



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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CONTENTS



President's Column	2
5th EMACAPAP Research and Training Seminar, Beirut	3
Iraqi Association for Child Mental Health	4
Child and adolescent mental health in Africa	6
<i>Fundación Alicia Koplowitz</i>	8
IACAPAP Study Group in Trakai, Lithuania	11
IACAPAP Medal for Professor Dainius Puras	11
American Academy of Child and Adolescent Psychiatry 55th Annual Meeting	12
China's One-Child Policy	14
The One-Child Policy and mental health	15
IACAPAP member organizations	16
IACAPAP Officers	17



President's Column

2009 will be a very stimulating and active year for IACAPAP. With the great memories from the successful Istanbul congress still fresh in our mind, the 2010 Congress in Beijing is now being planned. During 2009 study groups will take place in Africa, Asia and Eastern Europe, the 6th Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP) seminar in Jordan, and the 2nd Helmut Renschmidt Research Seminar in China —about 6 months prior to the 2010 Congress. IACAPAP is speeding up the creation of a network of child and adolescent psychiatrists, psychologists, social workers, teachers and other allied professionals to develop a stimulating activity between our international congresses.

We are all very thankful to Myron Belfer for his initiative of creating a consortium of associations —IACAPAP, WAIMH, ISAPP, the WFMH and education associations— to become a strong force advocating for child mental health in the world. The consortium presented its ideas and aspirations at a successful symposium in August 2008 at the World Association of Infant Mental Health Congress in Yokohama, Japan.

2008 ended with a tragedy for child and adolescent psychiatry, for IACAPAP and for all of us. The 5th EMACAPAP Research and Training Seminar took place in Beirut, Lebanon; Amira Seif El-Din and Johan Fayyad had organized a most stimulating meeting of a very high quality for East Mediterranean child and adolescent mental health professionals. The Minister of Education opened the meeting on November 19, which ended in the afternoon of November 23, when the Donald Cohen Awards were given. On their way back home from Lebanon and on the highway just outside Alexandria, Amira, and Drs Doa Habib, Mary Azer and Dina Shaker were involved in a tragic motor vehicle accident. Drs Doa Habib, Mary Azer and Dina Shaker died immediately; Amira was severely injured and is still in Hospital. With deep sympathies for the families of Drs Doa Habib, Mary Azer and Dina Shaker, we all hope for the best for Amira and for a full recovery from her injuries (see also page 3).

All the best

Per-Anders Rydelius MD, PhD

President



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

The 5th Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP) Research and Training Seminar, Beirut, Lebanon, November 19 – 23, 2008.



The Seminar, which was truly successful, was opened by the Minister of Education. The program, chaired by Amira Seif El-Din and John Fayyad covered ADHD and related disorders. Welcome addresses were given by John Fayyad and Amira Seif El-Din. In one of the days, Doa Habib, Bennet Leventhal, Jim Leckman and Per-Anders Rydelius were invited to FISTA in Tripoli, to become acquainted with their teaching program for children with autism spectrum disorders, mental retardation, and learning difficulties —an initiative to admire.

IACAPAP extends the deepest sympathies to the families of Drs Doa Habib, Mary Azer and Dina Shaker for their loss. We all hope for Amira Seif El-Din's speedy and full recovery from her injuries.

From top: Per-Anders Rydelius and Amira Seif El-Din. Mary Azer (right) with other participants.

Doa Habib (left) and Dina Shaker (right) having dinner with Marwa Saeed.

(Left) the Minister of Education of Lebanon opening the seminar; (right) John Fayyad during one of the presentations.

A group of children and staff during the visit to FISTA, in Tripoli. FISTA (The First Step Together Association) is a secular, non-political, non-profit organization working to establish special programs designed to prepare students with special needs to lead independent and rewarding lives.

Donald J. Cohen Fellowship Awards to attend the ESCAP conference in Budapest

The European Society for Child and Adolescent Psychiatry (ESCAP) invites members of the child psychiatric community of **Eastern and Western European countries** to apply for the 2009 Donald J. Cohen Fellowship Award. Recipients of the Award will attend the ESCAP Conference, to be held in Budapest, Hungary, August 22 – 26, 2009. The Donald J. Cohen Fellowship is a training program for young scholars. **Applications close March 31st 2009.**

For more information go to: <http://www.escap2009-budapest.com>



IRAQI ASSOCIATION FOR CHILD MENTAL HEALTH (IACMH)

A VISION TO PROMOTE CHILD AND ADOLESCENT MENTAL HEALTH IN IRAQ



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Interest in the mental health of children in Iraq is a comparatively recent phenomenon. Biomedical care for mentally ill adults began about 60 years ago with the establishment of isolated mental hospitals and became part of general hospital care just three decades ago. Child and adolescent mental health is an essential component of overall health and its importance is gaining increased recognition, as is a general developmental approach to the mental health problems of all ages. Current events in Iraq have heightened the interest in the mental health of the country's youth. Addressing the health needs of children in Iraq's complex situation is critical to the success of relief efforts and requires effective, coordinated interventions.

