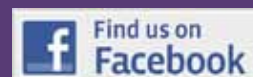




# IACAPAP

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Please contact the editor (jmrey@bigpond.net.au) with news, ideas and reports of  
activities of your association or in your region.**



## President's Column

### EVALUATING PROGRESS BY THE SEEDS WE SOW

**T**he International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) was started in 1935 by a group of European child and adolescent psychiatrists. As a sequel to the sacrifice and commitment of several child and adolescent mental health (CAMH) professionals, the world over, the Association has expanded to involve a membership from all regions of the world. Since its inception over 75 years ago, the IACAPAP has sown a variety of seeds which have led to an expansion of CAMH activities.

In the recent past, there has been a concentrated effort to sow CAMH seeds in marginalized and deprived regions of the world. In making a choice of what CAMH seeds to sow, the IACAPAP has the clear vision of *“a world in which all children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society”*. Through IACAPAP's mission *“to advocate for the promotion of mental health and development of children and adolescents through policy, practice and research and the study, treatment, care and prevention of mental and emotional disorders and disabilities of children, adolescents and their families”*, activities have been drawn up. This mission is accomplished *“through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, the social sciences and other relevant disciplines”*.

A year ago, in June 2010, I was given the privilege of leading IACAPAP's new executive committee (EC). We have received much support from several CAMH professionals around the world including some outstanding and creative proposals. Over the last year we have had the opportunity of building upon a solid foundation of vibrant activities that previous ECs had started and the opportunity to start new ones. I see both the on-going and new activities as *CAMH seeds sown*. I shall now highlight some of the ongoing as well as the new initiatives.

IACAPAP has a rich history of publications, with the first releases dating from as far back as 1948. The monograph series commenced in 1970 and since then each congress has had a book published on the theme of the congress. This is given out to all registered participants at IACAPAP's congresses. For the 20<sup>th</sup> IACAPAP congress in Paris in 2012, Elena Garralda and Jean-Philippe Raynaud are editing a book with the title *“Brain, Mind and Developmental Psychopathology in Childhood”* and several CAMH professionals the world over are involved in this project.

The *“IACAPAP Textbook of Child and Adolescent Mental Health”*, a new and exciting initiative conceived by Joseph Rey, will be launched at the 20<sup>th</sup> IACAPAP congress in Paris in 2012. This digital only textbook (e-book) is being written primarily to meet the needs of CAMH practitioners and trainees in resource-poor settings and will be available free of charge on the IACAPAP web page. Joseph Rey, our current Bulletin Editor will edit this book with an internationally representative six member advisory board of CAMH professionals from Africa, Asia, Central and South America, Europe and North America. The plan is for the e-book to be updated at least once a year and for the content to consist of the latest research, best clinical practice and evidence-based recommendations. CAMH professionals from better resourced and resource-poor regions of the world are volunteering their time, energy and expertise for the benefit of children

around the world. We look forward to the birth of this great initiative which will certainly facilitate partnerships and provide a vital resource for deprived regions. The world will have a CAMH e-text that is available, accessible, acceptable and affordable.

Kari Schleimer, IACAPAP's archivist is also busy putting together a publication of the "*History of IACAPAP*", which will also be released at the Paris congress. We look forward with great anticipation to the Paris congress because, not only will IACAPAP celebrate the release of these key publications, but practice and experience should be evident as Paris hosts the IACAPAP Congress for a the third time, with the congress President at Paris 1986, Colette Chiland, coordinating the Steering Committee for Paris 2012.

IACAPAP now has an Educational Committee chaired and co-chaired by Bruno Falissard and Chiara Servili respectively. They are working with team members from all regions of the world to facilitate the establishment of regional research and training facilities in areas where there is currently no formal training for CAMH and to encourage partnerships between facilities in developed and developing countries. In order to reach the above mentioned objectives, the Committee is currently conducting an international survey to assess priority training needs of CAMH professionals in the various regions of the world and to explore potential mechanisms that can be used to strengthen international research collaborations particularly in low resource settings. The survey link is <https://spreadsheets.google.com/viewform?formkey=dHhQQ09hT0NGVUNHcTZpbHI0Ni04cVE6MQ>.

IACAPAP is now on Facebook. Please join us at <http://www.facebook.com/pages/lacapap/148491691862293?sk=wall>. The new web page <http://www.iacapap.org> should be available by June 2011. We welcome you to navigate through the world of CAMH using our sites. Updates on other programmes such as the Donald Cohen Fellowship Programme, the IACAPAP Helmut Renschmidt Research Seminars and the new Early Career and Trainee Section are highlighted in these sites. IACAPAP's Declarations and Statements are also found there to assist CAMH professionals and policy makers with their work.

After the tsunami disaster in December 2004, IACAPAP had a committee develop the "*IACAPAP Statement of Responses to Natural Disasters*". I received an email from Joaquin Fuentes, an IACAPAP Vice President reporting on a CAMH professional, Rodrigo Escobar, in Japan providing help and support following the recent earthquake and tsunami. Rodrigo Escobar reported that his team had obtained the IACAPAP statement on natural disasters, had translated it into Japanese and were using the guidelines to provide the much needed CAMH care. I do not think any part of the world has been spared the excruciating pains that have come with natural and man-made disasters in recent months. For some regions the scale of suffering and the extent of damage have simply been cataclysmic. Each affected region need organised CAMH care and the IACAPAP statement for natural disasters is a readily available resource.

We are hopeful that the CAMH seeds we are sowing will germinate, grow and yield a *bountiful harvest* of good mental health for children and adolescents. In the meantime we continue to evaluate our progress not by the harvest they produce, which could be hard to define, but for now, by our focus on sowing quality seeds into CAMH.



**Olayinka Omigbodun** MBBS, MPH, FMCPsych, FWACP  
President



# JAPAN'S EARTHQUAKE

YOSHIRO ONO

A powerful earthquake with a magnitude of 9.0 in the Richter scale and the subsequent ferocious tsunami devastated northern Japan on March 11, 2011. Dozens of cities and villages facing the Pacific Ocean almost vanished at once and tens of thousands of people lost everything including their homes. The total number of deaths is estimated to be as many as 25,000. The quake and tsunami also seriously damaged a nuclear power plant, which forced people living within a 30 kilometer range to evacuate because of high radiation levels.

These massive disasters caused enormous stress on children and adolescents as well as adults, the whole family suffered. At this time, it is reported that more than 130 school-aged children and adolescents have lost both their parents. Moreover, most schools in these areas have been used as shelters, making it difficult for children to resume regular school activities. Thus, intensive mental health care for the children and

adolescents who experienced the disaster is an urgent challenge.

We have often experienced big earthquakes in the past and mental health care activities for afflicted children and adolescents have become more common since the Hanshin-Awaji earthquake disaster in 1995. In this type of disaster, mental health professional teams had begun to provide mental health care within a week. However, because the current disaster is so massive, mental health care needs are larger than ever experienced. Thus, a large-scale mental health care response will be necessary for quite a large population in the afflicted areas. The committee on natural disasters of the Japanese Society for Child and Adolescent Psychiatry has been working with the Ministry of Health, Labor and Welfare as well as with other relevant medical associations to develop mental health services for afflicted children and adolescents and their families.

I was sent to Kamaishi in Iwate prefecture as a mental health team member twice (March 28-April 1 and April 28-30), where I visited more than a dozen shelters and talked with many victims including children and their parents. It was harrowing for me to see a 4-year-old boy at play arranging wooden blocks like a town and then sweeping them aside while crying "tsunami! tsunami!" Although referrals to mental health teams are less common now, we need to take very good care of these children and adolescents.

There is no doubt that it will take a long time for us to entirely recover from the damage by the disaster. However, we believe we can overcome unprecedented crises and are ready to make all possible efforts to support these young people and their families.

Finally I would like to express our country's gratitude to our friends across the world who have been helping and encouraging us. I hope to report further progress in the near future.



Clockwise from top: fisherman's village destroyed by the tsunami; the author at the temporary medical station of the Red Cross in Kamaishi; a town after the quake and tsunami looks like the aftermath of a war; a school (in the background) destroyed by the tsunami surrounded by debris.



# IACAPAP'S EARLY CAREER AND TRAINEES SECTION

*Norbert Skokauskas (Ireland), Jibril Abdulmalik (Nigeria)*

Psychiatry globally is stigmatized among the medical specialties, with child and adolescent psychiatry in particular, also suffering from neglect and stigmatization within psychiatry itself. It is therefore important to ensure that young professionals and trainees working in the area of child and adolescent mental health are able to benefit from a platform that helps to improve their expertise, exchange ideas and collaborate on research projects with peers and colleagues from all over the world.

As two early career child and adolescent mental health professionals working in a resource-poor and better-resourced region of the world, we identified the need to have a forum for early career and trainee child and adolescent mental health professionals to come together. We submitted a proposal to the IACAPAP Executive Committee and this was well received. The IACAPAP Secretary-General Professor Daniel Fung agreed to coordinate this initiative alongside Jibril Abdulmalik (Nigeria) and Norbert Skokauskas (Ireland) and an action plan was put together. Early career Child and Adolescent Psychiatrists and allied professionals from Canada, Spain, Japan, the USA, Finland and Australia joined Jibril Abdulmalik and Norbert Skokauskas to work on this proposal and an initiative group was formed.

The section aims to complement existing IACAPAP activities and initiatives and to provide a largely online-based platform that would allow early career and trainee child and adolescent psychiatrists and allied professionals to network on a continuous basis, share ideas and experiences and build a foundation for stronger professional networks of cooperation into the future.

The establishment of the Section aims to boost professional/educational growth and collaboration among young IACAPAP members, with the following objectives:

1. To provide a scientific and academic backbone for young IACAPAP members.
2. To provide a common platform to collaborate on clinical and research interests.
3. To actively engage and attract progressively-minded young colleagues the world over to a hub where they can learn, exchange ideas and explore scientific frontiers with their peers.
4. To provide a solid academic platform that can benefit from the mentorship of a global pool of teachers and experts.
5. Attract funding support and grants for international collaborative projects by young IACAPAP researchers.
6. Seek to create competitive opportunities for research fellowships and/or mentorship for young IACAPAP members for professional development and cross-cultural learning and experiences.

Suggestions and ideas are also very welcome, as we look forward to receiving your support, in our bid to tap into the potential and enthusiastic energy of young colleagues to consolidate and nurture interest in child and adolescent mental health (CAMH).

Please send same to the following e-mails: ([n\\_skokauskas@yahoo.com](mailto:n_skokauskas@yahoo.com); [jfutprints@yahoo.com](mailto:jfutprints@yahoo.com))



**Do you want to stay updated with IACAPAP's news?**

**Do you want to receive information on meetings all over the world?**

**Do you want to stay updated with the most recent research findings in child and adolescent mental health?**

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Young professionals at the IACAPAP Beijing Congress 2010.



# WORLD PSYCHIATRIC ASSOCIATION

## Guidelines about Relationships with Pharmaceutical Companies

In December 2010, the World Psychiatric Association (WPA) published a document by its Standing Committee on Ethics that provides guidelines for relationships with the pharmaceutical industry of psychiatrists, health care organizations working in the psychiatric field and psychiatric associations. The full document can be accessed at [http://www.wpanet.org/uploads/About\\_WPA/Consensus\\_Statements\\_and\\_Declarations/Declarations\\_on\\_Ethical\\_Standards/WPA-Committee-on-Ethic.pdf](http://www.wpanet.org/uploads/About_WPA/Consensus_Statements_and_Declarations/Declarations_on_Ethical_Standards/WPA-Committee-on-Ethic.pdf)

In summary, the recommendations are:

### Patient Care

- Psychiatrists should be aware that the primary role of pharmaceutical representatives is to market medications and other products, and that the information received from such sources may not be completely objective.
- Concerns about influence on their prescribing practices may lead some psychiatrists to choose not to meet with pharmaceutical representatives. Psychiatrists who continue such meetings should be aware of the data indicating the likelihood of subtle influences on their behavior, and should never rely on pharmaceutical representatives as a primary source of information about treatments.
- Pharmaceutical representatives should be required to make appointments to see psychiatrists and should never be involved in patient encounters.

### Meals

- Psychiatrists should forego offers of meals from pharmaceutical companies for themselves and for their staff members.

### Gifts, including materials carrying logos

- Psychiatrists should not accept gifts from pharmaceutical companies, and should ensure that logoed items carrying companies' logos do not appear in patient care areas.

### Samples

- Psychiatrists should be aware of the reasons why pharmaceutical companies may distribute samples. If they continue to accept medication samples, they should do so only for patients who would otherwise be unable to have access to medications.

### Formularies

- Health care organizations working in the psychiatric field should develop policies prohibiting persons with financial relationships with pharmaceutical companies from serving on institutional formulary committees.

