

INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS • ASSOCIATION INTERNATIONALE DE PSYCHIATRIE DE L'ENFANT, DE L'ADOLESCENT, ET DES PROFESSIONS ASSOCIEES • ASOCIACIÓN INTERNACIONAL DE PSIQUIATRÍA DEL NIÑO Y EL ADOLESCENTE Y PROFESIONES AFINES • 国际儿童青少年精神医学及相关学科协会 • ASSOCIAÇÃO INTERNACIONAL DE PSIQUIATRIA DA INFÂNCIA E ADOLESCÊNCIA E PROFISSÕES AFINS •



IACAPAP

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The Turkish Association for Child and Adolescent Psychiatry celebrates its 25th anniversary

IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health



The 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress (IACAPAP)



36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (CACAP)

September
18-22
2016

Calgary TELUS Convention Centre
Calgary, Alberta, Canada

Kary Schleimer
1933-2016



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President's column

WHO IS INTERESTED IN CHILD AND ADOLESCENT PSYCHIATRY?

On the 2nd of May 2016, began the first session of the IACAPAP MOOC (Massive Open Online Course) "Essentials of Child and Adolescent Psychiatry Across the World". This session was a "real life beta-testing" of our teaching material. The MOOC is temporarily hosted on the FUN platform which is mostly dedicated to French-speaking courses. More than 2000 students have enrolled and, with Helena Van Den Steene, Alexis Revet and Jonathan Lachal (three young colleagues) we are actively answering questions and comments on the forum.

We have asked students to complete two questionnaires: one at the beginning (who they are) and one at the end (their opinions and suggestions for improvement). In the next issue of the Bulletin a paper will present in more detail the results of these surveys. I share here the responses concerning the profession of students who answered that they were doing the MOOC "because of their job", which represented a little bit more than 50% of the 250 respondents. The list of these jobs include babysitter, biology teacher, child and adolescent psychiatrist, child neurologist, child psychiatric nurse, psychologist, child and adolescent psychiatry resident, general practitioner, early childhood teacher, financial analyst, health officer (UNICEF), horse riding instructor, humanitarian actions for street kids, unemployed, marketing, manager of a child and adolescent nursing home, medical secretary, music therapist, neuropsychologist, auxiliary nurse, speech therapist, osteopath, physical-therapist with children, PhD student, pediatric nurse, primary school teacher, psychiatrist, public health physician, psychotherapist, psychomotor therapist, researcher, sexologist, social worker, human resources director, sport teacher, special educator, teacher for disabled children, youth justice worker, trainer in parent/child communication, family court judge, coach, pediatrician, theology student, pharmacist.

This list is impressive. Many professionals are potentially interested in child and adolescent psychiatry. In many countries, psychiatry, and in particular child and adolescent psychiatry, has the aura of some kind of esoteric knowledge—"esoteric" meaning "restricted to an enlightened or initiated minority". Perhaps, in the past, we were reluctant to disseminate our knowledge because we thought we were the only ones that could understand it, or because we feared that it could be misused. Today, because all kind of knowledge is accessible everywhere by everybody, such view is no longer tenable. Thus, it is our duty to provide to the greatest number of people sound information consistent with evidence from scientific studies. This is a way to fight stigma and to show people what is the reality of child and adolescents mental disorders, well beyond the myths and misconceptions that are so common. The diversity of the MOOC attendees provides a fantastic opportunity for a "coming out" of child and adolescent psychiatry in our countries.

Bruno Falissard

IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health

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The 22nd International Association for
Child and Adolescent Psychiatry and
Allied Professions World Congress (IACAPAP)



36th Annual Conference for the
Canadian Academy of Child and
Adolescent Psychiatry (CACAP)

Calgary TELUS Convention Centre
Calgary, Alberta, Canada



We are very excited to welcome you to Calgary for the joint 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress and 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (IACAPAP 2016). The congress theme is "Fighting Stigma, Promoting Resiliency and Positive Mental Health". We have a rich program of presenters from more than 70 countries, with more than 600 free papers, posters, and research symposia among others. We are particularly pleased by the diversity of disciplines and training profiles of the presenters. All allied mental health disciplines are represented and presenter status ranges from trainees, young clinicians to well established and prolific presenters.

We will be presenting a program which answers IACAPAP and CACAP's broad-based goals to advance our knowledge in new clinical, research, educational, and advocacy. The oral program covers three themes. The first theme of "General Child and Adolescent Mental Health" includes a rich variety of talks on epidemiology, prevention, stigma, resilience, brain and behaviour, child development, training and policy.

The second theme of "Principles of Treatment and Care" features presentations of both innovative and evidence based interventions across all modalities (psychotherapeutic, pharmacological, nutritional, systems based, biological to name a few).

The third theme of "Psychiatric Treatment and Co-morbid Conditions" includes presentations on all major and emerging psychopathology.

Of course the focus on stress, trauma and resilience and the unprecedented migration and refugee crisis our planet is experiencing is a key and continuous feature of our program.

The program is designed to optimize your learning experience. Themes are spread equally over the four days with a rich variety of every presentation format for each time slot. A new presentation format is included this year, the Special Interest Study Groups, a presentation which offers an opportunity for presenters and participants to share and network across international clinical, research and policy settings. There are four time slots each day with 14 concurrent sessions. In parallel a rich slate of 25 keynote speakers has been developed and lunch time poster sessions have been arranged for each day and will be arranged by the three themes, with presentations on the last day including some of the more highly reviewed poster submissions.

Our meeting is a wonderful opportunity to network, exchange exciting ideas, and learn about the latest developments in child and adolescent psychiatry.

I look forward to seeing you all in Calgary!

Dr Ashley Wazana
Research and Scientific Program Committee

IACAPAP 2016

FIGHTING STIGMA: PROMOTING RESILIENCY AND POSITIVE MENTAL HEALTH

The 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress
36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry
Calgary TELUS Convention Centre | September 18-22, 2016 | Calgary, Alberta, Canada

*"As far as we can discern, the sole purpose of human existence
is to kindle a light in the darkness of mere being"*

– C. G. Jung



EARLY BIRD REGISTRATION DEADLINE

Save \$100 or more by registering before July 11, 2016.

Network with thousands of Canadian and international child psychiatrists and allied professions representatives in Calgary, Alberta, September 18-22!

[Register](#) today and save with Early Bird rates for the [22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress \(IACAPAP 2016\)](#). The congress is taking place from September 18th to 22nd, 2016 at the Calgary TELUS Convention Centre in Calgary, Alberta, Canada.

Full Congress registration fees **include** all scientific sessions, the Opening Ceremony and Welcome Reception, refreshment breaks and access to the exhibit hall and poster displays. The first 1000 registrants will receive a FREE copy of the Monograph, a series of research findings from international experts on the Congress theme.

Daily registration fees **include** scientific sessions, refreshment breaks and access to the exhibit hall and poster displays on the day of attendance.

Registration fees **do not include** the Congress Gala Dinner, attendance at pre-congress Institutes or additional tickets to the Opening Ceremony and Welcome Reception.

Information about [registration fees](#), [social event tickets](#) and [pre-congress Institutes](#) is available on the [Congress website](#).

[Register Now](#)

Special Edition of the IACAPAP Bulletin

Stay tuned for a special edition of the IACAPAP Bulletin which will include all the details about the upcoming IACAPAP 2016 World Congress taking place September 18-22, 2016 in Calgary, Alberta, Canada.

Pre-Congress Institutes

IACAPAP 2016 has arranged a selection of pre-Congress Institutes that will take place on Sunday September 18, 2016. There are a variety of half day and full day sessions to choose from.

Read the [Institute synopses](#) to determine which you would like to attend.

Register for an Institute through the [online registration site](#).

Congress Gala Dinner

The Congress Gala dinner will be held on Tuesday, September 20, 2016 at the renowned Gasoline Alley in Heritage Park Historical Village. Steeped in automotive tradition and nostalgia, this venue will transport you back to a revolutionary era in western Canada's history. Tour through the stunning vintage vehicle collection, and colorful automotive memorabilia

Tickets for the Congress Gala Dinner can be purchased during [registration](#) for \$150 per ticket.

Your ticket will include:

- Return bus transportation to the venue
- Three course dinner
- Live music
- A night of fun, celebration and dancing

Space is limited so be sure to reserve your seat early!



Pre and Post Tours

A look into every direction brings a different perspective. Centered in Southern Alberta, Calgary lies at the crossroads of two of North America's major highway systems: the Trans- Canada Highway, which stretches from the Atlantic to the Pacific, and the Canamex Corridor, which extends from Northern Canada to Mexico.

IACAPAP 2016 has partnered with Anderson Vacations, a leader

in Canadian vacation planning since 1992, to create memory making pre and post tours for you to enjoy and experience all the Province of Alberta has to offer.

Read more about the [Pre and Post tours](#). Tickets can be purchased during the [online registration site](#) process.

Save the Date

Still thinking about attending IACAPAP 2016? Save the date in your Outlook calendar by downloading the calendar reminder below.