Trauma, vicarious trauma, and deprivation dominate the daily life of about 15 million children—half of Iraq's population. In addition to this devastating reality, children's rights are not well established yet. This presents a challenge to those trying to counteract the current dislocation and social crisis. A major impediment to the development of child and adolescent mental health services and training is the virtual absence of a national child and adolescent mental health policy.

The Iraqi Association for Child Mental Health

The Iraqi Association for Child Mental Health (IACMH) is a non-governmental organization established in May 2004 by a group of medical specialists in psychiatry, paediatrics, community medicine, and professionals in psychology, social work, learning disabilities, as well as child advocates. The association has been registered to operate in Iraq, and is a member in the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). Its main role is to develop child mental health, to promote programs to protect children from neglect and abuse—by raising the awareness of people working in health services and in the community at large—and to develop professional skills. The organization's tools include holding conferences, lectures, forums,

and workshops, in addition to distributing letters, leaflets and books concerning child mental health issues. The long-term strategy is to provide services for children in need, in spite of very limited funding and of working under considerable risk.

IACMH succeeded in organizing a national forum in 2004 to discuss and develop programs for child mental health and other activities such as workshops and lectures aimed at child health professionals. With the assistance of a worldwide support network, the IACMH sent some members to attend short training courses in the United Kingdom, United States, and Turkey, partially or completely funded by the host institutions.

In July 2007, IACMH sent a direct appeal to the Secretary General of the United Nations about the plight of children in Iraq, warning that violence was causing widespread emotional and behavioural harm and could lead to further violence in the future. This risk is high not just for Iraq but for the region and the world, a crisis that requires urgent attention (1).

Promoting child and adolescent mental health in Iraq

Iraqi mental health care providers operate in extremely difficult circumstances and are poorly equipped to help the most vulnerable members of society. It is thus not surprising that establishing services is a challenge (2). Service development, training and research are the three areas needed for promoting child mental health (3), and guidance in developing child and adolescent mental health policies and plans is crucial to prevent the health system from becoming fragmented, ineffective, expensive or inaccessible (4). The absence of epidemiological data has also hampered the development of services. Many other factors, such as stigma, lack of political will, lack of public knowledge, and lack of funding, play a role as well.

Because of the shortage of child mental health workers, it is crucial to train a large group of individuals who can implement child

and adolescent mental health programs. Highly specialised child and adolescent psychiatric professionals will remain scarce and expensive (5). Paediatricians, psychologists, nurses, social workers, primary care physicians, teachers, religious leaders and volunteers all have a role to play. Peers and parents may be trained in detection and simple counselling. Basic mental health literacy needs to be part of the overall training of those working with children in all settings and adult mental health workers (6). There is also a need to create short-term solutions that offer immediate assistance to particularly needy sections of the population (e.g., the traumatized, displaced families, orphans).

It is particularly important to define child mental health services as separate and distinct from adult mental health services, and to use the expertise already available in the country. The structure of the new service must encourage families to take an active part in the evaluation, education and developmental processes of their infants and children. Parents must be encouraged to participate in the development of a new mental health policy for children and adolescents. Families need to be seen as the starting point for interventions and as the major support for clinical work, involving them in information-seeking and decision making. The school environment is vital for children, and many school interventions are effective in improving cognitive, emotional, behavioural and educational performance and social interaction (7). In developing services, every attempt should be made to build a sensitive, culturally competent attitude that respects the values, beliefs, traditions, and customs of parents. This must be reflected in both clinical work and training.

The IACMH has sent members to attend short training courses in the United Kingdom, United States and Turkey, partially or completely funded by the host institutions

It is imperative to also develop long term plans. This would optimally require a multidisciplinary working group supported by the ministry of health and other relevant government and non-government agencies. Such a team would consist of experts in the field. This group would need to:

- (a) Prepare a strategy for the development of services
- (b) Update evidence based practices that are culturally appropriate
- (c) Set national standards of service provision
- (d) Plan continuing education
- (e) Develop specialist training programs
- (f) Set up strategies to raise public awareness through publishing materials, media reports and briefings, direct meetings with policy makers, religious leaders, families and teachers
- (g) Plan and develop community based structures and specialised facilities at a tertiary care level.

All this will require close cooperation with

other fields of medicine and national and International organisations.

The development of allied health services, such as psychology and social work, and the cooperation of the ministries of education and welfare is likely to be an ongoing challenge. This is particularly important given the increasing reports of child abuse. Old Iraq's laws, proclaimed in the 1980s, continue to be valid but are difficult to navigate and are not in complete agreement with the United Nations Convention on the Rights of the Child and international standards (8). Establishing a separate child protection act may fill the gaps. Other legislation relevant to children may need to be amended also according to the United Nations Convention on the Rights of the Child and experience from other Arab countries.