### Research

Physicians and medical organizations, and less commonly professional associations, that conduct research play critical roles in advancing medical knowledge. In many parts of the world, a substantial proportion of funding for clinical research comes from industry, which has an interest in demonstrating the efficacy of its products. Industry-funded research can yield valid and important results, so long as its integrity is protected from adverse influence. Preservation of public trust in the integrity of the research process is critical to maintaining public support and funding for the research enterprise. When

investigators, organizations or associations have relationships with industry, concerns can arise about the independence and objectivity of the research they pursue.

- Psychiatrists with more than a minimal financial relationship with a pharmaceutical company (excluding grant or contract support for the research itself) in general should not engage in research involving that company's products. In those uncommon instances in which an exception may be appropriate, organizationally-based investigators should seek review by their institution's conflict of interests committee.
- Psychiatrists engaged in research should affirmatively disclose the existence and nature of their relationships with industry to potential research subjects.
- Psychiatrists should avoid entering into research contracts with industry that contain provisions allowing the company to restrict publication of research findings or giving the company the right to control how the findings are presented.

### Education

- Psychiatrists should avoid participating – as speakers or attendees – in educational presentations in which the speaker does not directly control the content of the presentation.
- Psychiatrists should not accept funding from the pharmaceutical industry for educational presentations unless they have control over the topic and content of their presentations.
- Psychiatrists, health care organizations working in the psychiatric field and psychiatric associations should develop educational programs on how to avoid or manage problems that can arise from relationships with the pharmaceutical industry.
- Psychiatric associations should seek to minimize reliance on industry support of their activities. Public disclosure should be made of all industry support, and association leaders should disclose their relationships with industry on at least an annual basis.



Dr. Larry M. Greenbaum, rheumatologist in Greenwood, Indiana (USA) has made a point of collecting ballpoint pens advertising medications (New York Times, December 30, 2008).

# NEW ZEALAND

## Letter from Christchurch

On Tuesday, 22 February 2011 and earthquake of magnitude 6.3 (Richter scale) hit the Canterbury region in New Zealand's South Island. Christchurch, New Zealand's second-most populous city, was particularly affected. This earthquake followed nearly six months after the magnitude 7.1 earthquake of 4 September 2010, which caused significant damage to Christchurch and the central Canterbury region, but no fatalities.

One hundred and eighty one people from more than 20 countries were among the victims, making it the second-deadliest natural disaster in New Zealand's history. The earthquake caused widespread damage across Christchurch, especially in the central city and eastern suburbs, destruction was exacerbated by the fact that buildings and infrastructure had been already weakened by the previous earthquake and its aftershocks.

*Dear Colleagues,*

*Things have moved on in Christchurch. Yes, we are still having aftershocks but actually they are not too bad and the rocks on the hills are being stabilised. The reality of life in Christchurch is that the roads are now open, albeit some of the inner city is still closed around the dangerous building drop zones, and the traffic is moving again. The council have done an amazing job repairing the roads and so the ruts that used to challenge even the most agile suspension are now being smoothed out. There are still portable toilets around but you don't have to boil the water and the power is back on. However, community exhaustion is setting in as we start living in "the new normal".*

*Ten high schools around town are "double bunking" which is particularly stressful for teachers as they have to compress the educative material into shorter periods of time. There is also the added inconvenience of having to move out of classrooms and not having anywhere for the students to leave their things. In addition, students are taken by bus across town for the afternoon session and then have to go home late at night when it's dark. The disruption to family routines, child care etc. is pretty significant.*

*The rebuilding of a city is being talked about, but the reality is that still much needs to be demolished. Repair work is slowly starting to happen but Earthquake Commission hold ups are legion.*

*On the working front, most of the lawyers offices have now relocated into different parts of town and the coffee bars in those areas are frenetic. Many small businesses have not been able to establish themselves and the expected rise in unemployment, financial strain and family strain is coming our way.*

*There has been a lull in referrals so mostly we have not been too busy but this is now been countered by an exodus of staff. Our young colleagues and those who have no ties to the city are leaving for greener pastures and who can blame them?*

*On the medical front, we are also sadly losing one of our consultants to Nelson – lucky them. This is going to create somewhat of a crisis on the inpatient units and we are now advertising frenetically internationally. Of course, the chance of getting any takers is very slim. Therefore, if any of you wish to come and help Christchurch for a few weeks, a month or maybe two as a locum on the inpatient service. It is fully funded and the opportunity is awaiting you.*

*Maybe you've always fancied yourself as an inpatient consultant but never had the chance? Of course, we can't match Australian locum rates, but maybe you would like to ski this winter – good season predicted. There is a particularly lean patch from the 27th June to the 1st August.*

*Warmest regards*

*Stephanie*

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# The Yale Child Study Center Centennial

## An International Perspective

Andrés Martin, MD, MPH, Phyllis Cohen-Gladstein, EdD



The Yale Psycho Clinic, circa 1932. Below, the Yale Child Study Center today.



*'A long tradition of international collaboration that continues to this day'*

The “Psycho-Clinic” of the New Haven Dispensary, a single room given in 1911 to Dr. Arnold Gessell, was the origin of today’s Yale Child Study Center. The pioneering Gessell became the center’s first director, and during the decades of his leadership travelled widely in America and Europe, sharing lantern slides of his photographic atlases of child development. Thus began a long tradition of international collaboration that continues to this day.

To look back at the center’s hundred-year history through an international lens is an exercise that soon intersects with IACAPAP. Indeed, Dr. Al Solnit, the center’s third director, was the tenth president of IACAPAP (1974-1978). Solnit was a leader committed to international partnerships. He was an avid traveller who toyed with the idea of moving to Israel, a country he visited often during his life, including for a sabbatical at the University of the Negev. Solnit established a close working relationship with Anna Freud, with whom he coauthored ‘The Best Interests of the Child’ book series. Their collaboration continued after her passing, with Solnit’s critical role in establishing the Anna Freud Centre in London. Peter Neubauer, Alice Colona, and Donald Cohen were American colleagues involved as board members in the Anna Freud Centre’s early years. The collaboration ‘across the pond’ that began in Solnit’s time has continued and has been reinvigorated in recent years, as described below by Dr. Linda Mayes. Solnit also forged strong relationships in the Netherlands and became a member of the scientific advisory board of the Sophia Foundation for Medical Research in Rotterdam. During his tenure as president, Solnit oversaw the IX Congress of IACAPAP (‘Vulnerable Children’, 1978) the first of two held in Melbourne. A year later Solnit organized a study group in Senegal, in close collaboration with IACAPAP stalwarts Drs. E. James Anthony, Collette Chiland, Gerald Kaplan, and Serge Lebovici.

Also in attendance at the Senegal meeting was Dr. Donald J. Cohen, whom Solnit had recently recruited as director of research. Cohen became deeply immersed in IACAPAP activities from the outset, and became a vice president at the Paris Congress of 1986. As president (1992-1998), Cohen led the thirteenth Congress in San Francisco (‘Violence and the Vulnerable Child’, 1994) and the fourteenth, in Stockholm (‘Trauma and Recovery’, 1998). An observant Jew with deep ties to Israel and a lifelong preoccupation with the Holocaust, Cohen dedicated much of his creativity to understanding the psychological impact and intergenerational transmission of trauma – whether in inner-city New Haven or halfway across the world. One of his proudest achievements as IACAPAP president was helping to establish the Eastern Mediterranean Association of Child and Adolescent Psychiatry (EMACAPAP), with Dr. Amira Seif Eldin of Alexandria as its first president, and to oversee efforts for Israeli-Palestinian collaborations centered on a joint commitment to children’s wellbeing. Those efforts continue to this day, as described below by long-term scientific and international collaborator Dr. James F. Leckman.



Past presidents at the IACAPAP San Francisco Congress, 1994. Foreground: Al Solnit (USA); middle row, from right to left: E. James Antony (USA), Colette Chiland (France), Mary Philips (widow of the late Irving Philips, USA); back row: Donald J. Cohen (USA), Reimer Jensen (Denmark), Lionel Hersov (UK).

With each passing decade, the Yale Child Study Center has continued to grow its ‘footprint’ of international collaborations. As described below by Drs. Britto and Ponguta, there are few countries today with which the Center does not actively participate in some way: the center has become a hub of partnerships across borders. Especially rewarding are those working relationships and exchanges for young visiting scholars that have been forged around the globe, such as the ones described by Dr. El-Fishawy in the final piece that follows.

# The Yale Child Study Center Centennial

Yale Child  
Study Center

SINCE 1911

childstudycenter.yale.edu

As it enters its second century, it is fitting that new generations of Yale Child Study Center faculty and trainees are now a part of the same organization that Drs. Solnit and Cohen helped nurture and develop during their lifetimes. It is particularly gratifying that in Berlin (2004), Melbourne (2006) Istanbul (2008), Beijing (2010), and Paris (as planned for 2012) IACAPAP Congresses have included a thriving Donald J. Cohen Fellowship Program through which to support the travel and participation of young scholars hailing from around the world – all the while honoring the legacy of our past leaders and rich traditions.

## The Bridge

### The Anna Freud Centre / Yale Child Study Center Collaborative Program

Linda C. Mayes, MD

The Yale Child Study Center (YCSC) is host to a collaborative clinical, research, and training program called “The Bridge” that represents an active link between the Anna Freud Centre (AFC) in London and University College London (UCL). There is a long tradition of collaboration between The AFC and the YCSC – two institutions dedicated to the well-being of children and their families. Anna Freud’s collaborations with Yale were extensive, involving the medical and law schools and colleagues in the community and clinical faculty. Ms. Freud spent much time at the Yale School of Medicine, working with Professor AI Solnit, then Director of the YCSC, undertaking innovative work for children in the legal system. To this day the volumes from the Freud-Solnit-Goldstein collaborations are standards in the field of jurisprudence involving children.

A renewed formal AFC / Yale Bridge Programme was launched in 2005, with the appointment of a new leadership for the AFC that included Drs. Linda Mayes from Yale and Peter Fonagy and Mary Target from UCL. This “Directorial Team” initiated a collaborative program of educational and research work to support clinical activities on both sides of the Atlantic. This multidisciplinary Bridge partnership spans not just geographical distance but also links basic and clinical science, and brings together psychoanalysts and therapists from other modalities, with developmental, cognitive and neuroscientists in order to address important outstanding questions about child mental health from a whole person perspective. Both Yale and UCL are champions of the global university – Yale (ranked second in the world) and University College London (UCL) (ranked fourth in the world). In parallel with the AFC / Yale Bridge Programme, an Inter-University Research Alliance was signed in October 2010 between Yale and UCL Medical Schools to create a partnership in biomedical research and clinical care.

The Bridge Programme is based on

the active exchange of scientific and clinical knowledge, learning and experience across the YCSC and the AFC. This involves joint programs and personal collaboration between scientist practitioners at the two institutions. Core activities in the Bridge include a developmental neuroscience and psychopathology two-year master’s program in which students spend a year in London at UCL and the AFC and a second year at Yale completing their thesis. The program, now entering its sixth year, has attracted students from around the world and prepared them to enter PhD and research positions also international in scope. The Bridge also offers a yearly training program for scholars interested in integrating psychodynamic perspectives with contemporary developmental, neuroscience, and psychopathology methods. Another key element of the Bridge is the two parallel neuroscience labs on each side of the Atlantic for conducting coordinated developmental neuroscience research. The Developmental Neuroscience Labs at Yale and the Anna Freud Centre use high-density array electroencephalography to study key questions in social neuroscience such as the impact of chronic stress and trauma on

children’s reward sensitivity and response to loss and also the impact of stressors on parental sensitivity. A key element of the Bridge scientific activities is to advance understanding of the fundamental brain mechanisms implicated in emotional development and the ways in which the environment (e.g. trauma, adverse care) may influence the development of the brain. Shared clinical projects are a part of the Bridge and include intensive home- and center-based services for new mothers and their infants, and a range of mentalization-based therapies for families and adolescents. Finally, the Bridge hosts a yearly conference bringing together scholars from the US and the UK with themes including mentalization-based therapies and social neuroscience and relevance for developmental psychopathology.

**The Bridge  
Programme**  
A partnership of Anna Freud Centre,  
UCL and Yale School of Medicine



‘The Bridge’ Directorial Team. From right to left: Linda C. Mayes (Yale Child Study Center), Peter Fonagy (Anna Freud Centre), Mary Target (University College London)

# The Yale Child Study Center Centennial

## ERICE & Peace-by-Peace

### Child mental health initiatives to promote peace in the Middle East

James F. Leckman, MD



Team  
ERICE,  
Florence  
2007

Donald J. Cohen, the 14<sup>th</sup> President of IACAPAP, was committed to forging closer ties between Israel and Palestine through contacts and visits with various psychiatrists, psychologists, and social service agencies active in Gaza and the West Bank. In 2000, under the leadership of Donald J. Cohen, plans were in place for IACAPAP to convene its international congress in Jerusalem. Sadly, that meeting in Jerusalem never took place, but Donald's vision lives on in two organizations: ERICE and Peace-by-Peace.

