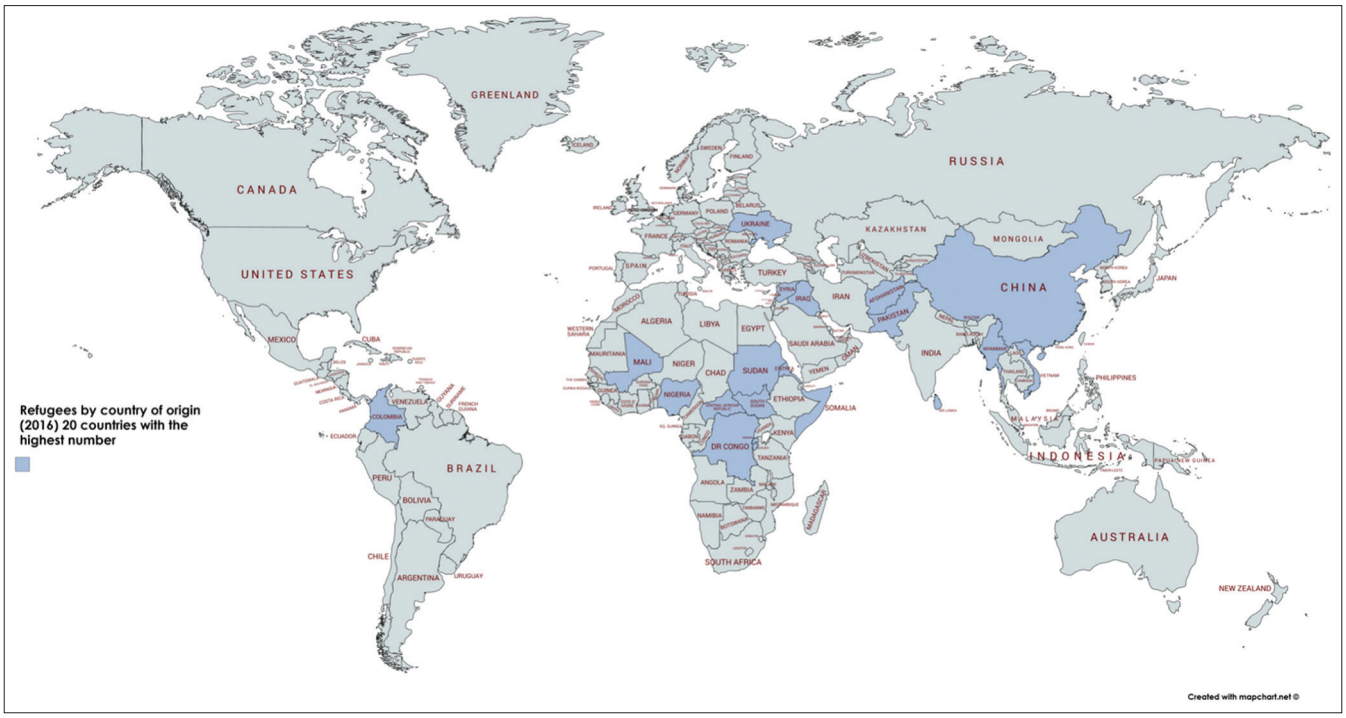

Figure 7: Refugees by country of origin. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Refugees by country of origin (2016): 20 countries with the highest number (shaded). Source: World Bank, CAPE Vulnerability Index: ©Persaud and Day