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CHILD AND ADOLESCENT MENTAL HEALTH IN AFRICA

A collective voice to reject the neglect

As a professional working with children on my continent, I often have a feeling of urgency to get things moving for child mental health. This sense of urgency, often intermingled with feelings of hope and frustration, was recently thrown temporarily into despondency by an article published in an Irish newspaper, 'Africa is giving nothing to anyone—apart from AIDS' (1). This caused me to ponder even more about the future for child and adolescent mental health (CAMH) in Africa. The article touches on several issues such as uncontrolled population growth, areas besieged by drought and war, waste of resources and the very sad and devastating subject of HIV/AIDS rampaging through the continent. The writer attempts to make a case for stopping aid to the continent, portrayed as a parasite feeding on everything around, because 'tens of millions of children who would otherwise have died in infancy will survive to adulthood...' Painful for us Africans as this may sound, there is some truth in it. Current projections are that mortality among children will decline by 25% from 2002 to 2012 for sub-Saharan Africa (2). This decline in child mortality raises several questions. What will happen to the mental health of these youth—the future for the region? Are there plans to foster a mental health promoting environment to bring up responsible citizens? What is currently in place to provide for the mental health of African children?

Many African youth are just as angry as I am about the situation in our continent. Some are aware that serious problems exist, struggle to free themselves from deprivation and prejudice, and try to bring about a brighter future. Some of these thoughts are depicted in the writings of an 11 year old girl: 'I dream about the future, about many things to be; how the future would go and how we are the future. It beats me to think about how our leaders have taken away our parents' and grandparents' future, and now they want to take away our own future. How crazy? Heh? Well that's why we need to stand up, get an education for that is where our future lies. You see, instead of lazing about, we should stand up, not relying on what our



Olayinka Omigbodun
Chairperson Steering Committee
African Association for Child and Adolescent
Mental Health

forefathers did but looking for ways of building on the foundation which they laid.'

I thought about my graduating medical class of 1985—80% of them currently working in Western countries—and the medical graduates from my university who leave Africa for the West—70% each year. I remembered the most experienced and capable psychiatric nurses in my department who in the last year had sent letters of resignation and sought work in the West. It then became obvious that the statement that 'Africa is giving nothing to anyone' is not true. Africa is giving a lot. Africa is a major exporter of highly skilled professionals, especially well trained health professionals. This inflicts a severe toll on health, including child mental health.

I then reflected on the gradual awaking in several small areas, where 'Africans' are beginning to come together to take responsibility for their future. One of these little ways is the African Association for Child and Adolescent Mental Health (AACAMH). Just one year after the official launch of AACAMH, there appear to be pockets of activity all over Africa. Albeit small, it appears a strong force is slowly but surely driving out the neglect of child mental health in Africa.

In Kenya, training is being held for pri-

mary and secondary school teachers on the early identification and referral of mental health problems in the young (3). Ethiopia now has a child and adolescent mental health unit and health professionals in this unit are networking with several national and international organisations (4). Also, outreach to schools and teacher training on mental health problems are ongoing and advocacy has been rather successful because funds have now been provided for training of child psychiatrists. In the Northern Cape Province of South Africa, one of AACAMH's leaders is taking an active role in establishing a child and adolescent service and in planning and implementing CAMHS (5). A new psychiatric hospital with 20 inpatient beds specifically for children and adolescents is being built in this province. Nigeria is not being left behind. Advocacy and networking has led to growing awareness of CAMH. A philanthropist provided funds to build and equip a child psychiatry service in Lagos (5). The National Postgraduate Medical College of Nigeria is reviewing a proposal to commence specialist training of child psychiatrists and several centres now have specific facilities for child and adolescent psychiatry. Tunisia already has well established services (7) but there has been an increasing profile in the media leading

FORTHCOMING EVENTS IN ABUJA, NIGERIA, SEPTEMBER 2009

- IACAPAP study group: September 21 to 23
- World Psychiatric Association Regional Meeting: September 24 to 26
- Norman Sartorius's leadership training for young psychiatrists and allied professions: September 27 to 29

to more awareness about autism. One of AACAMH's leaders was involved in the production of an information booklet on autism for parents and decision makers (8). Another important initiative in Tunisia is the 'School Medicine Program' conducted by the Ministry of Health, which involves continuing education and training of school doctors and school nurses to carry out psychosocial interventions for school students.

AACAMH needs to encourage and help members establish national associations and push for development of child and adolescent mental health policies. Gaps in training are evident and AACAMH needs to be involved in this aspect. A two-pronged approach has been suggested. On the one hand this would entail training highly skilled personnel for specialist settings; on the other, the education of health workers who have contact with children in the community, schools, primary care, religious and other settings. Sending health professionals for training to developed countries is expensive. Further, once they are trained these professionals are unlikely to return to their country. A solution, proposed by Hong (9), could be to establish regional training centres that could train child mental health professionals using culturally appropriate content. South Africa (Anglophone) and Tunisia (Francophone) already have training programmes in child psychiatry.

Partnerships

AACAMH is encouraging the regions to develop programs in this field. However, this can succeed only with support of strong partnerships from developed countries. 'The developed world has much to give and receive from working with partners from the developing world. If each child mental health service in the developed world established a partnership with a similar organisation in the developing world much would be gained on both sides from this process. These links would provide training and educational support to the developing world. Simultaneously, professional and the community would work together to develop child mental health services in the developing world, using creativity and innovation. Who is to say that these same innovations cannot be applied in the developed world?' (10).