To place this event on your Outlook calendar, simply click the button below. Open the file once it has downloaded and when the reminder dialogue box appears, select "Save and Close" to add the event to your Outlook Calendar.



Congress Sponsors

The Congress Organizing Committee would like to thank the following sponsors for their support.

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CURRENT PERSPECTIVES ON INTERNATIONAL CHILD AND YOUTH MENTAL HEALTH

INTERVIEWS WITH BRUNO FALISSARD & HELMUT REMSCHMIDT

The International Association for Child and Adolescent Psychiatry and Allied Professionals (IACAPAP), is an umbrella organization that brings together national professional organizations, such as the Canadian Academy of Child and Adolescent Psychiatry (CACAP), who are committed to advancing the mental health of children, youth and families, in order to promote the study, treatment, care and prevention of mental and emotional disorders and disabilities on an international stage. In 2016, CACAP will be holding its 36th annual meeting jointly with IACAPAP's 22nd World Congress in Calgary, Alberta. In anticipation of this event, and consistent with previous tradition, the host city for the World Congress was also privileged to host the Helmut Remschmidt Research Seminar (HRRS). The HRRS is a week-long seminar and small group training that unites national and international leaders in child and youth mental health research with a multi-disciplinary group of early career mental health professionals from around the globe. The objectives of HRRS include stimulating interest in child and youth mental health (CYMH) research, build a foundation of knowledge related to research methods, and enhance the capacity of participants to return to their respective mental health settings/programs and begin research. Selected from a field of applicants to attend the HRRS, this year's training, including accommodation and meals, was provided at no-cost—sponsored by the Department of Psychiatry at the University of CALGARY and the Alberta Children's Hospital Research Institute, ACHRI—to 21 participants from 9 countries, including Canada, Australia, Cambodia, South Africa, Sweden, Taiwan and Tunisia. Mentors for this year's talk included local clinician-researchers, including Drs. Nicole Letourneau, Chris Wilkes, Frank MacMaster and Alan McLuckie, as well as international mentors including Drs. Petrus de Vries (South Africa), Bruno Falissard (France; current present of IACAPAP), Helmut Remschmidt (Germany), and Per-Anders Rydelius (Sweden). We were fortunate to be able to interview Drs. Falissard and Remschmidt regarding their perspectives on a number of child and youth mental health related themes.

We thank Drs. Falissard and Remschmidt for taking the time to share their views. We look forward to further thought-provoking discussions in September 2016 in Calgary at CACAP's 36th annual meeting being held jointly with IACAPAP's 22nd World Congress. Hope to see you all there!

Jacqueline Quick, Iliana Ortega-Garcia, Alan McLuckie & Chris Wilkes

What countries are leaders in child and adolescent mental health and why?

Dr. Falissard: *It is likely that there are about 20,000 child and adolescent psychiatrists on the planet and 8,000 are in the United States of America. The majority of research in child and adolescent psychiatry comes from the United States—so, in a way, they are the leaders. On the other hand they have many problems. In my opinion, one major issue for them is that they are biased in how they deal with disorders, in particular how they use medication to treat disorders. A second major issue in the United States is healthcare access, which is very problematic in child and adolescent psychiatry in relation to other medical specialties. So they have huge strengths and they have weaknesses. I would say that Canada is in a really good situation in relation to access, like Northern European countries whether it is Germany, Switzerland or Scandinavia, because in Northern European countries the question of inequality is much better. These countries have invested significantly in prevention initiatives in child and adolescent mental health. Canada is somewhere between Europe and the United States, as it has*



Bruno Falissard

“Countries have to find a balance between the use of interventions that are evidence-based and the use of humanistic medicine that accepts the singularity of all human beings”

conducted very interesting research about evidence-based practice, including examining what happens during infancy and how this could be fixed to alleviate major problems in adolescence. The strength in France is that there are many psychiatrists for children and adolescents, health inequality is not a problem, and clinicians do not overprescribe medication. However, my French colleagues are not involved enough in research and in international research and are somewhat reluctant to use evidence-based medicine and evidence-based practice.

Dr. Remschmidt: *There are several countries taking the lead in child and youth mental health. Of course the USA is in a leading position along with some parts of Canada, and the services in Europe are really well organized. Switzerland, Sweden and other Scandinavian countries are also leaders along with Germany, Australia, New Zealand and the United Kingdom. However, the other thing to consider is the services offered; services for children and adolescents with mental health problems differ greatly from country to country. For example if you look at the number of child psychiatrists in relation to the population as a measure of*

achievement in addressing child and youth mental health issues, then Switzerland, Sweden and other Scandinavian countries are at the top, followed closely by Germany. Germany also has a good service network that is organized along community lines, and at a regional level, so that every community has services reflecting the needs of their unique populations. For instance my program in Marburg, Germany includes inpatient, outpatient and day-patient services, as well as a mobile team that is responsible for 850,000 people. Other countries that are generally leaders in the field, such as Australia, due to their large geographic size have services more localized in the larger urban centres with few resources in less densely populated areas.

What are the top three steps that countries should take in regards to child and adolescent mental health and what are the barriers to taking these steps?

Dr. Falissard: A first step is early intervention. Data is very solid showing that if there is treatment early on—during pregnancy and infancy—you will be more efficient in preventing mental health problems. For example, if a mother is young and alone, without supports, with no money, it is very likely that there will be future problems when she has her first child. Early intervention costs significantly less and has a bigger impact because if you wait too long the problem becomes more and more serious and at the end becomes intractable. Difficulties arise when investing in early intervention during pregnancy or infancy because it will only show an effect 10, 15, or even 20 years later and politicians struggle to commit the needed resources. Early intervention requires that you have easy access to health care, which leads to a second step: addressing inequalities in access. This inequality is a political and philosophical issue, for instance this is something very sensitive in the United States, as freedom is valued more than equality. However, some countries are ready to consider that social inequality is a major barrier to healthcare access. The third point is that countries have to find a balance between the use of interventions that are evidence-based and the use of humanistic medicine that accepts the singularity of all human beings. Yet, politicians, health care providers, and public health professionals favour statistics that indicate optimal treatment from a group/global point of view. These professionals may forget the importance of the patient-physician relationship, including the need to select treatments that are the best option for the individual, but not necessarily the most statistically significant.

Dr. Remschmidt: The first point is to have an evaluation of the needs in a region. For example, if you have a population of one million, then you would expect to have quite a number of children and families affected by psychiatric issues. Therefore, it is important to have the data related to their needs. The second step would be to establish outpatient units that can be accessed by the families. If they live in the countryside their needs would be different from those who live in the cities. The third step would be to enable these outpatient units in terms of personnel and other resources in order to be really effective. If you have one child psychiatrist and one psychologist for 500,000 people it would be very difficult for these services to be effective. The first step in establishing such an evaluative process will be to secure funding for this, as well as for the services indicated from the needs assessments. You can have wonderful plans, but if no one finances your plans, you will not be successful.

What role do parents and families play in supporting mental health?

Dr. Falissard: This is crucial and will vary significantly across countries. For instance, the Past President of IACAPAP, Dr. Olayinka Omigbodun, has described families and communities in regions of Africa as a resource since they are more supportive relative to westernized countries.



Helmut Remschmidt

“Professionals should undergo a broad training as well as have the chance to specialize. As far as child psychiatry is concerned, this should start at the undergraduate level”

In westernized countries the structure of families is different because nuclear families comprised of parents and children become disconnected from extended family members (e.g., grandparents) due to factors such as job mobility and relocation for higher education. When parents are overworked, tired and stressed, this can cause them to be irritable and less able to interact with their children in positive ways. Raising children is not always a straightforward process. Grandparents can be an untapped resource for parents and families, offering wisdom from their prior experiences as well as practical resources such as childcare respite. If childhood experiences include secure parenting, children will be more resilient in dealing with problems as they mature into adulthood. For instance, if the child is dealing with a problem, the parents can be there to offer support in achieving a solution. Thus, children learn to cope more effectively through their interactions with parents. Within a post-modern society we see that families are becoming less close as all members of the family are on an individual journey of self-realization. Individual family members may become more focused on themselves and less aware of their orientation towards the needs of the family unit. Today's westernized families face the challenge of finding a balance between being free to be unique and autonomous, and also to be in a family where everybody is connected and can depend on one another.

If you could pick one area to shape child and adolescent mental health, what would it be?

Dr. Falissard: Collaboration is key. We need to be working together more effectively across various helping professions by striving to achieve a helpful outcome, rather than getting trapped within our own ideology. For example, those with a biomedical perspective may focus on the brain as the causal factor for mental disorder and thus direct their interventions towards fixing the brain. Whereas, those who take a psychosocial perspective may choose their particular model (e.g., psychoanalysis) as the primary means of addressing mental disorders. Due to the complexity of child and adolescent mental health it cannot be summarized simply as within the brain or as socially determined; it requires that we acknowledge the influence of both. If professionals maintain a focus on the child's needs and remain open to all areas and possibilities for treatment then we will optimize the level and quality of care.