#### ERICE

ERICE (Empowerment and Resilience in Children Everywhere) is a partnership of Israeli and Palestinian child mental health professionals that works to promote child and family well-being throughout Israel and Palestine. The ERICE initiative was begun in June of 2004 at the Jerusalem Cinematheque by Drs. Ruth Feldman, James F. Leckman, and Shafiq Masalha. Professor Ernesto Caffo and Dr. Leckman then organized the first meeting of ERICE, which was held in the Italian Embassy in Berlin as an adjunct to a meeting of the 2004 IACAPAP Congress. ERICE is currently led by Drs. Al Hazem N. Ashour, Esti Galili-Weisstub, and Mustafa Qossqosi. ERICE is affiliated with a number of leading Israeli, Palestinian, Italian and American Universities, including: Al-Quds University, Tel Aviv University, Hebrew University, Bar-Ilan University, University of Rome, the University of Modena, and the Child Study Center and the MacMillan Center at Yale University.

Several joint projects are currently underway:

- *Assessing post-traumatic distress in infant and young children.* This longitudinal project was begun in 2004 and involves more than 200 Israeli and Palestinian children

exposure to traumatic events associated with the conflict. Interviews and assessments are all done within the homes of the participants. This joint project is led by Ruth Feldman at Bar-Ilan University and Eyad Hallaq at Al-Quds University. The next step in this project is to develop capacity-building efforts that will allow Palestinian and Israeli professionals to intervene to help these affected families.

- *Facilitating school interventions to address the aftermath of trauma.* This program was begun in 2008 and involves training educators to intervene in the school setting with at-risk students who present with signs of post traumatic stress disorder. A three-day workshop was held in 2008 in which school guidance personnel from throughout the West Bank were able to participate. This joint project is led by Tawfiq Salman, SOS Children's Village-Bethlehem, Itamar Lurie, and Mustafa Qossqosi. The next step in this project is to expand the effort and provide ongoing supervision for the school guidance personnel in the West Bank and Gaza.
- *Capacity-building efforts involving specialty training for Palestinian professional at Israeli universities.* Begun in 2005, Dr. Esti Galili-Weisstub, the Director of the Child and Adolescent Unit, Department of Psychiatry, Hadassah University Hospital, Jerusalem has made it possible for Palestinian psychiatrists to receive advanced training in child and adult psychiatry. The next step in this effort is to expand the opportunities for advanced training in established training sites, as well as a major capacity-building effort aimed at creating similar programs at Palestinian universities.

The ERICE team is currently seeking support

from the European Union and the US government to: (1) establish a Center of Mental Health Knowledge, Training, and Practice, in order to build capacity and increase participation through state-of-the-art educational programs involving both Palestinian and Israeli professionals from a range of relevant disciplines – the Center would also offer therapeutic interventions for children and families; (2) convene cross-border meetings of professionals in policy-making positions, in order to discuss areas of common interest and to promote improved coordination of health and educational services to children and families; (3) expand systematic school-based interventions aimed at mitigating the effects of trauma; and (4) initiate an annual four-week elective course at Yale University in pediatric psychiatry, global health, and leadership, for qualifying Palestinian, Israeli, and American medical students, in order to foster the development of the next generation of leaders in the region.



#### Peace-by-Peace

[www.peacebypeace.org](http://www.peacebypeace.org)

Following Donald Cohen's untimely death in 2001, the Donald Cohen Medical Student Fellowship Program (DJCMSF) was started at Yale with the support of the Klingenstein Third Generation Foundation (KTGF). Through early engagement with patients and their families, this program is designed to encourage medical students to become familiar with the special challenges associated with the care of children and adolescents with mental, behavioral and developmental disorders. Thus far, more than 120 Yale medical students have entered this program. Many are now envisioning careers in child psychiatry and a number are doing their required research thesis project with faculty at the Child Study Center. Indeed, in 2011, 10 Yale medical students (out of 80 graduates) matched into psychiatry residency programs. Based on the success of this program at Yale, similar programs have now been established at nine additional sites across the country (Brown, Johns Hopkins, Mayo Medical School, Mt. Sinai, Stanford, UC Davis, University of Maryland, University of North Carolina, and University of Vermont). Similar mentorship programs are a feature of the annual meetings of the IACAPAP and American Academy of Child and Adolescent Psychiatry Congresses. In 2008 one of the student leaders of the Cohen Medical Student Fellowship was Andrew Kobets. In the fall of 2009, a team of medical students led by Kobets, Sumayya Ahmad, and Omar Ibrahim formed the organization 'Peace-by-Peace', which aims to use healthcare as a path to peace in

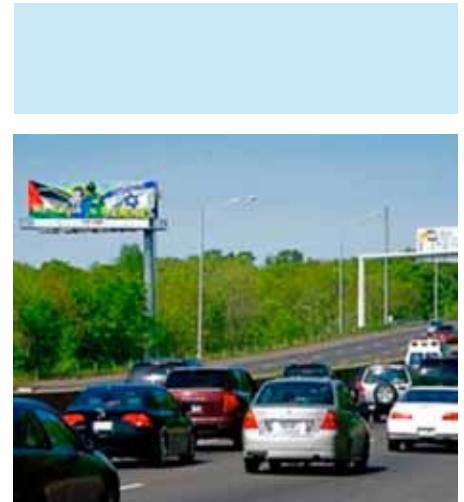
# The Yale Child Study Center Centennial

New Haven, Israel and Palestine. They, as future physicians, are committed to ensuring that access to medicine and health services should never be denied on the basis of religion, nationality, ethnicity, gender, or creed. They believe that safe and accessible healthcare should be available to all in the Middle East, and not limited by national barriers. They insist that we must not define ourselves by the prejudices that have plagued us throughout modern history.

The first Peace-by-Peace event took place on the New Haven Green in April 2010. In addition to representatives of the ERICE initiative, a number of other individuals committed to promoting peace in the Middle East made presentations, including representatives of the National Trauma Consortium, Combatants for Peace and the Canada International Scientific Exchange Program (CISEPO). Based at Mt. Sinai Hospital and The Hospital for Sick Kids in Toronto, CISEPO has been in the forefront of using health as a bridge to

peace. Through Mr. Kobets' efforts the faculty at the Child Study Center and CISEPO have entered into a partnership to secure funding to initiate an international elective in pediatric psychiatry modeled on CISEPO's International Pediatric Emergency Medicine Elective for qualifying Palestinian, Israeli, and American medical students, in order to foster the development of the next generation of leaders in the region.

The high point of the Peace-by-Peace meeting on the Green was the creation of a highway billboard designed by Kobets' father that was placed on a major highway linking New Haven to New York City for six months. Peace-by-Peace's second event was an art exhibit that took place in the fall of 2010 at Yale. Under Kobets' leadership, Peace-by-Peace is remarkable for its vision and the determination to bring people together within the New Haven community and Yale to promote peace in the Middle East.



'We refuse to be enemies'  
Peace-by-Peace's I-95 highway poster, 2010

## YCSC Strives towards Upholding the Rights of the World's Youngest Citizens

Pia Rebello Britto, PhD; Liliana Angelica Ponguta, MPH, PhD

In living my professional dream, I, Pia Britto, came to the United States from India with the desire to obtain higher education as a psychologist. When I first arrived, my dream was to work with Professor Edward Zigler, father of 'Head Start', on early childhood development and social policy at the Yale Child Study Center. Today I am fortunate to have him as mentor for my work upholding early childhood rights on a global scale.

I, Angelica Ponguta, came from Colombia determined to utilize basic science and public health research as tools to inform and promote effective policies that would impact global development. After completing my PhD in molecular pathology, I met Pia Britto as an MPH student at Yale. Thanks to her and to the support of the Yale Child Study Center, I found a way to pursue my career goal of integrating research and policy analysis while pursuing my personal dream of making an impact in children's lives. Our collaborative work is living testimony of the richness that comes from bridging different disciplines for the promotion of early childhood rights, services, and development globally.

deprivation and risk, such as poverty, disease, malnutrition, and exposure to violence. As a result, they either fail to survive (infant and under-five mortality rates worldwide are 4.3% and 6.1%, respectively) or fail to thrive (over 200 million children, or one fourth of the world's children under five are not achieving their developmental potential). This alarming situation is an urgent call to action if we are to preserve childhood and uphold the rights of the majority of the world's child population. The Convention on the Rights of the Child (CRC) is a global statement on the world community's commitment to children. By becoming an international law in 1990, it is the most widely ratified human rights treaty, built on the principles of child survival, development, protection and participation. The world community has also expressed its commitment to social and economic development through declarations such as Millennium Development Goals (MDGs) and Education for All (EFA), in which children feature as a population of attention.

The global early childhood policy work at the YCSC uses these international instruments to provide technical guidance to national governments to develop and implement evidence-based national policies to uphold the rights and improve the lives and well-being of

A majority of the world's youngest children suffer one or more forms of severe

Angelica Ponguta (left) and Pia Britto (right). In the background, a photograph of Al Solnit, Ernst Kris, Sam Ritvo and Donald J. Cohen. Right: YCSC team with representatives of the Angola government and international development agencies. Luanda, 2011



# The Yale Child Study Center Centennial

young children. Our team is currently working in over 40 countries in collaboration with other academic partners and development agencies such as UNICEF. The YCSC, with its global early childhood policy initiatives, is one of only a few such organizations globally, and holds a unique leadership position in the field of international early childhood.

From the Lao People's Democratic Republic in East Asia to Angola in Sub-Saharan Africa, our team has worked with national governments to develop national sustainable early childhood policies based on the vision for young children's health, development and protection in the country. The process of policy development within these countries has set a historical precedent in establishing multi-disciplinary partnerships and multi-sectorial government coalitions. The resultant policies focus on holistic approaches to early childhood, with policy directives to support equitable conditions and increase capacity to achieve early growth and developmental targets. The development of early childhood policies has been accompanied by the analysis of their implementation and the identification of governance and finance systems associated with their provisions. These studies contribute to our understanding of the frameworks that promote equitable and accessible quality services for children during their most critical developmental stage and in different global contexts. As we move forward we continue to break new ground in international early childhood policies by now examining the influence of international conventions and declarations on the daily service provision for young children and families, an area that has been insufficiently explored.



Map of YCSC Early Childhood Policy Initiatives

## From America to Egypt and Back

### Reaping Seeds Sowed During Training

Paul El-Fishawy, MD

I joined the Yale Child Study Center as a clinical fellow in child and adolescent psychiatry in July of 2007. Several years before, the Child Study Center had added as part of its training curriculum a training month called the Selective Program. It was a month when fellows were relieved of clinical duties and could pursue independent research, especially international research. As I had already been working in the neuro-genetics laboratory of Dr. Matthew State during my adult psychiatry training at Yale, I took the selective program opportunity to investigate the possibility of forming collaborations with clinicians and scientists in Egypt in order to forward neuro-genetic research. I was drawn to Egypt, of course, because of my family ties. Although I was born and raised in the United States, my parents are both Egyptian, and I grew up speaking Arabic.

I traveled to Cairo and Alexandria in 2007 and met with over 30 clinicians and scientists there. They included Dr. Nagwa Abdel Meguid of the National Research Center (NRC) in Cairo, Dr. Amira Seif Eldin of Alexandria University, and Dr. Mohamed O'Kasha in Cairo. Through this selective I was able to forge ties to the psychiatric and genetics research communities in Egypt. Thus, when I started my post-doctoral fellowship at the Yale Child Study Center in 2009, I had already established a formal collaboration with the NRC, Egypt's equivalent of the National Institutes of Health in the United States.

Over the past two years this collaboration has flourished and provided important benefits for both sides. Patients and clinicians in Egypt have benefited from improved diagnostic equipment and treatment modalities, such as the Picture Exchange Communication System (PECS). In addition, one of the doctoral candidates from the NRC team was able to gain both laboratory and clinical experience at the Yale Child Study Center in October 2009 as part of the collaboration. During a month-long visit, Dr. Rehab Khalil honed her laboratory skills by conducting experiments in the State Laboratory and improved her diagnostic acumen by observing cases in the Yale Child Study Center's autism clinic. Her hope is to return as a post-doctoral fellow. Researchers in the United States have benefited from access to both unique families and expert diagnosticians in Egypt. Egyptian colleagues have in turn learned new methodologies and gained access to novel technologies.

The focus of the research is to identify genes that contribute to autism. It is hoped that the discovery of such genes will lead eventually to a better understanding of the underlying causes of this disorder and to provide improved diagnostic tools and treatments for this disorder. The joint American-Egyptian research completed to date was presented as a poster at the American Academy of Child and Adolescent Psychiatry Annual Meeting in New York in October 2010, where it won a national award.

Without the unique opportunity afforded me by the Child Study Center and the focus on scientific research that is stressed as part of the training program, I would not have had the opportunity to help create what I hope will continue to be a fruitful international collaboration.



