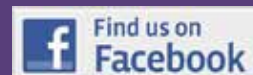


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IACAPAP

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The First Helmut Remschmidt Research Seminar in Africa



Three years since
The Great East Japan
Earthquake



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President's Column

From Research to Practice: Global Challenges in CAMH Care

Anticipating the 21st World Congress of IACAPAP, Durban 2014

I attended the 15th Biennial conference of the South African Association for Child and Adolescent Psychiatry and Allied Professions (SA ACAPAP) in Durban, South Africa, from September 4 to 6, 2005. Almost a decade later, I will be returning to Durban in August 2014 for the 21st World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

Prior to the conference in 2005, Professor Brian Robertson (Convener of the IACAPAP's Congress in Durban) had sent information and encouraged me to send an abstract, which I did. In April of the same year, I was really pleased that my abstract had been accepted. I was very fortunate and received funding from the congress organisers which made it possible for me to attend and give my presentation. At that time I was more or less a lone voice advocating for services and training for child and adolescent mental health (CAMH) in the region of my country. It was therefore a great treat to meet with other CAMH professionals and listen to several outstanding speakers. For example, Dr Jan Buitelaar from the Netherlands spoke on "Noradrenergic mechanisms in ADHD" and "Differential diagnosis of psychotic phenomena in children and adolescents", Dr Russell Schachar spoke on "The genetics of ADHD", and Ms Susanne Roley described "The new trends in sensory integration." I remember very vividly the speech by Ms Noreen Huni the Executive Director of REPSSI, the Regional Psychosocial Support Initiative for children, on "Mental health issues of orphans and vulnerable children."

The atmosphere encouraged networking; I was able to forge partnerships for CAMH and returned to my country better equipped for the tasks ahead. The theme of the SA ACAPAP congress in 2005, "The child, the adolescent and turmoil in the 21st century", was timely then but is even timelier now with so much turmoil around the world affecting children and families. I gave a presentation on "Traumatic experiences in the Nigerian adolescent: Association with depressive and suicidal symptoms", but feel very sad that 10 years later Nigerian children and adolescents experience even higher rates of exposure to traumatic experiences. My research then about the consequences of trauma has not helped to change the situation for most children in my country. This appears to be the state of affairs around the world and IACAPAP has recently received requests for help from CAMH professionals in troubled regions, especially in regard to the inability to deal with the consequences of trauma on children. In many instances children are not the direct targets of violence but they fall into the line of conflict and suffer greatly. I feel much heartache when in my own country children who are asleep in a school dormitory are targeted—killed, maimed and violated—as happened recently in the Northeastern region of Nigeria. The survivors do not have access to mental health care because the few professionals with some skills have left the area. There is an urgent need to reach those who suffer at this time. Furthermore, the perpetrators are also in dire need of mental health care. We need answers for so many questions. What are the predisposing, precipitating, and sustaining factors associated with the perpetrators? Could this be the result of attachment disorders in early childhood? Are these the street children of yesterday now grown up? How has society raised adults who turn violently against children? How can we look into these issues as CAMH professionals and obtain results to inform our practice?



The 21st IACAPAP Congress theme is well-timed: "From research to practice: Global challenges in CAMH care." More than ever, CAMH professionals need to come together in Durban to discuss the way forward for using research to inform practice. This congress will draw CAMH professionals from all over the world providing an enabling environment to forge or strengthen partnerships for research, service delivery and training. This congress promises to bring together a large number of CAMH professionals practicing in regions bereft of research, services and training programs but with lots of potential for reciprocal learning in partnership with better-resourced regions. For the very first time IACAPAP comes to Africa; several CAMH professionals from the region will be presenting their research work as an indication of CAMH growth in the continent. CAMH professionals in these resource-poor regions require support and encouragement from professionals in better-resourced regions as reciprocal learning takes place as well as learning about the rich cultural heritage we all have.

Durban will witness the strength of the multidisciplinary team spelt out in IACAPAP's mission "to work through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant disciplines". Each of these groups of CAMH professionals has a unique role to play. When I went to Durban in 2005 for the South African congress, I was the only one from my region; I sought out and found partnerships and friendships that equipped me to persevere in my region. Almost a decade later, I return to Durban with a group of CAMH professionals, most attending an IACAPAP congress for the first time. They are coming to present their work but also to forge partnerships and friendships that will help them move CAMH forward in their villages, cities, regions and nations.

March 9, 2014 is the deadline for abstract submission. Register at <http://www.iacapap2014.co.za/> send your abstracts today and be part of the transformation of CAMH around the world. In addition to the beauty of the port city, the temperate weather, the potential for a safari after the congress, and long life partnerships for CAMH are good reasons to attend.

I look forward to seeing you in Durban in August 2014.



Olayinka Omigbodun MBBS, MPH, FMCPsych, FWACP
President



See you at the next
congress in Durban!!

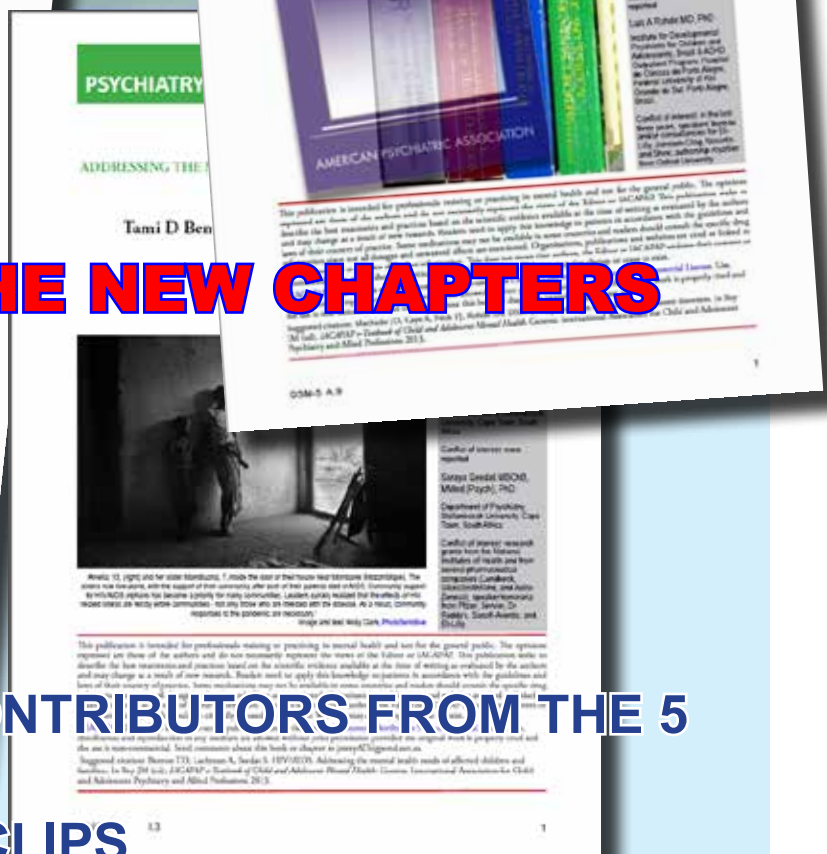
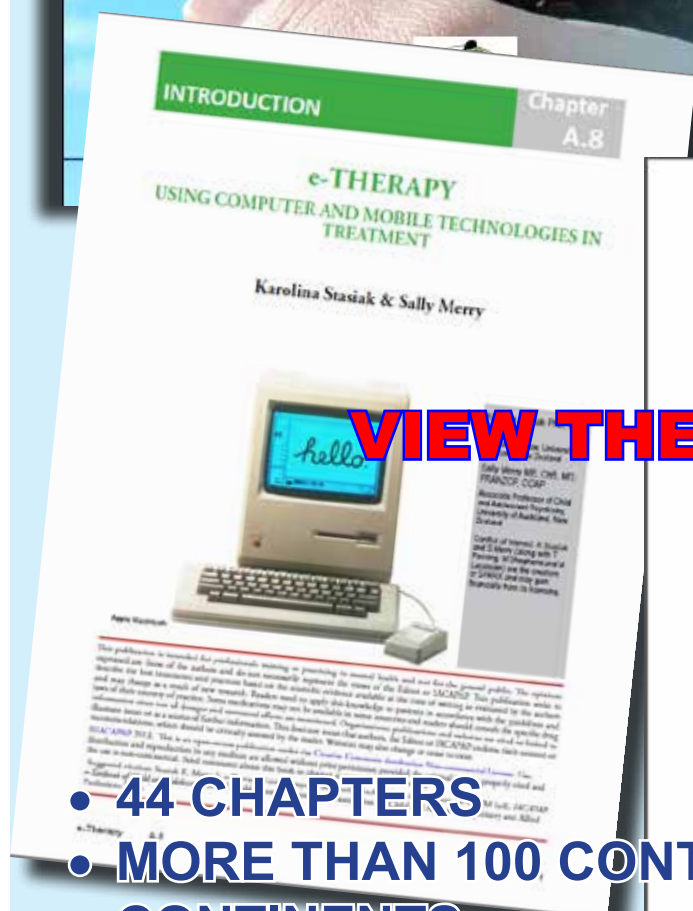


IACAPAP Textbook of Child and Adolescent Mental Health



Editor
Joseph M. Rey

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PLENARY KEYNOTE SPEAKERS

CONCURRENT KEYNOTE SPEAKERS



PROFESSOR IAN GOODYER
Chief Investigator of the Neuroscience in Psychiatry Network, a research partnership between Cambridge University and University College London.

