International Association of Child and Adolescent Psychiatry and Allied Professions

IACAPAP

Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées

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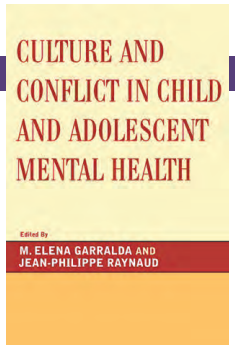


President's Column

Now, during the time between the Istanbul congress and the Beijing congress in 2010, IACAPAP has an extensive program and a very strong ambition to improve global child mental health. To do this we will do our best to support our national member associations in the different regions of the world.

In early August, Myron Belfer and I took part in the Consortium Symposium on promoting infant, child and adolescent health through science-based advocacy at the 11th World Association of Infant Mental Health (WAIMH) Congress in Yokohama, Japan. The Consortium is linking several child and adolescent mental health organizations to form a stronger force to promote global child mental health. Thus far the Consortium includes IACAPAP, WAIMH, the International Society for Adolescent Psychiatry and Psychology (ISAPP), the World Federation for Mental Health (WFMH), and the Zero To Three organization. The significance of this symposium can be appreciated by the fact that Tuula Tamminen, President of WAIMH, Patricia Garel, President of ISAPP, Preston J Garrison, Executive Director of WFMH, and Matthew E Melmed, Executive Director of Zero To Three, presented at the symposium. They emphasized the need to enhance cooperation between these organizations to improve child mental health globally.

In late August, Sir Michael Rutter, Luis Rohde and Gordon Harper represented IACAPAP at the 5th International Congress of the Asian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) in Singapore. Gordon Harper has written an excellent report about the conference in this issue of the Bulletin.

October 10, World Mental Health Day, is a day for global mental health education, awareness and advocacy. On October 9, 2008, the WHO launched the WHO Mental Health Global Action Programme (mhGAP1). MHGAP is an extension of the WHO Mental Health Global Action Programme endorsed by the 55th World Health Assembly in 2002, aiming at reducing the gap between rich and developing countries, and to enhance health systems to deliver care to people with mental, neurological and substance use disorders worldwide. As President of IACAPAP, I attended this important meting in Geneva to make sure that children and adolescents are not forgotten.

IACAPAP will also be represented at:

- The 55th Annual Meeting of the American Academy of Child and Adolescent Psychiatry (AACAP) in Chicago, USA, October 2008
- The 13th Pacific Rim College of Psychiatrists Scientific Meeting in Tokyo, October 30, 2008
- The Japanese Society of Child and Adolescent Psychiatry meeting in Hiroshima, November 2008
- The international meeting and workshops to expand child mental health services in Iraq organized by Dr Abdulbaghi Ahmad (Sweden) and the University of Duhok. The meeting will take place in the city of Duhok in the Kurdistan Region of Iraq in November 2008
- The Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP) meeting on ADHD in Beirut, Lebanon, November 2008

IACAPAP and Dr Dainius Puras (Lithuania) are organizing a Study Group on social and forensic child and adolescent psychiatry (November 28-December 2, 2008). Colleagues from Belarus, Bulgaria, Estonia, Georgia, Latvia, Lithuania, Moldavia, Poland, Romania, Russia, and Ukraine are invited to attend. We are looking forward to a most exciting event.

Special thanks are given to Suzie Dean, Campbell Paul and their colleagues in Melbourne, Australia. They have just finalized and are circulating the final report on the organization of the 17th World congress of IACAPAP. This is an excellent work and a true handbook for how to organize and conduct a successful IACAPAP congress. It will be very helpful and serve as a model for those organizing our congresses in the coming years.

All the best

Per-Anders Rydelius MD, PhD

President

[1]The mhGAP is available on line at http://who.int/mental_health/resources/mhgap/en/index.html

Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with your ideas.

The Asian Child: Resilience in the Face of Evolving Changes

5th International Congress of the Asian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)

Singapore, August 29-31, 2008

ASCAPAP held the 5th international congress in Singapore at the end of August. The previous Congresses were held in Tokyo (1995), Seoul (1999), Taipei (2003), and Manila (2006). The Congress took place in the beautiful, modern Suntec City Convention Center, which the ASCAPAP Congress shared with a bustling computer convention which drew enthusiastic crowds (estimated at a million, mostly young people) during all hours of the day and much of the evening. Dr Daniel Fung, of the Institute of Mental Health (IMH), was the President of the Congress; Dr Ong Say How, also of the IMH, was the Chairperson, and Dr Bernardine Woo of the IMH, was the Vice-Chairperson. The Congress theme was "The Asian Child: Resilience in The Face of Evolving Changes."

The Congress was well attended. Representatives came from fourteen countries in East and Southeast Asia and six countries outside the region. More than 400 people registered for the Congress. The newest national organization to join ASCAPAP, the Bangladesh Association of Child and Adolescent Mental Health (BACAMH), was represented by half a dozen delegates led by Professor Mohammad Mullick from Dhaka.

In his Presidential Address, Professor Cornelio Banaag of the Philippines emphasized that some Asian countries have the fastest-growing populations in the world, with high proportions of children and youth, while others, with low birthrates, population is declining. Children face challenges such as poverty, homelessness, exposure to substance abuse, environmental degradation, and war and civil conflict.

A keynote address on resilience by Professor Felice Lieh Mak from Hong Kong concluded with a moving video of a child who has become an accomplished concert pianist despite being born with only two fingers on each hand.

In plenary addresses, Sir Michael Rutter from London spoke on resilience and our changing understanding of autism, Professor Katharina Manassis from Canada discussed anxiety and resilience, and Dr William Yule from the UK discussed children's responses to traumatic stress.

Internet addiction, a new phenomenon to many, was introduced in a special lecture by Professor Kang-E Michael Hong from South Korea. Such addiction is a vulnerability of youth in post-modern society. Dr Hong presented clinical vignettes, reviewed data on prevalence and types of internet use, related internet addiction to other addictions, and described the development in South Korea of interventions for affected youths and families.

'ASCAPAP plans to have Congresses every two years. The next will coincide with the World Congress of IACAPAP in Beijing in 2010'

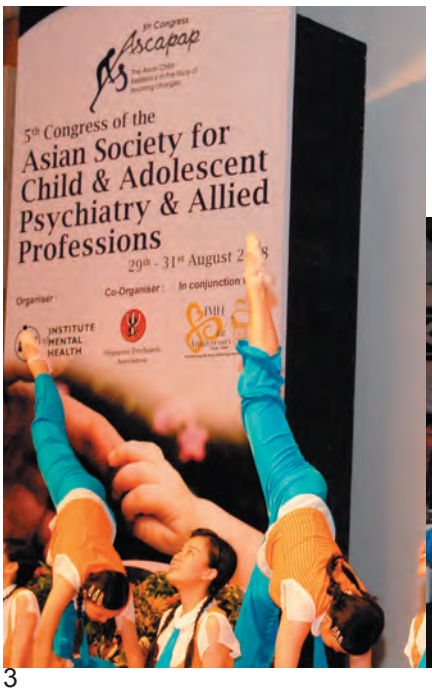
At a luncheon session on ADHD chaired by Dr Fung, presentations were made by Dr Bennett Leventhal from USA, Dr Luis Rohde from Brazil, and Dr Luis Mendez from Mexico.

