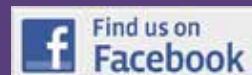


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# IACAPAP

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## Paris 2012: Donald J Cohen Fellowship Program



Baby steps in Kuwait

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# CONTENTS

President's column	3
IACAPAP Textbook praised	5
DJ Cohen Fellowship program, Paris 2012	7
Building Kuwait's child & adolescent mental health services	16
The history of IACAPAP at 75 years	18
Child and adolescent psychiatry in South Africa	19
IACAPAP book series	22
The Ukrainian-American partnership in child psychiatry	23
Durban 2014	24
Cognitive behaviour therapy training in Ukraine	25
Centre for Child and Adolescent Mental Health University of Ibadan	26
YEAH for IACAPAP report	27
Are you a 'friend' of IACAPAP?	29
Member organizations	30
IACAPAP officers	31

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## President's Column

### Mentors, Mentees and the Mentoring Process in CAMH

The day before the 14th annual meeting of the Taiwanese Society of Child and Adolescent Psychiatry (TSCAP) held on June 3, 2012 in Taipei, Taiwan, I had the opportunity to reflect in depth on my roles at various times as a mentee and a mentor, and to think about the mentoring process among professionals, colleagues and trainees in the world of child and adolescent mental health (CAMH). This opportunity came at the TSCAP pre-conference workshop. Rather than scheduling the usual academic content of most of the pre-conference workshops I have attended, the president of the TSCAP, Dr Hsueh-Ling Chang, asked the two keynote speakers for the conference the next day to speak on their personal life experiences in the field of CAMH and, more specifically, about mentoring and being mentored. I was privileged to be one of the speakers at this pre-conference meeting, which gave me the opportunity to reflect during my speech preparation and subsequent delivery. I also had the opportunity to listen to the other speaker's personal reflections.

I opted to speak about '*My journey into the world of child and adolescent mental health*'. As I mapped out my journey, I felt very fortunate because I saw again and again the impact of the mentoring process on important decisions that I had made. I have had terrific mentors who encouraged my work in CAMH. In the various formal and less formal settings in which I found myself I had experienced and trusted advisers who showed a genuine interest in my progress. In 1986, when I entered residency training in psychiatry, many of my friends and relatives told me that I had made a mistake. The prevailing opinion among those close to me at the time was that I should choose a specialty for which I would be respected in society. Some colleagues who were starting in other specialties expressed concern about me being more likely to have mental health issues myself because I was working in psychiatry. In the midst of the pressures to choose another specialty, I enjoyed encouragement from two mentors and remember vividly some of their words: "*You are going to live with yourself, wake up each morning to go to work yourself, so choose a career you will enjoy and find fulfillment in*". One said "*you must work with me in the field of child and adolescent psychiatry*" and proceeded to take a personal interest in my training in this area. These two encouraging voices ultimately helped to provide stability during the years of training. Along the way others joined in.

Looking back now, I feel very privileged to have received direction and support to train and ultimately work in a field in which I could combine my interest in mental health and my love for children; I also cherish the opportunity I had to share common interests with mentors. A time came when I too had the opportunity to mentor others.



After sharing my experiences, the next speaker at pre-conference workshop, Professor Melissa DelBello, a well-known academic in child and adolescent psychiatry and a researcher in neurodevelopment and neuropharmacology at the University of Cincinnati College of Medicine (US), told the story of her journey to becoming a renowned researcher. The title of her lecture was '*Exploring the uncharted territory of research in child and adolescent psychiatry*'. I listened with rapt attention as she described in detail her perception of a good mentor and a good mentee; she gave most of the credit for her success to her mentors. She emphasized that understanding and support should come from a good mentor and stressed that a good mentee communicates needs, is eager to take on responsibility and to pitch in, welcomes and incorporates feedback and criticism, follows through on instructions given even if they are not convenient, and is responsive and aware of the mentor's time constraints.

Her advice for young child and adolescent psychiatry (CAP) and CAMH professionals looking for career options and research opportunities was very useful. She pointed out that a good pathway to being productive in a research team is not to solely look for one's own ideas and individual breakthroughs but also to build on what others have started, extending the work of mentors and supporting the work of other mentees in the group. She stressed the importance of working with others and not being so bothered about one's position on the authorship list; in her own words: "*Just be a good team player. The breakthroughs will come later*". She concluded by encouraging professionals in CAP and CAMH to look forward to the transition from being a mentee to becoming a mentor.

I have chosen to write about mentors, mentees and the mentoring process because this issue of the IACAPAP Bulletin sheds light on one of IACAPAP's successful programs, the Donald J Cohen Fellowship (DJCF). I was very fortunate to be one of the mentee participants at the inception of this program at the IACAPAP Berlin Congress in 2004. The program has provided intensive mentorship during all IACAPAP's congresses since then. I served as a DJCF mentor in the IACAPAP congresses in Melbourne and Istanbul in 2006 and 2008 respectively. I believe that the fervor with which Andres Martin and Joaquin Fuentes, the DJCF coordinators, have run this program offers a glimpse into the mentorship skills of Donald Cohen. I never met him but at virtually every CAP meeting I have attended, his name is mentioned as a CAP professional who mentored many CAP professionals, not only in the US, where he was based, but all around the world. Today, his mentees carry on the great work he started.

A group of young and outstanding CAP professionals from all over the world are selected for the DJCF program at the biennial IACAPAP congress. Those selected are placed in small groups of about five participants with two mentors assigned to each group. It is our hope that this structure will facilitate the development of more natural mentor-mentee relationships. I would like to use the opportunity to challenge each one of us to consider the role we play in the overall mentorship process in CAP and CAMH. I regularly ask myself, and this helps me to remain focused in the many incomplete CAP and CAMH tasks before me: "*When I step aside at some point, which is inevitable, who will continue the work that I am doing?*"



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



# LITHUANIAN CHILD AND ADOLESCENT MENTAL HEALTH PROFESSIONALS HAIL THE AVAILABILITY OF THE IACAPAP TEXTBOOK

*We would like to thank IACAPAP for making available the new e-textbook, which deals with the main child mental health topics in such an easily accessible way—and for free. These days there is a lot of information about everything, often of dubious quality. This is also true in the child and adolescent psychiatry field. So, it is very useful to have a textbook that we can trust and that we can use to verify information from other sources. For example, there have been comments in Lithuania that the MMR vaccine could be related to autism spectrum disorders; so, it is very useful to know from the IACAPAP textbook that this story is not based in evidence. The textbook is attractively designed and easy to read. Because of the active sidebars, videos and links, studying is more fun and dynamic and readers are allowed to further expand and deepen their knowledge. A small suggestion is that text on the pages where there are no sidebars could be extended over the entire width of the page.*

*We found very useful when there are links that allow to download instruments for daily clinical work (e.g., checklists, rating scales) and when tables and questionnaires are presented at the end of a chapter—allowing us to use them as additional tools in our clinical practice, making it more efficient. We also appreciate links to resources that can widen our horizons, such as a young woman describing her psychotic symptoms.*

*We believe that all the textbook's chapters are really important and useful. If possible, topics like elective mutism, conversion disorder, other (not only borderline) personality disorders, attachment, development and disorders, could be added. Finally, we are grateful to all the professionals who have participated in making this textbook available!*

## **M Jakaite and I Kazakeviciute**

Medical residents graduating in the Child and Adolescent Psychiatry Program, Vilnius University, Lithuania



*Child and adolescent psychiatrists in Lithuania, especially those who are in training, are very happy about the IACAPAP Textbook and to have access to such an up to date resource. This book provides the foundation on which to build one's knowledge and learn how to integrate the biopsychosocial approach and way of thinking into clinical practice. It is reassuring to have this foundation and to know that one's clinical practice is consistent with that of colleagues all over the world. The fact that it is quick to access and free of charge is another important advantage. That also helps training in the specialty be coherent with what is happening internationally—this is very reassuring. Many thanks to the editor and all the contributors to the Textbook for the tremendous work in making this to happen. In Lithuania, we are all excited and proud of this achievement and wish for the IACAPAP Textbook to remain and progress further in the years to come, being dynamic and innovative.*