DR BLAISE AGUIRRE
Assistant Professor of Psychiatry, Harvard University; Medical Director - Adolescent DBT Center, McClean Hospital



DR PARAMJIT TOOR JOSHI
President-elect of the American Academy of Child and Adolescent Psychiatry, Endowed Professor and Chair of the Department of Psychiatry and Behavioural Sciences, at the Children's National Medical Centre and Professor of Psychiatry, Behavioural Sciences & Paediatrics, at the George Washington University School of Medicine.

DR CORNELIUS ANI
Honorary Senior Lecturer in Child and Adolescent Psychiatry, Imperial College London and Consultant Child, and Adolescent Psychiatrist at Bracknell CAMHS, Berkshire Healthcare NHS Foundation Trust, Berkshire UK.



DR STAN KUTCHER
Sun Life Financial Chair in Adolescent Mental Health Dalhousie University, Canada.

PROFESSOR ASTRID BERG
Associate Professor, University of Cape Town and a senior consultant in the Division of Child & Adolescent Psychiatry at the Red Cross Children's Hospital in Cape Town.



PROFESSOR LINDA RICHTER
Honorary Professor in Psychology and Distinguished Research Fellow at the Human Sciences Research Council in South Africa.

DR SOO CHURL CHO
Professor, Division of Child and Adolescent Psychiatry, Department of Psychiatry, College of Medicine, Seoul National University, Korea.



MS NOMFUNDA WALAZA
Chief Executive Officer of the Desmond Tutu Peace Centre in Cape Town, South Africa.

PROFESSOR PETRUS J DE VRIES
Sue Struengmann Professor of Child & Adolescent Psychiatry and Director of the Adolescent Health Research Unit at the University of Cape Town.

DR GILLIAN GALEN
Instructor in psychology at Harvard Medical School.

DR MARY MCKAY
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Professor of Clinical Psychology in the Departments of Psychiatry and Sociomedical Sciences at Columbia University and a Co-Director of the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University.

PROFESSOR MARK TOMLINSON
Professor in the Department of Psychology at Stellenbosch University, South Africa.



INSPIRING HOPE FOR THE FUTURE

**THE FIRST HELMUT
REMSCHMIDT RESEARCH
SEMINAR IN AFRICA**

Nkokone Tema & Jibril Abdulmalik

The prestigious Helmut Remschmidt Research Seminar (HRRS) series, in its current International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) form, has been held since 2007 and usually takes place ahead of the IACAPAP World Congress. The 2013 edition took place in the beautiful and serene Mont Fleur Resort, located in the mountains of Stellenbosch, South Africa, between the 8th and the 13th December 2013. It was an excellent appetizer for the 2014 IACAPAP Congress coming up in Durban, South Africa.

This was the first time the seminar was held in Africa and its timing coincided with the passing of South Africa's former president Nelson Mandela, a global icon whose vision was to make South Africa not only a better place for all citizens, but especially for children and young people. A major plank of Madiba's advocacy in his last years was for children's education and rights. We celebrated his life with enthusiasm, confident that the HRRS was also honoring his memory by focusing on the mental health needs of children in the continent.

The theme of the HRRS, "Developing sustainable research in child and adolescent mental health in Africa" could not have been more fitting and it was very much in line with the IACAPAP 2014 conference theme "From research to practice: Global challenges in care". Indeed, the theme embraced the challenges of child and adolescent mental health services in Africa,

ranging from the huge number of young people on the continent (nearly half of the population) and the low priority accorded to young people's mental health needs to the very scarce human and material resources available. Thus, the experience of the mentors and interactions with the participants were focused on developing a culture of sustainable research despite the challenging circumstances.

The week-long seminar was hosted by Professor Petrus de Vries of the University of Cape Town (UCT) Division of Child and Adolescent Psychiatry, and Emeritus Professor Brian Robertson. Dr Mignonne Breier and Professor Robert Morrell of the Research Office assisted in the facilitation of the workshop. The event was arranged together with IACAPAP and funded by the Scientific Association for Child and Adolescent Psychiatry in Berlin and UCT.

Participants

There were sixteen participants selected in a competitive process from a pool of about 60 applications. Participants included psychiatrists and psychologists from nine African countries, spanning East, West and Southern African regions. The participants wasted no time in adopting the affectionate terminology of "big fish" for the mentors, and "small fish" for the participants. The 'small fish' at the HRRS were Aisha Abubakar-Abdullateef (Nigeria), Augustus Quiah (Liberia), Cathrine Abbo (Uganda), Berhanu Nigussie Worku

(Ethiopia), Estella Nuwinamana (Rwanda), Fiona Schulte (South Africa), Inge Wessels (South Africa), Jacqueline Jere-Folotiya (Zambia), Jibril Abdulmalik (Nigeria), Judy Kamau (Kenya), Mashudat Bello-Mojeed (Nigeria), Mmatlala Mabeba (South Africa), Niran Okewole (Nigeria), Nkokone Tema (South Africa), Omba Ndjukendi (Democratic Republic of Congo), and Tolulope Bella-Awusah (Nigeria).

The Mentors (big fish) were Professors Per-Anders Rydelius (Sweden), Helmut Remschmidt (Germany), Andreas Warnke (Germany), Bruno Fallissard (France) and Petrus de Vries (Facilitator, South Africa).

Setting

The setting was arguably one of the most beautiful and serene places in South Africa, the Mont Fleur Conference Centre, Stellenbosch. It provided an idyllic environment for the seminar. The venue was situated miles away from the hustle and bustle of the nearest

city, thus ensuring that it was devoid of distractions. The conference facilities and staff were excellent. Professor de Vries ensured that the program was scientifically productive, ran efficiently and still was fun... an impressive lesson in organizational efficiency. We enjoyed a variety of cuisines, and those who were visiting South Africa, were introduced to traditional South African dishes including a "braai" (barbecue).

Academic activities

The objectives and timetable of the seminar were clearly set out in our program and it was obviously designed to ensure that the HRRS could not be remotely mistaken for a holiday. All the participants gave presentations about their background, work environment, child and adolescent mental health services in their respective countries, and about the research projects they would like to work on during the seminar. This introductory segment set the tone for the

week to follow.

There was a lot to learn, both from the presentations of fellow participants and from the feedback and contributions of the mentors. Candidates were divided into small groups of four and assigned to a mentor. The group selection was determined either on account of the research themes or because of being at similar stage of research progress. Furthermore, we had the additional treat of listening to the mentors presenting on their areas of expertise. This opportunity—to hear the cumulative wisdom and experience garnered over decades of working on the specialty was very inspiring. Dr Breier and Professor Morrell also facilitated a one-day practical session on proposals and abstract writing. Their take home message was "just do it".

Social activities

Our days in the HRRS may be summarized as the 3 Ws. As one of our mentors put it: "work, walk and wine tasting".



From left, back row: M Breier, Judy Kamau, Tolulope Bella-Awusah, Aisha Abubakar-Abdullateef, Omba Ndjukendi, Fiona Schulte, Augustus Quiah, Cathrine Abbo, Inge Wessels, Estella Nuwinamana, Jibril Abdulmalik, Mmatlala Mabeba, Mashudat Bello-Mojeed, Jacqueline Jere-Folotiya, Berhanu Nigussie Worku. Middle row: A Warnke, PA Rydelius, H Remschmidt, P De Vries, B Fallissard, Niran Okewole. Front row: R Morrell, Nkokone Tema. Previous page: the conference centre.

While the schedule was filled with academic activities, the coordinator had also planned activities to look forward to at the end of every busy day. The walks up the mountains were very much appreciated following intense academic sessions, with some of our colleagues, and in particular, a much-admired mentor, demonstrating surprising levels of fitness. The wide experience of our mentors was also evident in the wine tasting competition, which they won with ease. Another activity that was also very useful for unwinding after a hectic day was the outdoor picnic beside a small lake by the mountains.

Participants' feedback

Broad themes that emanated from the feedback session included the power of collaboration. Participants agreed to actively sustain this collaborative network, to explore opportunities for cross country collaboration, and to continue to interface with the mentors.

The candidates were inspired by the modesty of the mentors, highly accomplished in this field. They were able to mingle with ease and interacted with genuine interest and zeal with their junior colleagues. The participants were very appreciative of their willingness to share their experience and to make suggestions on career and research development. They were outstanding role models who conducted themselves in a manner that sets a very high benchmark for the participants and for younger generations of child and adolescent mental health professionals to aspire for.