There are many African child psychiatrists working in better resourced parts of the world who understand the culture, terrain and difficulties in Africa. They are an excellent untapped resource and AACAMH is extending an open arm to them to get involved. The needs are enormous but then "little drops of water and little grains of sand, make a mighty ocean and a desert land".

Africa is a major exporter of highly skilled professionals, especially well trained health professionals. This inflicts a severe toll on health, including child mental health.

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20^{ème} Congrès mondial IACAPAP
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20th World Congress IACAPAP
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Association internationale de psychiatrie de l'enfant et de l'adolescent et des professions associées
International Association for Child and Adolescent Psychiatry and Allied Professions



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'FUNDACION ALICIA KOPLOWITZ'

Working to improve the mental health of Spanish children and adolescents



Left: Mrs Alicia Koplowitz presenting an award to Dr Concepcion Lillo from the University of Salamanca, Spain at the ceremony to award the 2008 neuropsychiatry research grants.

- Fellowships for advanced training in child and adolescent psychiatry and psychology

These grants fund two years of further education in nominated facilities in the United States (Columbia University Medical Centre; Bellevue Hospital Centre, New York University; University of Pittsburgh Medical Centre) or the United Kingdom (Imperial College, St. Mary's Hospital; The Institute of Psychiatry and Maudsley Hospital, London). The grants have a yearly value of \$50,000 (United States) and £30,000 (United Kingdom). These grants were first awarded in 2004.

- Grants for short term training (1-6 months) in child and adolescent psychiatry, psychology or in neuroscience research.

These grants cover travel expenses and provide a monthly stipend of 3.000€ to 4.000 €. There are 10 of these grants available for 2009.

- Research grants in child and adolescent psychiatry and neurodegenerative diseases of early onset

Four grants of 50.000 € to 100.000 € in each of these two areas are available for 2009.

'At the Alicia Koplowitz Foundation we are committed to child psychiatry because we believe that many of the disorders which affect these children can be corrected with good medical treatment'

'At the Alicia Koplowitz Foundation we are committed to child psychiatry because we believe that many of the disorders which affect these children can be corrected with good medical treatment. We are convinced that in order to improve these children's care, not only is more research required but there is also a need for better specialized training among psychiatrists and psychologists in the aspects that are peculiar to childhood and adolescence, areas in which the Foundation has been working for the last five years.' With these words Dr. Margarita Lorenzo, coordinator of the Foundation's medico-scientific program, summarized its aims. The Foundation is providing a much needed fillip to Spanish child and adolescent mental health, particularly in the area of training. It is noteworthy that child and adolescent psychiatry is not officially recognised as a specialty in Spain (see the November 2008 issue of the Bulletin). The lack of official recognition has undermined training, teaching and the organisation of Spanish child and adolescent mental health services, thus making work in this field unattractive and less rewarding for professionals and results in poorer clinical care for children.

Created by its president, Alicia Koplowitz, the Foundation is a non-profit organization that began as an expression of Alicia Koplowitz's commitment to the promotion and defence of education, culture, science and scientific research, as well as the social care of the young



Above: A presentation during the III Scientific Symposium of the Foundation, Madrid, Spain, September 2008. From left: Dr Margarita Lorenzo, Program Coordinator of the Foundation, Dr Josefina Castro (Clinic Hospital, Barcelona), and Drs Celso Arango, Antonio Barba and Mara Parellada (Hospital General Gregorio Marañón, Madrid). Left: Dr Mar Vila, fellow of the Foundation at Imperial College, St. Mary's Hospital, London.

and the disabled. At present the Foundation acts on behalf of two formerly independent foundations, which merged in 2005. While continuing with the original social activities of its predecessors, the current Foundation has diversified its interests into two broad areas: social and medico-scientific.

Helping children with serious problems from broken homes is the focus of the Social Activities Program, which offers shelter and treatment in its residential centres. The Foundation also assists other social groups with specific needs, such as individuals affected by multiple sclerosis. For this purpose, the Foundation conceived, built and donated to the Community of Madrid the 'Alicia Koplowitz Community of Madrid Multiple Sclerosis Centre.'

The Child and Adolescent Mental Health Support Program is the heart of the medico-scientific activities, whose main aims are to improve the training of professionals in this field and to increase research. As part of this program, the Foundation awards advanced training grants to enable candidates to spend two years at leading international centres, and grants for brief—one to six months—visits to centres of excellence to further specialize or conduct research in psychiatry or the neurosciences. The foundation also offers funding for research projects to Spanish researchers in the fields of psychiatry and

early-onset neurodegenerative diseases.

The fellowships for advanced training seek to provide opportunities for specialization and research in child and adolescent psychiatry and psychology in leading international clinical and research institutions. The Foundation awards five of these fellowships each year. During their tenure, fellows participate in the host institutions' training programs—the bulk of

The Alicia Koplowitz Foundation is keeping alive the training in child and adolescent mental health in Spain

their work being related to the clinical research being conducted in the host department, as well as participating in the educational program of seminars, workshops etc. Moreover, each fellow is assigned a mentor from among the experts in the host institution. The mentor guides and supports the fellow through the two years of training. Once training abroad is completed, the Foundation offers fellows the opportunity to join a psychiatry department in a Spanish hospital for six-months to facilitate their professional reincorporation into the Spanish health system. So far the Foundation has funded the training and education of 24 psychiatrists, 12 of whom are back in Spain exercising their professional expertise in child and adolescent psychiatry units (see Box).