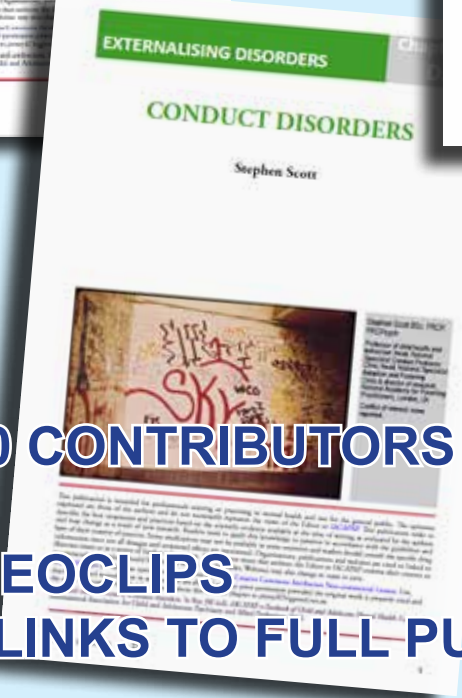
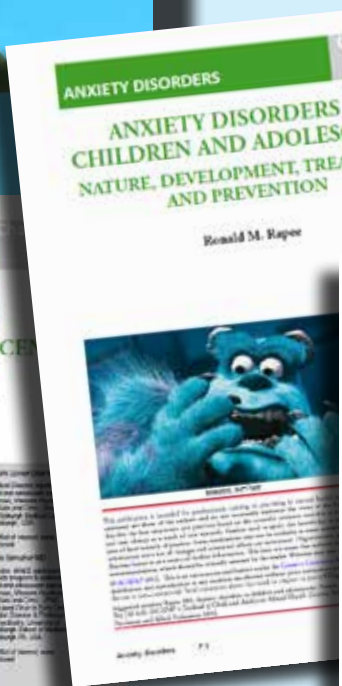
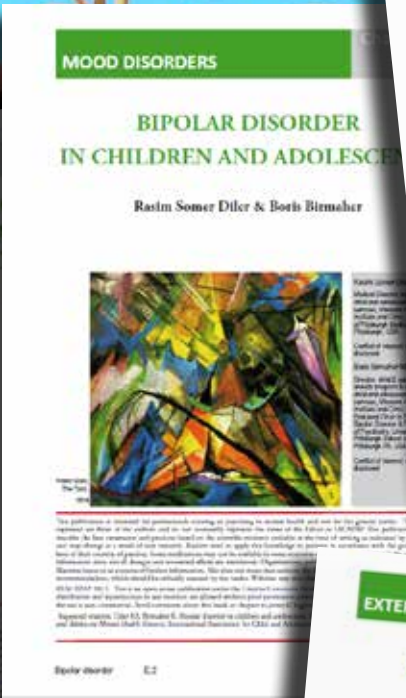
## **Sigita Lesinskiene**

Associate Professor, Vilnius University, Lithuania, and President of the Lithuanian Society for Child and Adolescent Psychiatry.

# IACAPAP Textbook of Child and Adolescent Mental Health



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# D J COHEN FELLOWSHIP

## PROGRAM 2012

### PARIS, FRANCE

#### COORDINATORS

- Joaquín Fuentes (Spain)
- Andrés Martin (USA)

#### ASSISTANT COORDINATORS

- Naoufel Gaddour (Tunisia)
- Ayesha Mian (USA)

#### MENTORS

- Catherine Barthelemy (France)
- Gabrielle Carlson (USA)
- Samuele Cortese (Italy)
- Ruth Feldman (Israel)
- Naoufel Gaddour (Tunisia)
- Ayesha Mian (USA)
- Antonio Persico (Italy)
- Joseph Ramos Quiroga (Spain)
- Brian Robertson (South Africa)
- Margaret Stuber (USA)

#### SELECTION PANEL

- Phyllis Cohen-Gladstein (USA)
- Naoufel Gaddour (Tunisia)
- Ayesha Mian (USA)
- Guilherme Polanczyk (Brazil)



Photo: Ana García

*The Donald J Cohen Fellowship program was established for the 2004 IACAPAP congress in Berlin in memory of Donald J Cohen, former director of the Yale Child Study Center and president of IACAPAP, who was a passionate supporter of young researchers and leaders in the field of child and adolescent mental health. The program was subsequently extended to other conferences supported by IACAPAP.*

*Nina Schweinfurth, Suzan Song and Sonja March are the special reporters and editors of this section.*



Kvell /k(ə)vel/  
To feel intensely happy and proud (Yiddish)  
– Merriam-Webster Dictionary

One day before the Congress came to a close, a travel awardee asked us whether Professor Donald J. Cohen would attend the closing ceremony of the Fellowship Program bearing his name. It was awkward for us to explain that Donald had passed away eleven years before, that the Program was named in his memory – and that we had explicitly shared this information from the first day. No matter. We could see the disappointment and disbelief in her face: this participant had been anticipating with excitement meeting someone she had heard so much about during the course of the intensive previous days, not to mention during the months leading up to them.

The incident could easily be explained away as a case of simple misunderstanding. But we found it touching and emblematic nevertheless: Donald had managed to remain alive and attend the Congress in some way. We were not wistful or saddened, so much as exhilarated by the comment. Donald had made it to Paris – at least within the confines of the Fellowship Program, he had in fact become the talk of the town.

Just like the 25 Donald J. Cohen fellows had in turn become the talk of the IACAPAP town. These extraordinary young individuals, carefully selected from among more than 200 applicants, represented fifteen countries, and lent a special energy to the Congress. They worked closely with an equally remarkable group of ten mentors from seven countries, who so selflessly shared their time, knowledge and passion. The fellows not only learned and

worked together; they lived and played together as well. They became a united group who gave us hope for the future of the Association, and for that of child and adolescent psychiatry and its allied professions. They got to know each other, as well as alumni from earlier cohorts, including IACAPAP President Olayinka Omigbodun – a Cohen Fellow herself, at the 2004 Congress in Berlin.

We looked back as we remembered Donald, but we mostly looked forward at the vibrant group we had the privilege to work with. And we were thrilled to include this time two former fellows to serve as co-leaders in the day-to-day operations of the Program. We are so grateful to (not to mention inspired by) Ayesha Mian and Naoufel Gaddhour, who we welcomed as Assistant Coordinators at this installment of the Program.

Ayesha, Naoufel, and our 25 fellows: The Paris Transformers. Together they transformed the vision, values and memory of Donald and our rich past into the energy, promise and vibrant excitement lying ahead of us. Ayesha and Naoufel were tireless in their efforts, and made the entire experience sing: the brief reports that follow provide a good sense of the melody.

We look forward to the cycle of this Program continuing: to meeting the new fellows who will join us in Durban in 2014, and to seeing our alumni continue to give back to a program that means so much, and that reaches so far and so many. Donald would have *kvelled* to see what has been built in his memory.



## A FAMILY IN THE MAKING

All through my two-leg trip from Nigeria to France, several thoughts ran through my mind. I had never had the opportunity of meeting one group of people from almost every continent in the world, and I wondered whether I would get along with such a diverse company of individuals. Would each of them feel the same way I did? I also felt a weight of responsibility – I had been selected among several young professionals for the Donald J Cohen fellowship. This was definitely the opportunity of a lifetime, and I must make the best of it. A lot of my future would depend on this, I was sure.

With these thoughts in my head, I landed at Charles the Gaulle and began to make my way to meet the DJC Fellows. Our coordinators, Naoufel and Ayesha, were there to greet me and were so warm and friendly that I already began to feel this would yet turn out right.

Over the days of the Congress we were introduced to more and more information, met several new people – from our inspiring coordinators and mentors, to the very warm executives of IACAPAP – and several former DJC fellows. We had small group meetings with our mentors, which for me, were both encouraging and challenging: I left each meeting feeling motivated to work harder and do more things in a better way, while still being gently encouraged and reminded that even the most accomplished people began small, and climbed a step at a time.

Perhaps most significant were the relationships that were born and kindled in those few days. We were all young, with many questions and much uncertainty. I do not think we found answers for most of these, but it helped to share them, and to know we were not alone. Our wonderful dinners and sight-seeing trips together definitely had the psychological advantage of reassuring us “...no matter what your concerns, know that you belong in a family which recognises you, and which is willing to help”.

I believe I speak for every Paris 2012 DJC fellow when I say we are extremely grateful to our coordinators, our mentors, the executive, and the whole of IACAPAP, for believing in us and giving us this life-changing opportunity to become more effective and productive professionals. We are also honoured to have met and established relationships with such brilliant and talented people from all over the world. I am convinced that these have indeed been career- and life-defining moments, and their impact will be seen in the lives of several young men and women in the years ahead. A significant group of these young men and women are a varied set of young CAMH specialists who spent the days of IACAPAP’s Paris 2012 Congress together as Donald Cohen fellows, a family in the making.

*Olurotimi Adejumo, Nigeria*

*This year, the Donald J. Cohen (DJC) fellows at the IACAPAP Paris Congress consisted of a diverse group of enthusiastic young professionals determined to make the most of the fellowship program, the IACAPAP organisation, and to make their mark on the world.*

*The fellows comprised child and adolescent psychiatrists and psychologists, researchers, academics and PhD students. The ability of the prestigious DJC Fellowship Program to attract young emerging professionals across professions, countries and within different child and adolescent speciality areas is clearly evident in the profiles of the 2012 fellows. The value and benefit of the DJC Fellowship is also evident in the fellows’ thoughts and comments about their 2012 Paris experience.*

## DJCOHEN FELLOWS 2012

*"Unique. Interactions with a wide variety of brilliant and interesting people motivated & inspired!"*

**Olurotimi Adejumo** (Nigeria), Psychiatrist (research and training).

*"A unique experience to learn from colleagues who share the same passion"*

**Ammar Albanna** (United Arab Emirates, Canada), Child and Adolescent Psychiatry Fellow, Montreal Children's Hospital.

*"One of the most important things in my professional life...will be in my personal background forever. Encouraged by all"*

**Ana Garcia** (Spain), Clinical Psychologist.

*"Work on collaborative projects, improve links between practice and research... looking forward to couch surfing"*

**Basil Gonzales** (France), Child and Adolescent Psychiatrist (adolescent inpatient, anorexia, anxiety, ADHD).

*"Great to share experiences, receive great mentorship and belong to a special network"*

**Maria Goretti Moron Nozaleda** (Spain), Psychiatrist (coordinated analysis in Equatorial Guinea).

*"More inspiration, courage, and resources to improve the holistic health of Indian children. Broadened interests"*

**Shubrata Kalmene** (India), Psychiatrist.

*"Inspired to meet people with the same interests"*

**Ahmed Khan** (Pakistan, USA), Psychiatry Resident.

*"One of best academic experiences to date. Highly motivated and moved"*

**Meng-Chuan Lai** (Taiwan, UK), Child and Adolescent Psychiatrist (neuroscientist).

*"Lessons on how to develop career further. Taught to value and appreciate diversity"*

**Anusha Lachman** (South Africa), Child and Adolescent Psychiatrist (consultant, inpatient adolescent state hospital).

*"Establish valuable connections with like-minded professionals"*

**Sonja March** (Australia), Clinical Psychologist (research in internet treatment for child anxiety).

*"Meet, share views, expectations, future plans. Great mentors, amazing congress... perfect mix!"*

**Covadonga Martinez Díaz-Caneja** (Spain), Psychiatrist (research in early onset schizophrenia).

**Laure Mesquida** (France), Child and Adolescent Psychiatrist.



Group 1. From left, back row: Maria Goretti Moron Nozaleda, Meinou Simmons, Colette Chiland, Ayesha Mian, Miheret Tamirat, Olayinka Omigbodun, Marina Rocha. Front row: Ammar Albanna, Andrés Martín, Joaquín Fuentes.