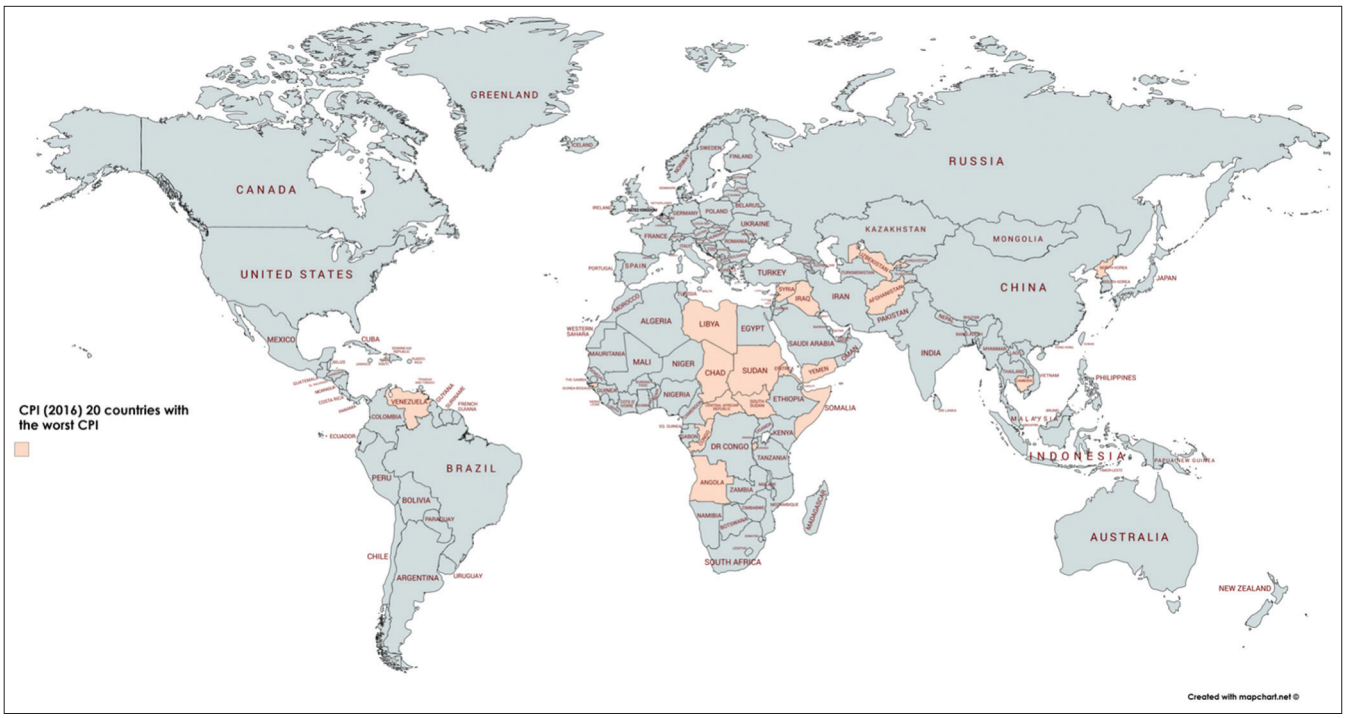

Figure 8: Corruption Perception Index. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Corruption Perceptions Index (CPI, 2016): 20 countries with the worst CPI (shaded). Source: Transparency International, CAPE Vulnerability Index: ©Persaud and Day

one's own, the community's, and environmental mental health are not adequately examined. Even when infectious illness (e.g. COVID-19) is spreading, the priority is generally on infection management without addressing its effect on victims' regret, sadness, and grief or persons' mental health and wellness.