Some presentations highlighted unresolved areas of controversy, for instance regarding the role of crisis debriefing in disaster areas. Dr John Fayyad presented results from the LEBANON study (Lebanese Evaluation of the Burden of Ailments and Needs Of the Nation) of children exposed to war.

Along with the successful scientific program, participants enjoyed the spectacular cuisines of Singapore, toured the National Museum of Singapore, and attended a gala dinner at The Legends Fort Canning Park, a beautiful historic site. There were also opportunities to tour Singapore.

In the future, ASCAPAP plans to have Congresses every two years, the next of which will coincide with the World Congress of IACAPAP in Beijing in 2010.

Gordon Harper, MD



Left: Professor Katharina Manassis (Canada) and Dr Daniel Fung (Singapore) in one of the presentations. Below: (front row from left) Professor Felice Lieh Mak (Hong Kong), Professor K Satku (Singapore), Mr Leong Yew Meng (Singapore), Professor Katharina Manassis (Canada); (back row from left) Professor Kosuke Yamazaki (Japan), Dr Chua Hong Choon (Singapore), Dr Daniel Fung (Singapore), Professor Zeng Yi (China), Mrs and Professor Cornelio Banaag (Phillipines). Far left: dancers from the Chung Chen High School at the opening ceremony.

Ayesha Mian

Child and Adolescent Mental Health in Pakistan

Flanked by the Himalayas in the North and the Arabian Sea in the South, Pakistan is a country of varied landscape and a rich diversity of culture. The Indus River flows through the 796,095 square kilometers of land, the rubric of which is made up of arid deserts, lush, green valleys, as well as snow covered mountains. The four provinces, Sindh, Punjab, Baluchistan, and North West Frontier Province boast different languages, distinct cuisines, and unique customs. A common note that reverberates through the whole country, however, is one of graciousness, warmth, and unmatched hospitality.

Pakistan is also a country of intense poverty, child labor, bomb blasts, and political mayhem. Social development remains slow; inequality between genders, social classes and urban/rural populations is widespread. This contrasting reality is reflected in the lives and minds of the 150 million inhabitants —37% of them younger than 14 years. Frustration coexists with hope, fear and anxiety with resilience.

In the backdrop of severe poverty, where 70% of the population lives on less than $2 per day, the country has seen an increase in mental illness. Interfamily marriages, high rates of birth injuries, economic decline and high rates of unemployment, rapidly changing social and cultural values, fragmentation of the family, and loss of religious values are factors thought to have led to this increase. Rates of mental disorder are reported to be higher than in other developing countries; some epidemiological studies quote prevalence rates as high as of 25% (urban areas) to 72% (rural areas) for women, and 10% (urban areas) to 40% (rural areas) for men. Illiteracy, indifference, intolerance and ignorance, deeply embedded in the social fabric, lead to stigma associated with mental illness, which adds another dimension to the problem. Having one adult psychiatrist for every 10,000 people highlights that expert help is scarce. There are four psychiatric hospitals in the country and 20 psychiatric units attached to major teaching hospitals. Specialized care specific for children and adolescents is negligible. Many people still believe mental ill health is caused by evil spirits entering the body of a person and will therefore consult faith healers and spiritual leaders before visiting mental health professionals. Thus, lack of psycho-education and awareness is an added challenge.

> '70% of the population lives on less than $2 per day'

Like in most developing countries, youth in Pakistan live in a setting with a multitude of risk factors including poverty, malnutrition, infectious diseases, inadequate schooling, and child labor, to name a few. Urban dwellers face other vulnerabilities not dissimilar to those in the developed world, which include loss of extended —even nuclear— families, lack of parental supervision, and exposure to violence and crime.

There is a dearth of epidemiological data on mental disorders in children and adolescents. One study carried out in Lahore, the capital of Punjab, reported a prevalence of 9.3%. When screening for emotional problems in children attending school, another study conducted in Karachi, reported rates as high as 34%; boys attending community schools were found to be at higher risk. While definitive data are lacking, it has been estimated that over six million children (10% of 62.5 million) are learning impaired and about two million show some degree of mental retardation. The school system does not have a mental health philosophy and so most teachers are not trained to identify children with problems in learning and emotions. The majority of children who have mental health problems or learning difficulties are simply ignored, labeled as 'slow', 'disobedient', or 'problem children', and schools are often keen on excluding them rather then helping them address these issues.

There is an acute shortage of child and adolescent mental health workers. There are about five trained child and adolescent psychiatrists; child psychologists, occupational and speech therapists and trained social workers are equally scarce. According to the WHO Mental Health Atlas 2005, the government currently spends only 0.4% of the health budget on mental health, and very little goes towards the education and training of medical staff specifically for mental health. In terms of specialty services, the Aga Khan University Hospital in Karachi is one of the very few places in the country with a separate outpatient psychiatric service for chil-

Chartered in 1983, the Aga Khan University is Pakistan's first private university (left). Below, Pakistani child.

Chitta Katha lake, Neelum Valley, Pakistan. This area was badly affected by the 2005 earthquake (photo Heartkins).

dren. Another facility, the Institute of Psychiatry in Rawalpindi, has a weekly mental health clinic with supervision from child mental health professionals based in England using tele-medicine. The shortage of trained mental health professionals means that they have to cover a broad range of conditions, including neurological and developmental disorders, mental retardation, educational difficulties, and psychiatric disorders.

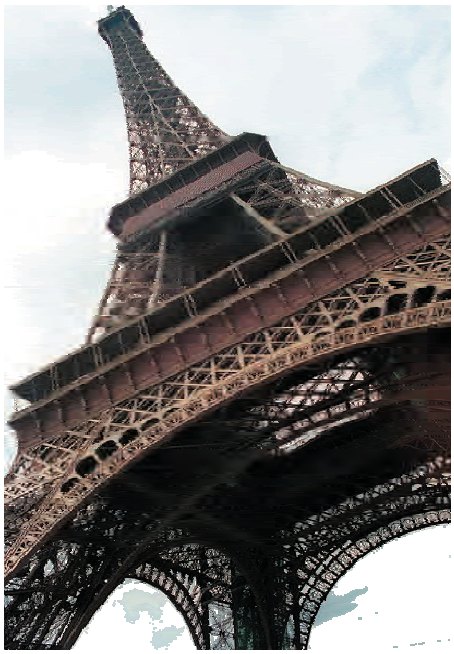
Bleak as this picture may seem, efforts are being made at the community level to address the mental health needs of children. For example, a number of NGOs are doing voluntary work on a wide range of child mental health problems including autism, sexual abuse, child labor, and providing remedial help for children with learning disabilities. Village mental health committees have been formed in some areas. Training of primary care medical and other health professionals is helping to deliver mental health interventions through the existing network of primary care health services, especially in rural settings. School mental health programs are also gaining momentum, where mental health principles are being incorporated to improve the learning environment in schools.