Dr. Remschmidt: The priority in my view would be to have centres of excellence to train people. And after training, send those who have been trained out to different regions

to establish services combined with research. Training and research combined is key!

Where should countries invest their resources in relation to child and adolescence mental health?

Dr. Falissard: First and foremost, prevention and intervention should be something crucial, because early intervention alleviates a lot of suffering for the children, families, and schools. For instance, intervention for substance misuse should be implemented during adolescence, as drug and alcohol abuse tends to begin during this period and can become very difficult to overcome, which can potentially arrest development leading to negative outcomes. Secondly, teaching the basics of child and adolescent mental health to teachers, nurses, social workers, and general practitioners is a must in order to create a culture of understanding. This will have a big impact in reducing the associated stigma children and adolescents face. And finally research, because research makes the future, and a culture research is something of which everyone can be a part of.

What impact do social determinates have on mental health?

Dr. Falissard: The social determinates are under estimated. At last June's European Congress on Child & Adolescent Psychiatry I attended a symposium on anorexia nervosa, where we discussed the striking difference in sex ratio in this disorder. It affects 10 females for every one male, which suggests societal factors in the onset and persistence of this disorder. For example, from a social point of view, a difference between men and women is the way that society conceptualizes men's and women's bodies as beautiful. Stereotypically men are expected to have a muscular physique while women are to be slender and thin. And with this we see that men strive to gain muscular tissue and women begin regimens that restrict weight gain and promote weight loss leading to a vicious cycle that contributes to the development of anorexia nervosa. The counter argument from a medical point of view minimizes societal factors due to a lack of evidence, focusing instead on biological factors such as estrogens. For me this is surprising because it is obvious that societal attitudes have a role in its development.

What role do you think education of professionals and the public will play in addressing child & adolescent mental health needs?

Dr. Falissard: As I said, a big part of the problem comes from stigma, which leads to an unrecognized need. If society as a whole understood child & adolescent mental health problems, it would help de-stigmatize the

allocation of resources. For example, cancer and HIV/AIDS were once highly stigmatized. However, we are addressing this problem from a social point of view through public education regarding the etiology and nature of these health concerns. I'm sure we can do the same for child & adolescent mental health problems even if it will be more complex. In the case of ADHD we know that these children experience challenges that affect their executive functions. We know that these children suffer and cannot behave as they, and society might like. Unfortunately, rather than seeing the origin of problematic behaviours as rooted in legitimate brain dysfunction, society's lack of understanding and knowledge on this matter influences peoples' views of the child as having a moral failing and as being a 'bad person' who wilfully defies social rules. In the example of ADHD, this view holds the child morally responsible for behaviours that they have limited ability to control without additional interventions and resources, which are withheld due to stigma. We have challenged the stigma surrounding other health problems through well-resourced public education campaigns. To overcome stigma and increase society's understanding of the true nature of mental disorders, we need to invest in and commit to public education and professional training in this area.

Dr. Remschmidt: Professionals should undergo a broad training as well as having the chance to specialize. As far as child psychiatry is concerned, this should start at the undergraduate level where, for example, medical students should have an equivalent number of hours in child psychiatry as they do in adult psychiatry since many adult patients who present to adult psychiatrists have disorders that began in adolescence. Furthermore, there is not enough communication, there is as a real gap in collaboration between child and adult psychiatry both in clinical practice and in research. In relation to the general public, the media are very important to inform about child mental health. At a local level there is the need to create groups that educate the general public. Take the case of anorexia nervosa. This is a quite common disorder where schools can play an important role. It would be extremely important to go to the schools and provide them with information.

What should be the research priorities in child & adolescent mental health?

Dr. Falissard: If you look at the *Journal of the American Academy of Child & Adolescent Psychiatry* or the *European Journal of Child & Adolescent Psychiatry*, two journals with high impact factors in the field, their focus is primarily on cognitive neuroscience, biological

aspects of psychiatry, and epidemiology. There are few research publications regarding social determinants of mental health and the non-neurobiological aspects of the field—this must change. The best known academic researchers in child and adolescent mental health have no background in the social sciences and view qualitative studies as non-scientific. This research is not developed as there is no basis for it in the field, therefore making it more difficult to be published, which creates a vicious cycle that devalues this research methodology, thus we miss a significant portion of good research.

In your view, what role national/international organizations such as IACAPAP should play in addressing child & adolescent mental health issues?

Dr. Falissard: I have been fascinated by the fact that colleagues in their own countries feel isolated; they believe that other countries do not face the same problems they confront. However, when they meet each other they realize that in fact, whether you are in China, Africa or Canada, the problems are basically the same. This is striking. Societies are so different that one would assume child & adolescent mental health problems would also be different, yet this is not the case. Of course, there are some differences because families are not the same, tolerance towards mental disorders is not the same, and the way in which countries approach treatment is not the same, but mental disorders exist everywhere. Consequently, seeing that other cultures experience the same problems is reassuring—we are not alone. Another focus of IACAPAP, is to bring people together and share our knowledge, which is why we have developed resources for low and middle-income countries. We have created an e-book, so everyone can have access and download it freely. We are developing an online open-course (MOOC) to teach child & adolescent psychiatry to teachers, nurses, case managers, and families of patients to increase their knowledge in this area with the aim of globally destigmatizing mental disorders. And because we are IACAPAP, our resources have been developed by contributors from China, India, South America, North America, Africa etc. Due to the international mandate of IACAPAP, we can leverage our credibility in order to develop a book by a range of allied professionals, including educators from around the world in order to provide evidence derived from a global knowledge base, thereby providing information that is seen as less biased and more likely to be accepted globally.

Closing Ceremony: organizers of the congress with some of the speakers and attendees



The Turkish Association of Child and Adolescent Psychiatry celebrates its 25th year at the 26th Annual Conference



The 26th Turkish Child and Adolescent Psychiatry Annual Meeting took place between April 13-16th, 2016 in İzmir, Turkey. The number of participants exceeded five hundred, mostly residents and early career child psychiatrists. Traditionally, annual child psychiatry conferences in Turkey have been the biggest nexus, bringing together the country's leading academics and clinicians. This year the meeting also welcomed a high number of internationally known scientists and clinicians such as Dellbello, Bleiberg, Findling, Franke, and Diler, who discussed recent developments in the field.

The theme of the meeting was "Innovation and Renewal", emphasizing the importance of recent advances in genetics, neuroimaging and psychopharmacology. A rich scientific program offered four parallel sessions between 7.30 and 18.30; these included thirty panels, sixteen workshops, three "Meet with the Expert" sessions, and five study group meetings. All panels received

enthusiastic feedback from the audience. Examples of the topics covered include "New challenges in the future of child psychiatry" by Melissa Delbello and "Recent advances and existing challenges in Pediatric Psychopharmacology" by Robert Findling. Among the popular workshops, "Cognitive-behavioral interventions for children and adolescents with anxiety disorders and depressive disorders" moderated by Mehmet Z. Sungur and conducted by Philip Kendall stood out. Several other inspiring talks included but were not limited to "Neuroimaging on ADHD" by Katya Rubia; "Biology and genetics of ADHD" by Barbara Franke, and "Mentalizing based psychotherapy with traumatized children" by Efrain Bleiberg. Official languages of the meeting were English and Turkish and simultaneous translation to and from both languages was provided.

There were 57 oral presentations and 149 poster presentations. Three studies were awarded the Fahrettin Gokay Research Poster



Award. Yazıcı K. U. et al. were awarded the first prize for their study “Evaluation of white matter structure with diffusion tensor imaging among children and adolescents with attention deficit hyperactivity disorder subtypes”. Duymaz M. K. et al. were the first runner up and Hergüner A. et al. the second for their studies “Childhood prevalence of gender identity disorder” and “Retinal nerve fiber layer thickness of attention deficit hyperactivity disorder children” respectively.

The meeting also provided participants with preliminary data from the Turkish National Epidemiological Study on ADHD including a countrywide representative sample of 5,500 children and adolescents evaluated using the K-SADS and other measurement instruments for ADHD. This study was conducted by volunteer child and adolescent psychiatrists from all over the country, without financial support from the government.

This conference was also marked by the celebration of the 25th anniversary of the foundation of the Turkish Association of Child and Adolescent Psychiatry. A session where the history and development of child and adolescent psychiatry in Turkey was held. It was presented by senior scholars whose memories were shared with younger colleagues. The position of Honorary President of the Turkish Association was offered to Professor Füsün Çetin-Çuhadaroğlu who was one of the founders of the Association and has served on the Bureau for more than 15 years, 10 years of them as president.