Conclusion

The 2013 HRRS Seminar was an outstanding success. Participants were encouraged

and inspired to engage in research within their specific contexts that we hope will help to move child and adolescent mental health on the continent forward. We were also assured of continued support from the mentors to develop, implement and to have their work published. A sense of commitment from the mentors was very strong and this was a huge impetus to spur participants to work very hard, confident that support was never far away. In our opinion, the greatest achievement of this seminar was the establishment of hopefully life-long professional relationships between participants on the African continent on the one hand and a mentoring relationship between



participants and mentors on the other hand. As the curtains were drawn on the HRRS, participants were encouraged to submit abstracts for the forthcoming IACAPAP Congress in Durban 2014, and indeed, are contemplating having a reunion meeting during the conference. Participants are deeply grateful to all the mentors and IACAPAP for this life-changing opportunity.

"I am delighted that I was a part of the 2013 HRRS – it provided a unique space in which to reflect, learn, and network! The Seminar enabled me to step out of the silo of my academic discipline and engage with a range of professionals from across Africa working in the field. We also received extremely valuable support and guidance from a group of mentors, all greatly respected experts in their field. This opportunity has got me excited about future collaboration with my new colleagues and friends and ways to get African child and adolescent mental health research increasingly on the map!" (Inge Wessels, South Africa)

"The seminar surpassed my wildest expectations. I was particularly impressed by the organization – from the detail of picking us at the airport, to the warmth of the Mont fleur conference centre which helped me relax, feel at home, and at the same time focus on the task at hand as there was little opportunity for distractions. For me the seminar really embodied the spirit of child and adolescent mental health—that of nurturing the next generation. I returned home full of gratitude, humbled by the experience, and determined to continue to forge ahead to help promote and improve mental health for all children on this wonderful continent." (Tolulope Bella-Awusah, Nigeria)



7th Congress of the Asian Society for Child and Adolescent Psychiatry & Allied Professions and 12th Biennial Conference of the Indian Association for Child and Adolescent Mental Health

New Delhi, India, September 25 - 28, 2013



Child and Adolescent Mental Health is a much neglected field in India. As a nation we have a child and adolescent population of approximately 545 million with at least 10-15% requiring treatment for psychiatric problems at any given time. Yet, only a mere 1% receives any form of treatment. The problem lies not only in lack of awareness and access to treatment but also in the unavailability of trained professionals. We have only 4000 general psychiatrists in the country and their training in child psychiatry is negligible. Trained child psychiatrists number less than a score in the whole country. Child psychiatry, with specialist skills and training, did not exist in India as a separate academic discipline until three years ago while child mental health care to people in remote areas is virtually non-existent. Given this tremendous gap it becomes imperative to find creative strategies to deliver services including training in child psychiatry of general psychiatrists and pediatricians, while the journey towards bridging the gap progresses.



Keeping this in mind, the 7th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) & 12th Biennial Conference of the Indian Association for Child and Adolescent Mental Health (IACAM) was held from the 25th to 28th of September 2013. The Congress was chaired and organized by Dr Savita Malhotra, Professor of Psychiatry and Head, Department of Psychiatry & Drug De-Addiction and Treatment Center at the Post Graduate Institute of Medical Education and Research, Chandigarh, India.

The theme of the conference was *Bridging the Mental Health Gap in Child and Adolescent Psychiatry: Opportunities and Innovations*. It was inaugurated on 25th September by Shri Ghulam Nabi Azad, Honorable Minister of Health & Family Welfare, Government of India. The scientific program started with the presidential address by Professor Pratap Sharan, President, IACAM and Professor of Psychiatry at AIIMS, who highlighted the importance of culture in child psychiatry.

The *Asia Forum Symposium* brought together child psychiatrists from Asian countries who discussed the status of child psychiatry training and services in their respective nations. Some high income countries such as Japan, Korea and Singapore are significantly ahead of India in terms of training and services. Other countries—e.g., Taiwan, Philippines, Malaysia—at a similar level of development have much better training and services. The situation in Malaysia was described by Dr Toh Chin Lee (Psychiatrist and Technical Advisor to the Malaysian Ministry of Health) who highlighted that 19 trained child psychiatrists were available for approximately 9 million children and adolescents. Also the Malaysian National Mental Health Policy had special provisions for the child and adolescent population. The status in the Philippines was discussed by Dr Portia Valles-Luspo who described the inroads made in training over the last two decades; currently 55 trained child psychiatrists are registered in the country. The Indian scenario is dismal

Top: Opening of the ASCAPAP Congress New Delhi 2013. Above: Liu Jing (China) handing over Presidential Medallion to Savita Malhotra (India)

with less than a score of trained child psychiatrists for a population of nearly half a billion children and adolescents. Neighboring countries such as Nepal, Bangladesh and Sri Lanka also lack facilities. India, if successful in developing suitable training and services, could become a beacon of hope to its neighbors and potentially be a training and resource centre for the South East Asian region.

In the meantime, until training and services are developed, it is important to optimize currently available resources. Hence, several sessions aimed to describe the use of innovative and pragmatic strategies to make best use of available resources. In the session on *Low Cost Solutions for Learning Disorders* Dr Malavika Kapur discussed simple modules for reading aloud to the children, pictorial representations and storytelling which have shown some benefit. Innovative approaches to deal with autism in the Indian setting were discussed in a symposium by Dr BS Chavan. Recent issues related to juvenile justice and rights of children were discussed in a symposium led by Dr RK Chadda on behalf of Indian Association of Social Psychiatry. The need to increase the number, and improve the state of juvenile institutions in the country was highlighted. Another topical area related to child sexual abuse, which was discussed with emphasis on the need for prevention and early intervention.

Besides the abovementioned sessions which were more relevant to the Indian scene, the scientific program covered a diverse spectrum of topics. These included learning disorders, autism, child psychopharmacology, parenting and child mental health policy, which were covered through 7 plenary lectures, 12 state-of-the-art lectures, 5 courses, 6 workshops, 30 symposia, 54 free papers and 56 posters. Certificate courses on psychotherapy in children and adolescents; assessment and management of learning disorders; pediatric bipolar disorder; substance use disorders and psychopharmacology were conducted by experts in the respective area. These were well attended and appreciated.

Of the 405 registered participants, 125 were from outside India. There were delegates from 25 countries including Australia, Finland, Germany, UK, USA, Japan, and South Korea among developed countries and Bangladesh, Nepal, Nigeria, Philippines, South Africa, and Thailand among developing countries.

Award sessions of the IACAM were held to encourage research and interventions in child psychiatry. Five Michael Hong Travel Fellowship Awardees—young, promising child psychiatrists—presented their papers and interacted with senior faculty at the congress.

Dr Savita Malhotra was appointed President of ASCAPAP for the coming two years. The Congress provided impetus to the field in the South East Asian region and India in particular. It reviewed the current situation and showed the long, arduous path to be followed if India wishes to meet the needs of her young population.

Savita Malhotra MD, PhD, FAMS

Professor and Head, Dept. of Psychiatry and Drug De-Addiction and Treatment Center, Postgraduate Institute of Medical Education and Research, Chandigarh, India



ASCAPAP Executive Committee 2013-2015

Recommendations

After deliberations and discussion amongst the delegates and with the input of child and adolescent psychiatrists from other countries, the following recommendations were suggested to improve the field of child and adolescent psychiatry in India:

A. Training and Education

1. It is recommended that child and adolescent psychiatry training be included as part of the pediatrics curriculum.
2. Regular CME programs in child and adolescent psychiatry should be conducted for practicing pediatricians to gain exposure to the field.
3. It is recommended that child and adolescent psychiatry training be included as a part of general psychiatry curriculum uniformly across the country.
4. In order to train practicing general psychiatrists, periodic CME programs should be organized to train them in child and adolescent psychiatry.
5. A Doctorate in Medicine program in child and adolescent psychiatry, as currently available in two centers in the country, should be expanded to include more centers.