Left: Dr. Rehab Khalil at the Anlyan Center (where the State Lab is located).

Below: The State Lab at lunch: Drs. Khalil and El-Fishawy fifth and sixth on the far left; Dr. Matthew State leaning in on the far right.



# IACAPAP BOOK SERIES

The International Association of Child and Adolescent Psychiatry and Allied Disciplines (IACAPAP) aims to promote the study, treatment, care and prevention of mental and emotional disorders and problems of children, adolescents and their families. The emphasis is on practice and research through effective collaboration among professionals from child psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant professions.

IACAPAP organises highly successful international congresses, and alongside each congress it publishes a scientific book: these books are unique by virtue of their consistent emphasis on issues that have broad, worldwide significance.

## INCREASING AWARENESS OF CHILD AND ADOLESCENT MENTAL HEALTH

edited by

M. ELENA GARRALDA AND  
JEAN-PHILIPPE RAYNAUD

### Increasing Awareness of Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

"This book provides a rich, stimulating, and up-to-date account of the state of child mental health throughout the world. I can thoroughly recommend it to all child and adolescent mental health professionals who wish to broaden their horizons and gain new perspectives on their own practice."—Philip Graham, emeritus professor of child psychiatry, Institute of Child Health, London

### Culture and Conflict in Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

"This volume of papers from the IACAPAP conference give the reader a flavour of critical, provocative and challenging work going on globally in the field of child and adolescent mental health. It is a fascinating account of the research, the setting up of programs, and the attempts to train workers in cultural areas far outside our usual zones of comfort."—Rudy Oldeschulte, Metaphysical Online Reviews.

## CULTURE AND CONFLICT IN CHILD AND ADOLESCENT MENTAL HEALTH

Edited By

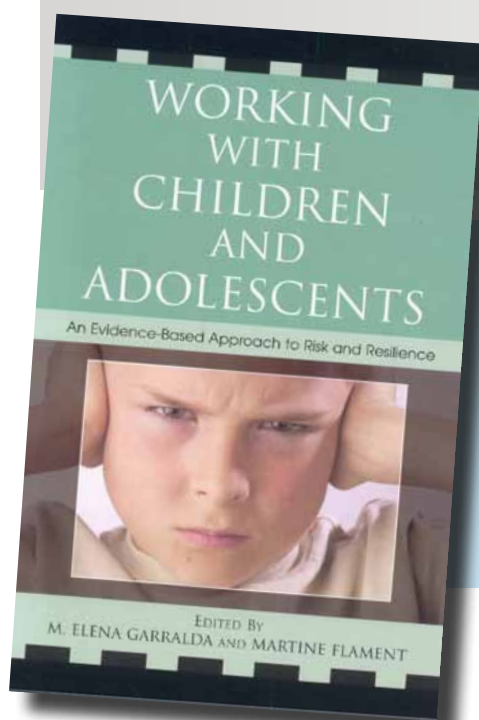
M. ELENA GARRALDA AND  
JEAN-PHILIPPE RAYNAUD

### Working with Children and Adolescents: An Evidence-Based Approach to Risk and Resilience

Edited by M. Elena Garralda and Martine Flament

"The entire volume is a remarkable engaging, readable, and comprehensive compilation of selected topics of the recent advances in understanding risk and resilience factors in the field of child mental health. It is well written and well edited....a scholarly yet readable, interesting, and accessible summary of our current science and clinical expertise in the field of risk and resilience."—The Journal of Clinical Psychiatry

The books for the last three congresses (Melbourne 2006, Istanbul 2008 and Beijing 2010) can be obtained from the publishers (Rowan & Littlefield; <http://www.rowmanlittlefield.com/Catalog/>)





20<sup>TH</sup> WORLD CONGRESS  
Palais  
des congrès **PARIS**

JULY 21-25  
21-25 JUILLET  
**2012**

## IACAPAP 2012 Congress

[www.iacapap2012.org](http://www.iacapap2012.org)

### Preliminary List of Speakers

**THE CHILD  
MENTAL  
HEALTH  
EVENT OF  
2012  
NOT TO BE  
MISSED!**

- Andrea ABADI (Uruguay)
- François ANSERMET (Switzerland)
- Christine ANZIEU-PREMMEREUR (USA)
- Catherine BARTHÉLÉMY (France)
- Myron BELFER (USA)
- Ghizlane BENJELLOUN (Morocco)
- Bacy BILIK (Brazil)
- Boris BIRMAHER (USA)
- Asma BOUDEN (Tunisia)
- Thomas BOURGERON (France)
- Alain BRACONNIER (France)
- Jan BUITELAAR (Netherlands)
- Nadia CHABANE (France)
- Tony CHARMAN (UK)
- Phyllis COHEN (USA)
- Fusun CUHADAROGLU CETIN (Turkey)
- Boris CYRULNIK (France)
- Andy DAWES (South Africa)
- Susan DEAN (Australia)
- Jean DECETY (USA)
- Stanislas DEHAENE (France)
- Véronique DELVENNE (Belgique)
- Monique ERNST (USA)
- Bruno FALISSARD (France)
- John FAYYAD (Lebanon)
- Ruth FELDMAN (Israel)
- Martine FLAMENT (Canada)
- Joaquin FUENTES (Spain)
- Daniel FUNG (Singapore)
- Myrna GANNAGÉ (Lebanon)
- Patricia GAREL (Canada)
- Elena GARRALDA (UK)
- Marc GELKOPF (Israel)
- Bernard GOLSE (France)
- Ian GOODYER (UK)
- Antoine GUÉDENEY (France)
- Nouchine HADJIKJHANI (Switzerland)
- Gordon HARPER (USA)
- Jean-Yves HAYEZ (Belgique)
- Kang E-Michael HONG (Korea)
- Philippe JEAMMET (France)
- Rachel KLEIN (USA)
- Ami KLIN (USA)
- Alberto LASA (Spain)
- James LECKMAN (USA)
- Sigita LESINSKIENE (Lithuania)
- Pierre J. MAGISTRETTI (Switzerland)
- Daniel MARCELLI (France)
- Andres MARTIN (USA)
- Evgueni MAKOUCHEKINE (Russia)
- Marcos T. MERCADANTE (Brazil)
- Heino MEYER-BAHLBURG (USA)
- Eva MÖHLER (Germany)
- Marie Rose MORO (France)
- Laurent MOTTRON (Canada)
- Marie-Christine MOUREN (France)
- Filippo MURATORI (Italy)
- Jacqueline NADEL (France)
- Barry NURCOMBE (Australia)
- Olayinka OMIGBODUN (Nigeria)
- Yoshiro ONO (Japan)
- Marie-Laure PALLIÈRE-MARTINOT (France)
- Martina PITZER (Germany)
- Diane PURPER-OUAKIL (France)
- Helmut REMSCHMIDT (Germany)
- Brian ROBERTSON (South Africa)

#### DATES TO REMEMBER

- SYMPOSIUM SUBMISSION opens April 1, 2011
- ABSTRACT SUBMISSION opens September 1, 2011
- DEADLINE FOR ABSTRACT SUBMISSION: January 15, 2012

#### REGISTRATION

- Online registration opens September 1, 2011
- Early reduced registration deadline: March 21, 2012

#### ACCOMMODATION

- Online registration opens September 1, 2011

Preliminary List of  
Speakers, Paris  
2012 (cont.)

- Philippe ROCHAT (USA)
- Luis ROHDE (Brazil)
- Marcel RUFO (France)
- Per-Anders RYDELIUS (Sweden)
- Gérard SALEM (Japan)
- Kari SCHLEIMER (Switzerland)
- Sadaaki SHIRATAKI (Sweden)
- Daniel STERN (Switzerland)
- Tuula TAMMINEN (Finland)
- Sylvie TORDJMAN (France)
- Richard TREMBLAY (Canada)
- Gustavo TURECKI (Canada)
- Sam TYANO (Israel)
- Robert VERMEIREN (Netherlands)
- Laura VIOLA (Uruguay)
- Andreas WARNKE (Germany)
- Cris WILKES (Canada)
- Yi ZHENG (China)
- Monica ZILBOVICIUS (France)
- Kenneth ZUCKER (Canada)

## THE CHILD MENTAL HEALTH EVENT OF 2012

**NOT TO BE MISSED!**



## Health information for all by 2015

<http://www.hifa2015.org/>

***Every day, tens of thousands of children, women and men die needlessly for want of simple, low-cost interventions – interventions that are often already locally available.***

HIFA2015 is a campaign and knowledge network with more than 4000 members representing 1800 organisations in 157 countries worldwide. Members include health workers, publishers, librarians, information technologists, researchers, social scientists, journalists, policy-makers and others – all working together towards the HIFA2015 goal.

*HIFA2015 contributes to the broader goal of the Global Health Workforce Alliance: 'All people everywhere will have access to a skilled, motivated and supported health worker, within a robust health system'*



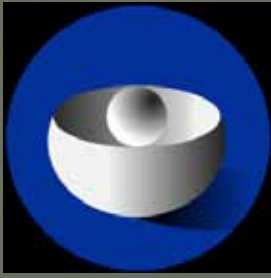
**CHILD2015 addresses the information and learning needs of those responsible for the care of children in developing countries, including mothers, fathers and family caregivers as well as health workers:**

***"By 2015, every child worldwide will have access to an informed healthcare provider."***

CHILD2015 was established in July 2006 by the International Child Health Group of the Royal College of Paediatrics and Child Health and the Global Healthcare Information Network. There are more than 1500 members in 106 countries worldwide.

To join CHILD2015 go to: <http://www.hifa2015.org/child2015-forum/>





# EMA, the European Medicines Agency

Ana Figueroa-Quintana MD (Las Palmas, Spain) &  
Cesar A Soutullo MD, PhD (Pamplona, Spain)

*The European Medicines Agency is responsible for the protection and promotion of health in the European Union by examining medicines to be used in humans and animals.*



Ana Figueroa-Quintana



Cesar A Soutullo

The European Medicines Agency (EMA), created in 1995, with headquarters in London, is responsible for the protection and promotion of health in the European Union (EU) by examining medicines to be used in humans and animals.

EMA has an Executive Director and is governed by a Management Board. EMA is a large organization with 530 full-time staff and more than 4,500 experts (scientists and clinicians). The latter are nominated by all the EU & EEA-EFTA states (European Economic Area – European Free Trade Association); they collaborate with EMA by working in the scientific committees or the different assessment teams – some are medical practitioners or patients' representatives. Through its committees, EMA is responsible for the scientific evaluation of marketing authorization applications submitted by pharmaceutical companies. They also provide opinions on referrals and other issues impacting on public health, at the request of member states, the European Commission or the European Parliament.

Six scientific committees conduct the main scientific work of the Agency:

- The Committee for Medicinal Products for Human Use
- The Committee for Medicinal Products for Veterinary Use
- The Committee for Orphan Medicinal Products
- The Committee on Herbal Medicinal Products
- The Pediatric Committee
- The Committee for Advanced Therapies.

Before a medication is approved, the appropriate scientific committees examine the results presented by the pharmaceutical companies to assess whether the medicine meets the quality, safety and efficacy requirements, following EU legislation, particularly Directive 2001/83/EC, and ensure that the medicine has a positive risk-benefit ratio for patients. Medicines derived from biotechnology and other high-tech processes must be approved via the centralized procedure. The



same applies to advanced-therapy medicines and human medicines intended for the treatment of HIV/AIDS, cancer, diabetes, neurodegenerative, auto-immune, viral diseases, medicines for rare diseases, and veterinary medicines intended to promote the growth of animals or to increase yields.

Pharmaceutical companies submit a single marketing-authorization application via a centralized procedure and, if approved, the medicine will be authorized in all the 27 EU countries (Figure) and EEA-EFTA states (Iceland, Liechtenstein and Norway). Companies can submit an application for a centralized marketing authorization to EMEA if they have evidence that the medicine offers a significant therapeutic, scientific or technical innovation, or if it is, in any other respect, in the interest of patient or animal health. After a close scientific assessment, EMEA publishes independent recommendations based on the scientific evidence about the medication presented by the pharmaceutical company.

This is the procedure that EMEA uses to evaluate hundreds of drugs. However, thousands of medications do not follow this procedure: they are approved in the EU either by individual member states, following national authorization procedures, or in multiple member states through decentralized or mutual-recognition procedures. EMEA would only become involved in the assessment of these medicines if two or more member states do not reach an agreement about the authorization or use of the medicine, or if there are uncertain aspects concerning public health.

Apart from the initial approval, EMEA also provides a pharmaco-vigilance network to monitor the safety of medicines in use. For veterinary medicines, the Agency establishes safe limits for medication residues in foods of animal origin. The Agency also seeks to promote drug innovation and research and publishes guidelines on quality-, safety- and efficacy-testing requirements. EMEA does not conduct research and development of medicines, which is done by the pharmaceutical companies.