### REFLECTIONS FROM A NEW MUM

As a new mum still on maternity leave when I attended, the DJC was a fantastic opportunity in so many ways. Not only did I have the chance to attend a great global conference in the beautiful city of Paris, I also met and was mentored by incredibly inspiring people, and had a short respite from my little one crying at night! I was first nervous about leaving the baby behind, but soon realised my time would be almost too fully occupied to be on remote parent duty. We were busy from early morning until late evening: with a rich, diverse program of lectures, DJC group sessions and socialising, including a memorable dinner of songs and laughter. My small group sessions were friendly and helpful for careers advice for all of us from four continents. I want to particularly thank Andres Martín and Joaquín Fuentes and their deputies, Ayesha Mian and Naoufel Gaddour, for their very personal but very efficient organisation, and for making us all feel part of the DJC family. It was lovely to hear from them that being a DJC family member is a lifelong privilege. I look forward to seeing the future generations come through, and staying in touch. I have emerged from Paris inspired.

*Meinou Simmons, UK*

### FACING THE CROSSROADS REFLECTIONS FROM THE SPANISH CONNECTION

There were four of us. As soon as we arrived at the conference we realized it was not such an accidental coincidence that we had all been selected. We learnt that together with a variety of other international fellows from all over the world we could really make a contribution to the field. We came out of Spain only to find a full set of opportunities, being mentored by a bright group of senior



Group 2. From left: Ayesha Mian, Toni Ramos, Olurotimi Adejumo, Andrés Martin, Basile Gonzales, Covadonga Martínez Díaz-Caneja, Colette Chiland, Cecil Prins-Aardema, Shubrata Kalmene, Sharon Cohan Sung, Olayinka Omigbodun, Naoufel Gaddour, Joaquín Fuentes.

and young experienced clinicians and world leading researchers. We had the fortune of sharing our thoughts and experiences not only about our work but also our dreams and hopes in a space where we all were accepted and cherished.

Sometimes it was almost like group therapy! We all joined together to identify new ways of helping ourselves to become better professionals and better able to help the youth of the world. It was just inspiring!

We have learnt we were not alone in this route, even though sometimes all the roads may seem to be blocked. That made us stronger in our beliefs and will surely have a long-term impact on our lives. The DCF experience showed us the importance of not only having a good mentor but also a god "roomie" who can share and shed some light on this, sometimes hard, path we have chosen. We learned that when facing a crossroads, we are not alone! Now, we all know this. Being proactive is the first step towards changing the world and working together with our colleagues is the best way to accomplish our goals. Science can be fun and we all had such a great time!

*Marta Rapado-Castro, Ana García, Goretti Morón-Nozaleda and Covadonga Martínez (The Spanish division of the DCF program 2012).*



Group 3. From left, back row: Naoufel Gaddour, Colette Chiland, Antonio Persico, Sonja March, Ana Maria Garcia Sanchez, Ahmed Khan, Laure Mesquida, Ruth Feldman. Front row: Ayesha Mian, Andrés Martin, Joaquín Fuentes, Olayinka Omigbodun.

*"Encouragement to continue. Personal relationships were the strongest part of the program!"*

**Dalia Mickeviciute** (Lithuania), Child and Adolescent Psychiatrist (attachment, psychosomatics).

*"A strengthened international network kept me motivated to elaborate new projects. Fun!"*

**Marina Monzani** (Brazil), Clinical Psychologist (epidemiology and etiology).

*"Meet new collaborators. Looking forward to IACAPAP South Africa 2014!"*

**Jean-Baptiste Pingault** (Canada, France), Post-Doctoral Researcher, University of Montreal (research on harmful behaviors).

*"Broaden network in Eastern European countries. Impressed by influence on personal and professional development"*

**Cecil Prins** (Netherlands), Child and Adolescent Psychiatry (parent-infant treatment).

*"Enhanced network contacts and found a bright group of young clinicians and researchers"*

**Marta Rapado-Castro** (Spain) Post-Doctoral Researcher (early onset psychosis).

*"Put heads together from all over world. Looking forward to next meeting and sharing yoga tips!"*

**Nina Schweinfurth** (Germany, Netherlands), MD/PhD student (research in psychiatry/ cardiovascular/ metabolic).

*"Mentored by incredibly inspiring people"*

**Meinou Simmons** (UK), Child and Adolescent Psychiatrist.

*"Keep close to passions. Felt a sense of belonging with amazing clinicians/researchers around globe"*

**Suzan Song** (South Korea, USA), Child and Adolescent Psychiatrist (refugees and former child soldiers Africa).

*"Just do it! Perform well on each step and persist until the end"*

**Esther Su** (China, Australia), PhD student (language disorders).

**Miheret Tamirat** (Ethiopia), Child and Adolescent Psychiatrist.

*"Connect with experts, exchange ideas, explore new food."*

**Felicia Widjaja** (Indonesia, USA), Clinical Researcher (autism).

*"Broader understanding of research questions/methods, conceptualize research ideas. Enriched and equipped with skills"*

**Jade Yeok** (Singapore), Psychologist (autism spectrum disorders, mood disorders, anxiety).



Photos: Ana Garcia



## PASSING ON THE 'PASSION' TO NEW GENERATIONS OF MENTAL HEALTH PROFESSIONALS

Before Paris, I knew the DJC Fellowship Program and the IACAPAP 2012 conference would be good, but I did not expect it to be so good – a wonderful, eye-opening, life-changing and emotional experience. Despite coming from different countries and different training backgrounds, amazingly, there was an incredible commonality among fellows: we share the same passion and concerns for child and adolescent mental health, and experience similar career issues on deciding what to pursue and how to achieve a life-work balance. The daily group discussions in the DJC program provided an excellent milieu for us to share and explore, to understand and learn, and to think and proceed. The mentors in our group, Naoufel and Catherine, had made this possible through their insightful guidance and generous sharing.

The emotional part, for me, is because of Donald J Cohen. I got to know him first by reading his scientific works, then from others writing and talking about him. He gradually became one of my heroes – the one that you will never have the chance to meet in person. Unexpectedly but amazingly, this IACAPAP and DJC program somehow fulfilled the missing link. It was already 11 years since he left us, but people still talked about him, shared experiences about getting along and working with him, and continued the work inspired by him. At one moment in the closing ceremony, I suddenly realized that this is what 'networks' are really for. Catherine told us in the group, 'You have the network in the brain and in the heart.' People who have worked with Donald Cohen are still 'networking' with him and each other so, his passion, love and impact persist through the lives and work of generations of mental health professionals. I believe this is what the DJC program is for and I am honored and committed to be part of the family.

*Meng-Chuan (Taiwan, UK)*

### WITH DJCF, YOU WON'T GET LOST!

We were a group of fellows with our two assistant coordinators of the DJCF, Ayesha and Naoufel, on our way back to the hostel after a really nice

*While the DJC Fellowship was an informative, insightful and life-changing experience for all of us, this is no more evident than in the thoughtful reflections provided by Olurotimi Adejumo from Nigeria, our Spanish Connection, Meinou Simmons from the UK, Meng-Chuan from Taiwan and the UK, and Basile Gonzales from France. Their stories remind us all of the incredible value of the DJC fellowship, and we thank all who make this experience possible.*



Group 4. From left, back row: Jean-Baptiste Pignault, Colette Chiland, Nina Schweinfurth, Dalia Mickeviciute, Margaret Stuber, Jang "Jade" Leong Yeok, Olayinka Omigbodun, Anusha Lachman. Front row: Naoufel Gaddour, Ayesha Mian, Andrés Martin, Joaquín Fuentes.

Group 5. From left, back row: Felicia Widjaja, Meng-Chuan Lai, Suzan Song, Catherine Barthelemy, Colette Chiland, Yi "Esther" Su (in the back), Naoufel Gaddour, Marta Rapado-Castro, Olayinka Omigbodun. Front row: Ayesha Mian, Andrés Martin, Joaquín Fuentes.