B. Service Delivery

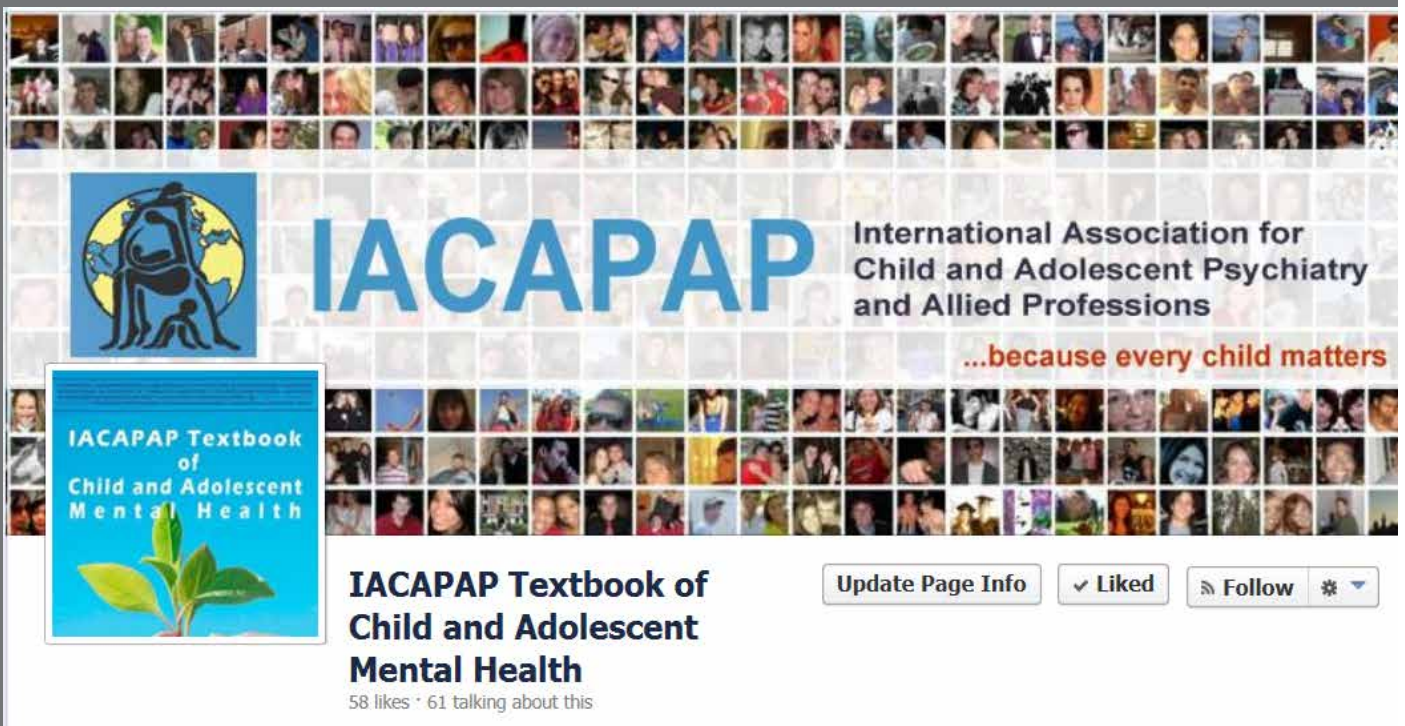
1. Child Psychiatry divisions/ departments should be established within all medical colleges and psychiatry departments and institutes as early as feasible.
2. Outpatient services in child and adolescent psychiatry treatment should be available in all hospitals.
3. Inpatient beds designated specifically for child psychiatry should be available in all hospitals with inpatient facilities for psychiatry.
4. School mental health programs should have wider outreach to train teachers across the country in basic screening for childhood psychiatric and psychological problems to ensure early referral.

C. Policy

1. A child mental health policy should be developed at the national level—an integrated, cohesive document involving health, education, social welfare, social justice and law—to ensure and mandate the development of comprehensive mental health services for all the children and adolescents in the country.

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JAPAN

THREE YEARS SINCE THE GREAT EAST JAPAN EARTHQUAKE



JUNKO YAGI MD, PHD

Almost three years have elapsed since the great East Japan earthquake. In the affected areas, many people are still forced to live in inadequate conditions in temporary accommodation. This is particularly difficult for children who have suddenly lost their familiar way of life and are facing a reality that is changing every day.

Of the three prefectures that suffered serious damage by the massive tsunami, Iwate is located in the northernmost area. Over 5,000 people were killed, more than 1,100 are still missing, and many communities in the coastal areas were destroyed. Many children lost their parents, relatives and loved ones—i.e., in Iwate alone, 94 children became orphans and a further 482 lost one of their parents. The grief following this massive loss has made these children's trauma experience even more complicated.

Some children have become depressed, blaming themselves for the death of loved ones; others are struggling to cope with tragic memories that become more vivid as time passes by. Children who lost parents or relatives whose bodies have not been located find it even more difficult to deal with the loss and trauma.

The massive tsunami left deep scars and it will take a long time for traumatized children to recover. In Iwate, even before the disaster, the lack of child mental health professionals

Top: staff members of the Iwate Child Care Center (ICCC). Right: the huge tsunami which attacked Miyako city. Below: Iwate Prefecture





Over 5,000 people were killed, more than 1,100 are still missing, and many communities in the coastal areas were destroyed.

Many children lost their parents, relatives and loved ones. In Iwate alone, 94 children became orphans and a further 482 lost one of their parents.

was a serious problem despite a high need. Utilizing the relatively low number of professionals and the limited local health resources available, we set up an efficient system for treatment to ensure mental health services for children in the affected area (Miyako, Kamaishi and Ofunato). Child psychiatrists were dispatched from the prefectural capital, Morioka, Tokyo and other areas and the mental health support activities have continued since then.

To maintain this system in the long term—initially thanks to contributions from foreign countries as well as subsidies from the Japanese government—the Child Psychiatry Iwate Child Care Center (ICCC) was established and entrusted to the Iwate Medical University by Iwate Prefecture in May, 2013.

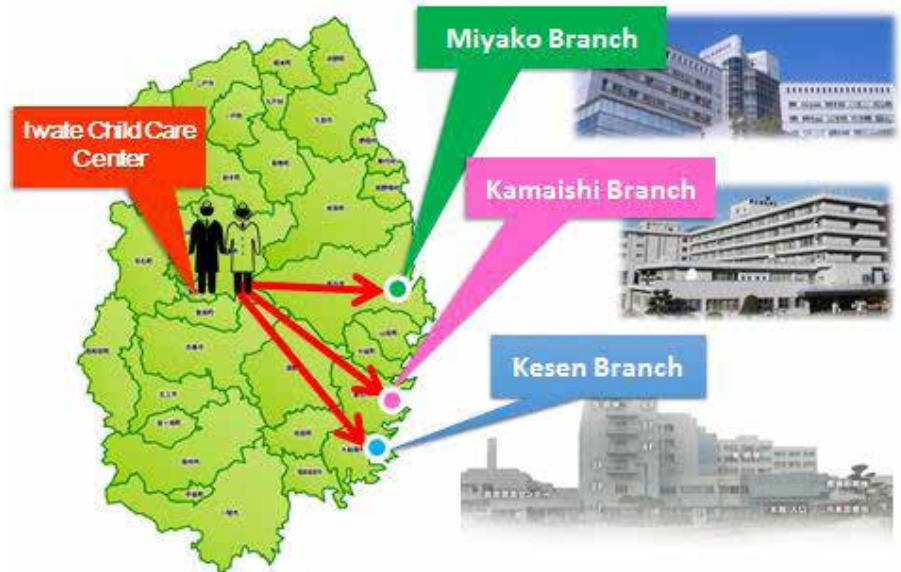
At the ICCC we provide mental health support for children and their parents who had to move inland from the coast. In addition, we focus on the treatment of trauma-related conditions through play therapy and cognitive behavioral therapy—e.g., trauma-focused cognitive behavioral therapy.

ICCC serves as a hub, sending the medical team to provide mental health care in the coastal areas every week. To provide mobile treatment, we installed treatment booths in the three prefectural core general hospitals dotted in the coastal areas. To be aware of the current conditions and needs for care of children all over the prefecture, patient records of the three branches are gathered in a central area of the prefecture. The number of children visiting the ICCC highlights the course of the increase in the number seeking help; mental health care needs still remain high.

Clockwise from top left: the Multimedia Education center of Iwate Medical University where ICCC is located; entrance to ICCC; treatment booths; therapy room for sensory integration with a swing and a trampoline; play space for children in the waiting room; the waiting room



Mobile Treatment System with local branches



At the ICCC in addition to medical treatment we provide training for child mental health professionals, support teachers and childcare workers, who take care of children in the front line, and conduct research activities.

Teachers, childcare workers and volunteers who are looking after these children have often been victims themselves, becoming exhausted as a result of devotedly providing support for the children and in need of mental health care and support also. One of our important roles is to help these professionals.

To achieve our aim of running these support systems smoothly, it is essential to work together with a

variety of professionals in education, child welfare and health; we are making every effort to establish an effective and integrated system for every child in need of mental health services. There is an opportunity to turn the misfortune of the great earthquake disaster, which affected an area already with the very limited medical resources, to develop child mental health services and cooperate with each other.

The ICCC plays a hub role and we hope to accumulate experience to be able to help other areas to deal more effectively with the consequences of the possible next earthquake disaster in Japan.



Clockwise from top: Mobile treatment system of Iwate Child Care Center; mobile treatment team members with local staff at Kamaishi Branch; staff preparing for a play session for children

54 Annual Meeting of the Japanese Society for Child and Adolescent Psychiatry (JSCAP)

Sapporo, October 10-12, 2013.

Takeshi Ujiie MD, PhD



Overview by Professor Toshikazu Saito, president of the meeting

The progress of child and adolescent psychiatry in Japan has been the consequence of boundless effort by clinicians who devote themselves to the support of children with mental health problems and developmental disabilities. The fundamental characteristics at the core of the child and adolescent workforce are care and passion. The theme of the 54th meeting was “*What Are we Looking for to Support Children: the Past, the Present, and the Future*”. In this meeting we looked back over the living environment surrounding children for their healthy growth; we examined the current situation of society and of clinical practice in child and adolescent psychiatry by investigating which previous struggles bore fruit; we discussed how we should improve support for children needing help in the future and make proposals for this.