Izmir, the host city of this year’s meeting, provided guests with a palette of historic and natural beauties under a warm, blue Mediterranean sky. Izmir, also known as “the pearl of the west”, is Turkey’s third largest city and one of the most important ports. Established about 8500 years ago, the city is now home to a variety of world heritage sites. Also known as Old Izmir, Smyrna,

built on an islet of one hundred acres, flourished into a great center of civilization. Herodotus, who was from Izmir said “They have founded the city under the most beautiful sky and the best climate that we know on Earth.” The committee that organised the meeting also organized social activities and tours to famous sites like Pergamon City, Ephesus, Karsiyaka, and Konak.

The 26th annual meeting set the tone and expectations for future meetings and reflected the maturity of child and adolescent psychiatry in the country. The Turkish Association for Child and Adolescent Psychiatry is eager to continue hosting annual meetings that offer a high quality scientific program from leaders in the field and expects increased recognition and participation into its future meetings from national and international participants.

Özlem Kütük, Sarper Taşkıran & Tuba Mutluer (on behalf of the International Relations Committee of the Turkish Association for CAP)

APPIA EN SUS 50 AÑOS

TE INVITA A VIAJAR A CANADA, CALGARY Y A PARTICIPAR DEL PRÓXIMO CONGRESO DE

IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health



The World Association of Public Health and Occupational Therapists (WAPHOT)



54th Annual Conference for the Canadian Academy of Occupational Therapists (CAOT)

September
18-22
2016

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Calgary TELUS Convention Centre
Calgary, Alberta, Canada



"Luchar contra el estigma, promover la resiliencia y una salud mental positiva"

CON LA COMPRA DE UN BONO COLABORACIÓN DE \$500 ACCEDES AL SORTEO DE UN PASAJE AÉREO PARA ASISTIR AL CONGRESO Y CONOCER CANADÁ

(O UN DESTINO A SU ELECCIÓN POR EL MISMO VALOR DEL PREMIO QUE SE OFRECE)

2º PREMIO CURSO A ELECCIÓN ORGANIZADO POR APPIA.


3º PREMIO UNA ANUALIDAD EN APPIA

SORTEO QUE COINCIDA CON LAS ÚLTIMAS 3 CIFRAS DEL 1º, 2º Y 3º PREMIO A REALIZARSE CON LA ÚLTIMA LOTERÍA DEL MES DE JULIO DE 2016.

PARA LOS 100 PRIMEROS SOCIOS QUE ESTEN AL DÍA CON LA CUOTA SE OFRECEN DOS NÚMEROS POR \$750



NO TE PIERDAS ESTA OPORTUNIDAD!!!

A close-up portrait of Kary Schleimer, an elderly woman with short, wavy, light-colored hair. She is looking slightly to the right of the camera with a thoughtful expression. Her hands are clasped together in front of her, and she is wearing a white collared shirt under a dark jacket. The background is dark and out of focus.

Kary Schleimer 1933-2016

Beginning in 1988 as Secretary General of IACAPAP, later as Vice President, Archivist and in other positions, Kari Schleimer was continuously active and working for the improvement of IACAPAP until she died on May 13, 2016 after a long illness.

One could say she was the “human hub of IACAPAP” from whom all new presidents, secretary generals and other IACAPAP officers could have advice, information and support. She became the Archivist of IACAPAP and a lifetime Honorary Member of IACAPAP’s Executive Committee. In 2012 she wrote a history of IACAPAP, “75 years with IACAPAP”, covering the years from IACAPAP’s start in 1937 as “The International Committee for Child Psychiatry” to today’s International Association. As part of the history has roots in German-speaking Central Europe, Kari, who spoke both German and English, used documents from both languages and, supported by Colette Chiland, French documents as well. For her extraordinary achievements the President and the EC honored Kari in 2016 by establishing the “Kari Schleimer Scholarship Fund” “to

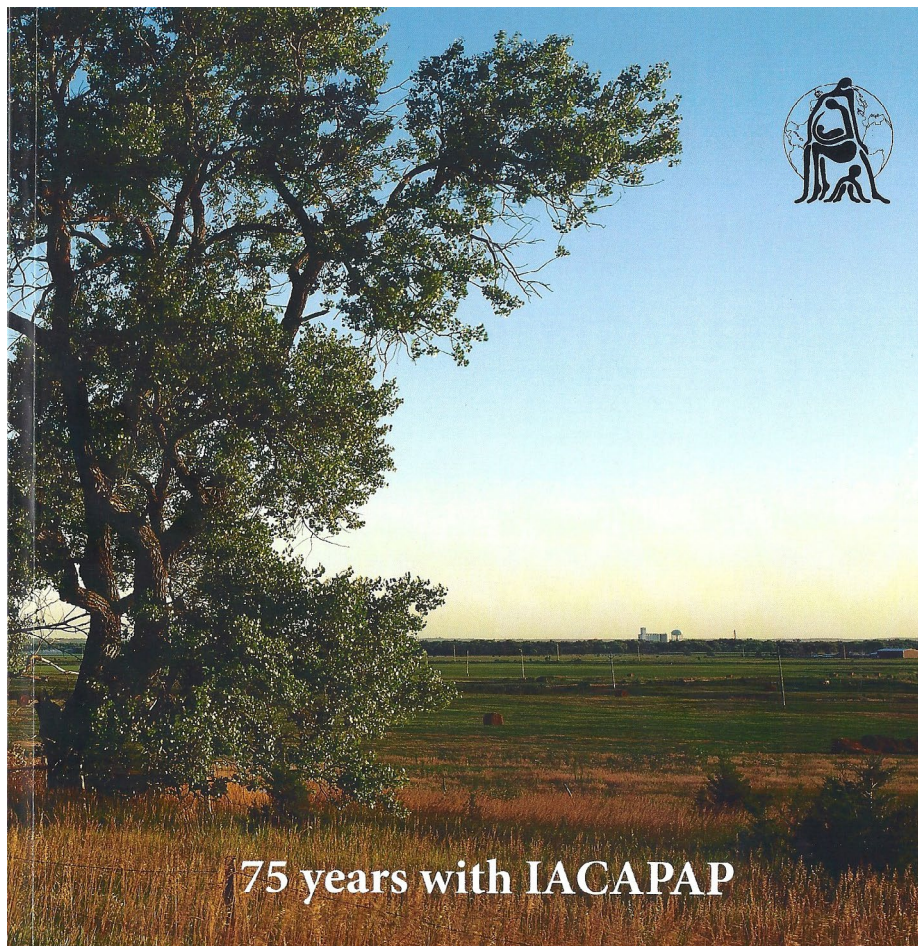
support individuals who have trained as child psychiatrists who could benefit from additional exposure to potential mentors and who have a commitment to an academic career in their home country. The recipient should be from a low- or middle-income country in a part of the world that has a scarcity of child psychiatric resources. The scholarship can be used to attend an IACAPAP congress or other IACAPAP-sponsored educational program”. It will be announced for the first time this summer for the Calgary Congress. Kari was informed about the scholarship before she died and was very thankful and honored.

Kari was born in 1933 in Germany. She grew up in Berlin with her mother, father and brother until the end of World War II. The family left Berlin at the end of the war and, as Kari’s mother was Norwegian, the family went to Bergen in Norway and then to Sweden. Her father was a dentist and the family settled down outside the city of Härnösand where her father had his practice and Kari graduated from secondary school (in Swedish called Gymnasium) in the Gymnasium of Härnösand (one of the oldest in Sweden, founded in 1650).

In school she was active as an athlete, a very talented player in the school handball team. Her interest in sports persisted throughout her life. She played tennis and enjoyed mountain walking.

After finishing the Gymnasium—an exam in Swedish called “matriculation”—she went to the University of Lund to study medicine. During her university years she met Walter Schleimer, a medical student from Austria who also went to Sweden after World War II. They married, had two children and moved to Umeå, a northern university city in Sweden. In Umeå, she specialized in child-and adolescent psychiatry and started her PhD with Professor Ingvar Nylander as supervisor and mentor. When Ingvar Nylander moved to the Karolinska Institutet in Stockholm, Kari with her family moved to the Malmö-Lund area in southern Sweden and the University of Lund. She continued her PhD studies at the Karolinska Institutet. In 1983, she defended her thesis “Dieting in Teenage Schoolgirls – a Longitudinal Prospective Study”. As Swedish theses in child and adolescent psychiatry are traditionally published as monographs, Kari’s thesis was published in *Acta Paediatrica Scandinavica*, suppl. 312, 1983. It was an epidemiological study, “The feeling of being fat and dieting in a school population”, and her main focus was to investigate the links between feeling fat, dieting, and anorexia nervosa. In Malmö, Kari worked clinically as a child and adolescent psychiatrist. She was responsible for teaching medical students and continued teaching and treating girls with anorexia nervosa for many years after her formal retirement.

For 10 years, until 1988 when she became the Secretary General of IACAPAP, she was the Scientific Secretary of the Swedish Association of Child and Adolescent Psychiatry (a section of the Swedish Medical



Association) and played an important role in fostering the quality of the discipline’s research and clinical work. To improve clinical training in child and adolescent psychiatry she worked as the Swedish representative in the European Union of Medical Specialists and participated in the development of diagnostic criteria in our discipline in Sweden, testing a multi-axial classification system before DSM-III and ICD-10 were introduced.

