International Association of Child and Adolescent Psychiatry and Allied Professions

IACAPAP

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

Bulletin

No. 25 February, 2010

www.iacapap.org

CONTENTS

IACAPAP Study Group in Abuja, Nigeria 5

President's Column 2

IACAPAP Congress, Beijing 2010 3

The 2nd Helmut Remschmidt Research Seminar 4

Adolescent psychiatrist named 'Australian of the Year' 4

IACAPAP Ambassadors 5

WPA research fellowship award 8

The Bangladesh Association for Child & Adolescent Mental Health 9

2010 Beijing congress book 12

Guidelines on ADHD 13

IACAPAP book series 14

The Department of Child Mental Health in Dohuk (Iraq) 15

Letter from Cape Town 17

From the international literature 19

UK guidance on alcohol and children and young people 21

Member organizations 22

IACAPAP Officers 23

President's Column

Dear all,

During the first decade of the new Millennium the world has suffered a number of natural catastrophes, from hurricanes to earthquakes and tsunamis. Just now we have seen unbelievable destruction in Haiti where an earthquake damaged a whole nation, its people and its infrastructure.

Being a professional working in child mental health one realizes that intensive and strong efforts are needed to support Haiti's young generations. Children who lost their parents or were themselves physically and mentally injured live in a situation with insufficient protection. They are at risk of developing antisocial behavior and criminality, among other problems.

In 2005, following the tsunami in the Indian Ocean, IACAPAP launched the **IACAPAP Statement on Responses to Natural Disasters**, which is published on the IACAPAP website, www.iacapap.org. It states: "Following the aftermath of a man made or natural disaster the way families, communities, nations and citizens of the world respond can have an enormous effect on the psychological well being of children and their families. The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) realizes that the psychological recovery of the affected populations is the responsibility of governments and organizations that coordinate the emergency services.

The basic aim in the aftermath of any disaster is to save lives. In order to accomplish the aim of psychological recovery, the factors that put families and children at greatest psychological risk have to be anticipated well before the advent of a disaster with an integrated plan. The purpose of this document is to outline an approach to such a plan."

From what we have seen in Haiti, it seems even more necessary today than in 2005 for us professionals to advocate for child mental health. We need to convince our governments, regional administrative organizations, the WHO, and the UN to develop an international plan to be put in action immediately when disasters of certain magnitude hit local or regional areas.

The IACAPAP statement says: "In order to execute a proper response after a major disaster, local authorities, in collaboration with the international community, must develop management structures, emergency coordination centers, and core teams, which will ideally include a psychologist, psychiatrist, social worker, psychological counselors, trained nurses, social services, and voluntary personnel, depending on the available resources. National mental health organizational responses must ensure that psychological/psychosocial support goes hand in hand with physical support. It should not be forgotten that the surviving children are normal children who have normal reactions to traumatic events most of the time. Children are both more susceptible to the negative effects of disasters and more resilient in recovering from life threatening disasters."

In Haiti, where the government, the parliament and the police were badly damaged and rendered inoperative, children as well as adults, needed a plan from the international organizations, such as the UN and the WHO, ready for immediate implementation. It is a challenge for all of us to achieve such a goal. When we meet in Beijing in June we will have the opportunity to discuss these matters further and to take initiatives.

Until then, all the best,

Per-Anders Rydelius MD, PhD
President

Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with news, ideas and reports of activities of your association or in your region.

HTTP://IACAPAP2010.ORG/EN/INDEX.ASP

19th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions
The 6th Congress of Asian Society of Child and Adolescent Psychiatry and Allied Professions

June 2-6, 2010 Beijing, China

- Home
- Invitation
- About IACAPAP
- Important Information
- Committees
- Format of Sessions of Congress
- Invited Speakers
- Call for Symposiums, Workshops and Courses
- Abstract Submission
- Donald J. Cohen Fellowship Award
- Registration
- Exhibition and Sponsorship
- Accommodation
- General Information
- Tour
- About Beijing

Home

Key Dates

· Dates	· Deadline for Advanced Registration
June 2 - 6, 2010	May 1, 2010
· Venue	· Conference Language
Beijing, China	English

Keynote speakers

The organizing committee has invited many world-leading experts in the field of child and adolescent psychiatry and allied professions to speak at the congress. The following speakers have agreed. More will be joining in the congress.

- Per-Anders Rydelius (Sweden) Child and adolescent psychiatry: Current status and developmental challenges
- Myron L Belfer (USA) Improving awareness, combating stigma, advocating care and enhancing cooperation: The role of government and professionals.
- Alan Flisher (South Africa) The environment of the child and adolescent to promote mental health
- Charles Zeanah (USA) Brain development and infant psychiatry
- David Schonfeld (USA) The influence of trauma and disaster on the developing brain and psychological function
- Kang-E Michael Hong (Asia) Social and family changes influencing child and adolescent mental health
- Ellen Leibenluft (USA) Brain imaging research in child and adolescent psychiatry
- Laurence Greenhill (USA) Controversy of child and adolescent psychopharmacology
- Scott W. Henggeler(USA) Evidence-based treatments for children and adolescents: Multi-systemic therapy