The entire society needs to care for children for their mental health. However, Japan’s society has changed dramatically. For example, the household—the basis for children’s healthy growth—was supported by the close connection between the regional communities until decades ago. However, in recent years families have become smaller and the proportion of nuclear families keeps rising; in many cases both parents need to go out to work as a result of the decline in the economy. Furthermore, the rapid spread of mobile phones and portable games has diminished opportunities for social interaction. We, as a group of medical professionals working in child mental health, have to understand the transformation of the family style and need to investigate how these changes have impacted on the emotional stability of children.

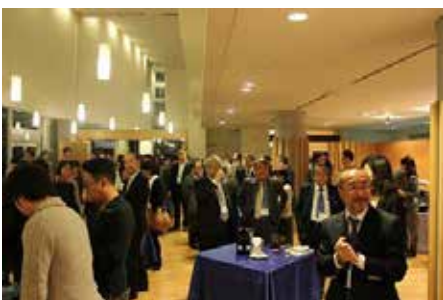
Despite growing social demands and an urgent need to increase the number of clinicians who deal with children’s mental health problems, Japan has been facing a serious shortfall in this domain’s workforce. The annual meeting of the JSCAP is not only an academic assembly but also an opportunity to educate participants. The organizing committee of the 54th meeting designed an attractive program and provided several learning opportunities such as lectures and small-group case discussions. The new challenge of this meeting was an international session in which five distinguished speakers from other countries spoke, allowing participants to learn about the latest research in the field. The success of the meeting was the result of the contribution of all participants. I would like to express my appreciation to all who attended the meeting.

President and vice-president lectures

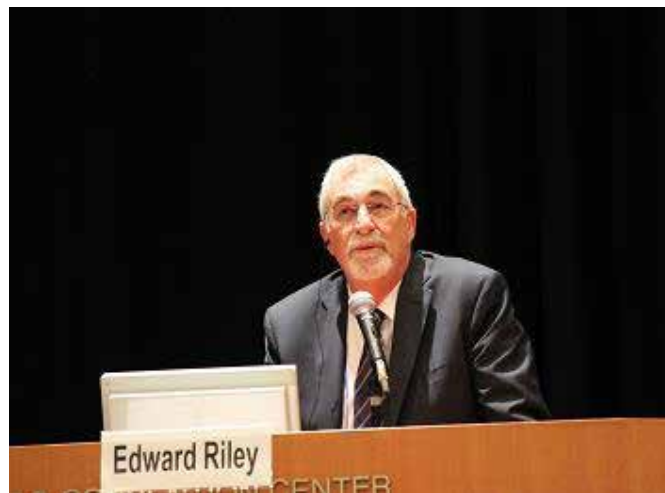
Past and Future of Child and Adolescent Psychiatry in Japan. Professor Toshikazu Saito, president, spoke about issues of new problems among children and adolescents, such as addiction and sexual identity disorder, which were thought to be adult psychiatric problems until recently. He pointed out the necessity to create new specialists and

networks to treat these problems in Japan.

Dr Takeshi Ujiie, vice-president, spoke about his experience about being both a pediatrician and a child and adolescent psychiatrist, emphasizing the need for pediatricians and psychiatrists to cooperate to set up a specialist certification system for child and adolescent psychiatry in Japan.



From top: Professor Saito at the entrance of Sapporo Convention Center; panoramic view during Dr Ujiie’s lecture; welcome reception.



Special lecture by Dr Kazuhiko Saito, president of JASCAP

The special lecture by Dr Kazuhiko Saito dealt with new perspectives in the understanding of the psychological mechanisms of developmental disorders.

Special lectures by invited speakers from abroad

- *Fetal Alcohol Syndrome: It's what's Behind the Face that Matters – The Effects of Parental Alcohol on Development, the Brain and Behavior* by Dr Edward P Riley (San Diego State University, USA).
- *Diagnostic Issues and Treatment of Child and Adolescent Anxiety disorders* by Dr Rachel G. Klein (NYU Child Study Center, USA)
- *Substance Misuse in Young People: Past, Present and Future* by Dr KAH Mirza (Institute of Psychiatry, Kings College, London and South London and Maudsley NHS Trust, UK)
- *Interventions for Mental Health and Wellbeing for Traumatized Children and Adolescents* by Dr Anula Nikapota (Child and adolescent psychiatry,

- Institute of Psychiatry, London, UK)
- *Some Issues on Developmental Disorders Associated With Internet Addiction* by Dr Tae Kyung Lee (Seoul National Hospital, South Korea).

Symposia

12 symposia were held during the meeting. The themes were: how to support for people with developmental disorders, cooperation between the social support system for foster children and child psychiatry; schizophrenia in children and adolescents; understanding and supports for children with ADHD; mental health support for children traumatized in the East Japan earthquake; childhood suicide, and so on.

Oral and poster presentations

During the meeting there were 103 oral presentations, 138 posters and 4 case conferences; a total of 245 papers, the most numerous in these meetings' long history, longer than half century. The most common themes were those related to developmental disorders, such as pervasive developmental disorder (autism spectrum disorders) and ADHD. The presentations showed great diversity from clinical subjects

(case presentations, clinical surveys, psychotherapies etc.) to biological studies, such as event-related potential and near-infrared spectroscopy. Various clinical interventions for children who suffered the devastating earthquake in March 2011 attracted clinicians' attention. Hot debates between speakers and audiences kept going on in the hall of poster presentations even after the question and answer period.

Welcome reception

The welcome reception was held at the Sapporo Convention Center SORA, the venue of the meeting, in the evening of October 11. More than 130 participants attended the reception and enjoyed informal and lively discussion. The dancing performance of the former champion group of YOSAKOI Soran festival, one of the biggest local events in which about 300 dancing teams compete for the prize, livened up the party and entertained the participants. Some of them argued the possibility of multi-center studies on various themes in child and adolescent psychiatry. Many of participants promised to get together at the 2014 meeting.



Clockwise from top left: Professors Saito and Riley during their lectures. Chairpersons of the various activities.

Local Rhythm, Global Beat

Joaquin Fuentes' Golden Drum

Zorionak gure anaiari!

Many of us fancy ourselves global practitioners – it is this worldwide focus that keeps us connected to IACAPAP and its mission. We aspire to achieve a measure of global relevance in child and adolescent mental health. And no matter how modest or fleeting our impact may be, we relish our efforts and persevere against heavy odds. The few who truly make a global mark inspire the rest of us to keep trying.

IACAPAP Vice President Joaquin Fuentes is one of the few. And he has made his mark with compassion, respect, and a vision for a world where all children, especially those with autism and neurodevelopmental disorders, can live fulfilling and productive lives as integral members of their families and communities. It is one thing to think globally; it is quite another to do so while remaining profoundly engaged at a local level.

Joaquin Fuentes is one of those few virtuosos capable of having a profound impact on a global scale through the dedication, efficacy, and creative imagination of his local activities. Born and raised in San Sebastian in the Basque region of Spain, Joaquin has never left the city except for a stint of training in the US -- and for frequent travel to teach, learn, and pursue ambitious work (and golf) goals. He is San Sebastian's go-to child psychiatrist, with a busy general practice

at the Policlínica Gipuzkoa, surrounded by a growing group of students and colleagues he has mentored along the way. For the past thirty years, Joaquin has also been a driving force behind Gautena, the state-funded institution providing lifelong support to persons with autism and their families. Gautena is a model for the world to emulate – as the world has begun to do. As just one telling example, the e-Mintza app, designed under his leadership and hosted at http://fundacionorange.es/emintza_descarga.html, to support communication among non-verbal individuals, is available for free in four languages. In the past two years it has already been downloaded 53,000 times in 107 countries, and operates in Android, iPad, iPad mini, Windows, and MacOS.

But Joaquin's impact has not been limited to the metageographical reach of cyberspace: it has been profoundly geographical and local. Thanks to his tireless efforts, San Sebastian became the host city to the International Meeting for Autism Research (IMFAR) in 2013 – the first time this prestigious scientific meeting was held in continental Europe. Over 1,770 participants from 46 countries visited San Sebastian, leaving a mark on a city that will now be remembered not only as a gastronomical destination but as a scientific contender as well. A unique aspect of IMFAR 2013 was the many San

Sebastian-based activities that preceded and followed the congress - designed to embed the scientific venture into the community so as to promote knowledge about autism and attitudes of inclusion. Not one to rest on his laurels, Joaquin is planning scientific meetings in his beautiful city in 2016 (the annual congress of the Spanish Society of Child and Adolescent Psychiatry, in a joint venture with the American Academy of Child and Adolescent Psychiatry) and in 2018 (EUNETHYDIS International Conference on ADHD). Joaquin's long commitment in San Sebastian and for San Sebastian has not gone unrecognized: On January 20, 2014 he was honored with the *Tambor de Oro* (Golden Drum), the highest award conferred to a citizen by his native city. As we set global goals for child mental health, we should take note of Joaquin's lifelong message, for which he has so aptly been recognized: the breadth of the world begins exactly where you stand. There is a famous saying: think globally, act locally. It is famous enough to have become a cliché. But Joaquin epitomizes that it can also be true and, most importantly, has shown us how to make it a reality. He has created a roadmap for us - one that begins at home. That is something our field above all can appreciate and admire.

