



Dr. Gabriella Gobbi

PERSONAL STATEMENT

Dear members,

I am currently a Professor of Psychiatry at McGill University (Montreal, Canada), where I also direct a laboratory in basic research in neuropsychopharmacology, in addition to my work as a clinical psychiatrist. I submitted my first abstract to the CINP in 1990 in Kyoto as an MD student. As a post-doc I then helped organize the CINP in Montreal in 2002. Later I became a member and served as a Councilor from 2018-2020 and have been Secretary since 2020.

Since the CINP was founded in the fifties, treatment for mental health has made giant steps. Just as an example, I remember reading a file from the archives of an asylum in Rome. The patient was a woman who had developed a post-partum depression after the birth of her second child in 1954 and was subsequently interned in the asylum away from her children until the end of her life. Today, with modern psychopharmacology, we can treat post-partum depression in a relatively short time with personalized and targeted treatments.

We should not forget these steps in psychopharmacology, and neither should we be afraid to look towards the future in a changing and globalizing society where science and personalized medicine are quickly advancing. During my service as secretary, in collaboration with a hard-working Executive Committee, we have made courageous decisions in an effort to transform the CINP into a global organization that spreads science, knowledge and novel treatments for mental health across the world, in both industrialized and non-industrialized countries.

The CINP seeks to grow into a broad worldwide community that brings science to people with the final goal of helping patients globally, without any discrimination.

As President, my vision for CINP is the following:

1. To evolve into a global community, by enhancing translational psychopharmacological knowledge worldwide (from bench to bedside), and by creating and disseminating evidence-based therapeutic guidelines, while considering the social and economic context in each culture.

2. To facilitate scientific and cultural exchange by establishing a dynamic community where clinicians and neuroscientists from South and North America, Asia, Europe, Australia and Africa can exchange cultural experiences in patient treatment. This will also create novel opportunities for research and neuroscience. Consider, for instance, the use of psychedelic treatments in remote South American regions, which are now gaining prominence in more industrialized societies with psychedelic assisted psychotherapy. More scientific exchanges are needed to progress in this field.

3. To harness progress in neuroscience, molecular neuroscience, neuro-devices, artificial intelligence and modern drug-discovery. We must integrate these advancements into clinical applications with a robust translational focus in our meetings and networking groups, fostering collaboration between basic researchers and clinicians.

4. To prioritize education and inclusion. The core mission of the CINP is to provide opportunities for young clinicians and early career researchers to learn from seasoned professionals. This will be achieved through personal interactions during annual meetings, networking groups, and ad-hoc mentorship. Women and minorities must have more prominence in our community, since the CINP believes that diversity is an enrichment for science and for finding the best treatments for patients suffering from mental, neuropsychiatric, neurodevelopmental disorders and addiction.