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Commentary

Special commentary: Vale to Carlos de Mendonça Lima

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There has been a huge crater left on the world psychiatry landscape following the loss of Dr Carlos Augusto de Mendonça Lima, on June 8th 2025. In examining why this loss has been felt so keenly, apart from our personal affections towards him, it is useful to reflect on the breadth and extent of Carlos's contributions as a clinician, advocate, teacher, scholar and leader, achieving the pinnacle of CANMED physician attributes [1]. Of these, it was his leadership for which he will be most remembered. Carlos was "just what the Dr ordered" as a leader, as articulated by Angus [2] (s16): 2009) in a 2009 paper in International Psychogeriatrics: "*In the next decades of the twenty-first century, the global aging of populations will challenge every nation's ability to provide leadership by qualified health professionals to reshape and improve health care delivery systems*." In Carlos we had that leader. Intuitively recognising this global need, knowing that the population of older persons would continue to rise, reaching as high as 1.5 billion people by 2050, he also recognised that those who care for older persons needed training and support, and to work as part of a multidisciplinary team [3]. Carlos was a champion of this school of thought, and we need to be grateful to him for this.

He exemplified both "big and little L leadership"; with big L leadership formally as Chair, European Psychiatric Association Section of Geriatric Psychiatry and Secretary, World Psychiatric Association Section of Old Age Psychiatry, in addition to a range of former positions including President of the European Association of Geriatric Psychiatry and Member of the Board of Directors of the International Psychogeriatric Association (IPA). With "little l leadership," he led by example as an inspirational role model supporting all in his orbit [4], exemplified by his exceptional contributions to the IPA **Advocacy and Public Awareness Committee** from which we had the benefit to gain.

Carlos was a well-trained, and world-trained psychiatrist, receiving his medical degree at the Federal University of Rio de Janeiro, achieving its equivalence in Portugal and in Switzerland, and both completion of his specialization in Psychiatry and his Doctorate in Sciences of Life and Health (PhD) in France. Grounded with a Masters degree in Epidemiology, his vision of promoting the mental health and wellbeing of older persons globally [5] was communicated across boundaries of professions, countries and cultures. This vision was enacted in his work promoting aged care service delivery, teaching, training and research in old age psychiatry globally, helping create and then direct the WHO Collaborating Centre for Psychiatry of the Elderly, and extending his service across four countries (Brazil, French, Portugal and Switzerland) as well as leading the Unity of Old Age Psychiatry at the Centre Les Toises, Lausanne. Carlos was a great teacher and continued to teach at Nova University International Mental Health Programme, Lisbon. He was a champion of the young trainees, who had the benefit of his wisdom from one of his key messages: "*remember that you will one day become old, and you will want to look after the older person the way you want to be looked after*" (Personal Communication to Gabriel Ivbijaro).

Maximising the breadth of his training, his scholarship, unable to be enumerated here, included (but was not limited to): treatments for refractory depression in older people; effect of age on citalopram plasma concentrations in elderly depressed patients [6]; pharmacological interventions to improve quality of life of people with dementia (these unsurprising given his Master degree in Clinical Pharmacology and Pharmacokinetics); as well as non-pharmacological interventions for dementia; suicide prevention in older persons [7,8]; mental health legislation [9] and stress and burnout amongst nursing home and acute geriatric ward staff.

His scholarly work on human rights and older persons knew no bounds, covering stigma and discrimination [10]; deprivation of liberty [11]; older persons facing climate change hazards; older persons in

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situations of risk and humanitarian crises [12]; and right to education [13]. Most importantly, Carlos knew that you could not uphold human rights of an older person without enforcing their dignity, recognising that clinicians had a central role to play in this [14]. Gathering this together, he was instrumental in developing the combined IPA and WPA-SOAP joint statement on the rights of older persons with mental health conditions [15]. However, it was his partnership on the American Journal of Geriatric Psychiatry October 2021 edition – to which he contributed no less than six papers – that remains one of the highlights of his scholarly work. We could not have accomplished it without his steady encouragement, sharp intellect, and tireless commitment.

There was yet another magnanimous side to Carlos, which was about training, and supporting members of the multidisciplinary team, particularly primary care physicians. Carlos championed the central role of primary care physicians in promoting the rights and dignity of older persons [5]. Primary Care was very close to Carlos' heart, embodied in his book: Primary Care Mental Health in Older People [15] which is testimony to Carlos' enthusiasm, garnering contributions from almost 75 authors around the world. Examining the goals of the book provides an insight into Carlos's mission: "*The wider goals of the book are to support the development of community resilience and self-care in older people; to promote universal access and equity for older people in order to enable them to achieve or recover the highest attainable standard of health, regardless of age, gender, or social position; and to promote pathways to care for older people with mental health problems respecting their autonomy, independence, human rights, and the importance of the life-course approach*" [15].

Carlos had the rare ability to combine rigorous science with compelling advocacy. His passion for advocating for the rights of older persons was evident in everything he did. He was instrumental in shaping the **Global Alliance for Human Rights-Based Care and Support,** where his vision and leadership carried us forward in aligning psychiatry, gerontology, and human rights. He helped ensure that our collective voice was heard in numerous **submissions to the United Nations Office of the High Commissioner for Human Rights,** always insisting that dignity, autonomy, and equity must remain central to care for older persons. His insights, guidance, and co-authorship of our contributions to the **UN Open-Ended Working Group on Ageing (OEWGA)** were invaluable. Through our work together, Carlos's voice resonated in UN discussions, adding clarity and strength to the call for a rights-based convention for older persons. He engaged policymakers, clinicians, academics, and civil society with equal ease—always balancing scholarly depth with moral conviction and inspiring collective action while never losing sight of the older person whose rights and dignity he was defending.