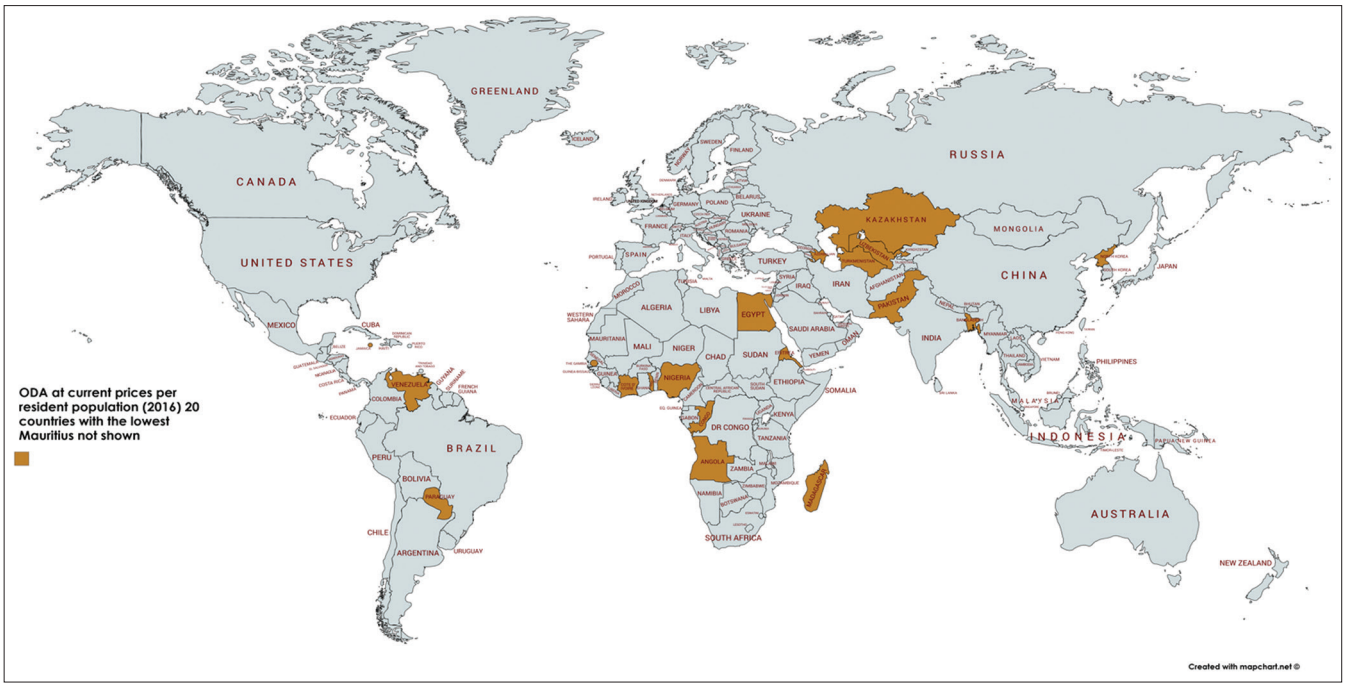

Figure 9: Overseas Development Assistance (ODA) External Aid Received. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Overseas Development Assistance (ODA) received at current prices (2016): 20 countries with the lowest amount received per capita (shaded)**.** *Calculated from data from the Organisation for Economic Cooperation and Development, and the United Nations. CAPE Vulnerability Index: ©Persaud and Day*

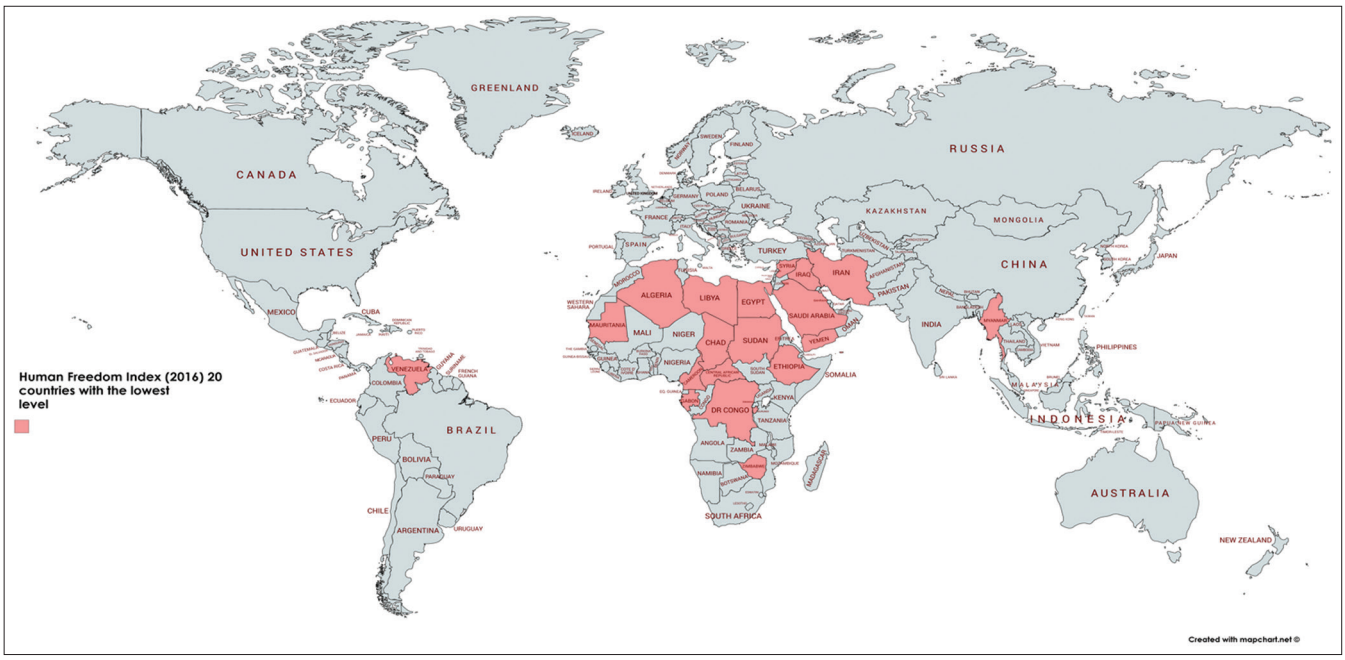

Figure 10: Human Freedom Index. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Human Freedom Index (2016): 20 worst-scoring countries (shaded). Source: Cato Institute, Fraser Institute and the LiberalesInstitut of the Friedrich Naumann Foundation for Freedom, CAPE Vulnerability Index: ©Persaud and Day