As one roams the expanse of Pakistan, children can be seen assuming many roles. The Islamic tradition calls for them to be cherished, cared for, and raised to be productive members of society —and most parents sacrifice their needs and wants to ensure a safe future for their children. However, factors like poverty and ignorance often result in the harsh realities of child labor, child beggars, premature abandonment of education, and physical and sexual abuse. While I have so far highlighted risk factors, certain protective factors specific to Pakistan's society should also be mentioned to draw an accurate picture. For example, the extended family setup that takes care of some parenting issues such as supervision of the child, relief from the burden of care for handicapped children, and respite if necessary. Grandparents and the extended family ensure continuity of cultural and family traditions by passing on these values to children, thus helping them build a better foundation for their moral and social development. Also, deep religious beliefs often protect people from despair and suicide.

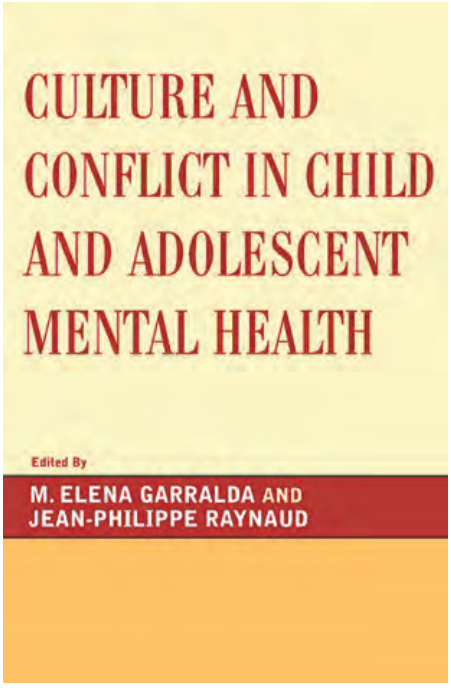
While awareness of the mental health needs of children and adolescents is on the rise, assertive steps need to be taken to ensure interventions are implemented at a faster rate, such as increasing the number of child and adolescent psychiatrists and dealing with the lack of social workers and professional nurses (currently there are fewer than one psychiatric nurse per million people in Pakistan). There is an acute lack of facilities that offer information and guidance to parents and families of those with neurodevelopmental disabilities to help them care adequately for their children. The efforts of NGO's, dispersed throughout the country, would benefit from more collaboration, for example by seeking to provide all required services under one platform. Pediatricians are under utilized; enhancing their child mental health training will expand their ability to better address the needs of Pakistan's young population. The timing is also right for larger-scale and better designed epidemiological studies examining not only the prevalence of behavioral and emotional disorders but also their association with specific cultural and socioeconomic factors specific to Pakistan.

Ayesha Mian MD

'A facility in Rawalpindi has a weekly mental health clinic with tele-medicine supervision provided by child mental health professionals based in England'



The 2008 IACAPAP Book



Understanding transcultural issues but also those related to war and the effects of psychological trauma has become central to the day-to day-activities of professionals working in child and adolescent mental health. This volume aims to bring up-to-date knowledge on transcultural themes as they affect child and adolescent mental adjustment. The contributions represent expert views supported by empirical and clinical experience.

The first part of the book addresses general transcultural issues of relevance for child mental health. The developmental challenges involved in military conflict are explored by Raija-Leena Punamaki (Finland) drawing on her experience of researching and working with Palestinian children and young people. Where mental and physical health problems are specially intertwined, as in countries lacking in child and adolescent mental health services, it is important to consider stigma in relation to both physical and mental health. Cornelius and Obeagaeli Ani (United Kingdom) address the issue from the perspective of Africa and other developing countries. The anthropological perspective to help understand transcultural influences is developed by Maurice Eisenbruch (Australia), from its ethnographic work in Cambodia. Frank Verhulst (Netherlands) provides a longitudinal research perspective to the issue of mental health adjustment in international adoptees. With regards to the Afro-Caribbean community in the United Kingdom, Matthew Hodes and colleagues (United Kingdom) discuss the implications of immigration for child and adolescent mental health.

It is part of IACAPAP's scientific tradition to publish a book coinciding with each world congress. "Culture and Conflict in Child and Adolescent Mental Health", edited by Elena Garralda (United Kingdom) and Jean-Philippe Raynaud (France), marks the celebration of the 2008 18th World IACAPAP Congress in Istanbul.

The second group of chapters addresses cultural aspects of specific child psychiatric disorders. Berna Pehlivanturk and Fatih Unal (Turkey) describe cultural and clinical aspects of conversion disorder in Turkish children and young people. Asma Bouden and Imene Gasmi report a survey of Tunisian children with depression attending child psychiatric services. They highlight the frequent co-morbidity of somatic complaints and conversion features. Yoshiro Ono (Japan) overviews the global epidemiology and current knowledge on suicide and discusses suicidal behaviour in Japanese children and adolescents. Per-Anders Rydelius and Atia Daud (Sweden) outline findings from a programme of research addressing the effects of parental mental health on children, with special emphasis on the impact of traumatic experiences.

The final group of chapters addresses training child psychiatrists and other mental health workers on transcultural issues and the setting up of interventions at times of political turmoil. Anula Nikapota (United Kingdom) discusses the acquisition of knowledge and skills in child psychiatry in a transcultural context, with special reference to the international course at the Institute of Psychiatry in London. Marie-Rose Moro and colleagues (France), under the aegis of Médecins Sans Frontières, share their knowledge and argue for the relevance of mental health humanitarian programmes in countries suffering political or military turmoil. John Fayyad and colleagues (Lebanon) describe ways of addressing the challenge of creating sustainable and long-term child mental health programs in Lebanon.

We trust that this book, rich in detail, diversity of approach and authorship will provide an interesting and informative reading that would complement and extend the experience of the 2008 IACAPAP Congress in Istanbul.