State of the art lecture speakers

- Andres Martin (USA) Scientific research and clinical practice of child and adolescent psychiatry.
- Luis A Rohde (Brazil) Comorbidity of mental disorders: Identification, diagnosis and treatment.
- John B Sikorski (USA) Forensic and ethical issues in child and adolescent psychiatry
- Wei Tsuen Soong (Asia) Child abuse and mental health
- Boris Birmaher (USA) Bipolar disorder across the life cycle
- Eric Taylor (United Kingdom) Guidelines for the diagnosis, treatment and prevention of ADHD
- James F Leckman (USA) The inner world of Tourette's syndrome
- Thomas Anders (USA) Sleep disorders from infancy through adolescence.
- Daniel Fung (Singapore) Learning disorders: Etiology, neuropsychology, assessment and intervention
- Thomas Achenbach (USA) Assessment in child and adolescent psychiatry
- Joy D. Osofsky (USA) Evidence based crisis intervention for children and adolescents
- Helmut E Remschmidt (Germany) Child mental health services in community settings
- Yi Zheng (Asia) China's "one child policy" and child and adolescent mental health
- Xudong Zhao (Asia) Family therapy and family research in China
- Virginia Wong (Asia) Traditional Chinese medicine and child and adolescent psychiatry

800 abstracts have been submitted to the Beijing Congress. The review process is ongoing and confirmations will soon be sent out. Together with the submitted courses, seminars and workshops, the quality of the abstracts indicate a great program.

The 2nd IACAPAP Helmut Remschmidt Research Seminar

"How to integrate basic and clinical research in child and adolescent psychiatry"

Beijing, February 21 – 26, 2010

The Seminar is organized jointly by IACAPAP, ASCAPAP and CSCAP. The purpose is to inspire young colleagues in the region to engage in research. Faculty includes researchers from China, Taiwan, Singapore, Europe and the USA. Participants are coming from Malaysia, Indonesia, Taiwan, China and Japan.

Program

	Monday, 22	Tuesday, 23	Wednesday, 24	Thursday, 25	Friday, 26
8:30 - 12	• **Introduction** Zheng Yi, Jing Liu (China) • **Treatment evaluation under naturalistic clinical conditions** H. Remschmidt (Germany) • **How to establish research in child and adolescent psychiatry** S. Gau (Taiwan)	• **Ethics in CAP research and the IACAPAP declaration on ethics** A. Warnke (Germany) • **Statistics and measuring treatment outcome** B. Falissard (France)	• **Study design and methodology: How to integrate basic and clinical research** Y. Zheng (China) • **Parental alcoholism and psychiatric disorders in parents: Influences on their children** P-A. Rydelius (Sweden)	• **Research Survival Skills and budgeting** Say How Ong (Singapore) • **Asperger syndrome: New results of research** H. Remschmidt (Germany)	• **Cultural influences on research planning** P-A. Rydelius (Sweden) • **Discussion groups of participants' research plans** • **Feedback to other groups**
14-17	• **Discussion groups of participants' research plans** • **Feedback to other groups**	• **How to write a paper: Writing workshop** M. Belfer (USA)	• **Discussion groups of participants' research plans** • **Feedback to other groups**	Excursion	• **General discussion, evaluation of the seminar and conclusions**

Adolescent Psychiatrist Named 'Australian of the Year'

"He has helped to shape our national approach to mental health intervention, prevention and treatment."

Mr Kevin Rudd, prime minister of Australia, named Patrick McGorry 'Australian of the Year 2010' for raising awareness of youth mental illness. "The incredible influence of his work, the number of young Australians and their families whose lives have been improved, and the value of his contribution to the nation cannot ever fully be measured," Mr Rudd said. "With this award, we recognise that we have in Professor McGorry a leader whose drive, compassion and commitment to understanding and treating youth mental illness has helped to shape not only lives, but our national approach to mental health intervention, prevention and treatment."

Professor McGorry is well known in Australia and internationally for his work on first episode psychosis and the development of youth mental health services. He is the executive director of Orygen Youth Health and a director of the National Youth Mental Health Foundation, which is also known as Headspace.

IACAPAP Ambassadors

Building New Bridges

In the past two years a new means of connecting the member associations of IACAPAP has been created. On the initiative of President Per-Anders Rydelius, a group of "IACAPAP Ambassadors" was chosen, representing, for the most part, developing countries. These include in East Asia: China and Singapore; in Europe: Lithuania, Turkey, and Russia; in Africa: Nigeria and South Africa; and in the Middle East: Iraq. Ambassadors are looking for new ways in their countries to help children face local challenges and new ways to connect member associations for mutual learning and advantage.