Individuals with mental illnesses are constantly subjected to human rights breaches on a worldwide scale. Many medium and low-income nations lack the ability to obtain fundamental mental health care and treatments: the sole remedy provided is through psychiatric facilities, which are frequently harsh and depend on deplorable living circumstances.[7] Indeed, some faiths and cultures see mental disorders as a "weakness" and individuals suffering from them as "unproductive" and "unable to support a family."

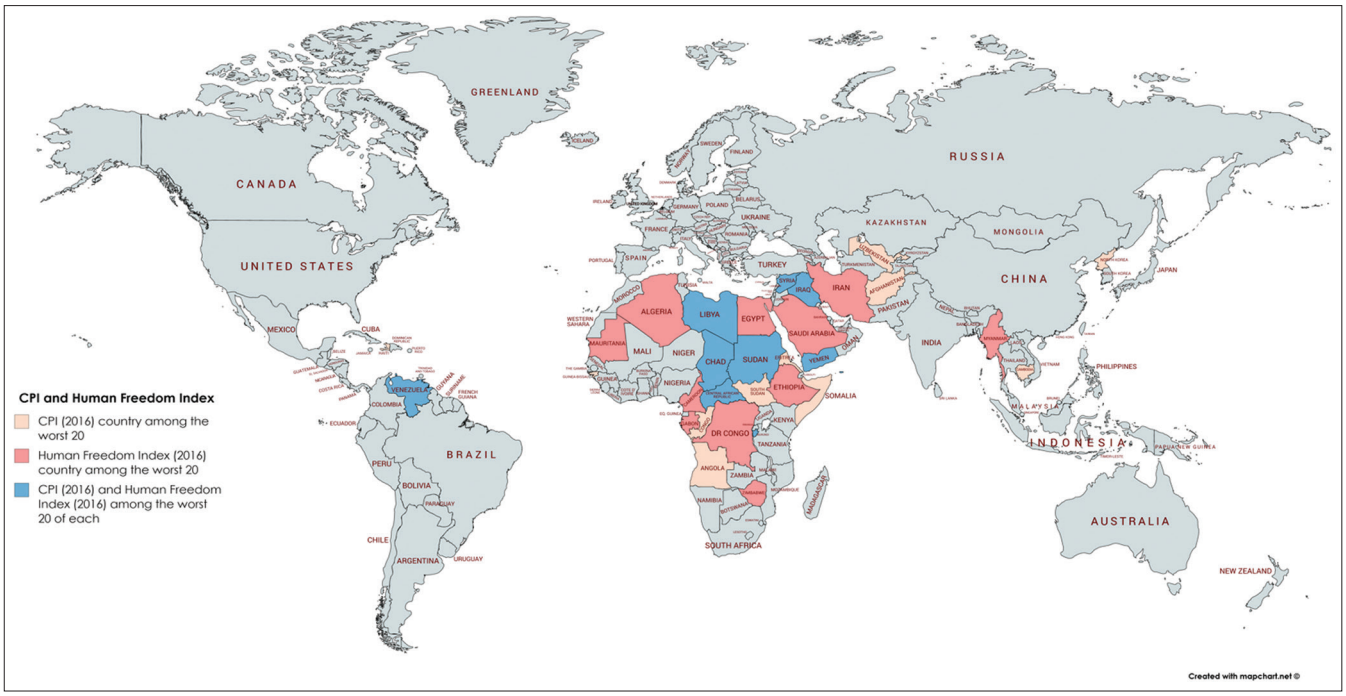

Figure 11: Corruption Perception and Human Freedom. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). Corruption Perceptions Index* [(CPI), 2016] and Human Freedom Index+ (2016): 20 worst-scoring countries (shaded). Sources: Transparency International, and Cato Institute, Fraser Institute and the LiberalesInstitut of the Friedrich Naumann Foundation for Freedom, CAPE Vulnerability Index: ©Persaud and Day