Elena Garralda and **Jean-Philippe Raynaud**

Culture and Conflict in Child and Adolescent Mental Health. Edited by Garralda ME and Raynaud JP. New York, NY; Jason Aronson, 2008. Available at http://www.rowmanlittlefield.com/Catalog/SingleBook.shtml?command=Search&db=^DB/CATALOG.db&eqSKUdata=0765705923&thepassedurl=[thepassedurl]

SPANISH CHILD AND ADOLESCENT PSYCHIATRY FIGHTING FOR OFFICIAL RECOGNITION

'Children and families are confused and distressed because they can't find competent child psychiatrists to treat their illness for the simple reason that they do not officially exist'

As president of AEPNYA, María J. Mardomingo (above) participated during 2007 and the first half of 2008 in a working group set up by the minister for health to develop a national child and adolescent mental heath plan. The first recommendation of this working group was to advise that a specialty of child and adolescent psychiatry be created—so far nothing has materialized.

Recognition of child and adolescent psychiatry as a specialty in Spain has been a quest since the middle of last century. The struggle has been led by the Spanish Association of Child and adolescent Psychiatry (*Asociación Española de Psiquiatría Infanto-Juvenil*, currently known as *Asociación Española de Psiquiatría del Niño y el Adolescente*, AEPNYA). AEPNYA was set up in 1952 and was one of the first professional associations of its kind in Europe.

While lack of recognition has not prevented the development of specialist clinical services, training, or the nurturing of prominent child and adolescent psychiatrists, it reflects a fundamental inconsistency between legislation and reality. Lack of recognition has also meant that much more effort was needed to establish services, training programs and research, which fall well short of what could be expected in a wealthy country like Spain, the eighth largest economy in the world.

Initiatives of committed individuals have gone ahead of government responses to meet the needs of children and families, but dedicated personalities by themselves cannot solve the basic problem of non recognition. The lack of child and adolescent psychiatry as a specialty has serious consequences that further undermine the development of services. Firstly, it cannot be guaranteed that physicians treating young people will have the necessary skills, training and experience. This creates ethical and equity dilemmas because without them there cannot be quality care. Secondly, this results in a dearth of specific investment in child and adolescent psychiatry. That is, there are no explicit departments, no identifiable university education, academic departments and chairs, with the consequent impact on recruitment and research.

Physicians who want to work in child and adolescent psychiatry in Spain are aware they are taking an uncertain path. They know that training will largely depend on their personal effort and commitment and, if they manage to get an appointment in the public health system, that there will be ongoing uncertainty. Because there is no specialty, their positions are always more vulnerable. As a result many of the brightest choose to leave the country, train and build a career in the Unites States, United Kingdom, or Australia, to name a few.

There are no economic, scientific, or administrative reasons to justify child and adolescent psychiatry not being a specialty in Spain. It is just a matter of power and political sensitivity. Adult psychiatry and pediatrics feel threatened and resent the arrival of new specialties that may undermine their influence and vested interests. Instead of seeing them as a natural offshoot of their growth and richness, they perceive child psychiatry as a threat and a loss: the youngest child growing up and leaving home. Political lack of sympathy may stem from the view that children and women are second class citizens. Consequently, their illnesses are dealt with as an afterthought, as if their disorders lacked the scientific and conceptual complexity of adults' illnesses, thus not requiring specialist care. The health administration believes that it is enough to have individual physicians who have followed this vocation, are committed and dedicated, as far as they are supervised by others without such a vocation, training and experience.

If only for economic imperatives it would be expected the health services administration be interested in child and adolescents mental disorders being diagnosed and treated promptly and competently, though economic and administrative issues pail into insignificance when compared with the pain and suffering these illnesses inflict. Further, children and families are confused and distressed because they can't find competent child psychiatrists to treat their illness. The explanation is simple: they do not exist officially.

Spain is in breach of World Health Organization and European Union recommendations and agreements, which require that there should be:

1. Specialist physicians in child and adolescent psychiatry
2. Services for children and adolescents separate from those for adults
3. Ready access to these services

Child and adolescent psychiatry has demonstrated in the past decades that it occupies a well deserved place in the Spanish scientific and clinical landscape. Its methods are as rigorous and reliable as in any other branch of medicine. It has also shown that it requires a knowledge base and a set of specific skills. Thus equipped, child psychiatrists can effectively treat many illnesses, reduce mortality, lessen impairment, and alleviate suffering. In exchange, Spanish child and adolescent psychiatrists only want the legal recognition that has been denied to them for so long.

María J. Mardomingo, MD, PhD
Head, Child and Adolescent Psychiatry, University Hospital Gregorio Marañon, Madrid, Spain

Sixty-four young psychiatrists or trainees and twenty-one mentors representing twenty-nine countries and areas of interest too numerous to count, came together for five days during the 17th World Congress of IACAPAP, Melbourne 2006, thanks to the Donald J Cohen Fellowship (DJCF) program. Both fellows and mentors benefited greatly. "When I was invited to be a mentor for the DJCF program I had no idea what to expect and simply accepted as I was happy to be actively involved in the conference. Little did I know it would turn out to be one of the most stimulating aspects of the entire IACAPAP Congress" wrote one mentor. The article below was written by a DJC Fellow who wishes to remain anonymous. This Fellow donated $5,000 towards the Donald J Cohen Fellowship Program to help others benefit from these fellowships in the future.

Maintaining an Unbroken Chain: the Act of Giving Back

We humans commonly believe that our species is the most developed and civilized of all and that the development of language as a means of communication has facilitated our dominance. However, we are yet to develop language that adequately captures intense emotion or the essence of life-altering experiences. The IACAPAP 17th World Congress's Donald J. Cohen (DJC) Fellowship held in Melbourne, Australia in 2006 was such an experience; it has left an indelible impression on my life and career trajectory.

The Importance of Dreaming

At the time that I became a DJC IACAPAP fellow I was a child and adolescent psychiatry trainee at one of the most well established training programs in the developed world. The opportunity to meet and dialogue with the others who shared my mission to influence policy and establish child and adolescent psychiatry services in developing countries was something from my dreams; dreams that were warm and comforting but seemed impossible to actualize. My fantasy world was vivid and full, my reality dark and lonely; as a trainee I walked this path alone. The IACAPAP DJC fellowship, its fellows and mentors guided me to a new path; I had found a cadre of persons who shared my dreams, some of whom had translated their dreams into reality. Our dialogue was continuous, our excitement palpable, our commitment unyielding. We all agreed that we walked an undefined and difficult path; however we walked it in union. Throughout the course of the conference I found answers to my many questions: in symposia on translating research evidence to policy, in my late-night discussions with my roommate from Hungry, over diner and during vibrant debates with my fifty new friends. As individuals we each represented one country, each contributing to the giant puzzle which in completion gave us the global perspective to our tasks as child mental health professionals and equipped us with the essential network to effect change in the face of such great challenge.