Here is a quick overview of some of the activities of the Ambassadors:

- In Turkey, Neşe Erol continues her studies on the assessment and development of institutionalized children, de-institutionalizing and transforming children's services, mental health of the children of institutionalized parents, children in foster care and adoption systems, and advocating on their behalf.
- Olga Rusakovskaya has been working with the Russian judicial system in expanding and professionalizing the assessment of children when parents divorce.
- In Nigeria, with support received from IACAPAP, Olayinka Omigbodun convened a study group of child psychiatrists and others from Africa. The group met just before the World Psychiatric Association regional meeting in Abuja in October 2009 (see article in this issue of the Bulletin).
- Ahmad Abdulbaghi has assessed children with autism in regions of Iraq where there were no services of that kind. He is also helping to expand training in child mental health at all levels (see article in this issue of the Bulletin).
- From South Africa, Brian Robertson has been working as a temporary general physician on St Helena, where he previously worked and developed a mental health support program for the few health providers on the island.
- Dainius Puras from Lithuania wrote a chapter for the IACAPAP 2010 monograph on the development of child mental health services in Eastern and Central Europe and is serving in Geneva as an elected member of the United Nations Committee on the Rights of the Child (see November 2009 issue of the Bulletin).
- In Singapore, Daniel Fung has written (with Cai Yiming) *A Primer of Child and Adolescent Psychiatry* (Singapore's first textbook of child psychiatry) and is currently co-chairing the Beijing Congress.

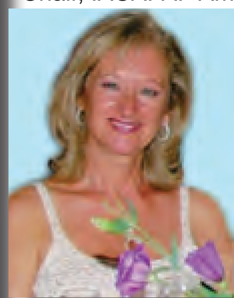
From my point of view, chairing this initiative, this summary illustrates the range of what IACAPAP Ambassadors are doing. In turn, these activities:

- offer hope, as we learn more and more about the challenges children face world-wide (for instance, as spelled out in the IACAPAP Presidential Address at the Melbourne Congress), of what can be done to make a difference;
- remind us that child mental health entails action on both the level of individual children and families and the public health level;
- show us how much we have to learn, together.

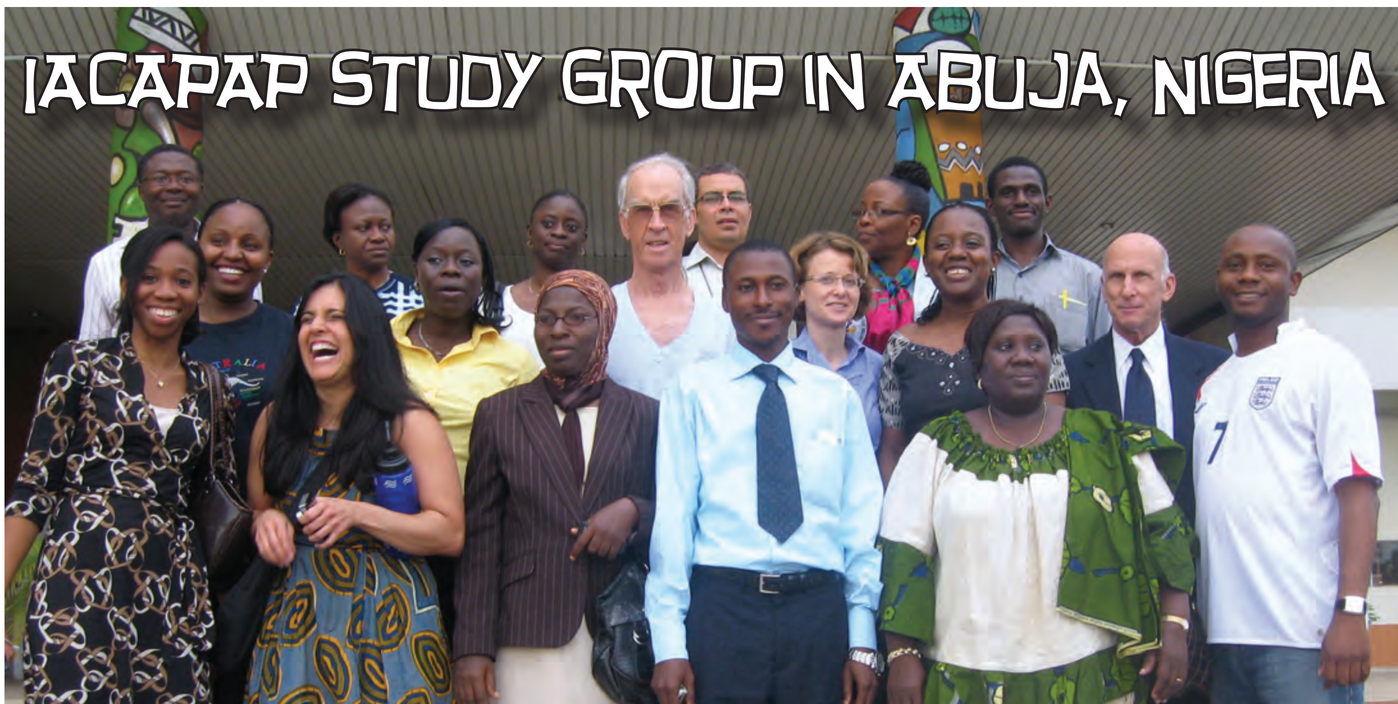
Gordon Harper, MD

Chair, IACAPAP Ambassadors

Clockwise from top left: Gordon Harper, Chair, IACAPAP Ambassadors; view of Jamestown and Half-Tree Hollow, St Helena (South Africa); Neşe Erol (Turkey); Daniel Fung (front row, 3rd from left) with his team in Singapore; Olayinka Omigbodun (Nigeria) and Brian Robertson (South Africa); Dainius Puras (Lithuania).



