



## President's Column

I am happy to welcome Dr Joseph M Rey as the new editor for the IACAPAP Bulletin. Dr Rey, born in Spain, is now an Australian living and working in Sydney. He has a longstanding interest in our discipline and had a key role in making the Donald Cohen Fellowship Program at the IACAPAP Congress in Melbourne a successful event. With his leadership the Bulletin will serve as a strong and influential meeting point for child and adolescent psychiatrists from all over the world. With his leadership, IACAPAP is also fulfilling the ambition to manage executive business on a true international basis as the IACAPAP bureau members and the Bulletin editor are currently active from Australia, Europe, North and South America. For the coming period, we aim to increase the involvement of Africa and Asia.

We are looking forward to 2008 and 2009 with excitement. In line with previous decisions in the EC and in line with IACAPAP ethical guidelines, the bureau is active in fund raising. Initiated by Sam Tyano, we met with representatives from Eli Lilly at the APA meeting in San Diego in May 2007 followed by a new meeting at the American Academy meeting in Boston in late October. These meetings resulted in a grant supporting the IACAPAP educational activities for 2008 and 2009. As you may remember, in 2007, IACAPAP was very successful in developing educational programmes with study groups in Nairobi, Africa, and Porto Allegro, Brazil as well as the Helmut Remschmidt Research Seminar in Istanbul. We aim to arrange 2-3 study groups each year and establish a world wide network for education and research. The next study group is to be arranged in Lithuania in Nov or Dec 2008.

To have full economic transparency, grants from fund raising are handled through the USREI-CAPAP = U.S. Research and Education Institute for Child and Adolescent Psychiatry and Allied Professions, which is an audited fund checked by US tax authorities.

I am sad to inform you of the deaths of four of our more prestigious previous IACAPAP officers. Professors Gerald Caplan, Cyrille Koupernik, Peter Neubauer and Winston Rickards, died during past three months. In the coming issues of the Bulletin we will publish obituaries describing their important activities and honour their contributions.

Looking forward to seeing you at the 18th International IACAPAP congress in Istanbul, April 30-May 3. The preliminary program is available on the web: [www.iacapap2008.org](http://www.iacapap2008.org) , and promises a most stimulating and inspiring congress.

All my best regards,

*Per-Anders Rydelius*

*President of IACAPAP*

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## First South-American Research Seminar in Child and Adolescent Psychiatry

June 7-9, 2007, Porto Alegre, Brazil

Porto Alegre, one of the largest cities in Brazil and the capital of the Brazilian state of Rio Grande do Sul, is one of the most important cultural, political and economic centers of Southern Brazil and a worthy host of the IACAPAP-supported First South-American Research Seminar in Child and Adolescent Psychiatry. Porto Alegre not only counts with a vibrant child psychiatry research group but also has a proud multicultural tradition. The city, located on the Guaiba Lake, was founded in 1742 by immigrants from the Portuguese Azores islands and later enriched with people from other parts of the world,

particularly Germany, Poland, and Italy.

"Contact with young researchers from other South American countries and with mentors provided a very rich experience. Because we are all facing similar difficulties, each one of us could contribute different ideas and approaches to problems" said Ana Soledade Graeff, one of the participants, at the conclusion of the meeting. The seminar took place during the 19th biannual meeting of the Brazilian Association of Child and Adolescent Neurology and Psychiatry (ABENEPI). The 22 attendees from seven countries

(Argentina, Brazil, Colombia, Costa Rica, Peru, Uruguay, and Venezuela) had the opportunities to discuss research projects and career development with a group of international and local mentors with much experience in clinical and research activities.

The three days of the meeting started with lectures at the ABENEPI meeting, where the international speakers presented exciting new findings from their own area of expertise. The first day, Professor Luis A. Rohde explained the objectives and goals of the initiative, emphasizing that IACAPAP is committed to improve the research capacity in child and adolescent psychiatry in South America and other developing areas of the world. Professor Myron Belfer discussed the situation of child and adolescent mental health worldwide, presenting data from the World Health Organization Child Atlas Project. Dr. Ellen Leibenluft discussed the principles in developing a research idea and, mostly, a research career. Finally, Dr. Helmut Remschmidt talked about doing research on the prevention of child mental health problems. In the afternoon, attendees were grouped into five teams, each chaired by one international mentor (Profs. Belfer, Leibenluft, Leventhal, Martín and Remschmidt) and one Brazilian mentor (Profs. Conceição do Rosário, Mercadante, Rohde, Schmitz, and Dr. Fleitlich-Bilyk). The purpose of the groups was presentation and discussion of the attendees' research projects.