EMEA works in collaboration with 40 national authorities in 30 EU and EFTA countries, the European Commission, the European Parliament and other EU agencies; it also cooperates with the World Health Organization and regulatory authorities of non-European nations. It is partially funded by the European Union, but operates independently from it, and does not represent any organization or government.

#### Differences between the EMEA and the FDA

The FDA (Food and Drug Administration) is an agency of the U.S. Department of Health and Human Services responsible for protecting public health by assuring the safety of foods, cosmetics, dietary supplements and tobacco products and the safety and effectiveness of human and veterinary drugs, vaccines and other biological products and medical devices intended for human use, and also controls electronic product radiation. The FDA also promotes research and informs the general public. FDA's responsibilities extend to the 50 United

States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, American Samoa, and other U.S. territories.

FDA and EMEA generally agree in the recommendations they issue, disagreements being the exception. As an example of the will to walk parallel paths, in 1992 FDA, EMEA and Japan's Ministry of Health, Labour and Welfare developed the Common Technical Document (CTD). The CTD is a unitary application procedure for the registration of medicines designed to be used across Europe, Japan and the United States. Since then these agencies, and others, have signed common agreements.

However, there are important differences between the EMEA and the FDA. The first is that the FDA does not only regulate medicines, but also food, cosmetics, dietary supplements and tobacco products, which EMEA does not. Another significant difference is that EMEA has no authority over the approval or the use of medicines. When EMEA issues a recommendation, it is then evaluated by each country's Medicines Agency, which are the ones with the legal capability to do so (such as the Spanish Agency for Medications and Health Products).

In summary, EMEA regulates the initial necessary approval of medicines in the EU, which are then authorized by individual countries. The centralized approval procedure makes it easier for a medication to be released across the EU.

## IRAQ

### Child Psychiatry in Iraq THE DEPARTMENT OF CHILD MENTAL HEALTH IN DOHUK



The activities of the Department of Child Mental Health (CMH), College of Medicine, University of Duhok, Iraq, continue growing apace. This is an update of the report published in the February 2010 issue of the IACAPAP Bulletin.

#### Postgraduate Education

For the first time in the Middle East it is now possible to obtain a PhD in child and adolescent psychiatry at the CMH. Funding has been sought from the Kurdistan Regional Government for three PhD research projects ('Clinical correlates of street children: A follow-up study'; 'Neuropsychiatric disorders in conversion'; 'Fainting among children of Kurdistan'). A fourth PhD proposal is well advanced ('Follow-up of childhood trauma to adulthood'). We are also seeking to renew the collaboration between Duhok University and Uppsala University (Sweden), expand it to include a joint master's program in

international child mental health, as well as extending this collaboration to other parts of Iraq.

The sixth master student has completed her first year of training and started the second year during 2011. While the first year consisted mainly of lectures on child and adolescent psychiatry, adult psychiatry and pediatrics, the second year will incorporate clinical training, teaching activities and research, all under the supervision of qualified experts in child and adolescent psychiatry from Sweden. The degree will end with the completion of a thesis.



Abdulbaghi Ahmad, MD, PhD

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### Undergraduate Education

In collaboration with the Departments of Pediatrics, College of Medicine, and Psychology, College of Education, of the University of Duhok, and the Mental Health Center, Duhok Directorate of Health, a special course in child and adolescent psychiatry was delivered to fifth year students at the College of Medicine in May 2010 with 68 students participating. Due to the large number of students, it is planned to change the course from one intensive week to several weeks and smaller groups.

### Community-based Education

The CMH initiated, organized and delivered the following training and education programs in collaboration with the Metin Health House for maternal and child mental health, and the Duhok Mental Health Center (DMHC):

- Cognitive Behavioral Therapy Training Course (27<sup>th</sup> April – 4<sup>th</sup> May, 2010). An intensive course for staff members of the Duhok Mental Health Center—a collaboration between the CMH, the Metin Health House, and the Duhok Mental Health Center.
- Mental Health Research and Clinical Planning (25<sup>th</sup> August to 12<sup>th</sup> September, 2010). Metin Health House organized a comprehensive, capacity-building program in Sweden for the staff of the Duhok Mental Health Center. The course was conducted at the Department of Child and Adolescent Psychiatry, Uppsala University Hospital, in collaboration with the CMH.

### Children with Special Needs

In collaboration with Metin Health House and the Duhok Mental Health Center, the

following education and training activities were completed during 2010:

- The Duhok Association of Parents of Children with Autism, which was initiated and supported by the founding director of CMH, continued to advocate for children's rights. During 2010, five seminars were conducted at the Metin Health House for parents of children with special needs who constitute the majority of users of Metin Health House. Similar associations have now been formed in Erbil and Suleymaniya. Their activities have been very effective in creating awareness of these problems and in lobbying authorities for better services for these children.
- According to parents' reports, a committee has been established at the Ministry of Health for the assessment and financial support for families of

children with autism. Unfortunately, there is concern about the ability of this committee to deliver these outcomes.

- Invited by Metin Health House, CMH and Duhok Mental Health Center, an expert from Sweden visited Duhok during February 2010. She visited several schools in Duhok, participated in meetings with children and held a seminar for parent and staff.

### Iraqi Kurdistan Child Mental Health Program

In December 2010, the IACAPAP Ambassador submitted a proposal to the Council of Ministers of the Kurdistan Regional Government of Iraq to develop a child mental health program as a first step for the establishment of adequate child mental health services in the region.



Clockwise from top left: supervision session at the DMCH; children in a group activity; teaching session during the visit of staff of the Mental Health Center to Sweden; staff and children.

## Training Course in Ibadan

### *A Milestone Event for Child and Adolescent Mental Health*

#### *Training in Nigeria*

The children of sub-Saharan Africa have in recent years been the focus of much global attention. Global health indices repeatedly identify them as a particularly needy group from the standpoint of access to mental and physical health care. In particular, mental health services are known to be grossly inadequate in the region, giving rise to an urgent need for the provision of more skilled interventions, and scaling up the existing child and adolescent mental health services. Recognition of these needs has inspired various forms of intervention over the years including the training of health care workers in the recognition and management of mental health problems in children and adolescents.

The need for such training was the reason behind the organisation of a one-week training course in child and adolescent mental health in Ibadan, a major city in South-West Nigeria. The course, held between the 11<sup>th</sup> and 15<sup>th</sup> of October 2010, was organised by the West African College of Physicians (WACP) in partnership with the Royal College of Psychiatrists of United Kingdom. WACP is one of the two colleges of the West African Post-graduate Medical College that regulates post graduate medical training in the West African region. This course represented an aspect of the educational component of a memorandum of understanding initiated by the then president of the WACP, Professor Roger Makanjuola, and which had been signed between the two colleges in 2008. The course was hosted and facilitated by

Dr. Olayinka Omigbodun, consultant in child and adolescent psychiatry at the University College Hospital, and associate professor in psychiatry at the College of Medicine, University of Ibadan.

In the months leading up to the course, a remarkable degree of interest was shown by the intended audience; 38 professionals responded to the posters advertising the course in several parts of the country by applying and paying for it online. Several more participants registered at the venue shortly before commencement bringing the total number of attendees to 67, comprising a rich variety of psychiatrists, psychologists, paediatricians, family physicians, social workers, nurses, occupational therapists, and trainees from these various fields. Participants were drawn from all the regions of the country, with one participant from Kenya in East Africa.

The course, running over five days at the University College Hospital in Ibadan, was intensive. The Royal College of Psychiatrists provided five seasoned resource persons led by the current chair of the Faculty of Child and Adolescent Psychiatry, Dr. Margaret Murphy. The West African College of Physicians provided four faculty members including Professor Michael Olatawura, the most respected child and adolescent psychiatrist in the sub-region. The course had a good mix of didactic, interactive and one-on-one sessions during which the contents of the lectures were reviewed.

The course promptly commenced on the first day after the participants had completed the registration and appropriate introductions had been made. Dr. Richard Bevington, a consultant in child and adolescent psychiatry from Cambridgeshire, United Kingdom, delivered the first set of lectures on treatment approaches to child and adolescent mental health disorders with a basis in cognitive behavioural therapy. Over the rest of the day he went on to introduce the concept of 'mentalisation-based' family therapy, involving the participants in several interesting practical sessions during the course of his presentations.

As the lectures progressed, it became apparent that there were cultural differences between the societies in which some of the facilitators practiced and African societies, which needed to be taken into consideration when carrying out mental health assessment and treatment. This led to the term 'Africanisation' of the concepts. Emeritus Professor Michael Olatawura was extremely helpful in this area, helping to explain how several of the concepts taught could be used in an African setting. It also provided opportunities for the international facilitators to learn about the practice of child psychiatry in Nigeria and Africa, and to examine similarities and differences between societies and cultures.

The second day began with Dr. Bevington focusing on specific approaches to working with substance-using youth. He touched on various aspects including peculiarities of prescribing for these individuals and presentations of common comorbid mental illnesses. He went on to describe various team-based approaches to managing drug use behaviour in young people. Later on the second day a detailed lecture on epilepsy was delivered by Dr. IkeOluwa Lagunju, a paediatric neurologist at the University College Hospital Ibadan. Epilepsy was included in the course because African communities usually group epilepsy with severe mental illness and rates in developing countries are three to five times

Participants and Faculty



*There are cultural differences between the societies in which some of the facilitators practice and African societies, which need to be taken into account when carrying out mental health assessment and treatment.*

higher than in developed countries due to high levels of infection and poor antenatal care. In addition, childhood epilepsy is associated with an increased risk of psychiatric disorder. Dr. Lagunju highlighted the various presentations of epilepsy, attempted to counter several commonly-held beliefs about seizures, and commented on the difficulties managing this chronic disorder in the developing world, especially where health care is financed mainly through out-of-pocket means. She illustrated the lecture with several cases-histories of which some had shown a remarkable response to treatment while in others seizure control still remained a challenge. Dr. Ama Addo, a consultant psychiatrist for children and adolescents with moderate to severe intellectual disability in Glasgow, Scotland, discussed a few additional points, mentioning disorders in which recurrent seizures could be a presenting feature.

On the third day, Dr. Anna-Maria Deszery, a Cambridge-based consultant child and adolescent psychiatrist with special interest in learning disability, began a series of lectures on neuro-developmental disorders. She introduced this group of disorders highlighting associated problems of abuse and comorbidity as well as available interventions. She later gave an update lecture on autism spectrum disorders, while Dr. Addo delivered a lecture on hyperkinetic disorders, emphasizing some recent approaches to assessment and management.

Dr. Margaret Murphy, a consultant child psychiatrist and project director for higher training in child and adolescent psychiatry in the East of England gave a series of lectures on the fourth and fifth days including an update on psychotic disorders, emphasizing the peculiarities of assessment and



Faculty (from left): Clare Lamb, Anna-Maria Deszery, Michael Olatawura, Dickon Bevington, Olayinka Omigbodun, Margaret Murphy, IkeOluwa Lagunju, Ama Addo.

management in children and adolescents. She also delivered lectures on depression in this age group. Dr. Clare Lamb, a consultant child and adolescent psychiatrist with the North Wales Adolescent Service, also gave a couple of lectures on bipolar affective disorders. She highlighted recent findings on the epidemiology, diagnosis and management of the disorder, stressing differences between perspectives and practices in the UK and the United States. Day four also featured a lecture on psychotropic medication by Dr. Addo, discussing the peculiarities of prescribing medication to children and adolescents. Through all these sessions, WACP faculty — including Dr. Oluwayemi Ogun, consultant in charge of the very first separate child and adolescent psychiatry facility in Nigeria, the Harvey Road Children's Clinic, Yaba, Lagos — gave local examples from their own experience to ensure the participants were able to relate the information they were receiving in their own situations.

The fifth day saw Dr. Murphy give a presentation on psychosomatic disorders, including 'medically unexplained symptoms' and conversion disorder. Dr. Deszery delivered a lecture on child abuse and neglect in partnership with Dr. Omigbodun. After Dr. Deszery gave several examples of the various ways these problems could present, Dr. Omigbodun described the state of child and adolescent mental health in Nigeria. Dr. Omigbodun emphasized the deficiencies of current legislation — where this existed at all — to adequately cater for the rights of young people to conditions that would foster good mental health. She also mentioned existing limitations to good child and adolescent mental health including poverty, negative cultural practices, and poor access to education.

In all, the sessions were very educative and strongly reminiscent of the study groups organised by the IACAPAP in Abuja, Nigeria, in 2009 and Nairobi, Kenya, in 2007. Similar to this one, the IACAPAP study groups had a mix of faculty from better resourced regions partnering with local faculty and delivering an excellent mix of experiences that could

be applied in the local context. For several participants of those study groups, the discussions served as an eye-opener to the many realities of mental health problems in children and adolescents and an introduction to effective modalities for their management. Perhaps most importantly, like the IACAPAP study groups, this course inspired something in each participant: it ignited a passion to respond to the cry of the African child, renewed insight, courage, and hope in the ability of each attendee to make a difference, even amidst the most daunting challenges. To improve the mental health of our children and our adolescents is to present them — and many who would be born and would live like them in the years and decades to come — with a better future, a chance to survive and even thrive, and an opportunity to live a better life than their circumstances today would permit.