IACAPAP STUDY GROUP IN ABUJA, NIGERIA



From left, top row: Cornelius Ani (United Kingdom/Nigeria), Emilie Kpadonou (Bénin), Tolulope Bella (Nigeria), Naoufel Gaddour (Tunisia) , Oluwayemi Ogun (Nigeria), Rotimi Adejumo (Nigeria). Middle row: Monique Mucheru (Kenya), Grace Ijarogbe (Nigeria), Brian Robertson (South Africa), Chiara Servili (Eritrea/Italy), Olayinka Omigbodun (Nigeria), Myron Belfer (USA). Front row: Patricia Ibeziako (USA/Nigeria), Sara Salek (USA), Moshudat Bello-Mojeed (Nigeria), Olayinka Atilola (Nigeria), Marguerite Te Bonle (Cote d'Ivoire), Jibril Abdulmalik (Nigeria). Missing from picture: Gregoire Gansou (Bénin), Keith Kirimi (South Africa), Gbadebo Fowobi (USA/Nigeria).

CHILD & ADOLESCENT MENTAL HEALTH IN AFRICA

IS IT REALLY TIME TO DANCE?

As I thought about what to write for the IACAPAP Bulletin, the first thoughts that came to my mind were of the events of the last IACAPAP Study Group that took place from 19th to 21st October, 2009 in Abuja, Nigeria. I spent time reflecting on these experiences and as my mind settled on one very special event, our social evening, a big smile came to my face. After months of worry about whether things would work out, finally, child and adolescent mental health (CAMH) professionals from all over Africa gathered in Abuja. The intensity of the planning had built up in the weeks before the study group was due to start. Although many things seemed to go wrong —such as visas being refused— only one person from faculty had not arrived by the 18th October. The Study Group was due to start the next day.

Naoufel Gaddour (child psychiatrist, Tunisia) was the first to arrive. He settled in, had a quick tour of Abuja and began organising things. The rest of us came in the next day at various times. When I arrived, Naoufel had already met with the hotel staff to find out where things were and had advised on how the meeting room should be arranged. Myron Belfer (professor of psychiatry at Harvard University, Boston, and former president of IACAPAP) arrived the same morning. A happy call from Tolulope Bella (consultant psychiatrist at the University College Hospital in Ibadan, Nigeria) informed me of the arrival to Lagos of Brian Robertson (emeritus professor in child psychiatry at the University of Cape Town, South Africa). They were soon on flights to Abuja. Brian had worked tirelessly to ensure the study group was a reality. Gradually everyone except Keith Kirimi arrived at Abuja's Top Rank Hotel, where the meeting was taking place.

Two days later, to provide some relief from the intense sessions, we went on a bus tour of Abuja. This was arranged by Oluwayemi Ogun (head of the child and adolescent unit at the Yaba Psychiatric Hospital in Lagos). She had been one of the participants at the very first IACAPAP Study Group in Nairobi, and was now a big support to the Abuja Study Group. As we drove back, Keith Kirimi (South Africa), the last participant, was also driven into the hotel. He had missed the first two days because he had been refused a visa. Thanks to the intervention of the World Health Organisation's Nigerian office, his visa was finally granted but this delayed his trip.

Finally, everyone was in Abuja safe and well and we were ready for the social evening. The dance that followed the dinner was an opportunity for me to release months of tension: sleepless nights, emails, tense phone calls, costs… were all danced away. Indeed, it was one

From left: Cornelius Ani, Myron Belfer, Olayinka Omigbodun.

From left: Emilie Kpadonou, Marguerite Te Bonle, Naoufel Gaddour, Gregoire Gansou from Francophone Africa

of the highlights of the Study Group. Each region, country or continent represented danced what seemed like a victory dance for child and adolescent mental health. After a while, the dance had to end because the next day was a full day for training in cognitive behavioural therapy and Cornelius Ani had arrived to facilitate this.

As I reflect back, I wonder whether we should have danced at all. Is the state of child and adolescent mental health in the African continent worth dancing about? I pondered over this and also on what dancing means to us, Africans. Dancing is very important in African cultures. Dance is used both in celebrations and to lament after a calamity, it is used to prepare for war and to celebrate those who return from war, to encourage hard work and to release emotion.

Indeed, there were reasons to dance. The second IACAPAP-sponsored Study Group held in Africa called for celebration as CAMH professionals from different parts of the continent came together again. There were no French-speaking CAMH professionals at the first Study Group in Nairobi. In Abuja, we celebrated the attendance of Marguerite Te Bonle (child psychiatrist and deputy director of training and research at the *Centre Guidance Infantile, Institut National Santé Publique, Abidjan, Cote d'Ivoire*), Emilie Kpadonou (child psychiatrist) and Gregoire Gansou (psychiatrist), both from the *Université d'Abomey- Calavi* (Bénin). They braved the long road journey from the Republic of Benin to Lagos before they were able to fly to Abuja. Their presence was important to the study group and we learned about the situation of CAMH in their countries. Communication across languages was made possible by the talent and hard work of Naoufel Gaddour, fluent in French, Arabic, and English. He sat with the French-speaking participants and translated for them throughout. The successful coming together of French- and English-speaking Africa at the Study Group was a major feat and, I believe, the beginning of something good.