On the second day Professor Leventhal addressed a very important topic for those beginning their researcher life: how to write a paper, which was complemented by Professor Martín's presentation on how to read a paper. In the afternoon, the attendees continued discussing research papers on a workshop with the local mentors, where they presented their own results and difficulties as investigators based in a developing country.

Working groups continued in the morning of the third day (after the conference had finished). After lunch, Professor José Roberto Goldim, from the local IRB [what is this? – could you spell out?] spoke about ethical issues in research in Latin America, and Professor Martín proposed some ways to get the South American research production published in international journals. Finally, the groups presented their work to others and there was an evaluation of the Seminar. Guilherme Polanczyk, A, who had participated previously in the Donald Cohen Fellowship Program in the Berlin and Melbourne IACAPAP conferences, said "I feel that seminars in this format are extremely productive, in part because of the great experience of the mentors and high quality of discussions, in part because of the exchange of ideas and the relationships that emerge among the participants.

For me, this meeting was different from the others I have attended. Although there are differences in terms of cultural background between countries from Latin America, there are also many similarities, which quickly create a sense of community between participants."

The social program took place mostly at lunch time when participants had the opportunity of visiting the Art Museum of Rio Grande do Sul, the Theater São Pedro (a very traditional theater) and the University Hospital (where most activities were conducted). The group also had a "churrasco" (barbecue), the typical local dish, on the first night.

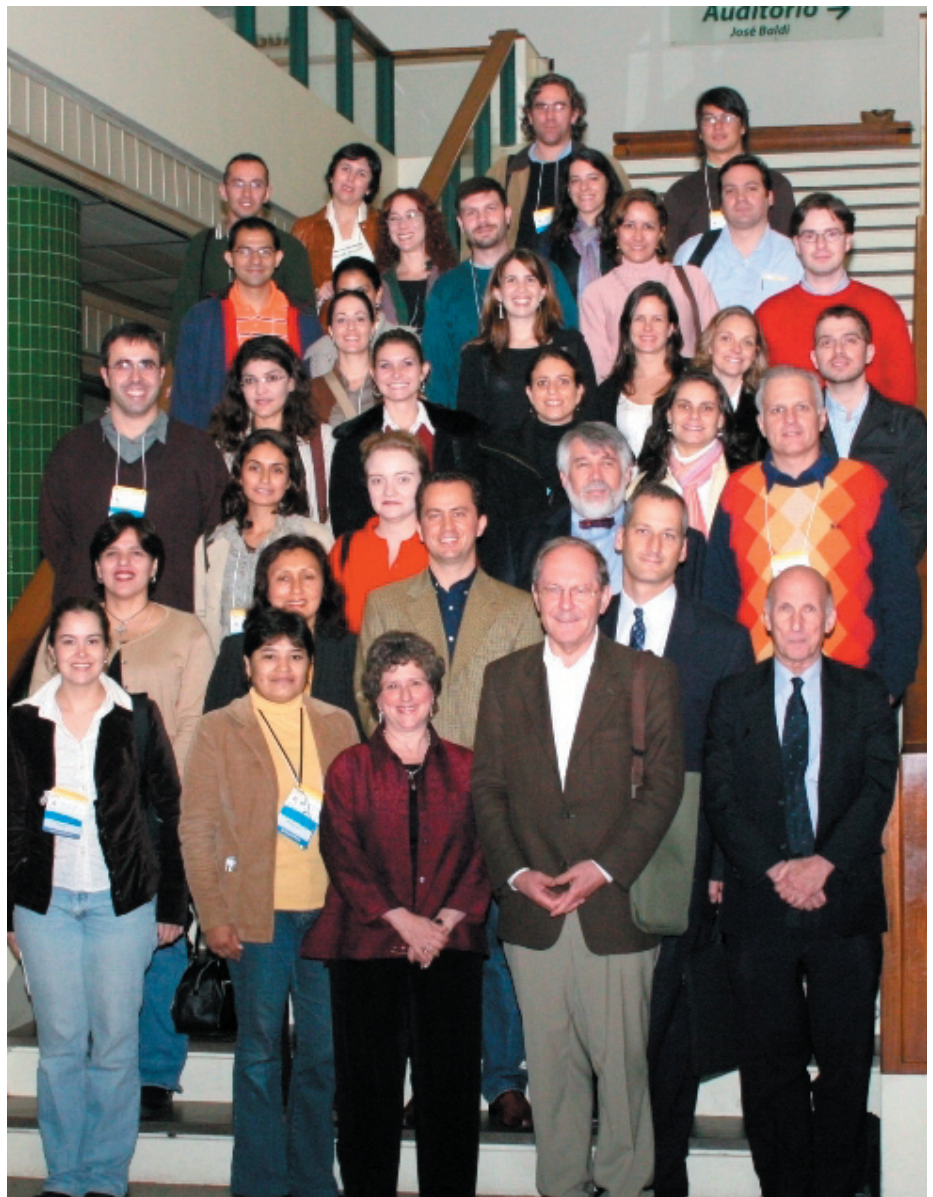
While there is a long way to go in Latin America, the situation is gradually changing in some countries. For example, Brazil has a relatively strong scientific research policy, and Ana Soledade Graeff has been awarded a scholarship from the CAPES Foundation to study at Columbia University for one year. "In my case, the Seminar was the trigger to decide to have a research experience in the USA" she said.