The Mentor

It is often said that there is no strong evidence that mentorship is effective, this I believe is because many of the changes that occur with mentorship are immeasurable, akin to our inability to find language to perfectly capture strong emotions or life-altering events. Our mentors, by virtue of their presence alone, gave validity to our dreams as early career professionals in child and adolescent psychiatry. They, who dedicated their time without financial or other forms of material remuneration, shared our goals and remained passionate and willing to give, this alone inspired us because through them we could see our potential future. Our mentors provided practical guidance on research projects and other barriers to achieving success in our endeavours - but most of all, they provided a template for us as professionals and future mentors. Now I am on the other side and I have come to understand that the mentors' remuneration comes from the process of learning, from personal growth and renewal, from dialogue with the mentee and knowledge that through the introjection of valued others, mentoring will become an important part of one's professional and personal life.

Giving Back

IACAPAP's world congresses are unique in their ability to provide a truly global perspective on the field of child and adolescent psychiatry. The IACAPAP DJC fellowship program at the centre of these congresses provides an optimal opportunity for gifted early career professionals to be mentored by leaders in the field; to be exposed and guided by experts at the most impressionable stage of their careers. This invaluable opportunity and the countless ways it leaves an indelible imprint on the fellow's career should never be undervalued. Today my work allows me to influence policy and the development of mental health services in developing countries, and indirectly on a global level. The IACAPAP DJC fellowship provided the channel through which I began to believe that my dreams were realizable. There are no words that can adequately capture the leaps and bounds I have made since the experiences the fellowship afforded. At the same time, I am cognizant of the fact that unless we actively work to maintain it we cannot assume that this opportunity will exist forever. There are many ways to give back, and at the end of my first year of work I have decided to pay homage to the IACAPAP Donald J. Cohen Fellowship Program by way of a tithe. May this fellowship continue to influence the path of many, and enhance the global capacity to provide mental health care for children and adolescents.

The Romanian Association of Child and Adolescent Psychiatry and Allied Professions (ARPCAPA) New Associated Member of IACAPAP

Child and adolescent psychiatry it is not new in Romania, it has been in existence since the 1940s as "pediatric neuropsychiatry". The pediatric neuropsychiatrists joined in a professional association about 30 years ago—the Society of Neurology and Psychiatry for Children and Adolescents of Rumania (SNPCAR), member of IACAPAP. In 1996, pediatric neuropsychiatry was split into pediatric psychiatry and pediatric neurology. As a result, it was felt the need to set up an association of professionals predominantly involved in child and adolescent psychiatry and mental health, in order to focus resources and to support both medical and non-medical child mental health professionals. SNPCAR, which remains a member of IACAPAP, is constituted mostly by neuro-pediatricians and pediatric neuropsychiatrists.

The unofficial start of the new association was in 2003, when the first national conference of child and adolescent mental health took place at Cluj. At this conference the foundations of a national network of child and adolescent mental health professionals were set out. The Romanian Association of Child and Adolescent Psychiatry and Allied Professions (ARPCAPA) was legally established in 2006 by the child and adolescent psychiatry departments of the university medical schools of Bucharest and Cluj, as a platform to support good practice, knowledge exchange and sharing of expertise, following the models of IACAPAP and ESCAP.

The aims of ARPCAPA are to organize professional and scientific activities for child and adolescent mental health professionals and to improve the collaboration between specialists. One of the objectives of the association is to promote child and adolescent mental health by supporting evidence-based programs dedicated to children's mental welfare, to strengthen the cooperation with government institutions (Ministry of Health, Ministry of Education), and educational activities for parents.

Currently the association has about 250 members (child and adolescent psychiatrists and allied professionals). So far ARPCAPA has organized five conferences on child and adolescent mental health and two child and adolescent psychiatry congresses with international participation; we are also involved in the first national program dedicated to enhancing children's mental health.

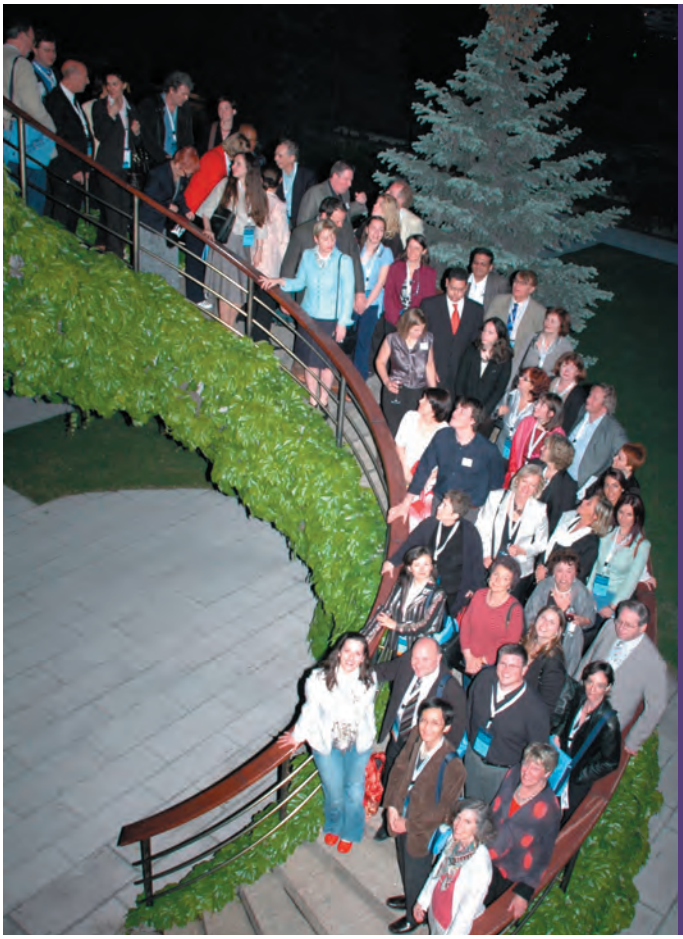
The first issue of the Romanian Review of Child and Adolescent Psychiatry was launched at our first congress in 2007. This is an academic journal that follows the standards of leading specialist journals, such as the European Journal of Child and Adolescent Psychiatry and the Journal of the American Academy of Child and Adolescent Psychiatry. The goal is to promote research, good clinical practice and knowledge in the field of child and adolescent psychiatry, trying to cover as many areas as possible. The journal is published in Romanian but with the declared aim of opening it to the international community as soon as possible. The third issue has been published recently.

From the very beginning we have been supported by very good friends of Romania, who gracefully accepted to participate in our conferences and to become honorary members of ARPCAPA, including Jan Croonenberghs, Philippe Mazet, Nahit Motavalli-Mukkades, Jorma Piha, Helmuth Remschmidt, Michael Rutter, Evelyne Soyez, Tomasz Wolanczyk, and Yanki Yazgan.

Having been accepted as affiliated member of IACAPAP is an honor and a sign of our young association's maturity, as well as an important step in promoting mental health in Romania by opening our network to new knowledge and to the world.