Another reason to dance was the huge success of the CBT training day, attended by several more participants. All gave very positive feedback about the way this training was delivered. The facilitator was an African from the diaspora: Cornelius Ani, originally from Nigeria, he is a consultant in child psychiatrist at Imperial College, London. He came at his own expense to help move CAMH forward in Africa. Another African from the diaspora, Patricia Ibeziako (director, pediatric psychiatry consultation service, Children's Hospital, Boston) had also come out to give a helping hand. Patricia had been part of the Nairobi Study Group and she was here to work with and encourage her colleagues to keep moving on. Fowobi Gbadebo and Sara Salek attended as observers. Fowobi is an African child psychiatrist based in the USA and Sara is an American child psychiatrist (medical director for children's services in Arizona's Department of Health). Both came looking for opportunities to partner with colleagues in Africa and other resource-poor parts of the world to move CAMH forward.

Each session was facilitated by two faculty members. Brian Robertson and Chiara Servili ran a session on family assessment. Chiara Servili (Italian child psychiatrist and neurologist) is presently working with the World Health Organisation in Eritrea, and was a real asset. She also gave a session on early childhood development within maternal and child health services, identifying much needed interventions within primary health care. We are glad she was able to obtain funding to attend. Naoufel and I ran a session on rating scales and semi-structured instruments while Myron Belfer facilitated a session on treatment planning. He emphasised practical ways of overcoming barriers, such as co-locating services with primary health care, community activities, educating key members of the community regarding

The successful coming together of French- and English-speaking Africa at the Study Group was a major feat.

As an observer of the IACAPAP Study Group in Abuja, I had the opportunity of learning about the unique mental health needs of children and adolescents of seven countries in Africa—Benin, Eritrea, Ivory Coast, Kenya, Nigeria, South Africa, and Tunisia. Not only did this experience help me appreciate the individual complexities of each country and their regions, it also helped me understand the mental health needs of children and adolescents in a broader context. From my perspective as a child and adolescent psychiatrist working in the United States, several overarching themes became apparent:

- Public policy specifically addressing child and adolescent mental health (CAMH) creates and sustains system change
- Limited resources, including shortage of specialists in CAMH, are expanded by:
    - Enhancing education and training opportunities for specialists in CAMH
    - Training professionals who work with youth, including teachers and primary care physicians, to identify common childhood mental health conditions and provide appropriate interventions
- An emerging emphasis on psychopharmacology is counterbalanced with the evidence supporting non-pharmacologic approaches
- Empowering youth and their families drives CAMH system improvements

I want to thank Dr. Olayinka Omigbodun for allowing me to participate in the Study Group and furthering my understanding of CAMH from a global perspective.

Sara Salek MD, Phoenix, Arizona

mental health, and use of the media. Alan Flisher (head of the division of child and adolescent psychiatry at the University of Cape Town) sent a presentation on specific CAMHS interventions, including pharmacotherapy. He was unable to attend but we felt his presence as his slides were presented by Brian Roberson.

The various participants highlighted activities of CAMH which call for celebration. Monique Mucheru (Kenya) described the new child and adolescent psychiatry clinic she had started in Nairobi. Oluwayemi Ogun with her team from Lagos, Grace Ijarogbe and Moshudat Abiola Bello-Mojeed, updated us on their new child facility. Although Keith Kirimi arrived late, he was able to make a presentation at the World Psychiatry Association conference which followed the IACAPAP Study Group, where he was one of the speakers at the African Association for Child and Adolescent Mental Health (AACAMH) symposium. Keith is a psychiatrist with the Northern Cape Department of Health (South Africa) and spoke about the expansion of CAMH in this sparsely populated and resource-poor region. Jibril Abdulmalik, based in the extreme North East of Nigeria, did an excellent job coordinating the Nigerian presentation with other speakers such as Olayinka Atilola and Rotimi Adejumo. Rotimi used his artistic skills to design colourful name labels for the tables. The Study Group assistants, Adeyinka and Kehinde, were very helpful and picked everyone up from the airport.

CAMH professionals continued to make their presence felt at the various symposia in the WPA Regional Meeting that followed the Study Group, including the AACAMH symposium —where CAMH activities in four regions of Africa were presented: Naoufel from the North, Keith and Chiara from the South and East respectively and Tolulope Bella, who described a mental health outreach to the juvenile justice system in Ibadan (West Africa).

WPA Research Fellowship Award to Dr Tolulope Bella

Tolulope Theresa Bella (Nigeria) has been awarded a fellowship at the Department of Psychiatry and Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Center (UMPC) by the World Psychiatric Association (WPA). She will receive a subsidy of 30,000€ plus travel expenses. She has committed herself to report to the WPA about the results of her activity and to apply in her country of origin what she has learned.