And yet, beyond his professional achievements, it is Carlos the person whom we will miss most deeply. His warmth was disarming, his compassion, limitless. His smile could brighten a crowded conference hall or a quiet coffee table conversation, making everyone feel welcome and valued. He had a gift for listening with patience, speaking with conviction, and acting with courage. Carlos was truly an inspiration. Not only because of the remarkable work to which he dedicated himself, but also because of his innate ability to inspire and mobilize others to take action. Sitting with him, one could not help but feel renewed energy and hope for the work ahead. His enthusiasm was contagious, never hesitating to include others in his pursuits, never hesitating to act now for the benefits of older persons. Carlos's warmth, conviction, and leadership left a lasting impression on everyone fortunate enough to know him and to work with him.

We do not apologise for using hyperbolic language here because Carlos was indeed larger than life, and importantly, provided an aspirational model for future old age psychiatrists, regardless of whether they embark on little, or big L leadership. Carlos set for us a benchmark of compassion, integrity, and courage. He was a friend, colleague, teacher and mentor to us all. It is our hope that through modelling, new leaders will develop to inspire the world to advocate relentlessly for the rights and wellbeing of older persons. The most fitting tribute we can offer him is to carry his spirit forward: to smile as he smiled, to listen as he listened, and to advocate with the same fearless passion for the dignity and rights of older persons. Carlos was never afraid to challenge the status quo or speak the truth for the greater good, and to this we will always be grateful.

CRediT authorship contribution statement

Carmelle Peisah: Writing – original draft, Writing – review & editing. **Liat Ayalon:** Writing – original draft, Writing – review & editing. **Kiran Rabheru:** Writing – original draft, Writing – review & editing. **Gabriel Ivbijaro:** Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

References

[1] Kim I, Saint-Georges Z, Cléophat LG. The importance of emphasizing role-modelling in the CanMEDS framework to enhance medical education. Can Med Educ J 2023;14(1):121–2.
[2] Angus J. Leadership: a central tenet for postgraduate dementia services curricula development in Australia. Int Psychogeriatr 2009;21:S16–24.
[3] Banerjee D, Rabheru K, Ivbijaro G, Augusto de Mendonca Lima C. Dignity of older person with mental health conditions: why should clinicians care. Front Psychiatry 2021;12:774533.
[4] Green M, Gell L. Effective medical leadership for consultants: personal qualities and working with others. BMJ 2012;345:e7329.
[5] de Mendonça Lima CA, Ivbijaro G. Mental health and wellbeing of older people: opportunities and challenges. Ment Health Fam Med 2013;10(3):125–7.
[6] de Mendonça Lima CA, Baumann P, Brawand-Amey M, Brogli C, Jacquet S, Cochard N, et al. Effect of age and gender on citalopram and desmethylcitalopram steady-state plasma concentrations in adults and elderly depressed patients. Prog Neuropsychopharmacol Biol Psychiatry 2005;29(6):952–6.
[7] de Mendonça Lima CA, De Leo D, Ivbijaro G, Svab I. Suicide prevention in older adults. Asia Pac Psychiatry 2021;13(3):e12473.
[8] de Mendonça Lima CA, De Leo D, Ivbijaro G, Svab I. Loneliness and abuse as risk factors for suicide in older adults: new developments and the contribution of the WPA section on olde age psychiatry. World Psychiatry 2021;20(3):455–6.
[9] de Mendonca Lima CA. The WHO draft manual on mental health legislation. Psychiatr Serv 2003;54(1):108–9.
[10] de Mendonça Lima CA, Levav I, Jacobsson L, Rutz W. Stigma and discrimination against older people with mental disorders in Europe. World health Organization/ European Regional Office, Task Force on Destigmatization. Int J Geriatr Psychiatry 2003;18(8):679–82.
[11] de Mendonça Lima CA, Banerjee D, Ayalon L, Prasad R, Rothenberg KG, Rabheru K. IPA and WPA-SOAP position statement on deprivation of liberty of older persons with mental health conditions. Int Psychogeriatr 2022;34(11):949–52.
[12] de Mendonça Lima CA, Ayalon L, Banerjee D, Peisah C, Rabheru K. Older persons with mental health conditions in situations of risk and humanitarian crises: contribution of the WPA-SOAP and IPA. Int Psychogeriatr 2024;36(1):9–12.
[13] de Mendonça Lima CA, Ayalon L, Banerjee D, Peisah C, Rabheru K. The right to education throughout the life course, advances, and challenges: contribution of WPA-SOAP and IPA. Int Psychogeriatr 2023;35(8):407–9.
[14] de Mendonça Lima CA, Rabheru K. Dignity and human rights-based care and support for older persons. Acad Ment Health Well-Being 2025;2(2).
[15] (a) Peisah C, de Mendonça Lima C, Verbeek H, Rabheru K. IPA and WPA-SOAP joint statement on the rights of older persons with mental health conditions and psychosocial disabilities. Int Psychogeriatr 2022;34(11):943–7;
(b) de Mendonca Lima CA, Ivbijaro G. Primary care mental health in older people, a global perspective. Springer; 2019. [ISBN: 978-3-030-10814-4].