*Through these personal memories and highlights, the true nature of the DJC Fellowship and IACAPAP organisation becomes apparent. We are all a family of professionals striving to improve the lives of children and adolescents all over the world. We are strongest when united and the extended IACAPAP family make this possible by encouraging the mentoring of emerging professionals. We left Paris knowing that we can contribute. The path forward seems clearer than ever before if we simply persist, remain inspired and continue to build ourselves as professionals.*

*Nina Schweinfurth, Suzan Song and Sonja March on behalf of the DJC fellows*

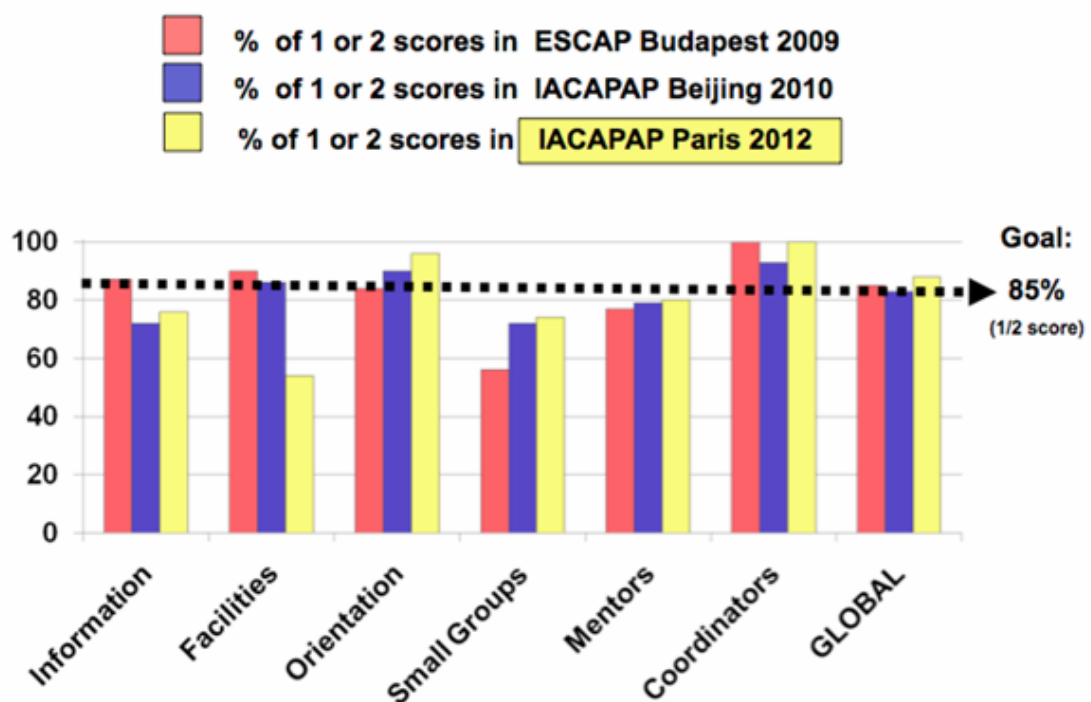
DJCF dinner. We had great professional and personal discussions with our mentors, we tasted good French meals and, some of us, French wine, and everybody did a great job participating in an international songs medley. It seemed that no one wanted this evening to end... And that's how we missed the last subway. We ended up on the subway platform around midnight. Just the DJC team and a blind man with his dog, quite disappointed and worried about how he could find his way to the far away night-bus stop, which was his last chance. As the only French person in the group, I volunteered to take him there – a little bit worried that my teammates might get lost on their way back, but for me too, because despite being French, I didn't know the streets of Paris well. After I finally took the man to the night-bus stop, I started my trip back to the hostel. The more time passed, the more I felt lost. Deserted street after deserted street, I was less and less sure I was heading in the right direction. I didn't dare ask for help from the French people I passed, who seemed to have been drinking a lot more wine than we had. And then, when I thought I would be embarrassed for being the only DJC fellow to get lost (in his own country!), I miraculously stumbled across the path of a laughing group, speaking a Spanish-English-Chinese-German language. It was my DJCF group, not at all worried that they were wandering the streets of Paris quite late, even though we knew that another intense day of work was only hours away.

My point is that when I found out that I had been accepted in the DJCF program, I was afraid of getting lost; lost in the presentations in English, lost among people who would know what a young child psychiatrist should be much better than me. During these days I learned I could face the uncertainty of research, of clinical work, of the ethical questions of our field, because I was not alone. I met mentors who had been there before me and were glad to share their knowledge. I met fellows who asked themselves the same questions as me, and were enthusiastic about putting their doubts and convictions together. Finally, I wasn't afraid anymore because I knew colleagues all around the world – I wouldn't get lost anymore; I was part of the DJC fellowship.

*Basile Gonzales, France*

# PARIS 2012, DJC PROGRAM SCORECARD

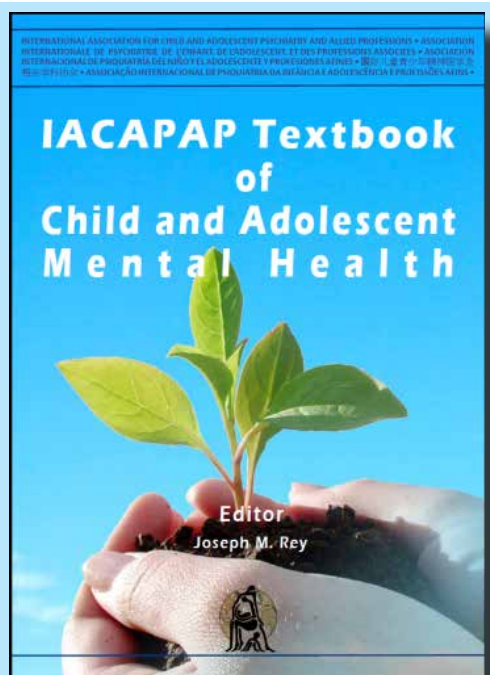
Within two weeks of the Program's conclusion, we gathered feedback through an anonymous electronic survey. We were delighted to receive responses from a full 100% of participants. We used a five-point Likert scale, and set a goal of achieving ratings of "1- Outstanding" or "2- Very Good" from  $\geq 85\%$  of the participants, across seven different categories. Fellows gave an overall global rating of 83%; mentors of 84%. Fellows' ratings are summarized below, and compared with the outcome of previous editions of the Fellowship Program. Through such comparisons and qualitative analyses, we will aim for continuous improvement as we plan ahead to the 2014 edition, to be held in Durban, South Africa.



*"I believe that the IACAPAP Textbook is going to be the most up-to-date, and also the most popular, child and adolescent mental health textbook."*

Martin Beckmann

Australian Medicine Online, October 15, 2012



## Baby Steps

### Building Kuwait's Child & Adolescent Mental Health Services

وحدة  
علاج الأطفال والمراهقين  
Child and Adolescent  
Psychiatry & Psychological  
Unit



Staff at the Child & Adolescent Psychiatry Unit



In Kuwait, where a noticeable disconnect is seen between the nation's high income status and the quality of basic health sector infrastructure, the mental health domain remains primitive and below standard. The contradiction between resources and actual services is the result of misguided and short-term policy-making, a lack of political will, and the weak foundations of the health care system. Notwithstanding the considerable need, child and adolescent psychiatric services are even at a further disadvantage.

More than a decade ago, child and or adolescent mental health services were not available in Kuwait, where I was raised, or in the broader Arabian Gulf region. The need was neither understood nor met by other existing services in spite of being no longer appropriate to relegate these ailments to "fate" or justified by naive statements such as that this need had not triggered a demand for additional services.

A few years ago, a psychiatrist returned to Kuwait after training in child and adolescent psychiatry in Canada. He started a weekly clinic, which rapidly attracted attention and became popular, growing to provide services several days a week. However, an important limiting factor to expanding these services was the lack of trained personnel, particularly psychiatrists. Consequently, the clinic continued to function with limited capacity and, eventually, turned into a stand-alone service ran by poorly trained and poorly supervised clinicians.

After completing my adult and child and adolescent psychiatry training at Harvard University-affiliated programs and spending seven years in the medical capital of the United States, I relocated to Kuwait to go through a phase of "who am I?" and "what do I want to do with my life?" I definitely hated the dust storms, the smog, and the cigarette smoke that affect me and, more importantly, my daughter's fragile lungs. Also, I could not ignore the widening intellectual and moral gap between my family, my acquaintances and me, resulting in my feeling isolated among my people. Despite this, I was motivated by the potential for much-needed change.

I began working in the only psychiatric hospital in Kuwait that caters to outpatient, inpatient, and emergency psychiatric services for a population of three million. Upon my return, the "child unit" was a walk-in clinic staffed by four psychiatrists in different stages of adult training but with no subspecialty expertise, one psychologist with a PhD, three psychologists with bachelor degrees, and a social worker who spent all her time in a different division. The clinic had a bizarre walk-in system with random follow-up visits. This team was working in complete isolation from the rest of the hospital with no supervision or monitoring. In the absence of specialized inpatient units, children and adolescents were admitted to adult wards. Understandably, the attitude of avoiding inpatient admissions—reserving them for situations of extreme safety concern—developed. In addition, family members seldom accepted inpatient treatment because of the social stigma and the risks of mixing adults with children. On other occasions, despite the clinical need for longer stays, admissions were shortened and patients discharged against medical advice. In the absence of a mental health act and of child protection laws, clinical staff has no choice but to abide by the wishes of the family.

There were also a few satellite clinics located in general hospitals and educational institutions. These also suffered from the disorganization and lack of support staff encountered at the main campus. They struggled with a low frequency of services, high volumes of patients, and an absence of supervision. All these factors hindered the proper delivery of care for patients and their families and inhibited adequate collaboration with other pediatric disciplines.