The *Fundación Alicia Koplowitz* also provides financial support to Spanish researchers or research teams for projects in child and adolescent psychiatry and the neurosciences. Accordingly, the Foundation funds research projects with a multidisciplinary approach in basic and clinical research and in service development. Recipients of the Foundation's research grants are chosen by a panel of highly respected, independent experts, including both Spanish and foreign psychiatrists and neuroscientists. In 2008, the Foundation provided funds for eight research projects on domains as disparate as depression, attention deficit hyperactivity disorder, psychosis, autism, multiple sclerosis, amyotrophic lateral sclerosis, amaurosis, and Friedreich ataxia. 'We are really satisfied with the number of applications received and the high standards they reflect. In particular, the projects we have selected, which focus on different areas of child psychiatry and early onset neurodegenerative diseases of major social impact' said Dr. Margarita Lorenzo.

Through short-term visiting fellowships the Foundation seeks to support the development of specific research skills among researchers in child and adolescent psychiatry and the neurosciences—particularly early onset neurodegenerative diseases. Ten fellowships for stays of one to six months are offered annually. The fellowship holders are free to choose the centres in which they will carry out their projects.

Every year the Foundation organises a scientific symposium held in Madrid. The program includes presentations describing the experiences of fellows of the Foundation,

progress reports on the research projects awarded the previous year, and a key note lecture given by an internationally renowned scholar on topics relevant to child psychiatry. For example, Stanford University's Kiki Chang MD gave an address on paediatric bipolar disorder at the last scientific symposium, in September 2008. The research fellowships in neuroscience are also presented at the end of this symposium.

As part of its work in the field of education, the Foundation organises, sponsors and collaborates in training sessions, courses and conferences for professionals run by internationally renowned experts. Annually, the Foundation also supports the organization of the Meeting of the Spanish Society of Child and Adolescent Psychiatry (AEPNYA), in which the grants for research on psychiatry are awarded.

In the words of Maria Jesus Mardomingo, a respected Spanish child psychiatrist and president of the Asociación Española de Psiquiatría del Niño y el Adolescente (AEPNYA) 'I believe the Foundation Alicia Koplowitz has given a fundamental thrust to research in child and adolescent psychiatry in Spain. It has also given many physicians who wanted to become child psychiatrists the opportunity to travel abroad, get trained and familiarize themselves with work in other clinical environments and working styles. This is a praiseworthy task which will also translate in better patient care.'

For more information regarding the Foundation Alicia Koplowitz check the web page www.fundacionaliaciakoplowitz.org



One of the first Alicia Koplowitz fellows speaks about her experiences

I currently am the director of the department of child and adolescent psychiatry of the University Hospital *Virgen de la Victoria in Malaga, Spain*. I doubt very much that I would have been in such a senior position today without the aid of the Alicia Koplowitz foundation. I was one of the first group of medical graduates awarded a two-year fellowship in 2004, which I exercised at the academic unit of child and adolescent psychiatry at London's Imperial College and its sister clinical unit at St Mary's Hospital.

My training started as soon as I arrived in August 2005. I immediately became involved in a research project on depression in adolescents in primary care. The project sought to design a training package for primary care practitioners to detect depression and treat mild and moderately severe cases with cognitive behaviour therapy. I spent one and a half days per week on this project under the supervision of Professor Helena Garralda and Dr Tami Kramer. The results are to be published shortly. The rest of the time I joined the Royal College of Psychiatrist's-accredited child psychiatry clinical training program at St Mary's Hospital where I participated also in the half-day a week academic program.

My clinical work included several postings; one year at St. Mary's Hospital, six months at the New Beginning Crisis Recovery Unit for young people, and six months at the Collingham Gardens inpatient unit for children. The variety of placements allowed me to gain experience in most areas of child and adolescent psychiatric practice and to receive supervision from several highly skilled colleagues, to whom I am indebted. For example, the unit at St. Mary's specializes in ADHD, disruptive behaviour disorders, depression, and mental health problems in refugee children. The Crisis Recovery Unit is a tertiary referral service that deals with severe adolescent problems referred from all

over England, while the Collingham Gardens unit allowed me to gain skills in family therapy.

I returned to Spain in August 2007 after finishing my fellowship. The Foundation provided me

The fellowship allowed me to achieve a comprehensive, balanced and well rounded training

with full-time work for six months at the child and adolescent psychiatry unit at the University Hospital *Virgen de la Victoria in Malaga*. Subsequently I was appointed consultant in child psychiatry and six months later I was made director of the department. Since then, our unit won the Andalusian best quality award 2008, is involved in several clinical trials -the first time this has happened in this setting- and a new inpatient unit and day hospital were commissioned last year.