This is part of a program of research launched by the WPA in collaboration with internationally recognized centers of excellence in psychiatry that funds fellowships for early-career psychiatrists from low or lower-middle income countries. Within this programme, the WPA is funding a research fellowship at the UMPC. Ninety-four applications were received. The selection was made by Professors David Kupfer, Ellen Frank, and Mario Maj. Tolulope Bella, the successful candidate, will spend one year at the UMPC and conduct research in the field of mood disorders.

(Source: http://www.wpanet.org/)

Tolulope Bella was celebrated at the WPA dinner. She has worked hard for several years building CAMH services in Nigeria. Out of 93 applicants from all over the world, Tolulope was selected to go on a one-year WPA-sponsored fellowship to Pittsburgh, to improve her skills in child and adolescent psychiatry. She will be able to give even more to CAMH in Africa when she returns.

Hearing about all these accomplishments you will agree the dance at the social event was justified. CAMH professionals in Africa would like to meet on a regular basis; this appears to keep us active and motivated. Many of us are isolated, working against great odds, which makes regular meetings important. There are opportunities ahead for this, which we need to keep exploring. There is the 19th IACAPAP World Congress in Beijing, the African Association of Psychiatrists and Allied Professions meeting in Khartoum, Sudan, in December, 2010. The Congress of the World Federation for Mental Health in Cape Town, in October, 2011, and the IACAPAP congress in Cape Town in 2014, which seems far but really is just around the corner. Funds are needed to attend all these meetings; we need to keep searching, lobbying, communicating, encouraging each other, and keeping in touch. Let's keep up the rhythm, let's keep dancing in the good times and in the not so good times.

Olayinka Omigbodun

No child health without mental health

The national organization for professional working in the area of child & adolescent mental health

Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

THE BANGLADESH ASSOCIATION FOR CHILD & ADOLESCENT MENTAL HEALTH (BACAMH)

NEW MEMBER OF IACAPAP

Bangladesh lays in the North-Eastern part of South Asia. It has a geographical area of 1, 47,570 square km and a population of about 156 million (2009), of whom 35% are younger than 15 years. The country is ranked in the middle-income group, on World Bank criteria. The economy, which in large part depends on agriculture, is perennially affected by catastrophic floods. Per capita Income was estimated as $1,500 in 2008 and GDP growth rate as ~6%.

Child and Adolescent Mental Health Services in Bangladesh

Bangladesh has a serious lack of child and adolescent mental health professionals and services are extremely inadequate for the actual need. There is only one qualified child psychiatrist and three designated child psychiatrist working in the national health services and one qualified child psychiatrist working privately; child psychiatry is part of general psychiatry and children with psychiatric disorders are treated by adult psychiatrists.

The first specific child psychiatric service was established in 1999 at Bangabandhu Sheikh Mujib Medical University, Dhaka —the only postgraduate medical school. It now provides teaching, training, research and clinical services, both inpatient and outpatient. The department of child, adolescent and family psychiatry of the National Institute of Mental Health, Dhaka, has provided inpatient and outpatient child mental health service since 2001. It also runs a child guidance clinic. A child development center provides services to the children's hospital in the capital, Dhaka.

Welfare Services are chiefly funded by government agencies. For example, the Ministry of Social Welfare has children's homes for abandoned children in different parts of the country. There is only one school for the education of disabled children and one national institute for correctional services, both at Dhaka. The Social Welfare Department runs one prison school for juvenile offenders and four schools for children with learning disabilities in the country.

From left, Professor Md. Golam Rabbani, President of BACAMH, and Professor Pran Gopal Datta, Vice Chancellor, Bangabandhu Sheikh Mujib Medical University, at the opening of the 2nd Annual Conference of the Association, Dhaka, 18-19 November, 2009.

At the non-government level, the Child Development Network delivers services for disabled children nationally and has established a few child development centers in different hospitals and institutions. The Foundation for the Developmentally Disabled and the Bangladesh Association for the Intellectually Disabled run special education and training centers in the mayor cities; there are also some schools for autistic children.

The Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

Professor Mohammad S I Mullick, a child and adolescent psychiatrist, had the initiative of forming a national organization of professionals in child and adolescent psychiatry and allied disciplines, named "Bangladesh Association for Child & Adolescent Mental Health" (BACAMH), which was successfully launched on 17 May, 2008 through a national convention. Professor Mullick was the convener.

BACAMH has become the national organization for professionals working in child and adolescent mental health.

The mission of BACAMH is the promotion of mentally healthy children, adolescents, and families through training, services, research, advocacy, prevention, peer support, and collaboration. The aims of the Association are to:

- Promote the study, treatment, care and prevention of mental disorders and deficiencies in children, adolescents and their families
- Adopt a continuing education model as a means of maintaining competences in child and adolescent mental health professionals
- Promote national and international collaboration among professionals in the fields related to child and adolescent mental health;
- Enhance practice and research in child and adolescent mental health
- Disseminate knowledge to professionals and the public through scientific and educational activities
- Facilitate, advocate for and integrate child and adolescent mental health services
- Promote the mental health of children and adolescents as a foundation for a healthier adulthood and society
- Conduct charitable work.