Shortly after being appointed to head this unit, as with most stagnant organizations, I faced resistance to change from both the administration and colleagues alike. However, with much perseverance and negotiation, I was able to get the team and the new administration on board with my vision. Early on, we implemented changes to the administration of the outpatient service by starting an intake system where information was collected by the nursing staff using a standardized form we created and tested. These cases were then discussed at a multidisciplinary meeting. This system served to create a database, perform systematic supervision, improve care and the patients' experience.

Later, we expanded services to include the school system, consultation-liaison services, and community clinics to integrate care, increase awareness and outreach. Lastly, and unique to the Gulf region, was the establishment of a dedicated child and adolescent psychiatric inpatient unit. The school psychiatry program spans four days a week and includes group supervision for the school-based psychologists and social workers, a dedicated clinic based at the Ministry of Education and, when necessary, school-based consultation where classroom observations, family meetings, and collaboration with teachers are made possible. The pediatric consultation-liaison services are offered via the clinics based in the general hospitals, which also serve as outpatient clinics for referrals from pediatricians. The inpatient unit, a necessity given the growing number of child and adolescent admissions to the adult wards and safety issues in those treated as outpatient, is to be opened in 2012. A dedicated building has been acquired



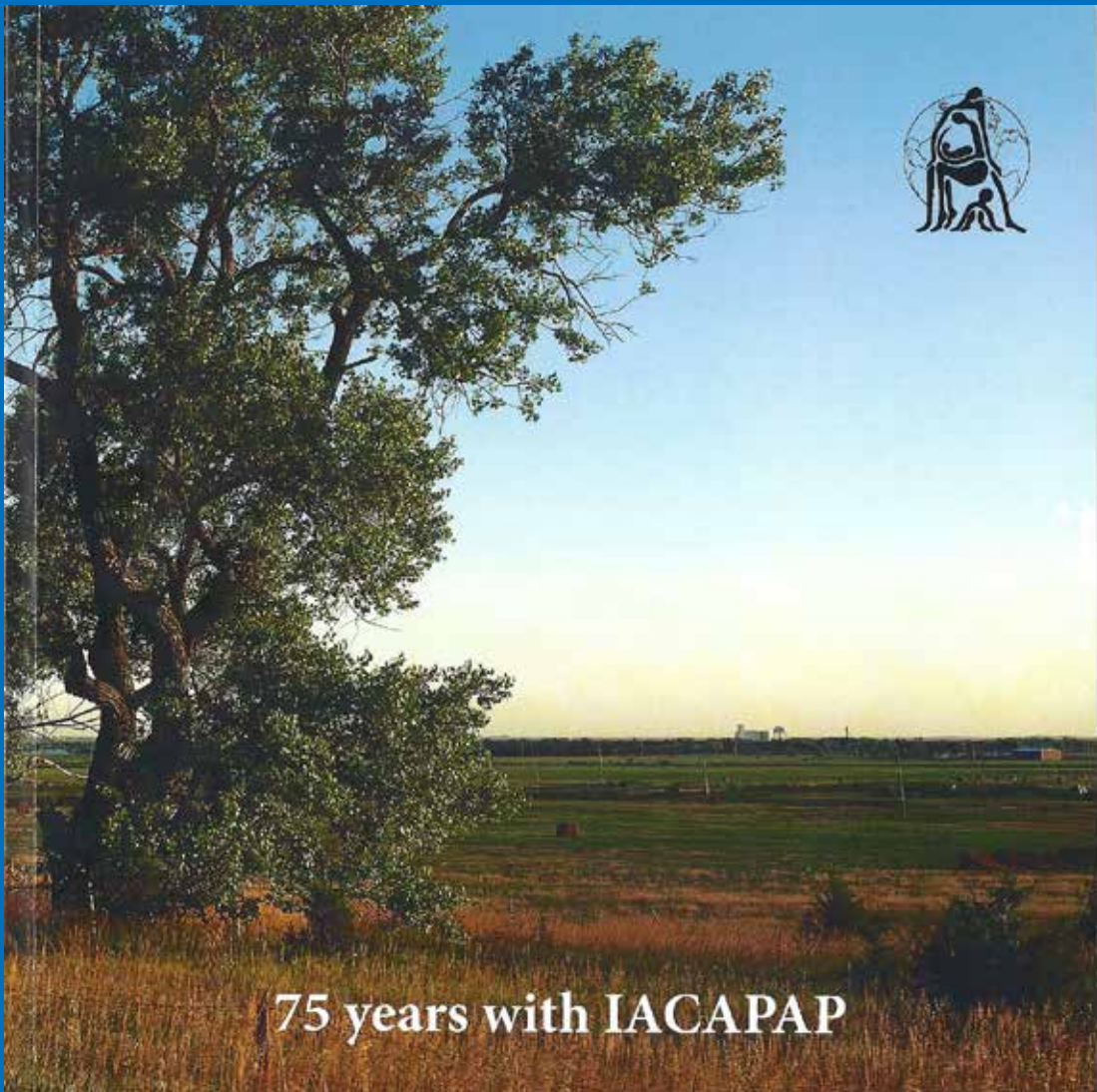
Bibi Alamiri MD, ScM  
Chair, Child & Adolescent Psychiatry  
Kuwait Center for Mental Health

*An inpatient unit,  
unique to the Gulf  
region, is to be  
opened in 2012*

to host two inpatient units, distributed by age and gender, and all existing outpatient services.

Providing children and adolescents with a warm and welcoming environment to address their mental health needs is a step towards proper social development. Working with the available resources and the existing system had the advantage of facilitating navigation within a highly hierarchal system and achieving small, yet attainable goals. However, we continue to face multiple educational and training challenges in the absence of formal training programs in the region or a framework for meaningful collaborations with international institutions. Additionally, the lack of a more comprehensive reform of the ailing health system addressing resource allocation, health financing, mental health legislation, and human rights in health will undoubtedly hinder sustainability, quality, and progress. Finally, we live under the constant apprehension of losing the support of our policy-makers in a highly labile political system plagued with nepotism and corruption.

Being optimistic, we strive for change and innovation in the face of adversity and uncertainty. We would appreciate attention from international organizations to support our efforts to develop these services and define a legal framework for mental health in Kuwait.



## The History of IACAPAP

By Kari Schleimer MD, PhD

This book, with many illustrations, describes the history of the association from its foundation and early times highlighting the many people who contributed to the development of IACAPAP, the congresses, publications, teaching activities and much more.

To obtain a copy (20 €) email Kari Schleimer  
[kari.schleimer@comhem.se](mailto:kari.schleimer@comhem.se)

# SOUTH AFRICA

## CHILD AND ADOLESCENT PSYCHIATRY IN SOUTH AFRICA

### A BIRD'S EYE VIEW

Brian Robertson

Emeritus Professor, University of Cape Town



The Republic of South Africa is the southernmost country in Africa and has a population of 50 million, of whom approximately 40% are children and adolescents. South Africa is a country of contrasts which makes it a vibrant place to be. Large, densely populated urban areas are separated by hundreds of kilometres of rural expanses in which 40% of the population reside. The North-eastern regions of the country are subtropical whereas the central zone is semi-desert. Beautiful beaches are ringed by soaring mountains. Different cultures and languages vie for attention, and developed and developing worlds exist side by side. The wealth/poverty differential is sadly one of the largest in the world.

IACAPAP Bulletin, November 2012

#### Development of Child and Adolescent Psychiatry (CAP)

South African Psychiatry is also a contrast: there are less than 500 psychiatrists in the country, and 35 child psychiatrists serve 20 million children and adolescents and their families. To be a child psychiatrist in South Africa is to be a pioneer, and an expert in multi-tasking. CAP services began developing during the 1960's in university departments in South Africa, of which there are seven with Health Sciences Faculties.

In 1972 I became the first formally trained South African child psychiatrist to return to the country after overseas training. Child psychiatry departments were expanding rapidly



University of Cape Town

in the favourable economic climate of the time, and in 1978 we formed the South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP), which became a member of IACAPAP. National congresses have been held biennially ever since. Given the small number of child psychiatrists, the field of child psychiatry in South Africa is of necessity truly multidisciplinary. In 1983 the first South African postgraduate training course, the 2-year MPhil (Child and Adolescent Psychiatry), was established at the Red Cross War Memorial Children's Hospital of the University of Cape Town. Professor Astrid Berg, now an international figure in the field of Infant Mental Health, was the first graduate. The programme must be unique in that it is open to both psychiatrists and clinical psychologists. There are now several postgraduate training programmes in South Africa at different universities

I started the Journal of Child and Adolescent Mental Health in 1989, and Professor Alan Flisher succeeded me as editor ten years later. The journal is published twice a year and continues to maintain a high scientific standard. It is indexed in key bibliographic databases, including Child Development and Adolescent Studies, Family and Society Studies Worldwide and PsycINFO.