In 1986, at the Paris IACAPAP congress, Reimer Jensen from Denmark was elected President and Målfrid Grude Flekkøy from Norway was elected Secretary General. In 1989, Mrs Flekkøy was appointed to a position at UNICEF and left IACAPAP. Kari was asked to step in. As Secretary General from 1988 – 1994 and later as Vice President, Kari was unique. She helped plan four IACAPAP congresses: Kyoto in 1990, San Francisco in 1994, Stockholm in 1998 – where she was Vice President and one of the chairs of the Local Organizing Committee—and Berlin in 2004—where she was an advisor.

As Secretary General of IACAPAP and as a representative of Swedish Child and Adolescent Psychiatry in the Swedish East European Committee she

took an active part in facilitating teaching and training for child and adolescent psychiatrists from the “old” Eastern Europe when planning the IACAPAP Study Groups in Budapest, Hungary 1992 and in Vilnius, Lithuania in 2008.

All of us who worked closely with Kari have lost a very good friend and IACAPAP has lost a true and devoted supporter. We are happy that Helmut Remschmidt and Per-Anders Rydelius could meet with Kari in her home in Southern Sweden two weeks before she passed away to say farewell and to thank her for her devoted IACAPAP work. To us, she handed over a photo-binder with IACAPAP’s history in photos from 1970 until today to be given to the current President with the wish for future Presidents to continue this tradition.

Colette Chiland (President 1982-1986), Helmut Remschmidt (President 1998-2004), Myron Belfer (President 2004-2006), Per-Anders Rydelius (President 2006-2010), Olayinka Omigbodun (President 2010-2014), Bruno Falissard (President), John Sikorsky (Treasurer 2004-2010), Gordon Harper (Treasurer), Füsün Çetin Çuhadaroğlu (Secretary General)



Herman van Engeland 1943-2016

Herman van Engeland, MD, former Director of the Child and Adolescent Psychiatric Clinic at the University of Utrecht/ Netherlands until April 18, 2008, passed away on May 12, 2016. European and international child and adolescent psychiatry has lost with his death one of their most renowned representatives and many colleagues mourn a good friend.

Professor Herman van Engeland was born on May 1st, 1943, in Winterswijk, The Netherlands, where he attended the local secondary school and met his future wife Herma. After graduating from high school and military service, he studied medicine in Utrecht and passed his state examination in 1969. After completion of his studies, he turned to psychiatry and later to child and adolescent psychiatry.

He was a student of Lucas N. J. Kamp and became his successor to the chair of child and adolescent psychiatry at the University of Utrecht in 1984. He pursued extensive clinical and scientific activities and established interdisciplinary research groups that quickly found their place in top international research.

He was an experienced and sensitive clinician and a far-sighted researcher who recognized innovative trends in developmental science at an early stage and translated them into concrete research projects. Among them are

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his contributions to autism research, developmental psychopathology, etiology and therapy of eating disorders, and early developmental disorders, including psychotic states. Some of his students took over leading positions in the Netherlands or Europe, 11 of his 62 doctoral candidates became professors.

But Herman van Engeland also was involved continuously and with great success in scientific organizations. From 1991 to 1995, he was President of the European Society for Child and Adolescent Psychiatry (ESCAP) and from 1994 to 2004, Vice-President of IACAPAP. As President of the ESCAP he hosted the Xth congress in Utrecht in 1995, an event of which all participants have the best memories, not only because of the scientific level, but also because of the social framework.

He also took part in several European Research Seminars in Heidelberg and Italy as speaker and mentor. His activities in European child and adolescent psychiatry also included an active role in the establishment of the *European Journal of Child and Adolescent Psychiatry* (ECAP) that he launched together with Philip Graham and Helmut Remschmidt during the VIIIth ESCAP congress in Varna, Bulgaria, in 1987.

Finally, it is appropriate to stress his co-editorship of the volume "European Child and Adolescent Psychiatry",

published by Springer in 1999, which was the first attempt to systematically describe the situation of child and adolescent psychiatry in 31 European countries.

Among the numerous awards that were bestowed on Herman van Engeland, I will only mention his appointment as Officer of the Order of Oranienburg-Nassau, an honorary title that was awarded to him by her majesty Queen Beatrix on the occasion of his retirement in 2008.

For German child and adolescent psychiatry (he was Honorary Member of our society), Herman van Engeland was a stroke of luck in many respects: with regard to scientific exchange and cooperation, as frequent and welcome guest at congresses, scientific symposia, training events, and as a colleague and friend.

His death leaves a large gap. Our thoughts and sympathies are with his wife Herma, his two children and three grandchildren, and we mourn a straightforward personality, a passionate scientist and an endearing person whom we will remember with honor and gratitude.

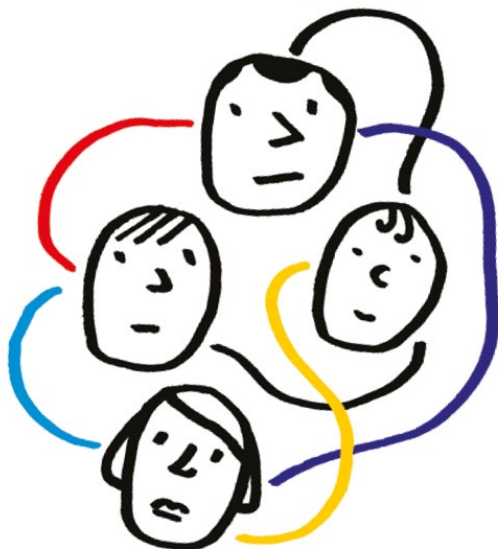
Helmut Remschmidt, Marburg

Congrès

de la Société Française
de Psychiatrie de l'Enfant
et de l'Adolescent
et Disciplines Associées

27 et 28 Mai
LYON 2016

Pratiques Thérapeutiques Actualités et perspectives



Programme



A word with Dr. Nicole Catheline

President of the Scientific Board
of the French Society for Child
and Adolescent Psychiatry &
Allied Disciplines (SFPEADA)



On the 27th and 28th of May 2016, Lyon hosted the National Days of the French Society for Child and Adolescent Psychiatry & Allied Disciplines (SFPEADA) under the theme "Pratiques Thérapeutiques: Actualités et Perspectives" (Therapeutic Practices: Updates and Prospects). The main organiser of this conference was Professor Nicolas Georgieff.

In parallel with the conference, the Scientific Board of the French Society for Child and Adolescent Psychiatry & Allied Disciplines (SFPEADA) took place, where Doctor Nicole Catheline, the new president of this board, assumed her role. She agreed to answer a few questions.

Could you describe the aims of the Scientific Board?

The Scientific Board is an important body in our society. It proposes to the board of directors the topics for the 3 scientific days organised or co-organised by our society every year, and debates directions for initial and on-going professional training. It also proposes speakers and topics for national and international conferences. These proposals have to be validated by the board of directors.

How is this board constituted?

It consists of:

- 1 president and 1 vice-president, both elected for 6 years
- 21 members elected for 6 years, a third of which is renewed every 2 years. The outgoing representative members cannot be elected again before 2 years
- Lifetime members: the ex-presidents of the society, ex-presidents of the scientific board, and the 10 elected members of the current board of directors.

Could you tell us a little about yourself?

I have been a child psychiatrist for 37 years. I started my studies and my professional life in Marseille. I came to Poitiers in 1995, where I still work today. My main focus is the relationship between school and mental health in children, and more specifically in young adolescents. In Poitiers, I created and led for 18 years an innovative ward dedicated to secondary and high school teenagers who showed problems at school. I wrote numerous books on this experience and on the psychopathology of adolescents during the school years. I also became interested in bullying at school, and I am a member of the joint ministerial commission of the department of education and the department of health, which promotes preventative interventions for school bullying. For 3 years I have been leading a specialist centre for learning disorders in Poitiers.

What are your projects for the next few years?

- To develop more training options for newly qualified child psychiatrists and to show them the wealth of benefits of integrated care. The neuropsychological approaches cannot be separated from the affective aspects of development, and vice versa.
- To continue promoting through the "Scientific Days" our focus, in all age groups, on development and on the impact of societal changes on the mind of children and adolescents.
- To value the experiences of less well-known colleagues by inviting them to present their work in national and international conferences.

Anne-Catherine Rolland



Peer Mentoring for Adolescents

Danielle Walsh

“Peer mentors make the job fun”

In the Northeastern Family Institute of Massachusetts (NFI MA), a new and innovative practice has taken root and blossomed during the last 10 years at their Intensive Adolescent Recovery Program (IRTPs), secure residential programs run by NFI MA for the Commonwealth of Massachusetts, where youths stay for several months.

This practice, known as peer mentoring, recruits young adults in recovery with their own mental health experiences as adolescents in locked psychiatric facilities and employs them as staff members in a similar setting. The goal is to use the mentors’ perspectives on their own treatment to help younger adolescents in their treatment.