Prof. Dr. Iuliana Dobrescu, President of ARPCAPA and **Prof. Dr. Felicia Iftene Vartic,** Vice-president of ARPCAPA.

Professor Dobrescu (right) and (below) some of the participants at the 2005 meeting.



ASEBA Users Met at the IACAPAP 18th World Congress, Istanbul 2008

The ASEBA Get-Together at IACAPAP 2008 proved to be a wonderful opportunity to gather 110 people from 37 countries who had worked with the Achenbach System of Empirically Based Assessment (ASEBA) instruments. The meeting, held in lovely spring weather on April 30th at the Hilton Hotel terrace, overlooking the Bosphorus, allowed users of ASEBA to meat each other, mix informally and exchange experiences.

The idea of a meeting at IACAPAP 2008 came up at the ESCAP Congress in Florence. There I suggested to Tom Achenbach that we organize a gathering of ASEBA users during the Istanbul Congress of IACAPAP. The main aim was to promote research partnerships within NIH-funded programs in Turkey, such as the Fogarty International Center for Mental Health and Developmental Disabilities' program at the Children's Hospital Boston. This would also help us highlight the prevention of inequalities in international research, so often exemplified by Tom Achenbach's work in promoting inclusion of non-US investigators in publications associated with collaborative international research using the ASEBA system. A broader goal was to bring together researchers from all over the world. Such a meeting had been a longstanding vision of Tom Achenbach, ASEBA's creator. By now countless children and adolescents have participated in studies or have been clinically assessed using the ASEBA system since its inception 42 years ago.

Prior to the meeting, participants' affiliations, research interests and future plans were distributed to the whole group via e-mail. This was a useful preparation because in this way participants became aware of each other's interests and future plans, which facilitated face to face encounters and planning for research collaborations.

At the meeting, Tom Achenbach introduced everyone and there was an open forum for further discussion and suggestions about future plans. The IACAPAP program also included symposia, courses, workshops as well as lectures regarding multicultural collaboration, coordination and research using the ASEBA system. A cake, decorated to represent children from the all the continents, was served, and Tom Achenbach was presented a gift -the "Tree of Life"- symbol of a happy, healthy, and long life.

At this gathering it was decided to hold an international ASEBA conference on empirically based mental health knowledge that is to take place in Burlington, Vermont, 21-24 June 2009. We also look forward to meet again at the next IACAPAP World Congress in Beijing, 3-6 June 2010.

Nese Erol PhD
Professor, Department of Child and Adolescent Mental Health, School of Medicine, Ankara

Tom Achenbach holding the "Tree of Life". From left, Leslie Rescorla, Tom Achenbach, Nese Erol, Melda Akcakin, and Stephanie McConaughy.

The First Chair of Child and Adolescent Mental Health in South Africa

Alan J Flisher has been appointed to the Sue Streungmann Chair of Child and Adolescent Psychiatry and Mental Health of Cape Town University.

Child and adolescent psychiatry at the University of Cape Town (UCT) has a long and proud history dating back to the 1960's. The first South African child psychiatrist was Vera Bührmann, who received her medical and psychiatric education in South Africa and additional training as a child psychotherapist and Jungian analyst in London. In 1964 she introduced a weekly pilot outpatient program at the Red Cross War Memorial Children's Hospital, the academic children's hospital associated with the Medical School at the UCT. From the weekly out patient clinic in 1964 a full-time service was developed by 1974, which moved to its present premises in 1978. Autistic children and their families were one of the areas she devoted herself to; her other interest, which came after her retirement, was her remarkable research into traditional African healing practices.

As head of the child and family unit, as it was then called, Dr Bührmann was followed by Gerwin Davis until 1976, Joan Anderson until 1989, Brian Robertson until 1989, and Carl Ziervogel until 2002, when Alan Flisher took over the reins. By this time the 'unit' had grown to such an extent that it became appropriate to configure it as the 'Division of Child and Adolescent Psychiatry', which consists of five units: the consultation liaison unit; the outpatient unit; the parent-infant mental health unit; the therapeutic learning centre, an inpatient and day program for children with severe psychiatric problems; and the outreach unit. The latter provides training in child and adolescent mental health for nurses working at the primary health care level, manages 'Parents Anonymous', a volunteer-based family strengthening program that provides group interventions for children with emotional or behavioral problems and their parents.

Due to the efforts of staff of the division, the subspecialty of child psychiatry was recognized by the Health Professions Council of South Africa, and the first advanced course in child psychiatric nursing was recognized by the South African Nursing Council. Subsequently, a two year postgraduate training program for psychiatrists and clinical psychologists —culminating in a master of philosophy (child and adolescent psychiatry) — was established through the UCT; the first candidate graduated in 1985. This two-year program consists of supervised clinical experience, theory modules, and a dissertation.

In recent years the research output of the Division has increased. Several large projects —funded by the NIH (USA), the Department for International Development (UK), the European Commission, and local agencies— are underway. Current research topics include the epidemiology of adolescent risk behavior; the development, implementation and evaluation of interventions for unsafe sex, substance use and violence (including intimate partner violence) in high schools and primary health care facilities; neuropsychiatric aspects of HIV and AIDS; assessment and management of delirium; relationships between poverty and mental ill-health in children and adolescents; child and adolescent mental health services and policy research; cultural psychiatry; perinatal psychiatry; and infant mental health. In addition, members of the division regularly serve as consultants to the national and provincial departments of health, and the World Health Organization.

It became necessary to consolidate and further develop the work of the division. In particular, all the staff members of the division were employed by the provincial government, although many had university appointments. This limited the amount of effort that could be devoted to academic child and adolescent psychiatry, and to the development of the discipline outside the confines of the provincial health services. These considerations prompted the search for donations which would enable the establishment of an endowed chair in child and adolescent psychiatry at the University of Cape Town. Through the personal contacts of one member of the division, a single donor was located. Sue Struengmann and her husband, Andreas, did not need much convincing to realize that this was money wisely invested for children's mental health, not only in Southern Africa but —through teaching, training and research— in the whole continent. The chair was named 'The Sue Streungmann Chair of Child and Adolescent Psychiatry and Mental Health', the first incumbent of which is Alan J Flisher. This is the first chair in child and adolescent psychiatry in South Africa, and probably in the whole of Africa.

> 'There is great excitement that the 21st World Congress of IACAPAP will be held in Cape Town in 2014'

There are certainly massive challenges for child and adolescent psychiatry in South Africa and elsewhere in the continent. Outside the major academic clinical centers, such as the one described above, services are grossly inadequate in relation to need. There is about one child and adolescent psychiatrist per million children in South Africa —many of them no longer practicing as child and adolescent psychiatrists or employed in the private sector, not accessible to the overwhelming majority of the population. Of the 3,460 outpatient facilities in South Africa, 1.4% are for children and adolescents. Of the 41 in-patient units in general hospitals, only 4 are for children and adolescents. The integration of child and adolescent mental health services into general health services, which is a policy imperative, has been slow and hampered by the limited child and adolescent mental health experience of staff at the primary health care level. The quality of data is poor, and computerized information systems are rudimentary or non-existent. The challenges are even greater in almost all the other countries on the continent.