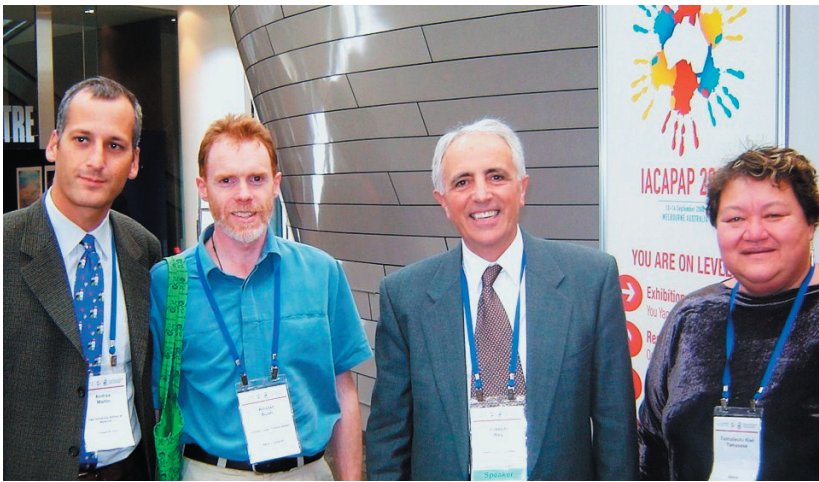
*Luis A. Rohde, M.D., MSc, DSc.*



*'My strongest feeling after the Meeting is that we cannot lose the regional perspective when focusing on the wide child and adolescent mental health field.'*

*Guilherme Polanczyk*





Andrés Martin, Allister Bush, Joe Rey and Hinemoa Elder at the 2006 Melbourne Conference

## Welcoming the *Bulletin's* New Editor

When José Rey left his native Santiago de Compostela for a short visit to far-away Sydney four decades ago, little did he know at the time that he would not go back. He was enchanted by the sailboats gliding through Sydney harbor on Boxing Day; he became Australian and shed the Spanish accent over his name in favor of the Anglicized Joseph. The rest, as they say, is history.

And quite a history it is. Joe quickly rose through the ranks of Australian child and adolescent psychiatry, becoming a professor at the University of Sydney and director of the well-known Rivendell Unit; he became an internationally recognized expert on childhood depression and the use of electroconvulsive treatment in adolescents. He taught, mentored and inspired widely; he remained

an active clinician and researcher throughout his career; he wrote prolifically and with an elegance and ease that made it hard to believe he had learned English as an adult. *More Than Just the Blues*, his book on adolescent depression, was distributed to all general practitioners in Australia and remains a classic to this day; his forthcoming *Treating Childhood Depression*, co-edited with Boris Birmaher, is likely to set a similar high standard among mental health specialists.