The peer mentors serve as an example of hope that one can live successfully with a mental health condition in the community and be a productive member of society, even with its challenges. One youth in the program says, “Peer mentors have given me the hope, courage, and strength to move on and live at home, out of programs. Peer mentors have also shown me that it is possible to overcome my dark past. Now I know there is always hope.”

Peer mentors serve as integrated members of the treatment program, who work in many capacities and support activities in multiple disciplines. In the structured milieu, peer mentors run groups, support youths one-on-one by checking in with them and doing therapeutic interventions established by the clinical team.

Peer mentors also educate the other staff, showing why their role is important and valuable, and how they can help in situations of dysregulation

and escalation. Their unique ability to connect with youth during difficult times has been noticed by Chris Senechal, a licensed independent clinical social worker and Program Director for both IRTPs. "Their lived experience puts them in the perfect place to provide support to clients and important education to staff, and are an invaluable resource to our programs."

Peer mentors also collaborate with stakeholders in a resident's treatment team and support youth in team meetings as advocates for what each youth wants or needs. As Laura O'Brien, an EMDR-certified licensed clinical social worker, puts it, "The value of a peer mentor on the resident's treatment team is incomparable. As peer mentors provide support, empathy, and validation to residents, they are a conduit in facilitating a fuller picture of the residential experience when formulating interventions and treatment plans. The unique voice of one that has 'been there' and come through it with success is one that I welcome and encourage."

The peer mentors make a positive impact on these youth and young adults on a daily basis. Residents understand the unique value of the peer mentors. One youth states, "When I think of mental health counselors, I think of someone there to support me. But peer mentors create an entirely new bond on a different level. It's having the ability to trust and relate to someone who has seen things from your perspective. Having a peer mentor... gives me hope that there's a life outside of programs, and that I, too, can succeed."

Because of the nature of their role, peer mentors have their own journeys through treatment, each one different and unique. Many feel rewarded by their interactions with helping youth who are going through similar experiences to what they have been through themselves. They also have the opportunity to share parts of their story with the youth when appropriate, in contrast with the professional boundary policies that apply to the other staff. One of the peer mentors, Lucy Wiggins, received a letter from a resident of the program after sharing her story, telling her, "It is amazing that with all you have been through you still find the courage in yourself to help people like me. I am so grateful to have someone like you to talk to. I aspire to be as strong and inspirational as you someday."

Members of the management team have also seen a difference in what the peer mentors can bring to the milieu. Matt Hill, the Assistant Program Director for one of the IRTPs, says, "The peer mentors provide the milieu with a link to the residents' experience. Having lived in both roles, they're able to act as translators and provide a client's perspective to the program and vice versa, helping us create a contained, safe environment that is both youth centered and collaborative."

This ability to bridge the gap between clinical and milieu staff is also evident to other staff members, as Susan Gardner, a key registered nurse at the program, says, "Peer mentors emulate hopefulness, globally. The power of their life experiences speaks a language so related to the clients we work with that at times it is only their voice that is sought. I am ever so grateful to have peer mentors involved in the work we do."

In this intensive residential treatment program, peer mentors have become a recognizable and valuable asset to the milieu, clinical and management teams. They are essential in many ways, including collaborating with clinicians on insights into working with different residents, reinforcing interventions from a different perspective, helping with de-escalation, and supporting coping skills and sensory tools in times of stress or crisis. What started as a relatively small initiative has grown large and important, and peer mentoring very well could be the future of psychological and psychiatric treatment.





THE UKRAINIAN ANNUAL PSYCHIATRY CONFERENCE 2016

The congress took place in Kiev, 14-15 April, 2016 at the conference center of the President Hotel. The conference was organized by the Association of Psychiatrists of Ukraine, the Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse, the charitable foundation Research Innovation in Medicine (Rimon) with support from the World Health Organization, the Health Committee of Verkhovna Rada, the International Organization Global Initiative in Psychiatry, NATO Support and Procurement Agency, the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN), and the embassies of Israel, Poland and Lithuania.

This was the fourth of these yearly conferences, which has become the largest and most important event in the calendar for experts in the field of mental health in Ukraine. The conference provided an opportunity for researchers, scientists, postgraduate students, doctoral students, practicing psychiatrists, psychiatric trainees, healthcare managers, social workers, nurses, and psychologists to meet and share new information, knowledge, and experience, and to establish contacts and collaborations to improve the quality of care and to promote research.



As stated by Dr. Iris Hauth, President of the German Association for Psychiatry, Psychotherapy and Psychosomatics, in her welcome speech, mental disorders are one of the most important health problems worldwide. Given the conflicts in many countries, their importance will be even greater in the future. Yet societies are still not aware of the size of the problem, tending to stigmatize people with mental health problems and to ignore the progress in psychiatric research and treatment that has occurred in the last decades. Thus, on the one hand, we see a considerable growth in psychiatric knowledge and care inside psychiatric institutions and, on the other hand, a lack of understanding among people and problems about access to psychiatric services. Nevertheless the need for help and the demand for treatment is increasing. As a result, care providers

are confronted with several challenges. How can they promote research and increase knowledge as well as provide high quality, evidence-based and individualized treatment and social support for people with mental disorders? Beyond this, how can they organize services so that people who need help get it timely and where they live? These questions were at the heart of this congress about the path from specialized psychiatric care to a mental health system that integrates psychiatric knowledge into general medicine. This means not only a reorganization of the health care system but also a change in the traditional paradigm of psychiatry as a discipline that is concerned only about diagnosis and treatment by specialists in dedicated institutions. This change means a good deal more besides the integration of psychiatric care into general medicine, it means involvement

in mental health promotion and prevention, in increasing public awareness, and in cooperation with patients and relatives as partners in the process of decision making and promotion of recovery.

The conference brought together 425 specialists in mental health, child and adolescent psychiatrists, forensic psychiatrists, adult psychiatrists from all regions of Ukraine, and other mental health professionals including psychologists, social workers, correctional educators, and speech therapists. Apart from the Ukrainian speakers, there were lectures by experts from United States, Germany, France, Great Britain, the Netherlands, Lithuania, and Israel – countries with which Ukrainian psychiatrists have a long history of scientific cooperation. IACAPAP was represented by Dr. Bruno Fallisard (President) and Dr. Hesham Hamoda (Vice President). Official conference languages were English

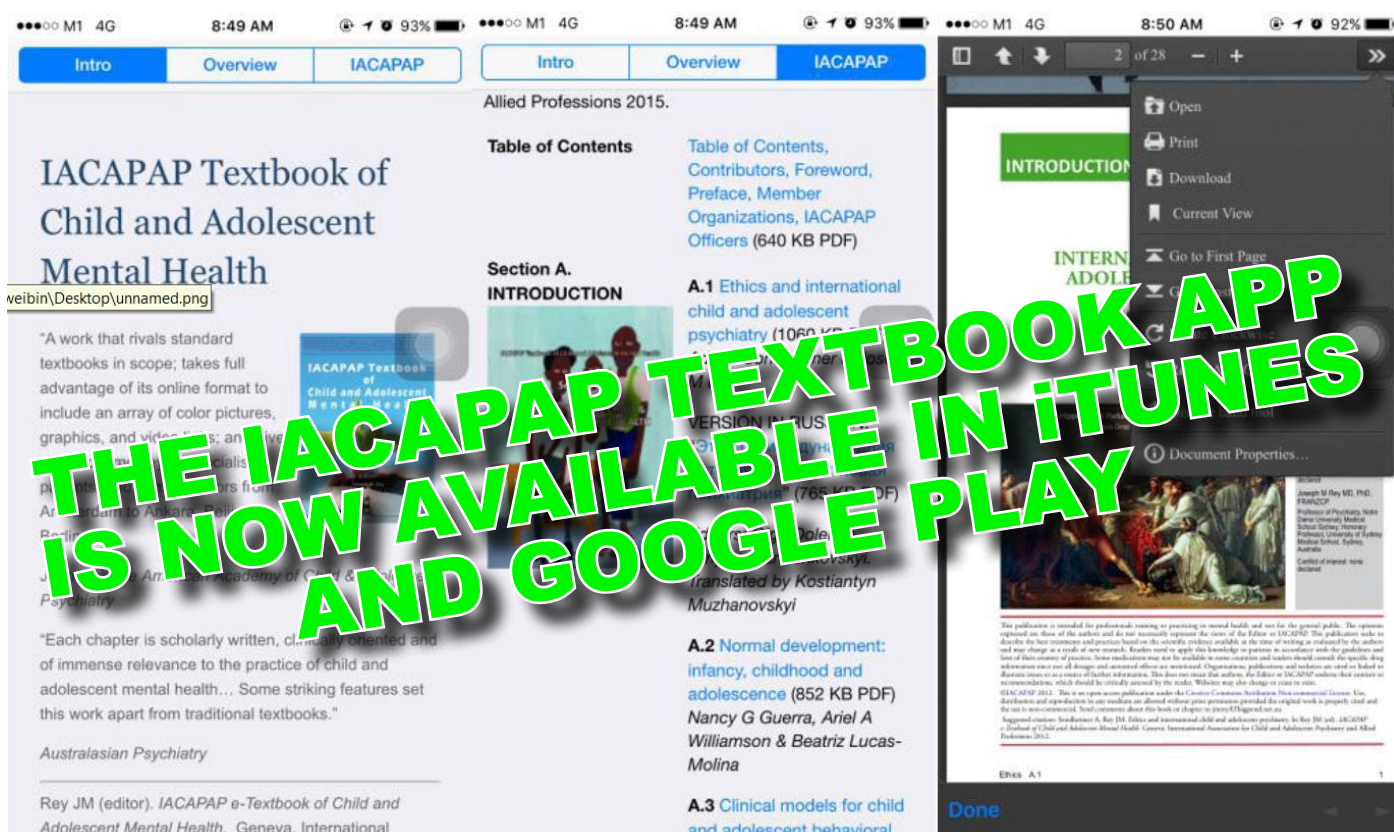
and Ukrainian with simultaneous translation. The conference was broadcast online in several regions of Ukraine (25 connection points were registered). This expanded the audience considerably.