The impact of the training course is quite succinctly captured in the words of Niran Okewole, one of the participants, who several weeks later wrote: 'I have before me now the group picture we took on the second day of the course, before Dickon Bevington left. Seeing all those faces, and reliving again the events of the whole week, one can only conclude that this was one of those career-defining, and indeed life-defining experiences. I am glad to have been part of it and I feel much better equipped and motivated to sustain the provision of child mental health services for children in my country.'

Rotimi Adejumo, Jibril Abdulmalik, Niran Okewole, Uche Asuzu (Nigeria)



Dr. Bevington and a participant in a role play session

# FINLAND



Presentation of Tuula Tamminen's portrait to the University of Tampere

## Tuula Tamminen Honoured by her Colleagues

*Under her stewardship, the Department of Child Psychiatry at Tampere University Hospital has grown from 30 staff in 1989 to 140 today and is housed in a modern, well-functioning building.*

In Finland it is an academic tradition to honour those who have reached the *primus inter pares*-position in their field of expertise.

Professor Tuula Tamminen, has without a doubt earned that position in the field of child psychiatry, particularly as a national and international pioneer in infant mental health. Professor Tamminen accepted her chair as Professor of Child Psychiatry at the University of Tampere in 1989, working at the same time as the head of the Department of Child Psychiatry at Tampere University Hospital. At that time the department had a staff consisting of 30 people and outpatient and inpatient units with 16 beds. The demand for mental health services for children was much greater, infants and toddlers in particular were lacking services. Professor Tamminen worked tirelessly to increase and develop these services by networking with political decision makers, with other experts nationally and internationally, and with non-government organisations. In 1993 the child psychiatric department opened a ward for children aged 0-7, treated at the ward together with their families. This was soon followed by the infant psychiatric outpatient unit. The growing services needed new, more appropriate facilities and Professor Tamminen's initiated also this process. Today the Department of Child Psychiatry at Tampere University Hospital has a staff of 140 people and is located in a modern, well-functioning building adjacent to the University Hospital. The department has now special services on neuropsychiatry, acute and trauma psychiatry, and forensic child psychiatry; all clinical work is based on integrated treatment models.

In acknowledgement of her impressive career Professor Tamminen was appointed President of the World Association for Infant Mental Health (2004-2008), President of the European Society

for Child and Adolescent Psychiatry, and received The Commander Medal of the Order of Finnish Lion from the Finnish President, Tarja Halonen, in 2008.

Professor Tamminen celebrated her 60th birthday in 2010. In connection with this, her colleagues and friends decided to honour her by commissioning a portrait to be donated to the art collection of the University of Tampere. The portrait was painted by Timo Vuorikoski, a well-known Finnish artist. The fund-raising committee included several personalities from different spheres of the Finnish society as well as her closest colleagues and friends. The ceremony to donate the portrait was held at the end of a seminar on Children's Rights Day, a tradition started by Professor Tamminen. To celebrate her career, keynote speakers were selected among persons with whom she has had personal contact during her life. A judge of the supreme court, Mr Mikael Krogerus, worked with professor Tamminen in the Mannerheim League for many years, the executive director of the Pirkanmaa Hospital District, Dr Rauno Ihalainen has been a long-time colleague at the University Hospital, and Professor Olayinka Omigbodun, is her new colleague in the WHO working group for the diagnostic classification system of ICD-11 and President of IACAPAP.

Following the speakers' presentations on the theme of children's rights, the academic ceremony to donate the portrait took place, chaired by the senior researcher of professor Tamminen's infant psychiatry research group, Adjunct Professor

Kaija Puura. Drs Mirjami Mäntymaa and Anne-Mari Borg, members of the team, played a duet with piano and flute, followed by Adjunct Professor Puuras' speech addressed to Professor Tamminen and announcing her achievements to the audience, consisting of colleagues, friends and Professor Tamminen's family. The portrait was then unveiled and the Rector of the University of Tampere, Kaija Holli, accepted it with gratitude. In her speech, Professor Tamminen highlighted the importance of a network of colleagues and friends throughout her career. She also mentioned the new major research project that she is leading, funded by the Finnish Academy of Science. The project will focus on the meaning of positive emotions in parent-child interaction and in child development. The ceremony ended with the traditional toast in honour of Professor Tamminen.

**Kaija Puura, PhD, MD**  
Tampere University Hospital and University of Tampere, Finland.



Tuula Tamminen (left) and Olayinka Omigbodun

# GERMANY

## The XXXII Congress of the German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP) in Essen

Prof. Dr. med. Florian D. Zepf

The 32nd Congress of the DGKJP took place in Essen, Germany, March 2 to 5, 2011; it comprised 96 symposia, 10 workshops and 76 poster presentations and more than 1300 delegates attended. The main themes were psychopharmacology, the relationship between schools and child and adolescent psychiatry, and the conflicting priorities of science and daily life in clinical practice.

### The future of Child and Adolescent Psychiatry – From neurons to neighbourhoods

The closing symposium (“The future of child and adolescent psychiatry”) was chaired by the congress president Prof. Dr. med. Johannes Hebebrand (Duisburg-Essen) and Prof. Dr. med. Beate Herpertz-Dahlmann (Aachen). The idea was to incorporate different viewpoints on this topic from the United States (Andres Martin, Yale), Finland (Tuula Tamminen, Tampere) and Germany (Prof. Dr. Dr. Helmut Remschmidt, Marburg).

Andres Martin, editor of the *Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP, often referred to as “the orange journal”) opened with the presentation “Progress and promise in child and adolescent psychiatry – An orange perspective”. With the 50th anniversary of the JAACAP being celebrated this year, he took the opportunity not only of looking into the future by giving an overview of challenges for child psychiatrists, but also of looking back on past developments in the field. He did so by referring to images in the front cover of recent JAACAP issues that highlight currently controversial topics as diverse as child psychiatry and the needs of people in the military, maturation and development, or streptococcal infections and their association with exacerbations of tic and obsessive-compulsive disorders. An example of this approach is the front cover of the March 2011 issue, which was inspired by T. Shapiro’s discussion of the “timelessness of the

dgkjp

Deutsche Gesellschaft für  
Kinder- und Jugendpsychiatrie,  
Psychosomatik und Psychotherapie e.V



Congress president Prof. Dr. med. Johannes Hebebrand

quest for understanding the march of development”.

In her presentation: “The European perspective on child and adolescent psychiatry”, Tuula Tamminen evaluated three different perspectives on the future of child and adolescent psychiatry: the view of the European Commission—as laid down in the report “Preparing Europe for a New Renaissance”—was presented first, and issues pointed out by the “Lund Declaration” (climate change, energy, food and water supply, aging population, public health, pandemics and safety) mentioned as huge challenges for child and adolescent mental health. The transfer of scientific knowledge “from neurons to neighbourhoods” thereby holds a key position. The



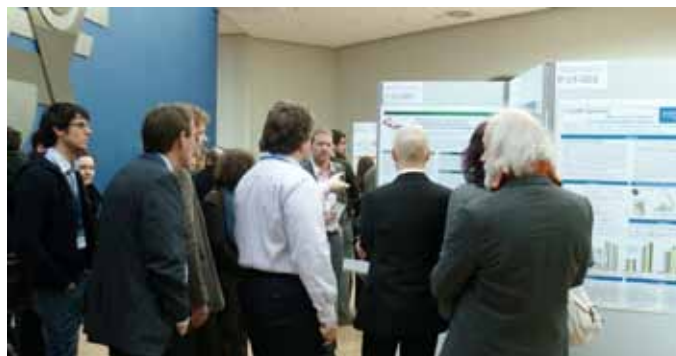
Harald Filip (referent to Major), Prof. Dr. med. Frank Häßler (President, DGKJP), Reinhard Paß (Major, city of Essen), Prof. Dr. Anette Schavan (Federal Minister of Education and Research), Sylvia Löhrmann (Minister of School and Education, state of North Rhine-Westphalia), Prof. Dr. med. Johannes Hebebrand (Congress President)

second view referred to the World Health Organization (WHO). The preparation of ICD-11 and its impact on child and adolescent psychiatry were assessed. The third view referred to the European Society for Child and Adolescent Psychiatry (ESCAP), of which she is the current president, underlining the importance of networking and the function of ESCAP as a platform to initiate collaborations with patient and teacher organizations and other professional bodies. Moreover, the need for creating centres of excellence for both research and clinical work was emphasised.

**“If you want to know where you are going you have to know where you come from and where you are right now”**

Helmut Remschmidt gave an overview of historical developments in child and adolescent psychiatry in Germany (*“Entwicklung und Perspektiven der deutschen Kinder- und Jugendpsychiatrie“*). He then moved on to current developments highlighted by reports in the lay press. Examples included an aging population, single parents, sexual

abuse, the digital revolution and its influence in our daily life, poverty, drug abuse, reduced birth rates in Germany, increase in aggressive behaviour and, above all, a shift in western societies’ established values. As a major challenge he mentioned that “a realistic evaluation of new methods and epochal trends” as well as new research findings (i.e. in genetics and social psychiatry) is crucial in order to serve the needs of our patients from a research-derived viewpoint. Moreover, the importance of subjective elements related to mental illness, such as quality of life, as well as how to deal with different treatment guidelines were addressed. A further aspect highlighted was support of young investigators entering the field in terms of mentorship. Finally, he outlined that future developments in society could lead to more specialised child



psychiatrists (i.e. for the treatment of eating disorders) away from the “all round child and adolescent psychiatrist”. However, he also underlined what will remain stable, which is our work with patients and families, their fears and hardships as well as human emotions and desires. Overall the XXXII DGKJP Congress was a stimulating and inspiring experience. We look forward to see you in Rostock/Germany in 2013!



HQ, ThyssenKrupp, Essen. Photo: Arnoldius. Wikimedia Commons



# SOUTH AFRICA



WORLD CONGRESS OF THE  
World Federation for Mental Health

17 TO 21 OCTOBER 2011

CAPE TOWN - SOUTH AFRICA

[www.wmhc2011.com](http://www.wmhc2011.com)

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## The following keynote speakers have been confirmed:

- **Dr Shekhar Saxena**, Director, Department of Mental Health and Substance Abuse, WHO Geneva: The Alan Flisher Memorial Lecture "Scaling up services for people with mental disorders in low resource settings"
- **Professor Vikram Patel**, Professor of International Mental Health, Centre for Global Mental Health, London School of Hygiene & Tropical Medicine, UK : The George Albee Lecture on Primary Prevention "Poverty and Mental Health: Breaking the Vicious Cycle"
- **Professor Kamaldeep Bhui**, Wolfson Institute of Preventive Medicine, London: The Margaret Mead Lecture (Culture and Mental Health)
- **Dr Marianne Farkas**, Center for Psychiatric Rehabilitation, Boston University: "The Recovery Model in Mental Health Care"
- **Ms Janet Amegatcher**, Pan-African Network of Users and Survivors of Psychiatry, Ghana: The Consumers' Lecture
- **Ms Vuyiseka Dubula**, General Secretary, Treatment Action Campaign, South Africa: "Mental Health and HIV & AIDS"
- **Professor Pumla Gobodo-Madikizela**, Department of Psychology, University of Cape Town: The Mary Hemingway-Rees Lecture (Spirituality and Mental Health)

## In addition, the following world leaders in mental health will be speaking at the congress:

- Tsuyoshi Akiyama, Kanto Medical Centre, Tokyo
- Preston Garrison, Former CEO, World Federation for Mental Health
- Oye Gureje, African Association of Psychiatrists and Allied Professionals, Nigeria
- Helen Herrmann, ORYGEN Youth Health Centre, Melbourne
- Rachel Jenkins, King's College, London
- Norman Sartorius, Association for the Improvement of Mental Health Programmes, Geneva
- Deborah Wan, President Elect, World Federation for Mental Health, Hong Kong

# IRELAND

## The 15th International Congress of ESCAP Heading to Ireland

Norbert Skokauskas, Fiona McNicholas, Brendan Doody, Hugh Torpey  
Dublin, Ireland

We are honoured and delighted to host the European Society for Child and Adolescent Psychiatry (ESCAP) 15th Biennial Congress in Dublin on 6-10 July, 2013. This is a major academic event in child psychiatry attended by clinicians and researchers from all over the world.

Dublin previously hosted the IACAPAP Congress in 1982. Child and adolescent psychiatry has progressed significantly over the past thirty years and we now know much more about the causes, clinical presentations and interventions for child and adolescent mental health disorders.