I am extremely grateful to the Foundation for their support, which allowed me such a comprehensive, balanced, and well rounded training covering areas as disparate as research, health services management, as well as in most aspects of clinical practice in child psychiatry. I would not have been able to achieve that training if I had stayed in Spain, although I hope we will be able to offer something similar in the future, once the specialty is officially recognised and we have more well-trained child psychiatrists, to a large extent as a result of the generosity of the Alicia Koplowitz Foundation.

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PAMPLONA 4-6 JUNIO 2009

44 REUNIÓN DE LA ASOCIACIÓN ESPAÑOLA DE PSIQUIATRÍA DEL NIÑO Y DEL ADOLESCENTE

FOR INFORMATION AND REGISTRATION PLEASE GO TO:
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The IACAPAP Study Group on social and forensic child and adolescent psychiatry Trakai, Lithuania, November 27 – December 2, 2008.

In a true spirit of mutual and constructive cooperation, IACAPAP, the European Society of Child and Adolescent Psychiatry (ESCAP) and Professor Dainius Puras, organised a study group in Lithuania for young child and adolescent psychiatrists from Eastern Europe. The topic was on social and forensic child and adolescent psychiatry. The faculty included Professors Puras from Lithuania, Miroslaw Dabkowski from Poland, Tuula Tamminen (ESCAP) from Finland; and from IACAPAP Kari Schleimer, John Sikorski and Per-Anders Rydelius. We really had lovely days in Trakai, the ancient capital of Lithuania, and a very successful study group.

Professionals from nine countries participated in the study group:

- Anca Bistriana from Bulgaria
- Anne Daniel-Karlsen, Kerstin Koiva, and Anne Kleinberg from Estonia
- Tea Mamporia and Tamara Bazgadze from Georgia; Jelena Ganza and Laura Kevere from Latvia
- Diana Meskauskaitė, Evelina Etrauskaite, Martynas Andrijevskis, Ilona Strautnikaite and Daiva Pupsyte from Lithuania
- Alisa Cretu and Grigore Garaz from Moldova
- Artur Wisniewski and Pawel Kropinwnicki from Poland
- Laura Nussbaum, Simona Dumitriu and Iuliana Eparu from Romania
- Igor Kolesnikov and Olga Rusakovskaya from Russia
- Iana Bikshaieva and Olesya Vashchenko from the Ukraine.

Unfortunately, due to problems with visas, the professionals from Belarus could not attend.



IACAPAP Medal for Professor Dainius Puras

Dainius Puras was awarded an IACAPAP Medal for his extraordinary achievements and success in developing child and adolescent psychiatry not only in Lithuania, his own country, but also in the whole region and in the new nations from the Baltic to the Black Sea. This was also to acknowledge his outstanding and pioneering work in the United Nations Committee on the Rights of the Child, where he introduced in the considerations and daily work of the Committee perspectives from child and adolescent psychiatry, to advance the rights and the wellbeing of children.

From left Per-Anders Rydelius, Dainius Puras, Kari Schleimer, John Sikorski.



Above, the Lithuanian Minister of Health at the opening ceremony.

Below, participants in the Study Group.





Shirley Alleyne

American Academy of Child and Adolescent Psychiatry 55th Annual Meeting

The Midwestern city of Chicago renowned for its magnificent combination of modern and neo-classical architecture, art galleries and lakes, preserved the most beautiful days of autumn 2008 for the American Academy of Child and Adolescent Psychiatry (AACAP) 55th annual meeting, that took place from October 28th to November 2nd, 2008 in the 'windy' city. For the four thousand and fifteen attendees from 54 countries the 43 symposia, 37 workshops, 20 clinical perspectives, eight clinical case conferences and 360 new research posters created a choice dilemma. There were options providing answers to any child and adolescent psychiatrist's wish list. The scientific meeting offered updates on the latest developments in the field of child and adolescent psychiatry, expert opinions and an opportunity to engage in discussions on topics as varied as 'psychotropic induced weight gain in children and adolescents', 'a multidisciplinary approach to adolescence in cyberspace', and 'identity, intimacy, and the internet'.

Presenters covered a wide array of topics including: research and clinical updates in the areas of pervasive developmental disorders, disruptive behavioural disorders, developmental disorders movement disorders, psychotic disorder, mood and anxiety disorders and suicide. Attendees participated in a variety of workshops, symposia, clinical perspective, and case conferences with detailed discussions on psychiatric disorders and substance abuse comorbidity, evidence based treatments, oversight of psychotropic mediations, trauma and immigrant children, the impact of war on American and Iraqi children, public health and child psychiatry insights into child mental health interventions in the Eastern World and the mental health needs of Asian Americans, delivering culturally competent mental health services, collaboration with primary care, school mental health, bullying, religion and spirituality and clinical practice, sexual orientation and clinical issues, grant writing and resident teaching in child and adolescent psychiatry.

The meeting's attendees' reception was held on the night of Halloween. Scheduled in the middle of the meeting the Halloween Costume Party encouraged attendees to pause, relax and join their families in the enjoyment of dressing-up and participation in the festivities of the holiday.