¡Felicidades, hermano!

Andrés Martin



Me and my Drum

Joaquin Fuentes, flanked by his son Jon (in white) and honor guard.

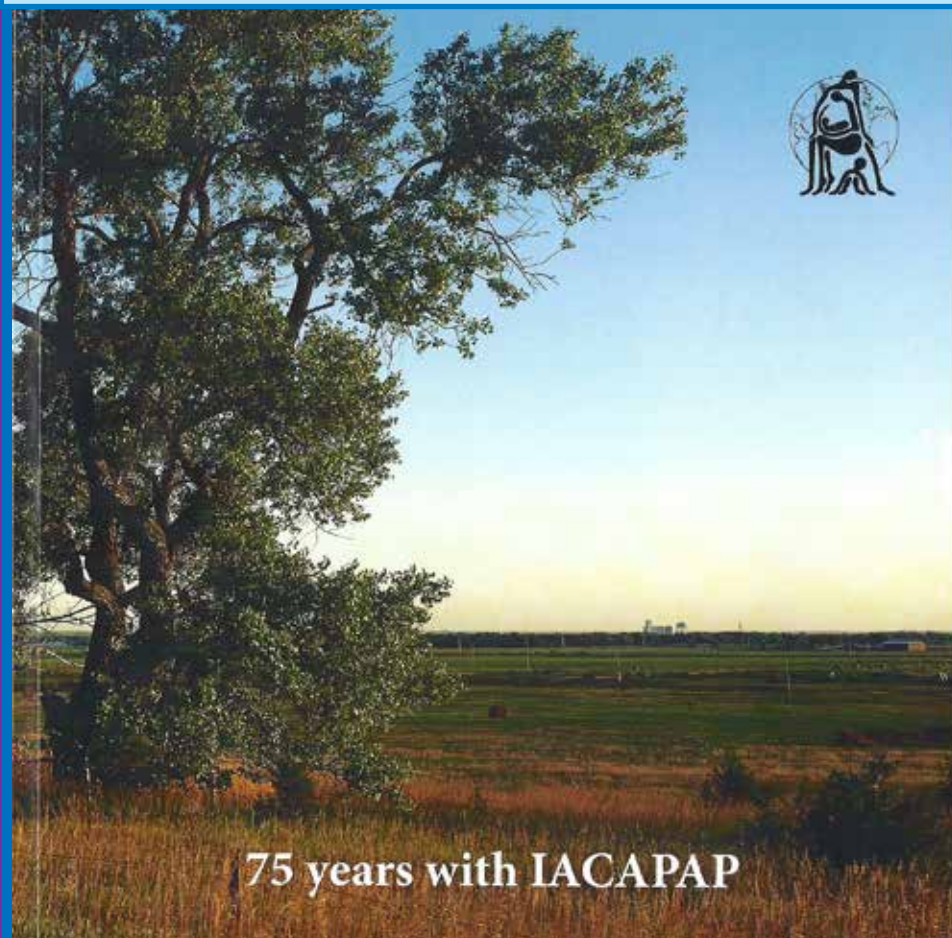
Click on the picture above to watch video clip (in Spanish with subtitles in Basque)

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If not, click on the picture and become a friend of IACAPAP in Facebook to receive the latest:

- International news about child and adolescent mental health
- Research findings
- News about grants, fellowships and conferences
- IACAPAP news.



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

IACAPAP CONGRESS BOOK SERIES

From Research to Practice in Child and Adolescent Mental Health

The next IACAPAP book will be published in 2014, announcing the Durban IACAPAP World Congress

From Research to Practice in Child and Adolescent Mental Health is edited by Jean-Philippe Raynaud (France), Matthew Hodes (United Kingdom) and Susan Shur-Fen Gau (Taiwan). The book comprises ten chapters written by expert researchers and clinicians from around the world, in the tradition of the Congress Monographs of IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions) for over 40 years. The book has been largely shaped to reflect the mental health needs of children and adolescents in low and middle income countries. It also includes chapters on topics based on research and practice in high income countries, which may have global implications.

The first section of the book takes a child and adolescent mental health services perspective—encompassing epidemiology, mental health needs, and selected policy issues. The second section provides summaries of research findings into the mechanisms for problems frequently encountered in child and adolescent psychiatric practice: schizophrenia, mood disorders, and sleep problems. The third and last section is about interventions and practice. It deals with the gap between the needs and resources in relation to child and adolescent mental health in low and middle income countries, and shows how professionals or lay people may be trained to effectively deliver interventions: “task shifting.” For example, interventions to improve psychosocial wellbeing in children affected

by war; multi-modal services for young adults with autistic spectrum disorders; working with children of immigrants, and the use of computer and internet-based programs for the psychological treatment of child and adolescent psychiatric disorders.

This monograph has been produced for the 21st IACAPAP World Congress to be held in Durban, South Africa, in 2014. Of historical significance, this will be the first IACAPAP congress in Africa, taking place at an appropriate time in view of the continent’s burgeoning child population, significant economic growth and the wish in many of its countries to improve their populations’ mental health.

Editors

The book is edited by:

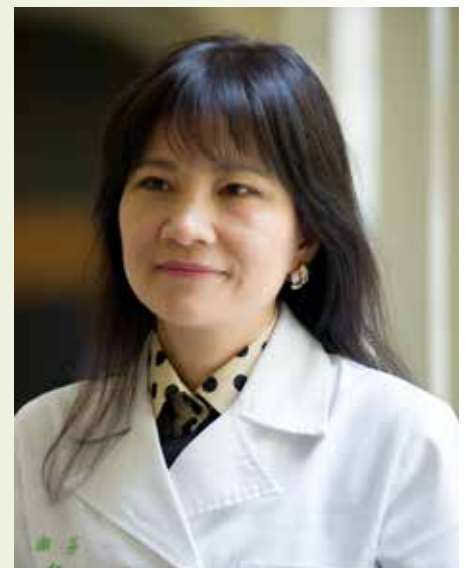
- Jean-Philippe Raynaud, Professor of Child and Adolescent Psychiatry at Toulouse University & Head of Department of Child and Adolescent Psychiatry at Toulouse University Hospital (left).
- Matthew Hodes, Senior Lecturer in Child & Adolescent Psychiatry at Imperial College London & Honorary Consultant in Child & Adolescent Psychiatry in CNWL NHS Foundation Trust (center).
- Susan Shur-Fen Gau, Professor and Chair of Department of Psychiatry at National Taiwan University Hospital and College of Medicine, Head of Children’s

Mental Health Center at National Taiwan University Hospital, and Professor in psychiatry, psychology, epidemiology, occupational therapy, brain and mind sciences, and clinical medicine at National Taiwan University (right)

Contributors include:

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[The volume is published by Rowman & Littlefield Publishers, Inc](#)