The program of the child psychiatry section included plenary lectures by Professor Bruno Falisard (Paris, France—“Mental disorders in children in DSM 5”) and Professor Igor Koutsenok (San Diego, USA—“Biological and environmental risk factors of addictions”). There was also a symposium devoted to the mental health care of children, attended by 88 professionals. It included lectures by professors Dennis Ougrin (King’s College, London, UK—“Principles of pharmacological treatment in child and adolescent psychiatry”), Hesham Hamoda (Vice President of IACAPAP, Harvard Medical School, Boston Children’s Hospital, USA—“Medical Management of ADHD”), Raisa

Moiseenko (Kiev, Ukraine—“Prospects for the development of palliative care for children with mental disorders in Ukraine”), Igor Martsenkovsky (Kiev, Ukraine—“Psychiatric co-morbidities of children with epilepsy”). During the symposium, there were also short presentations by professors Tetiana Proskurina (Kharkiv, Ukraine—“The mental health of children immigrants from the ATO areas”), Tetiana Pushkarova (Kiev, Ukraine—“Eating Disorders in Infants and toddlers”), and Dr. Inna Martsenkovska (Kyiv, Ukraine—“Affective disorders in children: clinical polymorphism and comorbidity”). There were 15 poster presentations as well.

This congress has been one of the most inspiring events for professionals in the sphere of mental health in Ukraine this year as demonstrated by the growing number of attendees, and the attention given to it by health managers and administrators.

Igor Martsenkovsky



The new IACAPAP eTextbook app gives instant access to the IACAPAP Textbook of Child and Adolescent Mental Health using smartphones, both iOS and Android-based. Install it and you will be able to access the wealth of information in the Textbook at the touch of a button. Thanks to Dr Melvyn Zhang and his technical team from Singapore for devising the app and to Dr Daniel Fung.

To install the app in your smartphone or tablet go to the iTunes (Apple devices) or Google Play (Android devices) store, search for “IACAPAP Text” and follow the prompts. Alternatively click on the following hyperlinks:

Apple: <https://itunes.apple.com/us/app/iacapap-text/id1000560502?ls=1&mt=8>

Android: <https://play.google.com/store/apps/details?id=com.htbros.iacapapbook&hl=en>

For the latest news about the Textbook and other relevant information go to

<https://www.facebook.com/IACAPAP-Textbook-of-Child-and-Adolescent-Mental-Health-249690448525378/>

Wellness Environment

A Novel Approach to a Serious Mental Health Problem



Caleb Kenna for The Boston Globe

The advances in child and youth psychiatry and mental health of the last few decades have usually addressed one aspect of the life of the child or youth: psychological therapy OR healthy living OR psychoeducation OR family intervention OR medication.

We've seen fewer examples of interventions that aim to support change through intervening in all of the fields that we know are crucial for developing people – knowledge, activity, social context, etc. Now from the University of Vermont, in the Northeast of the United States, we have an innovative program that addresses a serious problem – alcohol and other drug use among college students – in all the relevant spheres.

In the United States, each year 1825 youths die of alcohol-related causes. The University of Vermont has had a long-established reputation as a school where partying and alcohol and drug use were part of college culture. James Hudziak, Chief of Child Psychiatry at the University of Vermont, whose career has been in neuroscience and genetics, saw an opportunity to tackle this problem in a comprehensive way. He persuaded the University to try a new program—Wellness Environment—which has components in and outside the classroom:

- Environmental – students live in alcohol- and drug-free dormitories. Violators are discharged from the program.
- Exercise – students get an Apple Watch to monitor activity, free gym passes, and yoga coaches.
- Nutrition – students can opt to participate in nutrition coaching (in person, and technology assisted)
- Neuroscience – all students take the course Healthy Brains, Healthy Bodies devoted to brain development and highlighting the effects of alcohol and substances.
- Mindfulness – meditation and yoga – lectures begin and end with meditation exercises. Students also participate in daily yoga and daily mindfulness sessions in their dormitory.
- Mentoring – students work with teens from the Burlington community. Mentees select mentors based on a desire to learn a particular skill, utilizing the www.wementor.org platform.

Starting on a voluntary basis, in its first year the program accepted 120 students from more than 350 applicants. Next year, the program will continue to support the initial group as they become second years and will enroll more than 300 first years.

Student responses have been very positive: “Overwhelmingly, students have bought into the Wellness effort,” reported the [Boston Globe](http://www.bostonglobe.com).

The above picture from [The Globe](http://www.bostonglobe.com) pointed out that the closed-eye students in the lecture hall were meditating, not sleeping. The program has also been picked up by CBS and NBC national news, and has become a model for wellness promotion on a college campus.

And Hudziak is committed to evaluation: not just good feelings, but measurable results are being sought. Most importantly, the program is showing how all the dimensions of at-risk youths can be addressed in an innovative program to prevent a serious health problem.

Gordon P. Harper



Professor James Hudziak, Chief of Child Psychiatry at the University of Vermont



Baby Love

Supporting Infant Security

BabyLove.ca

Baby Love is an evidence-based, preventive intervention focused on the attachment relationship between caregivers and young babies (from 2 to 15 months of age) developed in the Infant Psychiatry Program at the Hospital for Sick Children in Toronto. It began in response to a request to create an intervention that could be delivered by nurses in well baby clinics in Israel. To that end Baby Love (or Supporting Security, as it was first named) was designed with the following principles in mind:

- 1. Attachment focused** because attachment classifications have some ability to predict subsequent psychopathology and also because attachment can be considered an early stress management system; as such it may be an early indicator of how individuals deal with stress over their lifespan. We have come to recognize the importance of stress management through many studies that range across measures of stress, toxic stress, PTSD, adverse experiences of childhood, etc.
- 2. Applicable from an early age** because we wanted to be preventive. Although some studies suggest that such interventions are more efficacious when babies are older than 6 months, others suggest that sensitivity in mothers might be more salient earlier than later.
- 3. Adaptable cross-culturally** because our intervention was initially planned for implementation in Toronto, a multicultural city, for the indigenous populations in Canada, whose cultures are significantly different from the predominant European immigrant population of Canada and in Israel, which is also multicultural. Adaptation of the intervention occurs throughout training, supervision and implementation.

Beyond adaptation to communities, traditions and cultures, Baby Love has also been adapted to several formats in order to maximize its reach:

- an initial 12-session group format (6-10 babies and caregivers

present)

- smaller groups of 2-4 babies and caregivers
- an individual format - one baby and caregiver(s)
- a brief version (6-7 sessions)

Products have been developed to support community education initiatives with regards to attachment and are also used to deliver the program individually or in groups (posters and video vignettes which can be viewed on the website BabyLove.ca)

4. Low cost, low tech, structured format and brief training required.

These characteristics support exportability to community workers who do not need to be trained therapists, who may not have many resources available and often have little time to invest in new training programs. Training requires 2-5 days of face-to-face didactic classroom time followed by supervision which can be carried out by telephone or teleconference calls on a weekly basis in association with either group or individual sessions.

Although Baby Love is designed to be delivered by personnel without specialist psychotherapeutic training, it was developed as an eclectic combination of attachment related findings from many schools of thought. Infant observation and reflective functioning (mentalizing) are fundamental approaches embedded throughout the intervention for both caregivers and interventionists. Parent training approaches incorporating practice and homework are used extensively. Psychoeducational techniques with an emphasis on exercises to promote active learning address information about infant emotional and cognitive development, attachment theory, etc. Mindfulness meditation has been added to promote awareness in the moment, which is where mothers need to be to accurately observe and attune to their babies and to improve self-reflection, an aspect of reflective functioning.