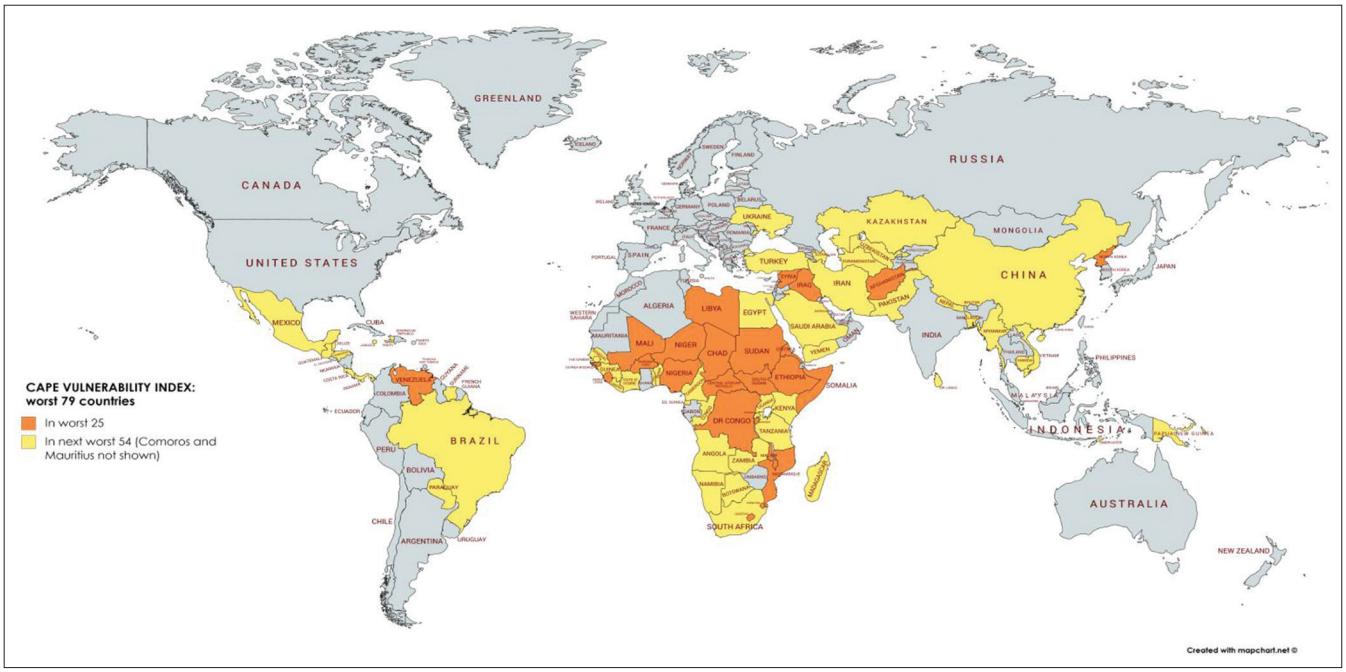

Figure 12: CAPE Vulnerability Index: worst 79 countries. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). CAPE Vulnerability Index 2016: 79 worst-scoring countries (shaded). CAPE Vulnerability Index: ©Persaud and Day

The discrimination associated with mental illnesses needs to be tackled on a global basis. Individuals with mental health disorders claim difficulty getting medical attention for their symptoms, linked to internalized and treated prejudice, notably among ethnic minorities, youths, males, and individuals in the armed forces or health professions.[8] Medical professionals may be influenced by stigma when selecting options about treatment adherence for patients with mental health problems, and based on their own personal encounters with different mentally ill folks, they