Joe is not entirely new to the *Bulletin*: I had the privilege of working with him on the Supplement to issue XVIII – an array of often-moving writings from the Donald J. Cohen fellows who attended the Melbourne Congress of 2006. Palpable in the Supplement are Joe's skills as a writer, editor, and magnet for the energy and ideas of our younger members. The Supplement provides a taste of the creativity and engagement that we can come to expect under Joe's stewardship of the *Bulletin*.

We are fortunate to have found as talented and inspiring a *Bulletin* editor. Please join me in welcoming Spanish native José, Australian child psychiatrist Joseph, and dear friend and international editor-without-borders Joe Rey. Welcome home, Joe!

Andrés Martin, MD, MPH

## Andrés Martin, *Editor Magnifico*, Thanks

This issue sees the departure of Andrés Martin, magnificent editor, not because he is abandoning his support and dedication to the *Bulletin* or IACAPAP, which in his inimitable style will continue tirelessly, but because of the demands of his ever growing professional commitments, among others the editorship of the *Journal of the American Academy of Child and Adolescent Psychiatry*—quite an achievement for such a young professional. Andrés is a fitting model for young child and adolescent mental health workers around the world, illustrated by his dedication to the Donald J. Cohen Fellowship Program and by many other activities aiming at helping and educating young professionals, particularly disadvantaged ones. On behalf of all the child and adolescent mental health professionals and IACAPAP, I thank Andrés for his editorship (personally, I thank him for his kind words, encouragement and support). It will be a hard act to follow.

My goals for the *Bulletin* are to ensure that it remains relevant to mental health professionals by conveying IACAPAP's policies, the views of the IACAPAP Executive and by distributing useful information to our colleagues all over the world, particularly those from developing countries and those who are isolated or have limited access to information. The *Bulletin* will also seek to foster a sense of camaraderie and support among professionals from diverse countries and backgrounds, assist in the formation of networks and help professionals with similar interests to get in contact.

The *Bulletin* will only achieve these goals if you contribute to it—it is your *Bulletin*. Please, email your contributions to me (at [jmrey@bigpond.net.au](mailto:jmrey@bigpond.net.au)). I will need everyone's support.

Joseph M. Rey, MBBS, PhD, FRANZCP

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## Children without Protection, the Innocent Victims in Iraq

Abdul Kareem Salman AIObaidi, M.D. & Leslie Scarth, F.R.C.Psych.

Behind the graphic TV images and newspaper reports, it is easy to forget the estimated two-million children in Iraq who are facing poor nutrition, disease and interrupted education. Iraqi children are paying too high a price for a war that was none of their doing. By the end of 2007 about 75,000 children were living in camps or temporary shelters (1). Mental health, as an aspect of the suffering in war, has been receiving increasing attention, with particular concerns around children and their protection. Their vulnerability and the growing awareness of the potential long term harm to society through disruption of human attachments, combined with the development of aggressive patterns of behaviour, is a matter of deep concern,

among others because these have the potential of aiding recruitment to terrorist networks (2,3).

It is very difficult to collect hard data about the situation of Iraqi children, remembering that even before the invasion of 2003, there had been ten years of severe international sanctions and two destructive wars. We think the main factors behind this difficulty are security instability, ongoing conflict, military operations, terrorism, and other forms of violence. All these have a serious negative impact on the ability of governmental and non governmental agencies to implement programs of child protection. Corruption and power struggles are other aspects of the post war situation that severely impact on the implementation of other child

service programs and on funding for research. Massive civilian displacement inside and outside Iraq with a devastating brain-drain of scientists, academics, physicians, nurses, and other skilled professionals has left many Iraqi children without access to quality education or basic health care.

Presently, Iraq has one of the highest maternal mortality rates in the world. Child mortality rate was about 63 per thousand live births in 1986-90. One-fifth of children under five years of age are stunted in growth, showing that children have not been getting the nutrition required (4,5).

Children and adolescents represent more than half of the 29 million Iraqi people. They have not

been spared from high levels of psychological trauma exemplified by the violent loss of parents—due to imprisonment or death—dislocation of families, exposure to violence, death threats, witnessing scenes of carnage, religious and political persecution, and even detention and torture. Since 2003 rates of direct physical harm and abuse have been high, with tens of thousands of children having been killed or injured (6,7).