Two outcome studies have been carried out. In the first, mothers in First Nations (Canadian indigenous) communities in

northern Ontario who attended at least six group sessions were found to have significant increases in maternal sensitivity as measured by the Maternal Behaviour Q Sort before and after the intervention. They also had significantly increased levels of knowledge with regards to attachment and showed a trend to improved parental reflective functioning as measured by the Parent Development Interview.

The second was a randomized control trial conducted in Ontario Early Years Centres in the Greater Toronto area. These are drop in centres for caregivers and young children with programs to provide recreation, support and education. The comparison groups were parent discussion groups. Mothers who went through the Baby Love intervention were significantly more improved with regards to maternal sensitivity and to attachment knowledge than the controls. Interestingly mothers who went to the Parent Discussion groups also showed improvements in both areas. The difference between the Baby Love and Parent Discussion groups was that in the former the curriculum (i.e., the topics assigned to each session, the focus on infant observation, techniques to promote reflective function, mindfulness meditation, etc.) was determined by the Baby Love curriculum and in the Parent Discussion groups topics were selected by the parents themselves, then researched and discussed by participants and leaders together. The dropout rate was highly different for the two groups with very few parents leaving the Baby Love groups (no dropouts after two sessions were completed) and almost 30% leaving the Parent Discussion groups over the course of the intervention.

At present there are projects underway to apply Baby Love:

- In a child protection context for mothers whose babies have been taken into care but who retain significant access, and for mothers who are at risk of losing their babies into care.
- In a hospital context for babies with significant medical disorders
- In mothers who have suffered post-partum depression.

Dr. Jean-Victor P. Wittenberg

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DEPRESSION will soon be the No.1 burden of disease in the world for young people

The Health Challenge:

Untreated or ineffectively treated mental disorders contribute a significant economic, social, civic and personal cost to society. Both directly and through their impact on increasing all cause early mortality including death by suicide. Enhanced access to effective mental health care has a substantial impact on decreasing the costs and other burdens associated with mental disorders.

Most mental disorders onset early in the life span and over 70% of mental disorders can be diagnosed prior to age 25 years. At time of onset most are mild to moderate in intensity and respond positively to currently available evidence based interventions. Most people who require these interventions however do not receive them until late in the course of illness – often after the illness has become severe and less likely to respond to treatments. Thus, early identification and rapid access to effective mental health care is a necessary health and social goal.

Depression which primarily onsets in the first three decades of life will contribute the single largest Burden of Disease globally within the next decade and has profound negative impact on social, civic, academic and economic outcomes. This BOI is more robustly felt in LMIC's because of the population bulge in the youth demographic. As this bulge ages, the negative impacts of Depression will increase across the life span. Effective, easily applied and sustainable interventions are needed now in LMIC's, to show positive impact currently and into the future. **Four key barriers to this exist:**

- lack of awareness of Depression as a mental disorder
- lack of mental health literacy including stigma and poor self-care
- lack of a clear pathway to effective community based mental health care for youth with Depression
- lack of capacity in community based health workforce trained to properly diagnose and effectively treat youth with Depression

The Solution:

We have created a **simple, sustainable, inexpensive and effective** global mental health innovation that addresses the burden of Depression in youth with positive impacts now and in the future as the youth demographic ages. **This innovation links together:**

- Youth friendly interactive media (radio programs combined with mobile phone platforms) to address the issue of awareness.
- Mental health literacy interventions for teachers and students to address the issues of mental health awareness and pathway to care (linking schools with community health clinics).
- Training for community health care providers in the diagnosis and best evidence based treatment of youth Depression (psychological and medications) to address the issues of pathway to care and capacity in community health care.

These three initiatives are seamlessly integrated to help create horizontally integrated pathway to mental health care linking communities, schools and clinics. To our knowledge, such an approach has never been applied in such a manner anywhere in the world before.



The solution to address the challenge of youth Depression in LMIC's

How it Works:

The innovation incorporates interactive weekly radio programs for young people that are comprised of serialized soap operas, debates, question and answer call-ins, and quizzes and polls that they can participate in free of charge through their mobile phones. Teachers are educated in an evidence based mental health curriculum resource and teach it to their students along with school-based radio listening clubs, where students listen to and discuss the radio program together. Teachers are also trained to identify students at risk and students learn how to identify mental disorders and self-care skills. Concurrently, schools develop linkages with local community health care providers so that students (either teacher identified or self-identified) can be directly referred to health care providers. At the same time, community health care workers (who have never before been trained to identify, diagnose or treat youth Depression) undergo training in those domains. Then the schools are linked to local community health clinics – providing a seamless horizontally integrated pathway to care for youth with Depression.

The linked domains of the solution:

DOMAIN	Awareness	Mental Health Literacy	Pathway to Care	Enhanced Competency in diagnosis and treatment of youth with Depression
ACTIVITY	Radio Programs combine with mobile to facilitate interactivity and feedback	Training of teachers in a validated mental health curriculum resource – then taught in schools	Training teachers to identify youth at risk, youth learn to self-identify and schools are linked to local community health care providers	Training community health care providers to properly diagnose and effectively treat youth with Depression
EVIDENCE	>23,600 youth engaged with the mental health radio program	>3,400 youth exposed to the mental health curriculum in schools	>600 teachers and health care providers trained	

This is the first time such an innovative integrative approach to addressing youth depression has been undertaken. For the first time we have demonstrated: improved awareness; improved knowledge; decreased stigma; increased help-seeking; improved access to mental health care in the community; improved mental health care provision in the community and improved mental health and mental health care outcomes for young people.

Furthermore, this approach is not dependent on continued external resources and interventions. Once the capacity is embedded into both schools and community health centers it can be sustained, and the pathways into care that have been developed between schools and community health centers now become well-worn paths where previously nothing existed. Once radio programs become a “draw” for young people, the awareness continues to build. **For the first time in the history of sub-saharan africa, youth who have depression can simultaneously and effectively become aware of the problem, be identified, de-stigmatized, supported at school and be effectively treated.**

What is needed:

What is needed is surprisingly simple. First, government policy supported by a few key strategic directions and a small amount of funding can create this success. **These components are:**

- ongoing development and delivery of youth-focused radio programs that are supported by government and/or private sector sponsorship
- training of teachers in the mental health literacy resource (those currently practicing and those in teacher training)
- embedding the clinical teaching interventions into both nursing and medical training programs
- working with radio program developers to provide mental health content expertise to radio broadcasters and producers

The training program capacity can be embedded on existing health and educational training institutions using an inexpensive train the Master Trainer model. The same Master Trainers can work with radio program developers to provide mental health content expertise to the radio broadcasters and producers.

Strategy for Expanding Use of Innovation

Working with the Ministries of Health and Education, the team from TeenMentalHealth.org and Farm Radio International can provide the technical support to allow for the development and embedding of these activities in a cost-effective and sustainable manner.

Next Steps

Jurisdictions that are interested in scaling out this evidence based intervention can contact Professor Dr. Stan Kutcher (stan@teenmentalhealth.org), or:

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Teenmentalhealth.org
11 Glencairn Lane
Herring Cove, Nova Scotia
Canada B3V 1G5



A JAACAP PUBLICATION

JAACAP Connect

What is JAACAP Connect?

All are invited! *JAACAP Connect* is an online companion to the *Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)*, the leading journal focused exclusively on psychiatric research and treatment of children and adolescents. A core mission of *JAACAP Connect* is to engage trainees and practitioners in the process of lifelong learning via readership, authorship, and publication experiences that emphasize translation of research findings into the clinical practice of child and adolescent psychiatry.

Why do we need JAACAP Connect?

The field of child and adolescent psychiatry is rapidly changing, and translation of scientific literature into clinical practice is a vital skillset that takes years to develop. *JAACAP Connect* engages clinicians in this process by offering brief articles based on trending observations by peers, and by facilitating development of lifelong learning skills via mentored authorship experiences.

Who reads JAACAP Connect?

All students, trainees, and clinicians who are interested in child and adolescent mental health will benefit from reading *JAACAP Connect*, available online at www.jaacap.com/content/connect. AACAP members will receive emails announcing new quarterly issues.

Who writes JAACAP Connect?

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JAACAP Connect is interested in any topic relevant to pediatric mental health that bridges scientific findings with clinical reality. As evidenced by our first edition, the topic and format can vary widely, from neuroscience to teen music choices.

How can JAACAP Connect help with my educational requirements?

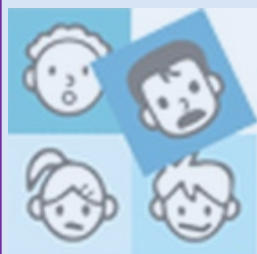
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Start Thinking About Authorship With JAACAP Connect

What trends have you observed that deserve a closer look? Can you envision reframing key research findings into clinical care? Do you want to educate others on a broader scale, thereby improving the health of children around the country, the world? We encourage all levels of practitioners and researchers, from students to attendings, to join in and participate. All are welcome and *you* are invited. Contact connect@jaacap.org.

PROMOTING DEVELOPMENT OF TRANSLATIONAL SKILLS AND PUBLICATION AS EDUCATION



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