IACAPAP CONGRESS BOOK SERIES

Volume	Year	Title	Editors	Publisher
1	1970	The Child in his Family	EJ Anthony & C Koupernik	Wiley
		<i>L'Enfant Dans la Famille</i>		Masson
2	1973	The Impact of Disease and Death	C Koupernik	Wiley
	1974	<i>L'Enfant Devant la Maladie et la Mort</i>		Masson
3	1974	Children at Psychiatric Risk	EJ Anthony, C Chiland & C Koupernik	Wiley
	1980	<i>L'Enfant et Haute Risque Psychiatrique</i>		PUF
4	1978	Vulnerable Children	C Koupernik	Wiley
	1980	<i>L'Enfant Vulnérable</i>		PUF
5	1978	Children and their Parents in a Changing World	EJ Anthony & C Chiland	Wiley
	1984	<i>Parents et Enfants dans un Monde en Changement</i>		PUF
6	1982	Preventive Child Psychiatry in an Age of Transitions	EJ Anthony & C Chiland	Wiley
	1985	<i>Prevention en Psychiatrie de l'Enfant dans un Temps de Transition</i>		PUF
7	1982	Children in Turmoil: Tomorrow's Parents	C Chiland & JG Young	Wiley
	1985	<i>Enfants dans la Tourmente: Parents de Demain</i>		PUF
8	1986	Perilous Development: Child Raising and Identity Formation under Stress	C Chiland & JG Young	Wiley
	1992	<i>Le Developpement en Peril</i>		PUF
9	1992	New Approaches to Infant, Child, Adolescent and Family Mental Health	C Chiland & JG Young	Yale University Press
	1990	<i>Nouvelle Approches de la Santé Mentale de la Naissance a l'Adolescence pour l'Enfant et sa Famille</i>		PUF
10	1990	Why Children Reject School: View from Seven Countries	C Chiland & JG Young	Yale University Press
		<i>Le Refus de l'Ecole: Un Aperçu Transculturel</i>		PUF
11	1994	Children and Violence	C Chiland & JG Young	Jason Aronson
	1998	<i>Les Enfants et la Violence</i>		PUF
LEADERSHIP SERIES (1998 – 2004)				
12	1998	Designing Mental Health Services and Systems for Children and Adolescents: A Shrewd Investment	JG Young & P Ferrari	Brunner/Mezel
13	202	Brain, Culture and Development	JG Young, P Ferrari, S Malhotra, STyano & E Caffo	MacMillan
14	2002	The Infant and the Family in the 21st Century	J Gomes-Pedro, K Nugent, JG Young & TB Brazelton	Brunner-Routledge
15	2004	Facilitating Pathways: Care, Treatment and Prevention in Child and Adolescent Mental Health	H Remschmidt, M Belfer & I Goodyer	Springer
WORKING WITH CHILDREN & ADOLESCENTS SERIES (2006 –)				
16	2006	Working with Children and Adolescents: An Evidence-Based Approach to Risk and Resilience	ME Garralda & M Flament	Jason Aronson
17	2008	Culture and Conflict and Child and Adolescent Mental Health	ME Garralda & JP Raynaud	
18	2010	Increasing Awareness of Child and Adolescent Mental Health		
19	2012	Brain, mind, and developmental psychopathology in childhood		
20	2014	From Research to Practice in Child & Adolescent Mental Health	JP Raynaud, M Hodes & Susan Gau	

TURKEY



ISAPP REGIONAL MEETING IN ANKARA

The International Society for Adolescent Psychiatry and Psychology gathered at a meeting in Ankara on 21-24 November 2013, with the theme 'The adolescent in a Globalizing World'. The meeting brought together colleagues from different parts of the world from New Zealand to the Americas. The format of the meeting consisted of keynote presentations, lectures,

symposia, workshops and case discussions. IACAPAP executives, Helmut Remschmidt, Per Anders Rhydelius and Collette Chilland were among the speakers.

Gender issues, juvenile murderers, child brides, adolescents in Istanbul's protests at Gezi Park and Syria war, mentalization, attachment, borderline conditions, and the effects of globalization

on adolescent development and psychopathology were among the topics presented and discussed. Abstracts selected for the proceedings of the meeting will be published soon as a special issue of the *Journal of Adolescent Psychiatry*.

The next meeting of ISAPP will be organized by the president-elect Lois Flaherty in New York from 26 to 29 March 2015.

WHO

63 Regional Meeting of the European Council

The meeting took place at the Sheraton Hotel, İzmir, Turkey, 16-19 September, 2013. On the 15th of September, they called the representatives of the NGOs for an orientation meeting where the highlights of the *Health 2020* program were presented and the possible areas where NGOs may have a role were discussed. IACAAP was the only mental health NGO represented at the meeting. The same day all NGOs' representatives were invited to video-record their statements to be published online. A brief form of the IACAPAP statement was recorded.

Zsuzsanna Jakab, WHO Regional Director, held a short informal meeting with NGO and other civil society representatives to discuss ways to enable them to contribute more to plenary and regional committee sessions, in addition to their written and video statements available online. NGOs mentioned that they should coordinate their messages prior to the sessions and arrange coordination meetings. Ms Jakab acknowledged the great contribution made by NGOs to health in the European Region and suggested having separate sessions to improve exchange of information between

civil society organizations.

Only representatives of the member states—WHO member countries—had the opportunity to speak in the plenary sessions, but before each session printouts of the statements submitted by the relevant NGOs were displayed on a table at the entrance of the meeting hall, including IACAPAP's statement.

The *European Mental Health Action Plan* is aligned with the *Global Mental Health Action Plan* agreed on the 66th World Health Assembly earlier this year. It was pointed out that promoting mental health and preventing and treating mental disorders are vital to ensure quality of life and well-being. In the European Region almost 20% of the years lost to ill health or premature death are due to neuropsychiatric conditions; the economic crisis exacerbating the challenge of addressing mental ill-health and promoting well-being across the European Region. There is a treatment gap for mental-health services in the Region. The importance of community-based care, a focus on the young and the old, the need for multisectoral collaboration, and the necessity of treating people in a respectful manner were highligh-

ted. The member states adopted the *European Mental Health Action Plan 2013-2020*.

Füsün Çuhadaroğlu



Click on the image above to access the meeting's documents



Click on the image above to view a short video clip about the session

XIX Congress Child Psychiatry Association of Latin America (FLAPIA)

Colonia del Sacramento, Uruguay, November 27-December 1, 2013

Professor Laura Viola



FLAPIA (Federación Latinoamericana de Psiquiatría de la Infancia Adolescencia, Familia y Profesiones Afines) was created in Brazil in 1995 when several child psychiatrists representing most Latin American countries—Argentina, Brazil, Chile, Colombia, Cuba, Mexico, Paraguay, Peru, Uruguay, Venezuela—and Dr Gerald Young from IACAPAP joined to form a multidisciplinary group that could bring together different Latin-American organizations working in health promotion and prevention of mental health problems in children and early detection and treatment of child mental disorders.

FLAPIA is represented in Uruguay by SUPIA and APPIA, organizations that have historically shown interest and commitment in the development of children and adolescents in the context of interactions with their families and society. The presidency of FLAPIA is currently held by Uruguay (Professor Laura Viola); the President-elect is Dr Ana Cristina Mageste from the Brazilian association (ABENEPI).

The V Consensus Conference of the Latin-American League of ADHD was held concurrently with the FLAPIA Congress. President of the Consensus was Dr Juan David Palacios from Colombia. The Latin-American League of ADHD brings together specialists in child psychiatry and child neurology to showcase research and contributions to the knowledge of ADHD in the 21 countries of the Latin American region.

Colonia del Sacramento was declared by UNESCO a world heritage site in 1995. It was established in 1680 and is the gateway to this southern region of Latin America. This small city was the meeting's venue.

The congress had a wide audience of child and adolescents psychiatrists, psychologists and family physicians from several Latin American countries. Professors Gordon Harper from the USA (Treasurer of IACAPAP) and Luis A. Rhode from Brazil (President of the World Federation of ADHD and Vice-President of IACAPAP), Drs Joaquin Fuentes from Spain (Vice-President of IACAPAP) and Alfredo Cia (President of the Latin America Association of Psychiatrists) underlined the strong academic atmosphere of the meeting through their lectures and comments.

Gordon Harper and Luis A. Rhode delivered the Honours Presentations on the topic "Paradigm Changes Brought About by the New Classifications of Mental Diseases" and "Psychiatric Diagnoses In DSM-5: What is New? What Is Next?" respectively—with an active and enthusiastic participation of delegates.

The symposia dealt with the new forms of expression of psychopathology in children and adolescents, one of these being aggression and violence. Several aspects were examined: the violence that some children suffer or witness within the family, violence at school and the media. The distinguished Professor Andacht (Uruguay) gave an excellent lecture about signs of exposure to violence in children, while Dr Alfredo Cia (Argentina) addressed the problem of addiction to the new technologies.

The "clinical perspectives" stream allowed discussion of the new categories within the groups of mood disorders and disruptive behaviour. The disruptive mood dysregulation disorders, chaired by Professor Viola, were examined by Francisco de la Peña (Mexico), Dr Andrea Abadi (Argentina)

and Dr D'Ottone (Uruguay). The challenges in the diagnosis, treatment and genetic research of attention deficit disorders and autism were extensively discussed also.

There was a special interest in exploring the links between psychopathology and physical illness. The Clinical Case Conference, presented by Dr Oscar Sanchez Guerrero (Mexico) on "The Complexity of Treatment Adherence in Diabetic Patients" and by Dr Julio Torales (Paraguay) on psycho-dermatology, are good examples of this.

Several Institutes were held during the conference. Dr Joaquin Fuentes, well known expert on Autism, ran a well-attended Symposium ("Autism update"). Dr Natalia Trenchi, who has written extensively on the topic, talked about the classroom management of children with disruptive disorders, and Professor Nora Rodriguez-Perret led a course on learning disabilities in adolescence. These activities were also open to the wider public, parents and teachers, thus fulfilling FLAPIA's objective of educating the whole population about childhood mental health problems.

It is worth highlighting the large number of psychiatrists in training from Uruguay, Argentina and Paraguay, who participated in the New Research Poster Session. The prize-winning posters were from Paraguay and Uruguay.

This large and robust scientific meeting was enlivened by musical performances of tangos and milongas, which facilitated interaction among participants and enjoyable social exchanges that were appreciated by attendees.