There is also concern about an increase in physical violence against children within families. In addition, there is a large and growing number of orphans for whom there are no organised services. All Iraqi children are at risk, but orphans – and those with special needs – are particularly vulnerable. The plight of institutionalized children is further exacerbated by the decline in the number of qualified childcare workers (8).

A third of the children in Baghdad show symptoms that most parents would recognize as evidence of psychological distress, such as bed wetting, anxiety, acting out behaviours, concentration difficulties at school: up to 50% show behavioural problems; 47% reported exposure to a major traumatic event during the previous two years, and 70% of primary school students show symptoms as bed-wetting or stuttering (5,9,10,11).

Reports indicate that insurgent groups and militias are increasingly involving minors, including orphans and children of insurgents, in the fight against the Multi National Force (MNF) and the Iraqi Security Forces (IFS) (12). Children have been arrested and detained by the MNF and by the IFS. There are reports that children are held in the same cells as adult detainees and subjected to the same treatment, including torture (13).

Iraq's education system has also fallen victim to the violence. Many schools have been closed, preventing hundreds of children from receiving basic education. Skilled teachers have left the country or are afraid to go to the schools, which have recently become targets for suicide bombers. Many schools are occupied by armed groups, or have been damaged beyond use during the fighting. Parents are too scared to send children to school, having heard stories of children being kidnapped and held for ransom. School dropout rates are very high, particularly among females. Disabled children have also been unable to access adequate care and education. The result is that an estimated 50% of children living in urban areas no longer go to school, the numbers are even higher in rural areas (8,14,15,16).

Nearly 1,300,000 children, aged between eight and 16 are working (6.1% of the country's population). Of these, 27% work more than eight hours a day. Other studies have found that children between the ages of two and five years (some 7% of the population) were engaged in child labour, usually street begging (17,18).

According to local officials there has been an increase in the number of commercial sex workers (CSWs) since 2003, especially teenagers. The state of lawlessness encourages trafficking, and Iraq is a source of girls and women trafficked to neighbouring countries and Europe—particularly the UK and the Netherlands. Increasing numbers of children and adolescents are involved with drug



Source: American Friends Service Committee

and sex abuse rings (18).

We are very concerned about the way children are being indoctrinated in some families and schools, by encouraging hatred of others as part of the general ethnic and political conflict. This is creating another major challenge whose malignant social effects need to be neutralized.

Of the estimated 4 million Iraqis (nearly 15% of the population) who have fled their homes, half are children. Approximately 1.9 million people have sought refuge inside Iraq, and 2.2 million have crossed into neighbouring countries where local resources (health, education and housing) are under stress. Nearly two million displaced Iraqi children are in need of education and health services, overwhelming the ability of local governments to support them, generating considerable local hostility, and adding to the psychological stress (19).

The situation in Iraq is a stark reminder of the human cost of war. If wars cannot be prevented, then resources need to be made available for post-conflict reconstruction. Laws protecting children need to be strengthened and applied, and the management of the mental health aspects of trauma need to be developed further (9).

Iraqi children—all children in war zones—need the international community to stand by its commitments to deliver the protection and care promised by international law (20). Action to improve child protection in Iraq is crucial for the country's future. This would include the urgent implementation of the UN Convention on the Rights of the Child. Issues such as ensuring the health, well being and education of Iraqi children, prohibition of involving children and adolescents in military and Paramilitary activities, enhancing public awareness of, and education in child protection issues are a key aspect of post-war reconstruction. Legislation prohibiting the use of schools and other educational institutions to promote ethnic or political conflict is needed. The provision of health and education facilities for displaced families in and outside Iraq is also imperative. Children are Iraq's future; the world community neglects them at its peril.

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# Planting the Seeds for Future Research in Child and Adolescent Psychiatry

## The 1st Helmut Remschmidt Research Seminar, Istanbul 2007



The 1st Helmut Remschmidt Research Seminar took place in Istanbul, Turkey from Dec. 2nd to Dec. 7th 2007. This research seminar is based on a format initiated by Professor Helmut Remschmidt from Germany in 1982. A few years later, these seminars expanded to include participants from all of Europe, and recently it has become international. The format includes both educational and social aspects. The educational part comprises lectures by top child and adolescent psychiatry researchers, followed by individual presentations of their own research projects by the participants in smaller discussion groups. The social aspect included an excursion to some of the historical places of Istanbul (like Hagia Sofia, Blue Mosque and the Grand Bazaar), two formal dinners for all of the attendants, and free nights in the beautiful city of Istanbul.