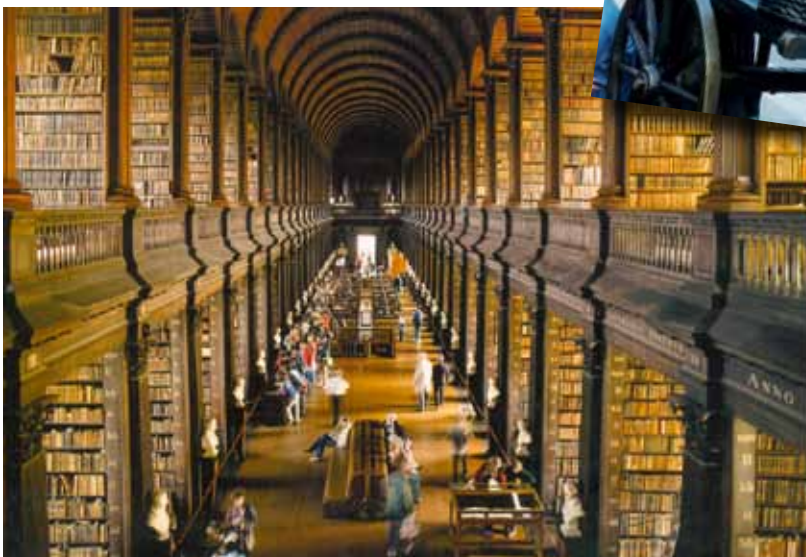
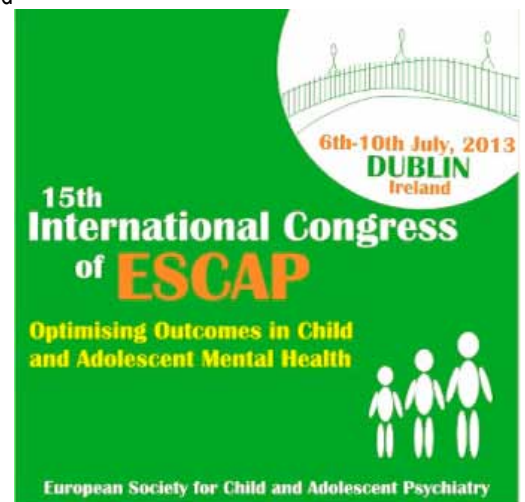
Dublin itself has gone through major changes over the past thirty years, becoming a modern, multicultural, vibrant, safe and inspirational European city. However Dublin (and Ireland) has also preserved the best from the past with its traditional Irish culture, Irish music, Irish dancing and yes... traditional Irish Pubs! Dublin is still a relatively small, compact and walkable city.

The 15th ESCAP Congress promises to be an enriching and rewarding experience for the many participants involved and through its scientific programme will seek to contribute significantly to the area of child and adolescent psychiatry. We plan this congress to be a forum for sharing knowledge, experiences and mutual interests.

The Congress will be organised by The College of Psychiatry of Ireland, the Faculty of Child & Adolescent Psychiatry, University College Dublin and Trinity College Dublin.

The College of Psychiatry of Ireland was established in 2009 when three former bodies merged - The Irish College of Psychiatrists (a division of the Royal College of Psychiatrists UK), The Irish Psychiatric Association and The Irish Psychiatric Training Committee. We will be also assisted by the Board of ESCAP. With the confirmation of the 15th ESCAP Congress coming to Ireland, this will be seen as a great opportunity to share knowledge with colleagues from Europe and around the World and improve services for child, young people and their families.

A number of highly respected International academic child and adolescent psychiatrists will be presenting at the congress, making ESCAP 2013 a key event for those associated with the mental health services for young people.



# RUSSIA

## The Rebirth of Vocational Training for Young People with Special Needs in Moscow

GA Golovina, OA Rusakovskaya, OO Volkova



(mental hospitals, clinics and daycare centers), labor preventive clinics, special workshops, and vocational training for patients with mental disorders and disabilities. The conditions for work resettlement in institutions and places of work were created. Social psychiatry explored the topics of social re-adaptation, prevention of disability, work resettlement and the vocational training of the psychiatrically disabled. However, the main achievement of Soviet social psychiatry was the clinical emphasis on how to deal with disability and rehabilitation. The types of remission, residual states, their development, reasons for disability, prognosis of the ability to work in different disorders, and the types of defect states were systematically investigated.

One of the pioneers in this area was Dmitri Melehov (1899-1979) [[http://ru.wikipedia.org/wiki/%D0%A4%D0%B0%D0%B9%D0%BB:Melekov\\_.jpg](http://ru.wikipedia.org/wiki/%D0%A4%D0%B0%D0%B9%D0%BB:Melekov_.jpg)]. Dr Melehov was born in a priest's family. In 1925 he graduated from the Moscow Medical

University and started working in a psychiatric hospital under the guidance of PB Gannushkin and TA Geier. In 1930 Melehov and Geier set up the first medical ward to examine the capacity to work in the Institute of Neuropsychiatric Prevention, of which he became the head in 1948. From the beginning of his research work Melehov explored the types of remission and defect states in schizophrenia, clinical and social prognosis, disability and rehabilitation (4). The results of his work became the foundation for many social programs. He was also a very spiritual person who devoted himself to the service of his patients and to science.

In practice, this system was criticized because of the low level of skills and absence of creativity required. Bookbinding, gluing envelopes, sewing gloves and similar tasks were not challenging enough for the majority of patients. But this work enabled at least some socializing, communication, motivation, discipline, and prevented further deterioration. To our great regret the system of work institutes for patients with mental disabilities was completely abandoned in Russia during the 1990s.

More than ten years ago a group of young men with genetic illnesses, developmental disability, epilepsy, autism and schizophrenia graduated from the Centre for Curative Pedagogics (<http://www.ccp.org.ru/en/index.php>). Some of them were able to be trained in a profession and find a job. Others, due to the severity of their disabilities, were able to work only with assistance and in workplaces specifically designed and equipped for them. Without these special workplaces they were doomed to remain at home and deteriorate. There

The occupational rehabilitation of patients with mental disorders was considered one of the most important issues in Soviet psychiatry (1, 2, 3). From the 1930s, and especially after the 1950s — when this problem was emphasized as a national one — a whole system of out-of-hospital work and in intermediate institutions (clinic settings) was established. This system included workshops and work-therapy rooms in psychiatric facilities

### Training Course for Young Psychiatrists

Suzdal, 28 September - 1 October 2011

The Russian Society of Psychiatrists has organized a training course for young psychiatrists; 30 young specialists (psychiatrists and psychologists from all regions of the country) who were successful in a competition that required writing a dissertation, will be invited to attend. The course will include lectures, seminars, case discussions and workshops. Faculty will include leading Russian specialists, heads of the scientific institutes and departments, and respected researchers such as Krasnov, Tiganov, Mosolov, Tkachenko, Morosov, Avedisova, to name a few. It is hoped that Per-Anders Rydelius will lecture on child and adolescent psychiatry.



were no places for them to socialize, receive vocational training and job placement. The Centre for Curative Pedagogics uses different activities such as painting, modeling, sewing and carpentry. The idea was that these activities would be used not only as a therapy but as a basis for a real job. In 1999 a complex of workshops was opened in the center's basement, which included pottery, weaving, carpentry and a small printing facility. The number of apprentices grew. The next stage was to create the conditions for prolonged vocational training and doing a real, interesting and useful job. On the basis of the success of this center, ND Razdobarov, head of the Moscow Technological College Number 21, agreed to create "The Centre for Social Adaptation and Vocational Training" for young people with special needs. The first intake had 44 students; there are 75 students today.

The center has workshops for pottery and ceramics, weaving, carpentry, sewing and needlework, and printing. The education program includes general subjects and tries to fill the gaps in students' elementary knowledge. For example, for weaving it is necessary to know even and odd numbers. For carpentry it is necessary to be able to use a ruler. The content and extent of knowledge are tailored to each student's needs and cognitive abilities.

The first course was expected to last three years but in 2009 it was noted that this was not enough.



The skills of the students were unstable; students were in need of assistance and not able to work on their own. Thanks to the efforts of ND Razdobarov and OO Volkova, the center's head, from 2010 the course is expected to continue for six years. During this period it is planned to organize working places for the students who graduate with suitable conditions and medical, psychological and pedagogical assistance. In September 2011 two experimental industrial workshops will be opened for carpentry and weaving-sewing. We hope the system of special workplaces and working therapy for patients with mental disorders and disabilities will be successfully restored in Russia.

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# INDIA

## XI Biennial National Conference of the Indian Association for Child and Adolescent Mental Health

### *Parents: Parenting and Partnering*

17th - 19th November 2011

The St. John's National Academy of Health Sciences Auditorium  
Johnnagara, Koramangala, Bengaluru (formerly Bangalore), India

All child mental health professionals, physicians, pediatricians and students (of medicine, pediatrics, psychiatry, psychology, occupational therapy, social work) individual and school counsellors, family counsellors, teachers and all those involved in the care of behavior and learning issues in children and adolescents are invited to attend.

- **Organising Secretary:** Dr. Ashok Mysore V, Professor of Psychiatry, St. John's Medical College Hospital, Bengaluru, Karnataka, India. Email: [iacamstjohns@gmail.com](mailto:iacamstjohns@gmail.com) and [mysoreashok@gmail.com](mailto:mysoreashok@gmail.com)

#### Registration

- *Professionals from India:* Rs3,000/- (between 1st June 2011 and 31st August 2011) Rs 4,000 (after 1st September 2011 till 10th November 2011). The spot registration charges will be Rs 5,000/- All charges will be

less by Rs.500/- for members of IACAM. The reduction will be with respect to the open charges as applicable on the corresponding date.

- *Students from India:* Rs 1,500 between 1st June 2011 and 31st October 2011. Rs. 2,000 subsequently. The status needs reliable authentication.
- *IACAM members and Professionals from SAARC countries:* Rs 5,000 (INR) (Between 1st June 2011 and 31st October 2011) and Rs. 7,500 thereafter.
- *All other international delegates:* The registration charges will be US \$ 250 before 31st October 2011 and US \$300 after this date.

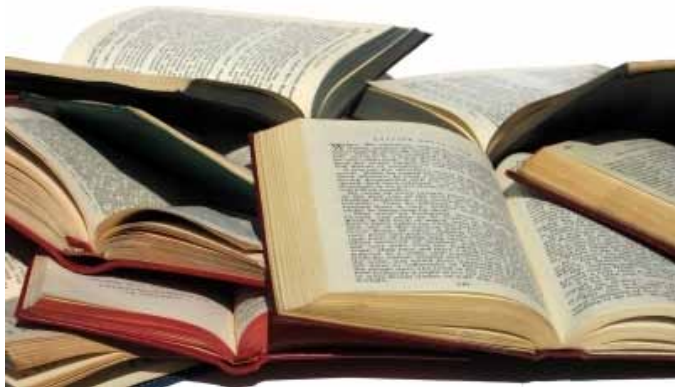
Refunds will be possible till 30th September only. This will attract a charge of Rs.500/- (or 20% of the charges for International delegates).

Details of charges and how to remit the same along with request for abstracts will

be put up on the conference website, which will be commissioned not later than 31st May 2011. Abstracts for free papers and poster sessions will be received from 1st June 2011 till 31st August 2011. The finalised conference programme will be available by the 30th September 2011. Please contact on the emails above for any interests related to Workshops. Those interested in sending entries to various prizes and honours of the IACAM may write to Dr. Jitendra Nagpal, Secretary, IACAM.

#### Manju Mehta





## FROM THE INTERNATIONAL LITERATURE

### Study estimates the lifetime prevalence of bipolar disorder in adults around the world as 1 per cent

An international team led by Kathleen R. Merikangas, US National Institute of Mental Health, examined the cross-sectional prevalence of bipolar spectrum disorders around the world by interviewing 61,392 community adults in 11 countries in the Americas, Europe, and Asia. The instrument used was the World Health Organization Composite International Diagnostic Interview administered by lay interviewers.

Largely consistent with previous estimates, they reported an aggregate lifetime prevalence of 0.6% for bipolar I, 0.4% for bipolar II, and 1.4% for sub-threshold bipolar disorder. Bipolar spectrum disorders (bipolar I, bipolar II, and sub-threshold bipolar disorder) varied considerably from country to country: had the highest prevalence in the US (4.4%) and were almost non-existent in India (0.1%). The mean ages at onset were 18 years for bipolar I, 20 for bipolar II, and 22 for sub-threshold bipolar.

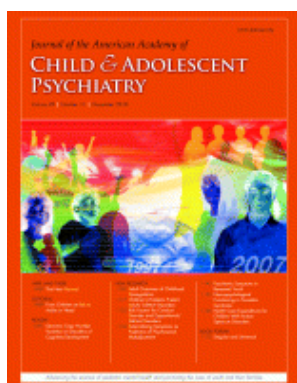
They also found that severity of both manic and depressive symptoms as well as suicidal behavior increased from sub-threshold bipolar, bipolar II and to bipolar I. Role impairment, on the contrary, was similar across subtypes. However, it was greater during depressive than during manic phases. Comorbidity was present in about three-quarters of the cases. The majority of cases went untreated, particularly in low income countries.