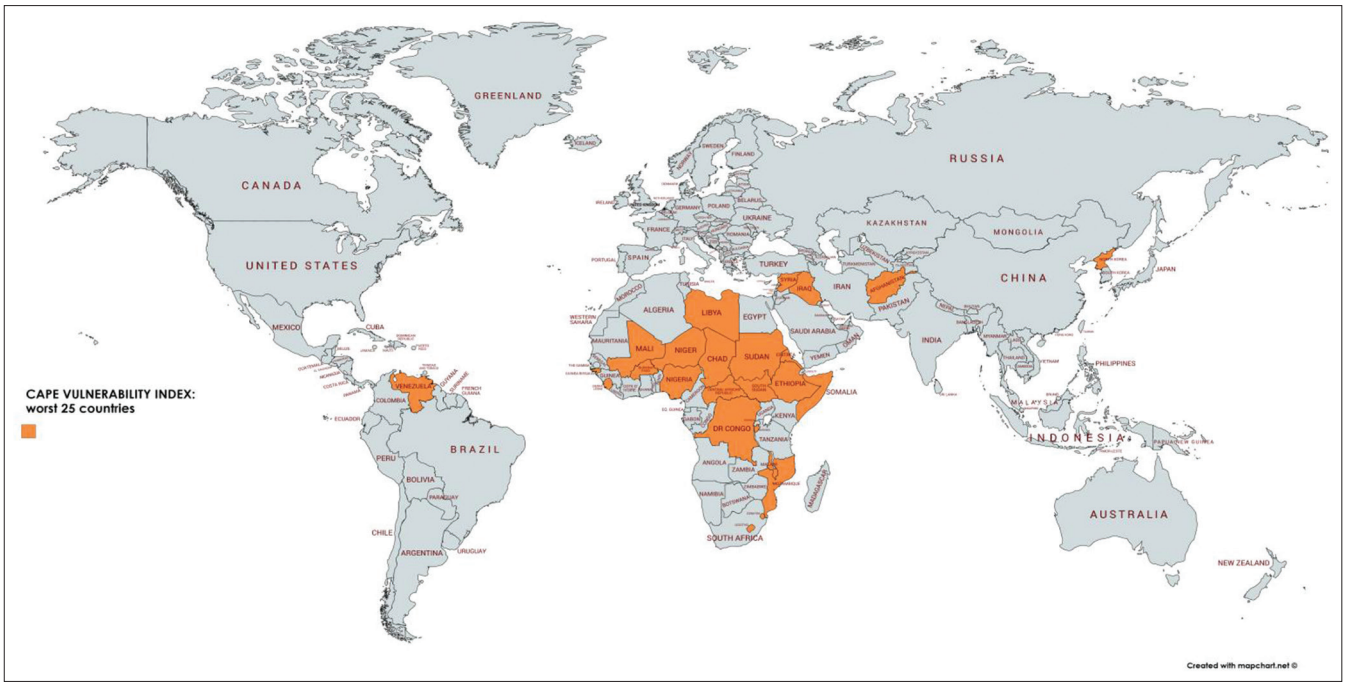

Figure 13: CAPE Vulnerability Index: worst 25 countries. Globalization, Conflict, Natural Disasters: putting mental health into foreign policy (Persaud *et al.*). CAPE Vulnerability Index 2016: 25 worst-scoring countries (shaded). CAPE Vulnerability Index: ©Persaud and Day

may be more hesitant to send the person to a professional or resupply the person's dosage.[9]

Even so, as the COVID-19 pandemic persists, it highlights the negative effects on people's and the community's mental health (regardless of whether they have a preexisting mental disorder or otherwise) as they may have been forced to move as a result of continuing pre-COVID war disputes, impoverishment, and catastrophes.[10] Significant relocation and migration occurrences have increased in the previous two years, resulting in tremendous suffering, misery, and fatalities.[11] Acts of violence (such as that imposed on Rohingya refugees fleeing to Bangladesh), disputes (such as that in the Syrian Arab Republic), or extreme financial and political turmoil (for example, as that experienced by countless Venezuelans) all lead to a rise in the rate of worldwide mobility.[11] Even weather-related dangers (tsunamis in Sri Lanka and Japan; catastrophic disasters in Haiti) cause intentional moving, site shifts, and evictions,[11,12] necessitating international measures to mitigate the effects of climate change. As a result, migration is related to anxiety and mental disease, and calming down in such conditions is typically challenging and goes unreported due to sickness and other health issues.[12]

Psychiatry, human rights, and geopolitics

According to the WHO, health crises have "distinct markers," such as established rules and preparatory measures. However, migration is seldom addressed in applicable policies, which profoundly impacts both migrants and communities.[11] Mental health is an issue of public concern, and having accessibility to treatment is a human rights issue, but both are denied to asylum seekers, refugees, and temporarily relocated persons.[2]

General statements on human rights include the Universal Declaration of Human Rights (United Nations, 1948) and the European Convention on Human Rights (Council of Europe, 1950).[13] The United Nations, however, provides a precise definition of rights for the viewpoint of mental illness in its Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (United Nations, 1991). It emphasizes that each individual has the right to the greatest mental healthcare possible, to be treated with the utmost respect and humanity, and to receive mental healthcare that adheres to globally accepted ethical norms. Furthermore, mental health institutions should be effectively and realistically constituted and funded. Instances involving involuntary patients should be assessed by an unbiased review panel in cooperation with professionals in mental health.[13]