Entitled 'Children and Disaster: An International Story' The International Symposium of AACAP's 55th annual meeting focused on natural disasters and their impact on children and their families. The moving presentations by Drs. Tjhin Wiguna and Marty Drell told the stories (in words and pictures) of the physical devastation and psychological trauma experienced by children and families of the North Aceh region of Indonesia and New Orleans, Louisiana as a result of the Indian Ocean Tsunami (2004) and Hurricane Katrina (2005) respectively. During the discussion Dr. Drell spoke poignantly about the vast similarities in clinical symptoms and mental health needs of children and families in both places, thereby reminding us of the global similarities in child and adolescent psychiatry and our need to communicate, collaborate and share resources. The international relations committee of AACAP hosted the Social Networking for International Guests immediately following the international symposium. The Chi Bar with its magnificent views of downtown, Chicago River and Lake Michigan provided the idyllic atmosphere for the rejuvenation of old relationships and development of new ones. These relationships continue to be germane to our work and to the improvement of child mental health on a global level.

The future of our field is in part dependent on how well we recruit and groom the next generation of child and adolescent psychiatrists. One of the many highlights of the meeting was the mentorship program for medical student and trainees. AACAP's mentorship program was modelled on the program developed and implemented in 2004 at the 16th congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) in commemoration of Donald J.

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

55TH ANNUAL MEETING



October 28-November 2, 2008
Sheraton Chicago Hotel & Towers



Group at the Social Networking for International Guests function. From left: Geonho Bahn (South Korea), Neal Ryan (USA), Bennett Leventhal (USA), Shirley Alleyne (Barbados), Ernesto Caffo and Mrs.Caffo (Italy), Joaquin Fuentes (Spain).

Cohen, M.D. (1940-2001). Dr. Cohen was renowned for his dedication to the field of child and adolescent psychiatry and mentorship initiatives on a global level. The mentorship program was sponsored by the Academy's Committee on Medical Students, Residents and Early Career Psychiatrists and was introduced to AACAP's annual meeting by Andres Martin and Susan Milan-Miller during the 2006 annual meeting. The goals of the four-day intensive small group mentorship program were: to increase the connectivity of trainees (medical students, general psychiatry residents and child and adolescent psychiatry residents) to the field of child and adolescent psychiatry by providing a formal overview of the discipline including research opportunities, establish child and adolescent psychiatrists as mentors and provide networking opportunities. Over the last three years the program, which recruits a combination of American and international mentors, has continued to evolve.

It is now open to medical students and residents in general psychiatry or child and adolescent psychiatry who are attending the meeting.

On Sunday, November 2nd the final symposium provided a fitting end to the

meeting. The symposium was entitled "Transforming Systems: Elephants Can Dance" and focused on interventions in child and adolescent psychiatry in Hawaii, reminding us of the tenacity of child and adolescent psychiatrists and

the dynamic nature of our field, while introducing us to the location for AACAP annual meeting 2009 in Hawaii. Aloha kākou, welcome to all!

Further Details of 55th Annual Meeting and the AACAP are available on AACAP's website: <http://aacap.org/>.



Susan Milan-Miller and Andres Martin

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CHINA'S ONE-CHILD POLICY



Billboard in Hebei Province promoting women reads: 'No difference between having a girl or a boy — girls can also continue the family line.'



'The boldest experiment in population control in the history of the world'

Described by some as the 'boldest experiment in population control in the history of the world' (1), China's One-Child Policy remains a widely debated topic 30 years after its inception. The policy has engendered wide concern and discussion because of its far-reaching political, economical, social and cultural implications. Others have worried this policy would result in generations of Chinese singletons who would become 'little emperors' after growing up with high doses of parental attention and indulgence not experienced by previous generations.

The One-Child Policy grew out of the need to balance rapid population growth with limited resources. Between 1949 and 1970, improvements in the quality of life and better access to healthcare led to a remarkable population boom in China. Within three decades, the birth rate rose from 33 per thousand to 38 per thousand while mortality dropped from 18 per thousand to 8 per thousand. Consequently, population increased from 500 million in 1947 to 800 million in 1970, coming close to 1 billion by the end of 1980. According to predictions, if the birth rate remained at the 1978 level of 2.3 per woman, population would reach 2.1 billion by 2080 (2). The disastrous aftermath of 'The Great Leap Forward' and the great famine of 1958-1961 made it doubly evident that economic development and natural resources could not sustain such population growth (3).

The Maoist government had at one point promoted the Soviet decree of 1944 that valued China's large population as a national warehouse of labor and honored women who produced many children with titles like 'Order of the Glory of Motherhood' and 'Mother Heroine' (1). By the 1970s, however, the thinking of top Chinese leaders shifted toward concerns about the detrimental effects a growing population could have on the efficiency of economic planning (4,5). Control of fertility was voluntary in China until 1970, when the Chinese government began limiting each couple to a maximum of two children. During the Cultural Revolution (1966-1976) this policy was loosely enforced in many areas. The government promulgated the One-Child Policy in 1978, after Deng Xiaoping's rise to power. Since

then, the policy has been more strictly enforced.