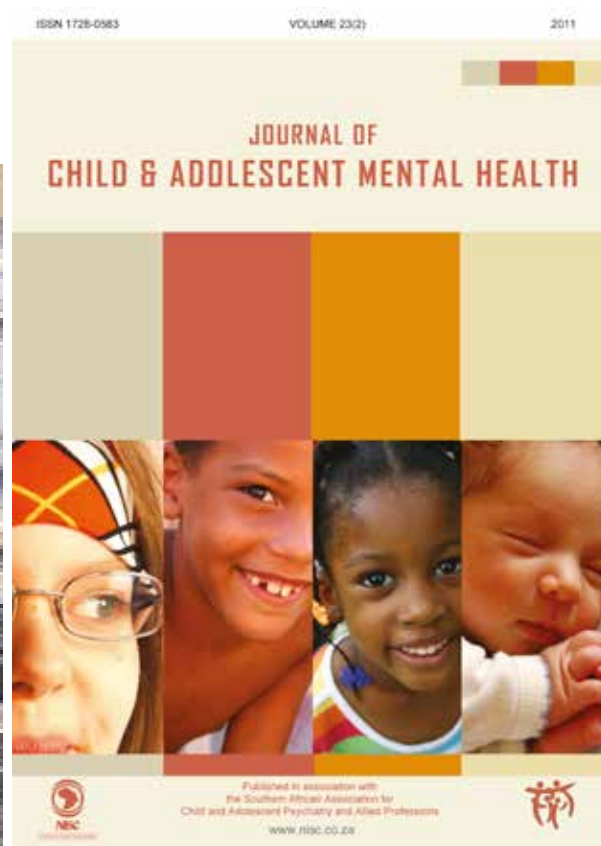
Red Cross Hospital

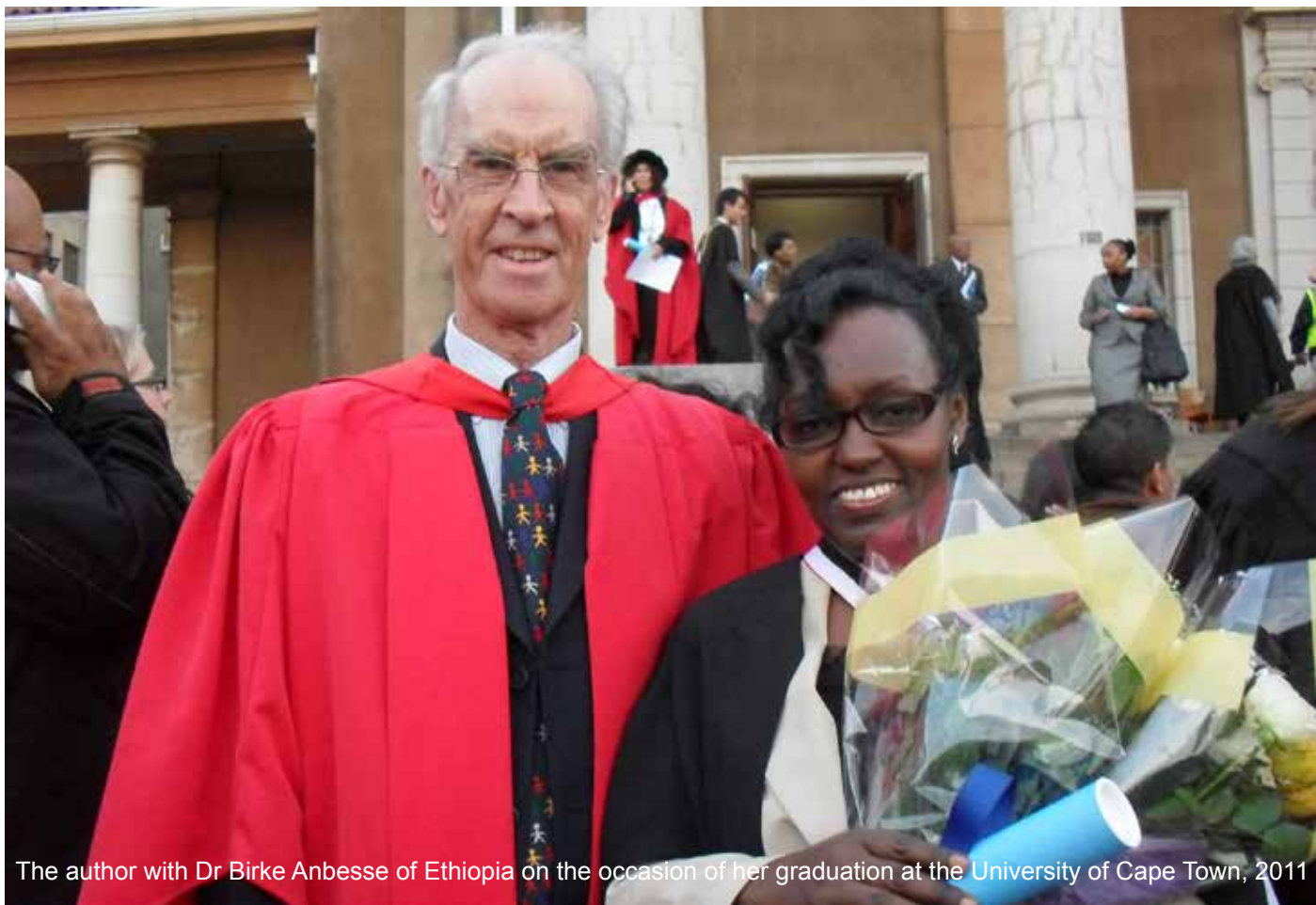
Child Psychiatry was recognised by the Health Professions Council of South Africa as a subspecialty in 1990, and subsequently a national exit examination was approved by the College of Psychiatry, leading to the Certificate in Child Psychiatry. South Africa still allows dual registration as a Psychiatrist and a Child Psychiatrist. In the early 1990's, after protracted battles in academia, universities finally accepted Psychiatry as one of the 5 major medical disciplines. This led to a much greater exposure of health sciences undergraduates and postgraduates to Psychiatry and Child Psychiatry.

Around this time the National Directorate of Mental Health and Substance Abuse in the Department of Health established a sub-directorate for child and adolescent mental health (CAMH), which in collaboration with a multidisciplinary group of local experts published the National Policy Guidelines for Child and Adolescent Mental Health in 2001.

### Child and Adolescent Psychiatry in South Africa today

South Africa is still battling to establish adequate primary mental health care facilities for a largely indigent population, let alone primary CAMH services. Barriers include the lack of sufficient CAMH specialists to train and supervise PHC workers, the lack of secondary level mental health facilities, low levels of mental health literacy and the competing demands for services for paediatric PHC, HIV and AIDS, and social services. Many nongovernmental community-based services have developed to address these pressing issues, including some excellent CAMH projects initiated by child psychiatrists (see [www.empilweni.org](http://www.empilweni.org)). The government has





The author with Dr Birke Anbesse of Ethiopia on the occasion of her graduation at the University of Cape Town, 2011

now formally embarked on employing trained community health workers as part of the health care team.

Tertiary CAP services are relatively well developed at the universities. There are a number of inpatient units, separate for children and adolescents, some medium and long term day hospital programmes and outpatient and community outreach programmes for a variety of conditions, from infant mental health to autism spectrum disorders. Psychologists (there are over 7000 in South Africa), occupational therapists (over 4000), social workers and nurses take leading roles in the field of child and adolescent mental health. There are a number of active user groups for those living with CAMH problems, and their parents.

South Africa has a strong research record, and the field of child and adolescent mental health is no exception. The scope of research activity is too extensive to be encompassed in a few sentences, and will have to be the subject of a separate article. Since the 1990's there has been collaboration in research and training activity with other countries in sub Saharan Africa, and a number of psychiatrists from African countries, such as Dr Birke Anbesse of Ethiopia, have received postgraduate training in child and adolescent psychiatry in South Africa

#### Future challenges

The funding and development of adequate CAMH services to serve the country's needs in the face of the many other pressing needs is the major challenge. Government is planning to introduce National Health Insurance, but there are concerns about how long it will take and how well it will address the many health needs of

**IACAPAP Bulletin. November 2012**

*South Africa has a strong research record, and the field of child and adolescent mental health is no exception*

the country. Expansion of CAMH services will not be possible without a radical increase in the number of child psychiatrists and other CAMH specialists to provide the necessary training, supervision and specialist referral services. Mental health literacy programmes will need to be greatly stepped up together with much more support for and provision of self-help resources.



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An Evidence-Based Approach to Risk and Resilience



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These books can be obtained from the publishers (Rowan & Littlefield; <http://www.rowmanlittlefield.com/Catalog/>)

# UKRAINE

## THE UKRAINIAN-AMERICAN PARTNERSHIP IN CHILD PSYCHIATRY

### *The First Two Years*



Members of the Ukrainian delegation at SUNY Upstate Medical University. From left: Inna Martsenkovska, Igor Martsenkovsky, Mantosh Dewan (Upstate Medical University) and Victoria Shvejina.

From 2010 to 2012 there has been extensive collaboration between Ukrainian and American child and adolescents psychiatrists. The project was coordinated in the Ukrainian side by the Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse (Kiev, Ukraine); in the American side, by SUNY Upstate Medical University (Syracuse, New York, USA). The project included three activities: journal publications, educational materials (340pages), and short-term traineeships for Ukrainian child psychiatrists at the Psychiatry Department, SUNY Upstate.

Initially, American psychiatrists shared their clinical experience and educational information in the form of articles and interviews on the pages of Ukrainian psychiatric journals. More than 30 articles were published in journals such as *"Health of Ukraine"* and *"NeuroNews"*. There were discussions regarding topical issues for Ukrainian specialists such as diagnostic criteria in psychiatry and treatment of complex developmental trauma in children. Other topics discussed included neglect and abuse of children. There was debate about topics such as differences in currently used diagnostic criteria and the latest treatments of ADHD and autism. For example, American child psychiatrists stressed the need to use different treatments for ADHD and for ADHD-like symptoms in children with autism. We debated and compared treatment algorithms

for psychiatric conditions such as mood disorders, anxiety, psychosis, PTSD, and eating disorders. The advantages and disadvantages of using APA guidelines were discussed. The various modalities of psychotherapeutic techniques used in America and Ukraine, their similarities and differences received much attention.