Over the last decade, worldwide migration has become progressively armed as "a political tool" that threatens freedom and promotes municipal engagement to divide populations on the issue of relocation, demotivate the significant benefits that improved migration presents to neighborhoods, and disregard global relocation tales.[11] Conflicts have grown high in nations whose demographics are substantially impacted by the increase in the total

number of refugees, and emotions of ambiguity have produced a duality among the community, with many of the local people believing that their unique values and customs are being wiped out.[14] Apparent prejudice, bad results, and forcible exclusion are closely linked to poor mental and physical wellness, undermining migrants' basic entitlements to heal from trauma and their lack of "purpose of life" as a consequence of worldwide political disparities.[14]

Being a candidate for asylum or refugee does not usually imply having a mental illness. In reality, the rates of psychosis and depression may be comparable with what is observed in community settings.[15] Nevertheless, pre-, peri-, and postmigration hazards that involve conflict and military contact, economic hardship, trauma and assault, and death and missing places may all lead to an elevated likelihood of PTSD (posttraumatic stress disorder) in both children and adults. Children may be sensitive to the intense emotions linked to trauma, discrimination, and bereavement.[16,17] Possibilities for work and enough material resources (shelter, money, food, and security) play a vital role in protecting disadvantaged persons and groups' mental health. Geographical mobility remains a problem following migration, particularly when it is forced[18]; in receiving countries, mental health is frequently prioritized above the offering of professional mental health services once a person has established a mental disease.[19]

By marginalizing and condemning asylum seekers and refugees who may want a "sense of belonging," they are further isolated from essential requirements such as education, job, and healthcare. They are vulnerable to prejudice, assault, and brutality. Along with their dread of deportation, their sentiments of loss and probable cultural shock, as well as the possibility of further prejudice if diagnosed with a mental disease, all influence their desire to seek and receive mental healthcare treatment.[11]

Recommendations

Administrations should seek reliable ways to sufficiently assert their own mental health services in response to emerging and adjusting situations such as the COVID-19 pandemic and the historical and cultural prejudices that their citizens may have, to provide genuine mental health services to their communities.[2]

There is little doubt that the accessibility of local mental health services helps improve integration and reduce seclusion and stigma among mentally ill persons.[20] While solitary people are impacted by mental illness, the sufferers' families and society are strongly engaged.[21] To focus on clinical methods and recovery programs, the family and society must be included to evaluate the sufferers' context, encompassing their psychological, social, financial, and medical requirements. It is well acknowledged that the effectiveness of such tactics in society far outweighs that of the institutional structure.[22] A local mental health service ought to focus on health treatment based on social, cultural, and economic issues in the framework of the bio-psycho-social model.[23] Furthermore, local organizations should encourage equitable access to mental treatment routes for patients of all races, ethnicities, and socioeconomic classes: social justice should inspire modern psychiatry.[21] Psychosocial treatment ought to be offered in accordance with psychological, cultural, and economic standards, and patients ought to receive guidance on socially necessary skills.[24,25] Furthermore, in the context of the present COVID-19 epidemic, several mental health issues have emerged in the communities of less fortunate nations as well as internationally.[26]

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Persaud A, Day G, Bhugra D, Castaldelli-Maia JM, Torales J, Valsraj K, *et al*. CAPE vulnerability index. Int Rev Psychiatry 2020:1-13. doi: 10.1080/09540261.2020.1738093.
2. Torales JC, Castaldelli-Maia JM, O'Higgins MG, Florio L, Almirón Santacruz J, Barrios JI, *et al*. CAPE vulnerability index: Compassion, assertive action, pragmatism and evidence-version for Latin America and the Caribbean (CAPE VI LAC). "Globalisation, conflict, climate change, natural disasters: Putting mental health into foreign policy". An Fac Cienc Méd (Asunción) 2021;54:21-50.
3. Central Intelligence Agency. The World Factbook [Internet]. Langley: Central Intelligence Agency; 2022. Available from: https://www.cia.gov/the-world-factbook/. [Last accessed on 2023 Jan 15].
4. The World Bank. Countries and Economies. Washington DC: The World Bank; 2022. Available from: https://www.worldbank.org/en/projects-operations/country-strategies. [Last accessed 2023 Jan 15].
5. The World Bank. Countries and Economies. Washington DC: The World Bank; 2022. Available from: https://www.worldbank.org/en/where-we-work. [Last accessed on 2023 Jan 15].
6. Worldometer. Population [Internet]. United States of America: Worldometer; 2022. Available from: https://www.worldometers.info/population/. [Last accessed on 2023 Jan 15].
7. World Health Organization. Mental Health, Human Rights and Legislation. New York: World Health Organization; 2022. Available from: https://www.who.int/news-room/fact-sheets/detail/mental-disorders. [Last accessed on 2023 Jan 15].
8. Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, *et al*. What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychol Med 2015;45:11-27.