The One-Child Policy stipulates restrictions on family size, late marriage and childbearing, and the spacing of children when a second child is permitted. The State Family Planning Bureau sets overall targets and policy directions. Strategies for implementation at the local level are devised by birth-planning committees at provincial and county level via a practical system of rewards and penalties, including financial incentives for compliance, and significant fines, confiscation of property, and dismissal from work for noncompliance (2).

It is important to note that enforcement of the single child policy is generally strict only among urban residents and government employees. In rural areas —where resistance to the policy is substantially higher— the policy is typically understood to mean 'two children per couple' especially if the first child is female. A third child can be allowed among some ethnic minorities and in remote, under-populated areas. Because of the local implementation, there are wide regional variations in adherence to the policy. Exceptions are also made in certain circumstances, for example in families in which the first child dies or

has a disability, or when both parents work in high-risk occupations, or are themselves singletons.

While the government has emphasized conservation of resources, concerns for the environment, and the hazards of overpopulation in promoting the single child policy, local officials who implement and enforce the policy have taken the Chinese approach of focusing on practical benefits. The message conveyed to the ordinary citizen is that having a single child is a way to improve the standard of living and a quick path to modernization.

One-Child Policy and Gender

One of the challenges in implementing the One-Child Policy lies in the clash with deep-rooted beliefs and traditions, most notably parents' preference for a male child. Under the traditional patrilineal descent system in China, sons bear the responsibility of looking after the elders and, therefore, are viewed as a form of old-age insurance by parents. Overcoming the traditional preference for male children has become a priority for the government. Ubiquitous government advertisements promoting the One-Child Policy



'Boy, girl, all the same.' The advertisement features a female pop sensation with an androgynous appeal. She was the winner of 'China's Super Girls' singing competition.

usually feature well-to-do nuclear families with a beaming girl sandwiched between young parents. More practically minded advertisements promote the value of girls, claiming that women are more apt to take better care of their parents than men. Although preference for a male child is by no means a thing of the past, these days most urban

The Chinese government has declared that the One-Child Policy is to remain at least for another decade

Chinese are reluctant to admit to such preference—it has come to be viewed as backward and unenlightened. Along with an increasing acceptance of female children, the trend in urban settings is also one of increasing acceptance of a smaller family size, with the nuclear family as the ideal family structure. A study looking at preference for number of children among 39,600 Chinese women showed that while the mean number of children preferred overall was 1.7, the number of children preferred by college-educated women was only 1.4.

Thirty years after its inception, the One-Child Policy has succeeded in controlling population growth and is an often quoted factor in China's rise as an economic power. Yet people critical of the policy point to its undesirable social consequences, such as China's skewed gender ratio (for those aged 15 years of age or less there are 1.13 males per each female), abandonment of female infants and infanticide, or an aging population and the resultant increase in the burden of caring for the aged.

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THE ONE-CHILD POLICY AND CHILD MENTAL HEALTH



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China has worked hard to stick to the One-Child Policy using means of persuasion, coercion and encouragement and has achieved much. However, problems come hand in hand with successes. At the center of the debate is the problem of an aging population and a skewed sex ratio at birth. As the first 'only-child' generation was born and raised in the 1980s, more and more people are concerned with the way these children were raised. The 4-2-1 (4 refers to the grandparents, 2 to the parents, and 1 to the child) family pattern that ensues from the policy is also seen as a potential problem for this generation.

Many studies have been conducted since 1984 concerning these issues. For example, a study carried out by the Psychological Research Institute of the Chinese Academy of Sciences [1] showed that in most age groups differences between the 'one-child' group and a control group were not obvious in relation to independence, supportive, aggressive and empathic behavior. Another study lead by Tao et al [2] using questionnaires also led to the conclusion that children from the 'one-child' group were not inferior in adaptability to children who were not an only child. In 1996, the Chinese Adolescent Research Center conducted a study covering 12 major cities with 3284 children and their parents [3]. The results showed that children from one-child families seemed to develop without major problems, with some slight shortcomings in aspects such as creativity, independence and financial management, when compared with those not from one-child families.

Zheng and colleagues conducted several studies on the personality and psychological problems of the only child. For example, examination of 911 singletons in Beijing aged 6 to 12 years showed that prevalence of social adaption problems was 23%—similar to the average in developed countries. Unite States children of similar age scored better in 'independence' while the Chinese participants showed lower levels of 'aggressiveness' [4]. A 6-year study ('Multicentre controlled trial of early systemic intervention on psychosocial development in children without siblings') [5] not only focused on the personality and psychological problems of the only child but also on the effect of an early intervention. The results showed that the earlier the intervention the better. It is important to realize that the so-called 'only child' is but a 'normal' child brought up in a special environment. It is to be expected that parental education and parenting programs influence child development in these circumstances as in many other areas of developmental psychopathology.

In March 2008 the Chinese government declared that the One-Child Policy is to stay, at least for another decade, while there may be minor changes. For example, the vast majority of the cities can permit couples who are themselves from an only child family and parents who lost their child in the Sichuan earthquake to have two children. This suggests that the Chinese government is resolute in controlling China's population but wants the policy to be humanitarian. Thus, at least another generation of only children is to be born. We need to make a serious effort toward the education of parents and early intervention of only children to maximize the opportunities of a well functioning and educated generation.

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