The role of BACAMH in terms of training, program development and in raising awareness of child and adolescent mental health issues is particularly significant. Immediately after the formation of the Association an action plan was drawn up. Planned activities included: holding an annual conference and a series of continuous professional development activities, seminars, workshops and other scientific endeavors; fellowship programs to encourage outstanding medical students to pursue a career in child and adolescent psychiatry; maintaining a website; publication of the "Bangladesh Journal of Child and Adolescent Mental Health," a BACAMH E-News bulletin, and a variety of books, monographs, brochures, fact sheets, videos, and resource kits.

BACAMH membership has grown from 35 in 1998 to 159 in 2009

Membership

BACAMH started with 35 members, which have grown to 159 currently (26 life fellows, 29 fellows, 101 members, and 3 international fellows). Of these, 102 are psychiatrists, 10 pediatricians, 42 psychologists, two psychiatric social workers, and one each from internal medicine, sociology and social welfare.

Activities and Achievements

The Association has already conducted a series of continuing education programs for child mental health professionals, such as: master classes on hyperactivity, oppositional/conduct problems, and pediatric psychopharmacology; seminars on autism spectrum disorders; orientation sessions about child and adolescent psychiatry in medical schools; workshops on integration and cooperation among child & adolescent mental health agencies; parenting and family education programs; awareness programs on the electronic media etc. The Association also lobbied policy makers to create posts for child and adolescent mental health professionals in the National Health Service system and to adopt training programs for the education of professionals in this field.

Two annual conferences and general meetings have been successfully completed. Both provided an excellent learning platform for child and adolescent mental health professionals through the participating of distinguished speakers from abroad and presentations by local speakers. The 3rd Annual conference will be held in 24-25 November, 2010 in Dhaka.

Thirteen delegates attended the 5th Congress of the Asian Society for Child & Adolescent Psychiatry and Allied Professions (ASCAPAP) in Singapore. The Association formally became a member of ASCAPAP and Professor Mullick, Seretary General of BACAMH was elected to the executive committee. This has culminated with the Association recently been awarded full membership of IACAPAP. Professor Mullick also attended the annual conference of the Association for Child and Adolescent Mental Health of UK, and the 56th annual meeting of the American Academy of Child & Adolescent Psychiatry. The Association is one of the sponsors of the WPA Regional Meeting 2010 in Dhaka.

The main achievement of BACAMH has been bringing child mental health professionals under an umbrella and working together. These professionals are now motivated and united in Bangladesh, and they are recognized as an influential group.

The future

Apart from continuing with the publication of the Association's journal and maintaining the successful website, BACAMH plans to increase the number of orientation seminars on child and adolescent psychiatry in medical colleges, run more programs to train trainers and boost professional development activities. A module for training school teachers on child and adolescent mental health issues is being developed. There are plans to formalize collaboration and exchange programs about training and research with fellow organizations —already initiated— and to strengthen links with international and regional organizations. We are also trying to ensure a good participation by our members to the forthcoming IACAPAP and ASCAPAP Beijing Conference.

Mohammad S I Mullick

Delegates at the 2nd Annual Conference of the BACAMH, Dhaka, 18-19 November, 2009.

THE BANGLADESH ASSOCIATION FOR CHILD & ADOLESCENT MENTAL HEALTH

EXECUTIVE COUNCIL

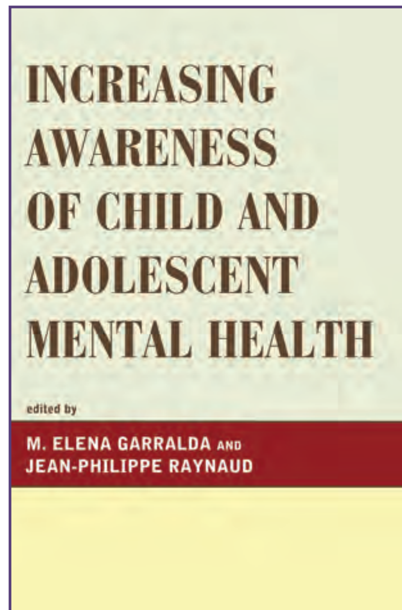
President:	Professor Md Golam Rabbani
President Elect:	Dr. Shamim Matin Chowdhury
Secretary General:	Professor Mohammad S I Mullick
Treasurer:	Professor Jhunu Shamun Nahar
Joint Secretaries General:	Dr. Faruq Alam & Kamal U A Chowdhury
Academic Secretary:	Professor Md. Shah Alam
Councilors:	Professor Syed Kamaluddin Ahmed Professor Waziul Alam Chowdhury Professor Md. Mizanur Rahman Dr. M A Mottalib Dr. Mohd. Abdul Wahab Dr. M M A Salahuddin Qusar Dr. Sultana Algin Dr. Mohammad Shafiqul Kabir Jewel
Ex-officio Member:	Professor Md Abdus Sobhan