9. Corrigan PW, Mittal D, Reaves CM, Haynes TF, Han X, Morris S, *et al*. Mental health stigma and primary health care decisions. Psychiatry Res 2014;218:35-8.
10. United Nations High Commissioner for Refugees. Emerging Practices: Mental Health and Psychosocial Support in Refugee Operations During the COVID-19 Pandemic. Geneva: United Nations High Commissioner for Refugees; 2021. Available from: https://www.unhcr.org/5ee2409b4.pdf. [Last accessed on 2023 Jan 15].
11. United Nations. World Migration Report 2020. Geneva: United Nations; 2021. Available from: https://www.un.org/sites/un2.un.org/files/wmr_2020.pdf. [Last accessed on 2023 Jan 15].
12. Persaud A, Bhui K, Ventriglio A, Bhugra D. Refugee mental health. In: Bhugra D, Bhui K, editors. Textbook of Cultural Psychiatry. 2nd ed. Cambridge: Cambridge University Press; 2018. p. 543-51.
13. Kelly BD. Mental Illness, Human Rights and the Law. 1st ed. London: RCPsych Publications; 2016.
14. Ruiz P, Bhugra D. Refugees and asylum seekers: Conceptual issues. In: Bhugra D, Craig T, Bhui K, editors. Mental Health of Refugees and Asylum Seekers. Oxford: Oxford University Press; 2010. p. 1-8.
15. World Health Organization. WHO Europe Policy Brief on Migration and Health: Mental Health Care for Refugees. Geneva: World Health Organization; 2015. Available from: https://www.euro.who.int/__data/assets/pdf_file/0006/293271/Policy-Brief-Migration-Health-Mental-Health-Care-Refugees.pdf. [Last accessed on 2022 Jan 16].
16. McGuinness TM, Durand SC. Mental health of young refugees. J PsychosocNurs Ment Health Serv 2015;53:16-8.
17. Zamani M, Zarghami A. The refugee and immigration crisis in Europe: Urgent action to protect the mental health of children and adolescents. J Adolesc Health 2016;58:582.
18. Warfa N, Bhui K, Craig T, Curtis S, Mohamud S, Stansfeld S, *et al*. Post-migration geographical mobility, mental health and health service utilisation among Somali refugees in the UK: A qualitative study. Health Place 2006;12:503-15.
19. Warfa N, Curtis S, Watters C, Carswell K, Ingleby D, Bhui K. Migration experiences, employment status and psychological distress among Somali immigrants: A mixed-method international study. BMC Public Health 2012;12:749. doi: 10.1186/1471-2458-12-749.
20. Burti L. Italian psychiatric reform 20 plus years after. Acta Psychiatr Scand Suppl 2001;41-6. doi: 10.1034/j.1600-0447.2001.1040s2041.x.
21. Ventriglio A, Bhugra D. Social justice for the mentally ill. Int J Soc Psychiatry 2015;61:213-4.
22. Kaufmann LJ, Buck Richardson WJ Jr, Floyd J, Shore J. Tribal Veterans Representative (TVR) training program: The effect of community outreach workers on American Indian and Alaska Native Veterans access to and utilization of the Veterans Health Administration. J Community Health 2014;39:990-6.
23. Engel GL. The clinical application of the biopsychosocial model. Am J Psychiatry 1980;137:535-44.
24. Torales J, Barrios I, Moreno M. Modelos explicativos en psiquiatría [Explanatory models in Psychiatry]. Rev Ciente UCSA 2017;4:59-70.
25. Castaldelli-Maia JM, Bhugra D. Investigating the interlinkages of alcohol use and misuse, spirituality and culture-Insights from a systematic review. Int Rev Psychiatry 2014;26:352-67.
26. Torales J, O'Higgins M, Castaldelli-Maia JM, Ventriglio A. The outbreak of COVID-19 coronavirus and its impact on global mental health. Int J Soc Psychiatry 2020;66:317-20.