Young Investigators in Child and Adolescent Psychiatry (YICAP)

The YICAP group (formerly known as YIBCAP—Young Investigators in Biological Child and Adolescent Psychiatry) is very active and has organized a workshop on grant and paper writing, taking place in

Berlin on March 13-14, 2014. People interested in attending may find further information on the YICAP-website (click on the banner above). The last meeting of YICAP took place on December 5, 2013 in

Cologne/Germany at the Annual Meeting on Biological Child and Adolescent Psychiatry, which is hosted and organised by Prof Dr G Lehmkuhl (Cologne/Germany).

Achtung ! Kinderseele

New Child and Adolescent Mental Health Foundation in Germany

A foundation, *Achtung! Kinderseele*, has been created recently to promote the importance of mental health of children and adolescents in Germany. The aims of the foundation are to increase

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public awareness of the mental health problems of young people, to reduce common prejudices, and to overcome traditional boundaries related to the perception of mental health in youngsters. The foundation also wants to provide knowledge and expertise in different aspects related to mental health in children and adolescents, and to encourage families to

seek help for their children at early stages to allow timely intervention. The foundation is chaired by Prof Dr G Lehmkuhl (Cologne/Germany); Dr Ursula von der Leyen (German Federal Ministry of Labour and Social Affairs) is the patron. Click on the picture to access the foundation's website.

FD Zepf (Aachen & Jülich/Germany)



Hearfelt awareness of the mental health needs of children, young people and families in this region of the world, knowledge of the few resources available for services, the geographic challenges to delivering services over much extended sea and land areas, questioning about how to improve conditions...these issues drew together the 2013 IACAPAP Pacifica Study Group.

The possibility of an Oceania region study group linked to the 2013 FCAP annual conference was originally suggested by Olayinka Omigbodun (Child and Adolescent Psychiatrist) President of IACAPAP, to Paul Robertson, convener of the FCAP conference and Nick Kowalenko, Chair of FCAP. Paul and Nick liked the idea and developed it with great creativity and energy. Allister Bush (Child and Adolescent Psychiatrist, New Zealand) joined the planning team. This first study group in Oceania would aim to strengthen capacity building in child and adolescent mental health and professional relation-

ships in the South Pacific.

In excited anticipation, delegates gathered in Melbourne from the far-flung island-nations of the South Pacific: Monica Hagali (Child and Adolescent Psychiatrist from Papua New Guinea); Epenesa Olo-Whaanga (a New Zealand Clinical Psychologist); Myrielle Allen (Child and Adolescent Psychiatrist) and Amelia-Jane Andrews (Senior Medical officer) both from Fiji; Dawn Pasina (Paediatrician) and Rangiau Fariu (Psychiatrist) from the Cook Islands; George Leao-Tuitama

(Medical Officer from Samoa); and Toobia Smith (Medical Officer from Kiribati). Other participants included Paul Robertson, Nick Kowalenko, Suzanne Dean (Clinical Psychologist), and Julie Stone (Child and Adolescent Psychiatrist) from Australia and Allister Bush from New Zealand. Olayinka Omigbodun was also a full participant.

FCAP, a member of IACAPAP, was the main sponsor of the Study Group. The Australian Infant, Child, Adolescent and Family Mental Health Association, the other Oceania member of IACAPAP, enthusiastically supported the project. Mental Health for the Young and their Families: Victoria (MHYF VIC), the local advocacy organisation, supported the day-to-day administration. MHYF VIC provided home-stay accommodation in two lovely homes, together with meals, so delegates could live, socialize and dine together during their study group experience. MHYF VIC also arranged travel around Melbourne.

Events took off with a Sunday evening



meal at one of the homes. A spirit of warm companionship was kindled, fostered by the hospitality of a relaxed BBQ in the winter rain (typical Melbourne), accompanied by famous Australian beer and wine. Delegates met each other, mostly for the first time, and met some of their personal hosts, especially Jo Grimwade (Clinical Psychologist, President, MHYF VIC) and Tom Lynch (Barrister, MHYF VIC), known in time as the well-appreciated “House Dads”! Julie Stone, Lillian Tribe, Chris Smale and Celia Godfrey were also great contributors.

We arrived fresh and eager, on the first morning of the Study Group at Mindful—the Victorian Centre for Training and Research in Developmental Health, which generously donated its premises for the two-day program. We then immersed ourselves in the carefully crafted program, which encompassed learning objectives and themes around leadership, service development and training. One by one, participants introduced themselves, their country and highlighted some of the child and adolescent mental health issues in that country.

Olayinka, Australians and New Zealanders heard for the first time about the many mountainous challenges faced by the Pacific islands. The Pacifica delegates provided sophisticated evaluations of needs and how these are, or are not, met. We heard how the young of these nations



face the same mental health problems as the young everywhere, with a strong reliance on the inner or extended family to manage all difficulties. We heard about the legacy of colonization, its benefits as well as its challenges, about an awareness of cultural diversity beyond any given community, and about a deep spiritual commitment binding together individuals and groups. We were often astonished to hear of the problems, especially in Kiribati and the Cook Islands, of having to travel among thousands of islands, and of the consequent ongoing isolation of many communities. The sense of the paucity of services in the South Pacific was strong, and our respect for how our colleagues engaged in services and training against

all odds grew and grew.

Reciprocally, Pacific Island delegates were sometimes surprised about how even wealthy Australia and New Zealand are lacking in adequate CAMH services, and how the mental health of the young is still often seen by the general community as essentially the preserve of the family—especially in indigenous communities in Australia, where, shamefully, services still barely penetrate.

By and large, though, the emphasis of the study group was highly positive. Everyone felt inspired by Olayinka’s account of Nigeria’s situation, which is similar in so many ways to that of the islands of the South Pacific, but involving a much larger



population. We were enthused by her optimism and determination to support programs, especially training programs. This struck a chord with the stance in the South Pacific.

To ground these riveting two days, Allister Bush took the study group participants through familiarization exercises to deepen their understanding. The program of discussions was extended by brief presentations by relevant experts—notably, Chee Ng (Psychiatrist) and Brigid Ryan (Project Officer) from Asia Australia Mental Health, Murray Patton (President, RANZCP) on partnerships, Helen Hermann (Psychiatrist) on WHO links, Campbell Paul (Child and Adolescent Psychiatrist) on working with mothers and infants, Ros Montague (Clinical Psychologist) on training models, and Evan Bichara (Consumer Advocate) on how to use the experience of patients to improve services.

At the conclusion of the two days, delegates made clear that they wanted to continue the communication that participating in the study group had initiated, and the idea of forming an association which could be a member of IACAPAP was sparked by Olayinka. A similar thing had happened in Africa recently.

The South Pacific colleagues were welcomed at the FCAP Conference itself, and scheduled to present the findings of the study group to the Conference as a whole on its last day. The Pacifica delegates held a series of meetings to discuss the possible shape of an association that would serve their particular need for communication, and forged a plan for a way ahead. The study group, its content and its processes were explained and discussed, and its hopes and plans for an Association were shared in a brilliant presentation, chaired by Dawn Pasina, that informed and inspired a plenary session.

The initial warm flames of companionship were fanned into a steady blaze by the study group work, complemented by the social events organised by MHYF VIC and FCAP along the way. A welcome dinner at my home on the first night of the study group meeting itself, a celebration dinner at well-known Italian restaurant, the conference dinner at the Immigration Museum, the farewell dinner at one of the homestay homes, and a video of the impressions of each delegate saw friendships blossom and deepen, as people understood each other better.

The beginnings of a network surely firmed up. Thus the original aim of the study group to foster communication between the island nations was truly fulfilled. And new aims were developed—now being actively pursued. Stay tuned to the Bulletin for the next exciting episode.

ARGENTINA

VIDEOGAMES...FUN?

A few months ago we began to observe that 10, 8 or even 7-year-old children were asking their parents to buy them "GTA 5" or "Call of Duty." Some adults agreed to buy these video games without paying attention to their content, believing they were only another game.

The game's box clearly indicates that it is for people aged over 17 years. This is OK in theory but what happens when 10-year-old children are confronted with a game that allows them to kill, rape or torture with great realism? Where is the boundary? In these games, the person who wins is the one who kills more people—women, children or elderly.

Do adults know the content of these games? Do parents know that their children kill and beat people up or steal as part of the game? Sometimes adults know about their realism and that there is violence in the video game, but children insist again and again, finally overcoming parents' resistance. The child screams and throws tantrums to get the video game. Parents say yes and the child stops. In some cases, parents offer video games to children as an incentive to pass school subjects. Getting a game in this way paradoxically reward expected behaviour with a prize that encourages violence.

In Argentina, parents often delegate child-rearing to schools, which has the responsibility of teaching children school subjects but do not have the obligation of raising children. Parents need to take responsibility for these issues. Parents and professionals ought to discuss and research what happens with these new forms of entertainment, particularly in societies where violence is daily news. Are these games the consequence of the social problems, the cause, or a contributing factor?

Simply banning these games is unlikely to solve the problem because there are ways around it and young people would become even more interested in them. I know this is not a problem in Argentina alone but in many other countries. How are colleagues in other countries dealing with this problem? I would appreciate suggestions.

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21st World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

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