Mentors in this seminar were 11 professors from eight different countries (Germany, Sweden, Finland, Turkey, Egypt, U.S.A., France and the Netherlands). Participants included 22 young researchers interested in child and

adolescent psychiatry from 12 different countries (Turkey, Israel, Slovenia, Egypt, Romania, Tunisia, Russia, Iraq, Greece, Bulgaria, Kosovo and Sweden). Many interesting issues were discussed during and after activity hours (such as different aspects of child and adolescent psychiatry, politics, ethics, economics and cultural differences between countries). A few seeds for future collaboration were planted, and we hope this marks the beginning of an international campaign to standardize and enhance the quality of child and adolescent psychiatry all over the world.

A new initiative emerged during the seminar: to create an internet group for past and future participants of these seminars. Through this group we plan to keep in touch, announce publications of articles written by attendants to the seminar, announce future seminar dates and information, and hopefully arrange reunions and follow-ups of the impact of these seminars on research in our field. The internet group is called "ARSCAP" (Attendants of the Research Seminars of Child and Adolescent Psychiatry).

We would like to take this opportunity to thank all of our mentors, from whom we have learned a lot. Special thanks to Professor Per-Anders Rydelius, President of IACAPAP, who hosted the seminar in such a manner that all attendants enjoyed every second of it. Hope to see you in the next seminar, planned to take place in China.

*Lior Schapir (Israel) & A.Guven Kılıçoğlu (Turkey) (Text and photos)*

**For the internet group:**  
<http://health.groups.yahoo.com/group/ARSCAP>  
**To join:**  
please E-mail Lior Schapir (liorsch@zahav.net.il) or A. Guven Kılıçoğlu (agkilicoglu@yahoo.com)



From left, Professors Remschmidt, Rydelius, Füsün Ç. Çetin and a conference organiser during the Istanbul Seminar

## Winston Selby Rickards (1920-2007)

Winston Selby Rickards died on December 11, 2007. My memories of him go back to 1959 when I was training in Psychiatry. Winston taught trainees in a group, demonstrating interview skills, and gently drawing out the opinions of his students. I never actually witnessed his legendary capacity to conduct a mental status examination with a child while playing a game of cards; but I have no trouble imagining it. Later, we were involved in matters of the Royal Australian and New Zealand College of Psychiatrists. When I returned to Australia from the United States, our bond was no less close. I have a strong memory of the lunch room at the Melbourne Cricket Club, where I debated Winston fiercely about the relative merits of Queensland and Victorian cricketers.