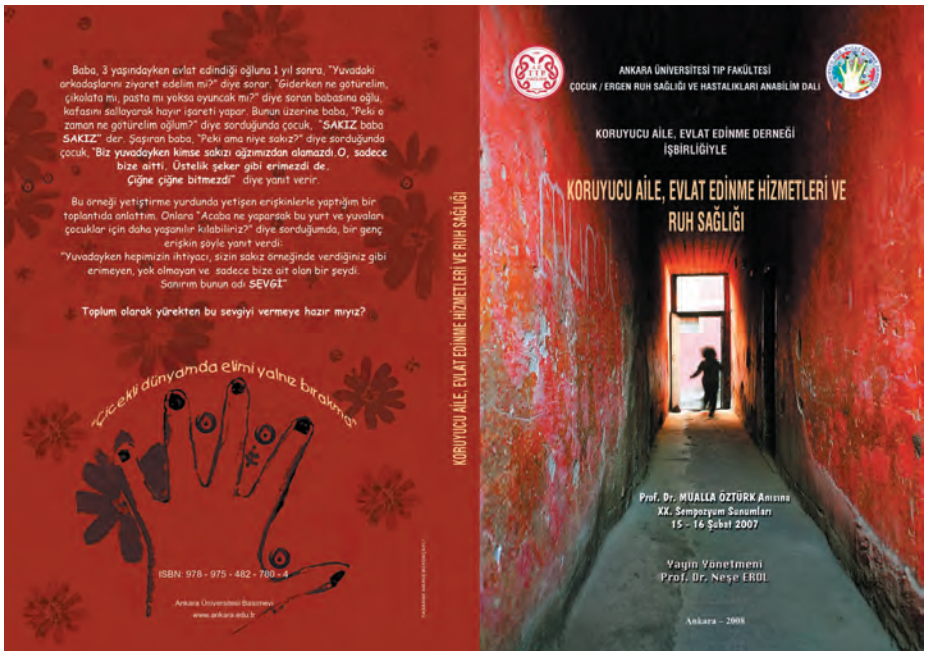
However, there are grounds for hope. Intra-continental exchanges around training, conferences, and other professional contact are increasing. The Journal of Child and Adolescent Mental Health, the official journal of the South African Association for Child and Adolescent Psychiatry and Allied Professions, is going from strength to strength; it was accessed electronically on 20,000 occasions in the past year. The African Association for Child and Adolescent Mental Health, under the leadership of Dr Olayinka Omigbodun (Nigeria), has recently been established and will play an important role in coordinating and strengthening continental professional networks. There is great excitement that the 21st World Congress of IACAPAP will be held in Cape Town in 2014. This event will serve to focus attention on the mental health needs of children and adolescents in South Africa and elsewhere in Africa.

Alan J. Flisher and Astrid Berg

Cape Town University

The aftermath of the Istanbul Congress

The Istanbul Congress of IACAPAP has contributed to make the Turkish media, government and people more aware of the relevance of child and adolescent mental health problems. Some of this interest has been reflected in publications such as the recent book 'Foster Care, Adoption and Mental Health' edited by Nese Erol and published in Turkish by Ankara University



Professor Nese Erol from Ankara University wrote:

A boy reared in an orphanage and adopted when he was 4, wanted to buy chewing gum for the children living in the orphanage prior to a visit to his former institution. When the parents asked him why he chose to buy chewing gun and not cookies, he replied: "No one can take a gum from our mouth, it belongs only to us and it never melts and ends." I presented this example to an institutionally reared young adult group, and asked them what would make life easier for children in orphanages. One of the participants said " We need to make sure that, like gum, we have to find something that does not disappear or simply melts away; we need to find something that belongs only to the kids. The name of this, I think, is love—when we were kids in the orphanage we need personal love like a chewing gum that is our own".

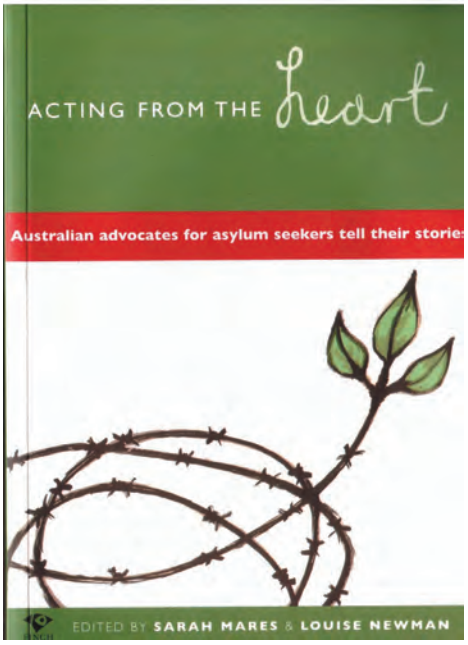
Apart from this, a judge who works with children and families in the court has asked me to prepare a leaflet for families who get divorced. He wanted to distribute this leaflet within the Turkish court system. I am preparing a leaflet called Children and Divorce. I hope the advice in it will be helpful for the families.

AUSTRALIAN CHILD PSYCHIATRISTS SPEAK ABOUT THEIR EXPERIENCES ADVOCATING FOR THE NEEDS OF REFUGEES

'Acting from the Heart: Australian Advocates for Asylum Seekers Tell their Stories' is an anthology of writings from more than 50 people who represent the diversity of this significant grassroots movement to end the policy —which has now been abandoned— of mandatory indefinite detention of children and their families seeking refuge in Australia. Their stories describe how and why they became involved in advocacy, and the impact of this decision on their lives. The result is a disturbing and uplifting record of this pivotal time in recent Australian history.

The book was short listed for the 2007 Human Rights and Equal Opportunity Commission Award for non-fiction.