At the beginning of 2012, as a result of this rich collaborative experiences between Ukrainian and American specialist as well as specialist from a few other countries, such as Italy, Latvia and England, an educational book (*Essays in Child Psychiatry*) was published. The book examines the latest approaches to diagnosis, treatment and prevention of the major psychiatric disorders. Additionally, that educational material considered the advantages and disadvantages of current mental health systems in Eastern and Western European countries as well as in the United States. These topics are especially important because Ukraine is developing a new mental health care system. The emphasis is on deinstitutionalization, the building of acute psychiatric units in general hospitals, and the development of preventive and early intervention services. Special attention is paid to the availability of social services in the community, the establishment of affordable psychotherapy treatments, and the need to develop separate emergency services for the mentally ill or of building a comprehensive

psychiatric emergency program to improve the quality and effectiveness of psychiatric care in the community. The book highlights the benefits of having social, psychiatric and psychological help inside general education settings (public schools and day cares facilities).

The third important aspect of this collaboration was the opportunity for Ukrainian child psychiatrists to have short-term traineeships at SUNY Upstate Psychiatry Department. These traineeships allowed several Ukrainian child psychiatrists, including Igor Martsenkovsky (Ministry of Health of Ukraine and Head of the Department of Child and Adolescent Psychiatry and Medical-Social Rehabilitation) to visit these services and familiarize themselves with the workings of the mental health system of the state of New York. They were able to visit child and adolescent psychiatric inpatient units and outpatient clinics. Special emphasis was placed on the connection between mental health facilities and social services along with the availability of psychotherapeutic treatment in all settings, including schools. Our Ukrainian colleagues became familiar with the work of school psychologists and clinical psychologists, visited several centers for developmentally disabled and autistic children, observed multidisciplinary team evaluations and the types of therapy used for these children, visited an early intervention service, a

school and a special day care facility for children with emotional disturbance and other mental health problems. They also visited consultation liaison, emergency and acute psychiatric services for adults within a general medical hospital. Finally, they participated in the educational activities of the child and adolescent psychiatry and general psychiatry residency programs.

We hope this rich experience will help the development of an effective mental health system in Ukraine, which would integrate mental health care with social services, the education system, and general medical practice. SUNY Upstate Psychiatry Department is thanked for their involvement in such an educational program, work and collaboration.

Marina Nesterenko MD  
Child Psychiatrist, Syracuse, USA

From top. Ukrainian child psychiatrists with (second from left) James Demer MD from the Child Psychiatry Department, SUNY Upstate Medical University. Professor Demer prepared a series of articles devoted to the management and treatment of ADHD and pervasive developmental disorders. Inna Martsenkovska and Igor Martsenkovsky with Kevin M. Antshel PhD (centre) a SUNY member of the American-Ukrainian educational project.



See you at the next congress in Durban!!



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**UKRAINIAN INSTITUTE  
OF COGNITIVE BEHAVIORAL  
THERAPY**

## Cognitive Behaviour Therapy Training in Ukraine

One in six  
working adults  
(16% of the  
population) in

developed countries suffers from depression or an anxiety disorder at any one time. The situation is probably worse in Eastern Europe, traditionally an area of high psychiatric morbidity and suicide mortality. Poor identification and inadequate treatment results in social impairment (e.g., social isolation) as well as loss of work productivity. The impact and the severity of the consequences of psychiatric disorders for both the individual and society cannot be underestimated. In the light of this, the identification of patients who suffer from these conditions and the choice of effective therapeutic interventions are crucial.

There is growing evidence of the effectiveness of cognitive behavioural therapy (CBT)

for a wide range of psychological disorders and there is a drive to improve access to evidence-based psychological treatments in many countries. In the UK, for instance, Improving Access to Psychological Therapy (IAPT) is a program that aims to provide

people with a variety of treatment options in primary care before they are referred to secondary care services within a stepped care framework. The importance of mental ill health has been widely recognised recently with many countries of the European Region of the World Health Organisation (WHO) spending over 10% of their health budget on mental health services. This increase, which is yet to happen in Eastern European countries, has traditionally focused on severe and enduring mental illness, in practice oriented towards a relatively small number of people with disabling psychotic illnesses. The disability associated with depression and anxiety, with over 6 million sufferers in the UK alone, was one of the key reasons behind the introduction of the IAPT initiative. Within IAPT, regional training programs are being set up to deliver evidence-based treatment for 900,000 more people suffering from anxiety and depression, with half of them expected to move into recovery, resulting in 25,000 fewer people on sick pay and benefits (this was achieved by 2011). This initiative trained 3,600 new therapists and is underpinned by a yearly budget of £173 million. IAPT is a logical consequence of the introduction of the National Institute for Clinical Excellence (NICE) guidelines for the treatment of depression and anxiety disorders, where psychological therapies, especially CBT, play a key role. The situation of evidence based psychological treatments in many Eastern European countries, however, is radically different. Ironically the basis of CBT was established in Eastern Europe following the

famous experiments of Pavlov. In a Kiev hospital named after Pavlov there is not a single CBT therapist with a recognised qualification, a situation that, it is hoped, will change soon.

Despite several attempts, CBT training has not been successfully implemented in the Ukraine before 2009. This was partly due to the wide use of other psychological approaches and partly to CBT requiring a more rigorous training. Despite early setbacks, a CBT training course has been established in Ukraine in collaboration with the Ukrainian Catholic University (UCU). This is a three-year intensive course conducted with the help of several Western CBT research groups, including Oxford University, King's College London and the University of Groningen in Holland. The program is now in its third year and the first cohort of CBT therapists are nearing the end of their training. As a person involved in teaching at the program from the outset I have drawn the following conclusions for its

success. First, a viable programme has to require participants to contribute financially in a transparent and fair way. In my view, this is crucial if corruption and poor motivation are to be avoided. Second, the training programme requires a charismatic leader.



Whether through luck or for some other reason, Dr Oleh Romanchuk became interested in leading the training scheme; had it not been for his enthusiasm the course would probably not have succeeded. Third, to establish CBT training in a country with no previous CBT experience it is crucial to involve an international collaboration — the enthusiasm of the students must be matched by the experience and the teaching skills of the trainers.

One of the weaknesses in implementing this course has been the lack of a credible scientific base. UCU, albeit a respected institution, has little experience in research. I would contend that a successful CBT program should go beyond training and develop a research school to inform the training and to contribute to build an evidence base for CBT. In many ways this is a crucial time for psychological therapy in Ukraine. Will evidence-based approaches to psychological therapy finally take root? The answer is a cautious yes, provided that the newly established Institute of Cognitive Behaviour Therapy moves beyond training and into vigorous research.

I thank the students, the good will of the trainers and above all by the enthusiasm of Dr Oleh Romanchuk, CBT training leader.

Dennis Ougrin

King's College London, Department of Child and Adolescent Psychiatry, Institute of Psychiatry, PO85, De Crespigny Park, London, SE5 8AF, United Kingdom

# NIGERIA



*Keeping dreams alive...*  
**CENTRE FOR CHILD AND  
ADOLESCENT MENTAL HEALTH**  
UNIVERSITY OF IBADAN



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In the last decade, several creative methods have been used to ensure that mental health professionals working in Nigeria received some training in child and adolescent mental health (CAMH) to equip them in their work with children and adolescents. Along the years, partnerships with better-resourced countries have been forged, multi-professional and multidisciplinary approaches embraced, and workshops held in a bid to enable health professionals acquire much needed training.

The untiring efforts of one of the pioneers for improved child mental health care in the African continent—Professor Olayinka Omigbodun—has culminated in the award of a grant by The John D and Catherine T MacArthur Foundation to the University of Ibadan to establish a center that will support the “building up of child and adolescent mental health” capacity in the African region and beyond. The Centre for Child and Adolescent Mental Health (C-CAMH) is a multi-disciplinary centre within the University of Ibadan that caters primarily for the needs of Africa and the developing world in the areas of training, research and service delivery in child and adolescent mental health. There will be several visiting professors from world-renowned institutions who will complement the University of Ibadan core faculty in serving the centre. While the primary role of the C-CAMH will be to develop, implement and support an 18-month Master of Science program in child and adolescent mental health starting in November 2012, the centre will also support other training, research and service deliver activities. A variety of CAMH training programs will be developed, geared towards the needs of the region to

help increase the likelihood of professionals remaining in the region to carry out CAMH care.