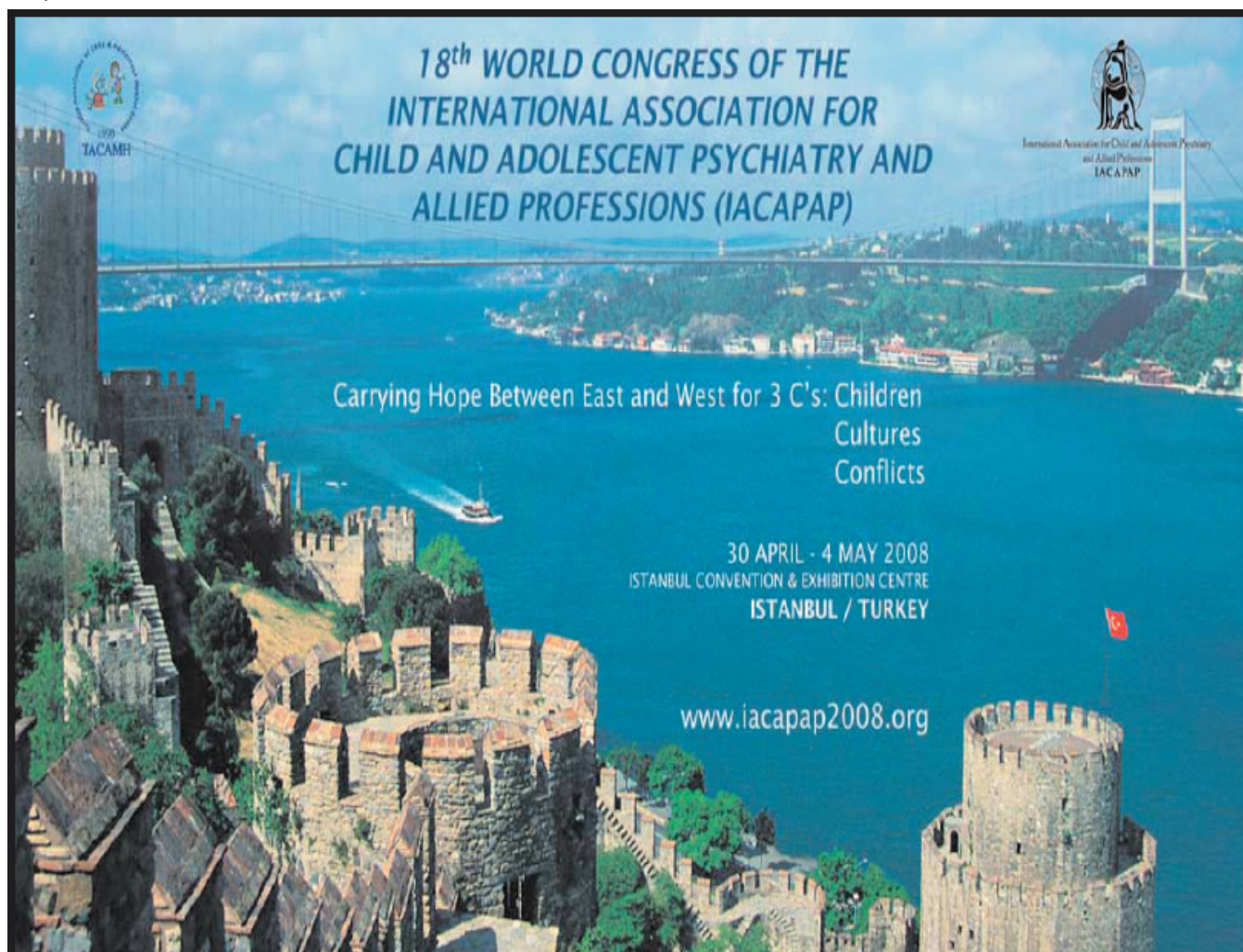
Winston was the second son of businessman Harry Rickards and Margaret Walker, of Melbourne. The family lived for some time during Winston's preschool years in Hampstead, London, and then in Jolimont, Melbourne. Winston was schooled at Wesley College, where he became an outstanding sportsman, debater, and prefect. He studied medicine at The University of Melbourne (Queens College), graduating in 1943, and played cricket for the Melbourne Cricket Club. He was a life member of the Melbourne Cricket Club and had a true passion for the game.

From 1945-47 he served in the Royal Australian Army Medical Corps and then commenced postgraduate studies in Medicine and Psychiatry, completing his doctoral dissertation in 1950 and obtaining a BSc in Psychology in 1949 and the Diploma of Psychological Medicine in 1951. At that time there was no training for Child Psychiatry in Australia. Psychiatrists and psychologists who worked with children were really adult-trained clinicians who took an interest in children's disorders. After being awarded a Rockefeller Foundation Fellowship, Winston studied at the Massachusetts General Hospital and London, where he was mentored by John Bowlby and Anne Freud. In 1955, he returned to Melbourne where he became Foundation Director of Psychiatry at the Royal Children's Hospital.

Winston had a long association with IACAPAP. He was largely responsible for attracting IACAPAP to Melbourne for the conference in 1978; and he was very much involved in the organisation of IACAPAP 2006 in Melbourne. In 2004 he was awarded a Distinguished Service Medal from IACAPAP at the Berlin conference. In 2004, he was awarded a Distinguished Service Award from the Royal Children's Hospital and a Meritorious Service Award from the Victorian Branch of the Royal Australian and New Zealand College of Psychiatrists. In 2005, Winston became a member of the Order of Australia for services to the mental health of children.

In 1967 Winston married Anne Batten, a clinical psychologist and researcher. Anne and Winston had three children: Jane, Tom, and Katrina.

*Barry Nurcombe, M.D.*





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