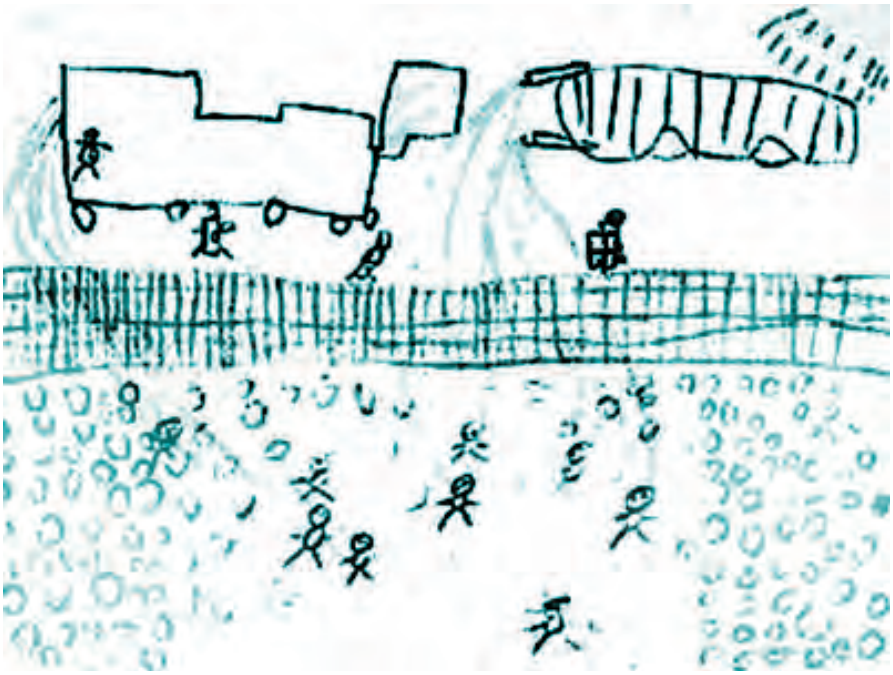
The editors of this collection, Sarah Mares and Louise Newman, are both child and adolescent psychiatrists and three other child psychiatrists (Michael Dudley, Jon Jureidini, and Ros Powrie) also have contributions in the anthology. Child psychiatrists and allied child and adolescent mental health clinicians made significant and pivotal contributions to the public debate on the issue of incarceration of children and their families, and contributed to the eventual policy changes that have occurred.



'These are stories of individuals confronting the moral and ethical dilemmas created by our government's immigration policy. As these powerful stories are told there is a sense of initial disbelief then profound questioning of the morality of current Government responses to asylum seekers. How could this occur in Australia? said the editors.

'We became involved in response to the obvious and apparently unacknowledged harm occurring to the mental health of children, adults and families as a direct consequence of government policy.'

'We were aware that increasing numbers of other people in the community also found the detention of infants and children intolerable, and were concerned about the psychological damage and distress in adult asylum seekers, that was occurring in our name. Mandatory detention leaves a legacy that blights Australia's history, and will not be forgotten. This book is a partial record of this shameful period in our history, the government policy, and the sustained grassroots opposition to it.'



Drawing of water cannons at Woomera Detention Centre by a child in immigration detention

Acting from the Heart. Australian Advocates for Asylum Seekers Tell their Stories

Edited by Sarah Mares and Louise Newman

Foreword by Tom Keneally

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Peter Bela Neubauer (1913-2008)

Peter B Neubauer, a past Secretary General of the IACAPAP, died in his sleep on the morning of February 15, 2008 after a brief hospital stay. He was 94 years old. Shortly before his hospital admission he actively participated in three consecutive meetings at his home—annual meetings of the boards of the Anna Freud Foundation, the Sigmund Freud Foundation, and the Psychoanalytic Study of the Child. During those meetings he was so characteristically active and perceptive that no one realized how ill he was.

Peter Bela Neubauer was born in Krems, Austria, July 5, 1913. He rarely spoke of his early life —and some of it was surely trying— but when he did it was with a bemused tolerance. When he described his family members it was always with fondness. He valued "family" and re-discovered that experience in the close personal alliances afforded through many of his activities. His anecdotes about his grandchildren were so rich with love that they were heart-warming and amusing at the same time. His final words were expressions of love for his surviving sister, Ruth Gunsberg. In addition to his sister and his two grand-children, Sam and Willa, he leaves two sons, Joshua and Alexander, and a daughter-in-law, April.

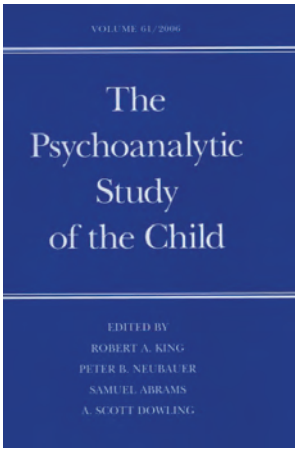
After Gymnasium in Austria, Peter traveled to Berne, Switzerland where he studied medicine and came upon his interest in psychiatry. He left for America in 1941—remaining in Europe was increasingly dangerous—and found passage on a ship in Portugal. It was not characteristic for him to speak of the unusual strains during that period of his life, but occasionally he would refer to it only tangentially, for example, in his amusing tale of being briefly mistaken for a German spy by Swiss authorities. In America, he completed his psychiatric residency at Bellevue Hospital in Manhattan and his psychoanalytic training at the New York Psychoanalytic Institute. By 1951 he had received sufficient recognition to be appointed director of the Child Development Center of the Jewish Board of Guardians, where he remained for more than thirty years. Under his direction it became a nationally recognized center for research and for clinical services—particularly for children with limited financial and emotional resources.

He was a natural leader and a gifted teacher. He was a president of the Association for Child Psychoanalysis and the Director of the Child Analysis Division of the New York University Medical Center's Psychoanalytic Institute where he was a training and supervising analyst and held the academic title of Clinical Professor. He was also a member of the board of the Sigmund Freud Archives and the Psychoanalytic Research and Development Fund. He was the Secretary of the Anna Freud Foundation and an editor of the Psychoanalytic Study of the Child for 31 years. There were at least a dozen other organizations with which he was actively affiliated, and most recently initiated studies in the neurosciences. His role was never merely one of passive listener. He regularly proposed research activities and astutely moved organizations in directions that would prove most useful for psychoanalysis in general and for children in particular. Many contributions to the literature were derived from these activities.

He edited some books and co-authored others. He contributed numerous articles particularly on the subject of children, sometimes in venues suitable for the general public, but more often for specialists in the discipline. His interests included attention to environmental influences upon children's lives—from violent television programs to the effects upon Oedipal development of being in a one parent family. He was interested in dispositional influences as well, such as core traits that manifest themselves early in infancy and to the influence of the unfolding inherent biological program that co-determines development. He was especially involved in this feature drawn from the works of Anna Freud. He viewed analytic work with children as requiring a close regard to this potential for future transformations and gave birth to the technical phrase, "developmental assist." That phrase was meant to emphasize the analyst's attunement to the innovative potentials that rested within the biological program. Peter felt that the technique of "assistance" integrated well with the recognized view of resolving the difficulties that lay in the past.

In an unguarded moment, speaking about his career, he acknowledged that being a teacher was a role he found most rewarding. As teacher, he was assisting all his students to help them become what they could be. His students will remember him most for this, although the world at large is more likely to remember his tireless activities on behalf of so many worthwhile causes.

Samuel Abrams, M.D.



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