Programs emanating from this potential center of excellence will hopefully fill the current void of no regular or coordinated training for evidence-based child and adolescent mental health care in sub-Saharan Africa as well as identify and train leaders for CAMH for this region, who will conduct the much needed research and meet the training needs of community professionals. It is hoped the activities of the C-CAMH will gradually lead to the transformation of CAMH care in Nigeria and the African continent as a whole. More information about the center can be found at [ccamh.ui.edu.ng](http://ccamh.ui.edu.ng)

**Tolu Bella - Awusah**



# YOUNG, EARLY AND ASPIRING MENTAL HEALTH (YEAH) PROFESSIONALS



From left: Jibril Abdulmalik, Hesham Hamoda, Norbert Skokauskas, Daniel Fung, Myron Belfer

## YEAH for IACAPAP Report

Norbert Skokauskas, Jibril Abdulmalik, Myron Belfer, Hesham Hamoda, Daniel Fung, Jillian Sok Teng Boon

IACAPAP's YEAH section aims to provide a platform that helps to improve young professionals' expertise, exchange ideas and collaborate on international projects. The first YEAH symposium at the July IACAPAP Congress in Paris focused on successful career development in child and adolescent mental health, with sub-themes on leadership, management training and mental health economic needs. Participants from all over the world attended the symposium and left it not only with a better understanding of leadership, management and health economics, but also with ideas for future research and collaboration in the area. We have received many requests to share our materials and we are delighted to do so via IACAPAP bulletin.

*Norbert Skokauskas (Ireland)*

### Economic Analysis

#### A Key to Progress in Practice in the New Era

The economics of health care service delivery options is currently a top priority with governments and healthcare officials. Economic analysis provides an understanding of the costs and benefits involved in undertaking a given intervention.

The specialty of child and adolescent psychiatry should also buy into the exploration of the economic implications of child psychiatry research and clinical practice, in order to remain viable and justify its claim for priority consideration. A lack of information and non-participation in economic analysis leaves us vulnera-

ble to false or inappropriate interpretations about our field and its value.

Two major benefits of economic analyses include the description of the magnitude (in disease burden or monetary terms) of a disease for a society, and a demonstration of which interventions provide more value for money spent. The evidence thus generated, can be utilized for advocacy efforts to justify funding support, policy development, program planning, monitoring and replication.

This consideration is not only a concern for developed countries but is perhaps even more important for developing countries that have a unique opportunity to pioneer innovative child mental health services. The field has witnessed several pub-

lications over the past two decades, but there is a paucity of reliable data on cost savings from preventive interventions, overall cost to the family and society, and costs to other systems such as the school and the juvenile justice system.

Child mental health economic evaluation studies of investments across all ages have been particularly weak but have nonetheless demonstrated that the rates of return to human development is highest during the pre-school and school age years and subsequently drops drastically post-school. More studies in this vein are urgently needed. Attention should also be paid towards capturing both direct and indirect costs and the opportunity costs or lost poten-

tial as a result of childhood mental disorders.

As child psychiatrists and child mental health clinicians, we need to be involved in the valuing of interventions, and determining effectiveness. As we march into the future, this new direction is clearly of clinical as well as administrative and political importance.

*Myron Belfer (USA)*

## **Child Psychiatry without Psychiatrists**

### **A Model of New Technologies for Old Problems**

What are psychiatrists for? Who seeks help from a psychiatrist? Imagine a world where psychiatrists' roles are no longer confined to the four walls of a doctor's office. Envisage a future of mental health services extending to our doorstep or even into our homes. The traditional health model of psychiatry requires the child to come to the clinic to seek help. However, mental health has always had a dark cloud of stigma hanging above it. This stigma is even more potent in Asian societies where having a child with mental health issues is considered shameful. Consequently, the number of patients that visit a doctor at the clinic might only skim the surface of the actual population with mental illness. Thus, there is a need to extend mental health services to cater to a wider scope of people, encouraging greater accessibility.

A new model of care for mental health needs to be adopted. If individuals are not visiting an institution or a clinic due to how it is being perceived, changes and modifications need to be made. Delivering a service outside the confines of the clinic will mean that resources from the community will need to be employed. What better place to identify children at risk of mental health issues than schools. For example, in Singapore each school is equipped with a school counselor. To maximize the out-reach of mental health services for children and adolescents, a multi-disciplinary mental health team known as REACH (Response, Early Intervention and Assessment in Community Mental Health) was established in Singapore in 2007.

REACH's objectives are to identify, train and collaborate with schools on mental health issues. Over the years, REACH has catered to various zones in Singapore in phases. Subsequently, other community resources such as voluntary welfare organizations and general practitioners were included to increase accessibility to services. Parents would also be given the option of getting referred to general practitioners with certification in mental health diagnosis and prescription of related medication to lower stigma and provide greater convenience. Based on the 'train the trainer' model, apart from identification, assessment and treatment of children with mental health issues in the community, REACH seeks to train school counselors and general practitioners on mental health disorders.

Nevertheless, work within the community could be extended further to ensure that information is easily disseminated. We have to consider the one resource that we turn to when we need for a wealth of information—the internet. Working to educate the public better about mental health care, disseminating information through the use of technology such as internet websites, and engaging children through the use of games for health should be explored. 'ROC-N-ASH' (<http://www.roc-n-ash.com>) is one such example. This site is the result of a tripartite collaboration between mental health professionals, information technology experts and e-learning/gaming professionals. It was developed as an innovative and holistic IT system to manage the mental wellness of children and adolescents. The ROC-N-ASH portal is an interactive system with information on ADHD and childhood anxiety, books for purchase, event announcements, and therapeutic games. The information courseware is publically accessible online at no cost and aims to increase knowledge of ADHD and anxiety disorders and strategies on managing children and adolescents with these disorders. Another area of interest is the development of web-based games to assess and treat children and youths presenting with problems managing anger. Embedded within the game are features used to not only engage children but also to teach skills.

This population-based strategy is necessary because of the dual challenges of growing demand and limited personnel resources. Such a strategy will need to address the treatment gaps in many chronic conditions, which are often identified late. Delays in detecting illness result in a heavy burden for society and the need to build more hospitals and other acute care facilities. The mental health care of the future is an evolving concept that will continue to require an open mind with a passionate heart. The paradigm shift from acute tertiary care in hospitals and clinics to personalized individual, work and family-based interventions is not an easy one to accept. We believe that by taking a population based approach we will be able to find evidence-based delivery systems that are effective all over the world, regardless of resources.

*Daniel Shuen Sheng Fung, Jillian Sok Teng Boon (Singapore)*

## **You Are Not Alone Opportunities for International Collaboration and Development**

The world we live in today is characterized by gross disparities in terms of human and material resources and levels of development. These disparities also characterize health care services, including child and adolescent mental health services. Indeed, within the mental health field, it has been clearly demonstrated that resources for child and adolescent mental health lag some way behind resources for adult mental health.

Differences may be conceptualized under the categories of economic, personnel, training, services and policy disparities, both within and between countries and continents. This realization makes it imperative to actively seek innovative solutions to address some of the gaps in opportunities globally, especially with respect to workforce capacity development. These efforts should ultimately impact on improved training resources, services and policy development.

Opportunities for capacity development in various fields of child and adolescent mental health exist in various formats: short courses,

fellowships, and academic programs (e.g., master degrees). The choice to seek opportunities may be driven by the specific needs and context of such individuals, institutions or countries. This may include prioritizing opportunities for clinical training, research, academic programs, funding support or, indeed, all of the preceding options. Useful approaches to exploring available opportunities include networking during conferences and research meetings, internet searches, a good mentor, regional and international organizations such as IACAPAP, ESCAP, and AACAMH among others.

The Donald J Cohen Fellowship Program, the Helmut Remschmidt Research Seminars and regional study groups are examples of short term opportunities available under IACAPAP. The YEAH for IACAPAP initiative aims to build on these already existing programs by providing an online platform for young child and adolescent mental health professionals to continuously network and share ideas for collaboration, while also benefiting from mentoring opportunities.

The Boston Children's Hospital also provides short-term opportunities for visiting programs, while the WHO has opportunities for an academic Master in International Mental Health Policy and Services in collaboration with the University of Lisbon, Portugal, or a Diploma in International Mental Health Law and

Human Rights in conjunction with the Indian Law School, Pune, India. The WHO Pacific region also facilitates a Clinical Fellowship in Child Psychiatry, in collaboration with the New South Wales Institute of Psychiatry, Sydney, Australia.

Across the world, various programs are also coming up. In Africa, the University of Cape Town, South Africa, provides an Academic Master and Clinical Fellowship in Child Psychiatry, while the Center for Child and Adolescent Mental Health of the University of Ibadan, Nigeria, has also commenced Master and Diploma programs in child and adolescent mental health. In Europe and Australia, an Academic Master in Global Mental Health is now available at Kings College, London, and the University of Melbourne, Australia.

Regardless of the region of the world you live in and the nature of opportunities you seek, the answer is out there somewhere, if you explore widely and persevere with your efforts. Concerted efforts should be deployed to improve manpower capacity and services for child and adolescent mental health globally.

*Jibril Abdulmalik (Nigeria)*

### Academic Development for Early Career Mental Health Professionals

In 2003 the US Institute of Medicine warned of a decline in the

number of psychiatrist-researchers, disproportionate with other branches of medicine. It is imperative that efforts focus on developing academic and research skills for mental health professionals to ensure that we are able to serve children through evidence-based approaches and that we take advantage of advances in research technologies. Promoting scholarly work for early career mental health professionals is an important goal of the recently formed YEAH for IACAPAP and is the focus of this presentation.

In this section of the symposium we highlighted areas included in a professional CV and noted ways of advancing in each of these areas, such as obtaining additional degrees, getting international experience, joining professional societies, types of mentorship and how to choose a mentor, teaching, and publishing, among others. We then discussed the MEETS model (Mentorship, Education, Experience, Time and Support) as necessary ingredients for research skills development. While we presented empirical data on our experience implementing this model at Boston Children's Hospital, we also discussed how this model could be adapted in areas of the world with limited resources.

*Hesham Hamoda (USA)*



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