This study provides support for a dimensional view (spectrum) of bipolar disorder; it also highlights that at least half of the cases start before age 18. Given the cross-sectional nature of the survey and problems with retrospective recall, this is likely to be an underestimate, with probably a larger proportion of cases starting earlier

- Merikangas KR *et al.* Prevalence and correlates of bipolar spectrum disorder in the world mental health survey initiative. *Archives of General Psychiatry*. 2011; 68:241-251.



### Controversial therapy for autism unethical, experts claim



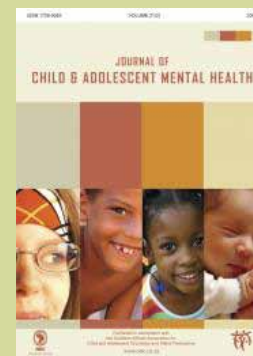
In a letter to the *Journal of the American Academy of Child and Adolescent Psychiatry*, a group of 18 leading authorities on autism worldwide have raised concerns about a treatment called “*le packing*”, used to allegedly treat people with this condition. According to the letter, this intervention requires wrapping patients in towels soaked in cold water and blankets, and allowing them to warm up gradually while accompanied by staff. This happens several times a week during weeks or months. The experts conclude that “practitioners and families around the world should consider this approach unethical and ignoring current scientific knowledge”. However, the French Public Health High Council has recently decided that performing “*le packing*” does not carry risks that would justify its prohibition.

- Amaral D *et al.* Against le packing: a consensus statement. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2011; 50:191-192.

## Challenges in international collaboration in child and adolescent psychiatry

International collaboration in child and adolescent psychiatry has historically been weak and fragmented. The field has also lagged in developing remedies for improving collaboration. This article identifies barriers to successful collaboration and examines problems in the areas of finance, professional development, knowledge dissemination, professional organizations, public policy and the political environment, priority setting, nomenclature, as well as ethical challenges. The article then identifies some promising initiatives and proposes solutions to improve international collaboration in child and adolescent mental health.

- Hamoda HM and Belfer M. Challenges in international collaboration in child and adolescent psychiatry. *Journal of Child and Adolescent Mental Health* 2010;22(2):83-89



## Consternation among Bangladesh researchers and clinicians at the loss of free access to 2500 journals



The BMJ reports that Elsevier Journals, Springer and Lippincott Williams and Wilkins have withdrawn free access in Bangladesh to about 2500 health and biomedical online journals, including those in *The Lancet* stable. These journals had been available through the World Health Organization's Health Inter-Network for Access to Research Initiative (HINARI) programme. HINARI was set up in 2002 to enable not for profit institutions in developing countries to gain access online to more than 7000 biomedical and health titles either free or at very low cost.

"We are a little less than 300 scientists eking out world class research on a shoestring budget without the purchasing power capacity of a big university in the West. HINARI has been our lifeline. My colleagues publish in many of these journals, and now we won't even have access to our own papers" said Tracey Koehlmoos, head of the health and family planning systems programme at the International Centre for Diarrhoeal Disease Research in Dhaka.

- Kmietowicz Z. Publishers withdraw 2500 journals from free access scheme in Bangladesh. *BMJ* 2011; 342:d196

## Conflicts of interest and clinical guidelines

The impact of conflicts of interest on clinical decision making—by influencing taxonomy or treatment recommendations—has created concern in the medical profession, the lay media and the general public. As a result, the American Psychiatric Association (APA), for example, set high conflict of interest requirements for professionals in the DSM-V working groups. A recent study published in *Archives of Internal Medicine*, an American Medical Association journal, reports the results of examining the 17 most recent American College of Cardiology/American Heart Association guidelines through 2008. It found that 56% of the 498 individuals involved had reported a conflict of interest. Of people who led those groups, an even higher rate (81%) had personal financial interests in companies affected by their guidelines.

"The conflicts are quite prevalent, but they're by no means ubiquitous" according to Dr James N Kirkpatrick, an assistant professor of medicine at the Hospital of the University of Pennsylvania and one of the study's authors. He said that its most important finding may be that 44% of guideline writers actually had no financial interests in the area they reviewed. That rebuts the argument that there are not enough experts around who are independent (New York Times, March 28, 2011).

The Cardiology and Heart Associations said in a joint statement that they had tightened their conflict-of-interest controls in 2010 to align them with recommendations from the Council of Medical Specialty Societies. They now require that the people leading the group and a majority of members of any guideline-writing group be free of conflicts of interest.

- Mendelson TB *et al.* Conflicts of interest in cardiovascular clinical practice guidelines. *Archives of Internal Medicine* 2011;171(6):577-584.





# Giovanni Bollea

## (1913-2011)

### *A life among children*

“When I meet the parents of a child who suffers from a mental disorder, the first thing I ask them is to tell me what is the most special thing about their child, which abilities, resources, feelings, and talents they recognize in him/her”. This was Giovanni Bollea. Not only the father of Italian child and adolescent psychiatry, the professor who fought with enormous courage to make this discipline acquire academic dignity in Italy and all over the world. He was also a great clinician who was able to speak to children and their parents with his usual composure, the most immediately perceivable of his many virtues, together with his smile and his expression, always positive and encouraging.

Thanks to Giovanni Bollea, since 1948 Italian child and adolescent psychiatry has known an extraordinary renewal, both from a clinical and organizational perspective. He studied in Lausanne, London and Paris. In 1961 he was the only foreign assistant in child psychiatry at the Paris University of Medicine (directed by Professor Georges Heuyer). With a revolutionary spirit he first launched in Italy the word ‘prevention’, stressing the importance of identifying the precursors of mental disorders and intervening promptly when a child shows the first signs of suffering. Being sure that developmental psychopathologies are not always, and not exclusively, due to a mere biological and genetic cause, he promoted with great firmness the use of non-pharmacological treatments, never losing an occasion to highlight the risks of using drugs during the developmental stage and the need for further studies in this field. Among the

changes he introduced in Italy were the use of multidisciplinary work teams and the involvement of parents during the treatment of their own child.

The strength of his ideas, his great determination and extraordinary skills led him to be the first president of the Italian Society of Child Neuropsychiatry, establishing and directing the Institute of Child Neuropsychiatry in *via dei Sabelli*, Rome, Italy, which is one of the most important and modern institutes, known the world over. Moreover, Giovanni Bollea was the author of hundreds of scientific papers, many monographs and a compendium on child neuropsychiatry.

He received a gold medal for merits from the Italian Public Health Ministry, and brought his special contribution to many national and international conferences. With regard to child and adolescent psychiatry, he held several national and international offices: Vice-President and later President of the European Society for Child and Adolescent Psychiatry; Vice-President of the International Association for Child Psychiatry and Allied Professions (1958-1962); founder and Vice-President of the International Association for the Study of Mental Deficiency (1961-1965), *Membre d’Honneur a Titre Etranger* of the *Groupement Français d’Etudes de Neuropsychopathologie* (1961). He was also the first President of the Italian Society of Child Neuropsychiatry (SINPI).

He received an international award for his activities, a *Laurea Honoris Causa* in educational studies at the University of Urbino and many other awards for his work, such as a career

award by the Child Foundation during the IACAPAP conference in Berlin (2004).

More than anything, Giovanni Bollea was a man who loved being among children. He was the one who would sit next to them during meetings, looking for that dialogue and interaction which allowed him to understand their potential, their needs and their difficulties. One of his greatest achievements was pushing his colleagues and collaborators to translate the scientific knowledge into concrete action. Inspired by his suggestions, we developed *Telefono Azzurro* a non-profit organization committed to the prevention of child abuse and neglect. During the last 20 years, *Telefono Azzurro* has become a reference point for children and adolescents in difficulty and at risk. Similarly, we developed centres for the assessment and treatment of abused and neglected children (*Tetto Azzurro*), which today represent a model intervention in Italy.

Giovanni Bollea never stopped looking towards the future. He was moved by a rare, intuitive ability and by an innate curiosity. With the wisdom of his 90 years he incited all of us to use the Web more and more as a way to communicate with children and adolescents. We are indeed losing an extraordinary scientist, a wise man, and a good friend but, above all, we are losing a great mentor.

#### **Ernesto Caffo**

Professor of child psychiatry at University of Modena and Reggio Emilia; President, SOS Il Telefono Azzurro Onlus; President, Foundation Child; President, Children First Foundation; Past President, ESCAP - European Society of Child and Adolescent Psychiatry

## Spanish edition of the “orange” journal

The *Journal of the American Academy of Child & Adolescent Psychiatry* has begun publishing an edition in Spanish. Two issues have been published thus far: June and November 2010, both can be accessed at the Journal’s website (<http://www.jaacap.com>). Each issue contains about five articles selected from the English edition.



**Contributions are sought for the next issue of the Bulletin.**  
**Please contact the editor ([jmrey@bigpond.net.au](mailto:jmrey@bigpond.net.au)) with news, ideas and reports of activities of your association or in your region.**

## CONGRESSES, CONFERENCES AND MEETINGS

### IACAPAP

- |             |                                                                                                                                                                                                                                    |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2012</b> | <b>2012 International Congress “Brain, Mind and Development” 21-25 July, Paris, France.</b><br><a href="http://www.iacapap2012.org/congres/12IACAPAP/homepage.html">http://www.iacapap2012.org/congres/12IACAPAP/homepage.html</a> |
| <b>2014</b> | <b>2014 International Congress, South Africa.</b>                                                                                                                                                                                  |
| <b>2016</b> | <b>2016 International Congress, Calgary, Canada.</b><br><a href="http://www.iacapap2016.org/">http://www.iacapap2016.org/</a>                                                                                                      |

## OTHER

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| <p style="text-align: center;"><b>2011</b></p> <p>2-4 June, 2011<br/>Annual Congress, Asociación Española de Psiquiatría del Niño y el Adolescente (AEPNYA), Alicante, Spain.<br/><a href="http://alicante2011.aepnya.org/">http://alicante2011.aepnya.org/</a></p> <p>11-15 June, 2011<br/>International Congress of ESCAP: European Society for Child and Adolescent Psychiatry, Helsinki, Finland.<br/><a href="http://www.escap2011.fi/">http://www.escap2011.fi/</a></p> <p>11 – 12 July, 2011<br/>6th International Conference on Child and Adolescent Psychopathology, Roehampton University, London, UK.<br/><a href="http://www.roehampton.ac.uk/childandadolescentpsychopathology/index.html">http://www.roehampton.ac.uk/childandadolescentpsychopathology/index.html</a></p> <p>31 July - 4 August, 2011<br/>3rd World Congress of Asian Psychiatry, Melbourne, Australia.<br/><a href="http://www2.kenes.com/wcap/pages/home.aspx">http://www2.kenes.com/wcap/pages/home.aspx</a></p> | <p>August 24th - 28th, 2011<br/>World Congress for Psychotherapy “World Dreaming”, Sydney, Australia<br/><a href="http://www.wcp2011.org">www.wcp2011.org</a></p> <p>September 18 - 22, 2011<br/>The 15th World Congress of Psychiatry “Our Heritage and Our Future”, Buenos Aires, Argentina.<br/><a href="http://www.wpa-argentina2011.com.ar/">http://www.wpa-argentina2011.com.ar/</a></p> <p>17-21 October, 2011<br/>World Congress of the World Federation for Mental Health “African Footprint in Global Mental Health”, Cape Town, South Africa.<br/><a href="http://www.wmhc2011.com">www.wmhc2011.com</a></p> <p style="text-align: center;"><b>2012</b></p> <p>17-21 April, 2012<br/>13th World Congress of the World Association for Infant Mental Health, Cape Town, South Africa.<br/><a href="http://www.waimh.org/">http://www.waimh.org/</a></p> |
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# MEMBER ORGANIZATIONS

## Full members

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología de la Infancia y la Adolescencia (ASAPPIA)
- Asociación de Psiquiatría y Psicopatológica de la Infancia y la Adolescencia, Uruguay (APPIA)
- Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)
- Asociación Mexicana de Psiquiatría Infantil AC (AMPI)
- Association for Child and Adolescent Mental Health, United Kingdom (ACAMH)
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- Child Mental Health Association of Egypt
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- Chinese Association for Child Mental Health (CACMH)
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- Russian Association for Child Psychiatrists and Psychologists (ACPP)
- Section of Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine
- Slovenian Association for Child and Adolescent Psychiatry
- Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (SEPYNA)
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- Swiss Society for Child and Adolescent Psychiatry and Psychotherapy (SSCAP)
- Turkish Association of Child and Adolescent Mental Health

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- Association for Child Psychoanalysis, USA
- KCHAMHA, Kosovo
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