KEY CONTACTS AND FURTHER INFORMATION

- BACAMH website: www.bacamh.org
- Professor Md. Golam Rabbani. Email: bap@agni.com
- Dr.Shamim Matin Chowdhury. Email:allabj@dhaka.net
- Professor Mohammad S I Mullick. Email: msimullick@gmail.com
- Professor Jhunu Shamsun Nahar. Email: jsnahar@gmail.com
- BACAMH Office. Email: bacamh @ gmail.com

IACAPAP 2010 BEIJING CONGRESS BOOK

"Honouring an illustrious IACAPAP Congress tradition, the 2010 World IACAPAP Congress in Beijing-China, will see the publication of a new congress book. As book editors, we are delighted to have attracted excellent empirically-based contributions from worldwide experts under the general theme of the Congress."



The book addresses first epidemiological aspects of child and adolescent mental health, service use and the influence of social changes; secondly individual disorders as they present in different countries, and finally specific interventions and service developments.

Influences on Child and Adolescent Mental Health

It has long been documented that the majority of children with psychiatric disorders do not access specialist mental health care. Kapil Sayal and Tamsin Ford dissect existing data on pathways to service use in the USA and Europe. Children with psychiatric disorders are in contact with a variety of non-specialist services including schools, social services, primary and secondary paediatric care. This raises the issue of how best to increase recognition and provide help in these settings as well as the importance of family and referrer attitudes for referral to specialist mental health services.

Western nuclear families are becoming increasingly complex. Rossana Bisceglia and colleagues review critically the evidence on consequences for child mental health. Whilst living with two natural parents is optimal for child adjustment, the effects of other parental combinations vary greatly depending on a number of factors, for example the number of transitions experienced by the child, personality characteristics and overall quality of care. A different phenomenon is discussed by Yi Zheng: China hosts almost one quarter of the world's population and from the 1970s has been seeking to control growth through the one-child policy: its rationale, demographic, economic and psychosocial consequences are outlined, as are parenting interventions put into place to counteract any possible adverse effects.

The speed of industrialization and globalization in the last half century is unprecedented. In his chapter, Cornelio Banaag documents both positive and negative related changes for children and their families in the Philippines and Indonesia. At the same time, the ease of travel and communication across countries together with disparities in humanitarian and economic status underlies the increase in asylum seeking refugees. Schuyler Henderson and colleagues argue that whereas the clinical goals of psychosocial interventions are to help these children, families, and communities restore the world of childhood, they also have to navigate the politically, socially and psychologically dangerous waters that go with being a 'refugee'. They make the case for a narrative approach to include stories of development, resilience, vulnerability, trauma, parenting, schooling, and the future.

Individual Disorders

Changes in society's attitudes and customs can influence the presentation of mental health problems. Guilherme Polanczyk and colleagues discuss the boundaries of the attention-deficit/hyperactivity disorder (ADHD) diagnosis, with a special focus on four aspects: culture, the dimensional versus categorical approach to diagnosis, and the overlap with conduct and with bipolar disorder. Sadaaki Shirataki and Kazu Kobayashi describe striking changes over the past few decades in the problems referred to child and adolescent psychiatrists in Japan. Some, for example the increase in developmental disorders, are mirrored in other countries, but the marked shift from internalizing to externalizing problems,

For recent IACAPAP Congress Books (Editors: Garralda ME, Raynaud JP, Flament M) see http://rowmanlittlefield.com/Catalog/

may be specific to Japan. The authors reflect on the influence of changes in attitudes in Japanese society, whereby a strong previous emphasis on tight families and responsible social attitudes has been superseded by a focus on self- interest and fulfilment.

'Is there an autistic epidemic?' On the basis of a thorough and critical literature review Mandy Steiman and colleagues conclude that there is not enough supportive evidence for an epidemic. Nevertheless they caution that to fully assess whether or not the incidence has increased, factors that account for variability in rates must be more tightly controlled. The review highlights changes in diagnostic practices which may be partly driven by educational administrative imperatives, since being given a diagnosis of autism can open the way to educational help. The final disorder addressed is post traumatic stress disorder: drawing on a literature review and their own experience, Charlotte Allenou and colleagues highlight the fact that mothers coping with severe trauma in their children may themselves be suffering from post traumatic symptoms: this is highly relevant for clinicians' understanding of interactions in these vulnerable families.

Treatment and Services

Pediatric liaison services have been developing in fits and starts. Maryland Pao describes pediatric psychosomatic medicine as practiced in the USA and Asia. She discusses the importance of reducing stigma, the provision of mental health education and training to providers, and research on children's disorders and treatments which takes into account development levels and culture. The striking increase of interest in autism has gone alongside a mushrooming of therapeutic techniques. Virginia Wong and Vanessa Chu provide an interesting outline of the use of traditional Chinese medicine, more specifically acupuncture, and the promising results arising out of their empirical trials in children with autism.

In the final chapters Dainius Puras and Robertas Povilaitis provide an overview of contextual factors related to child and adolescent mental health service provision and prevention programs in Central and Eastern Europe: much has been achieved but there remain challenges and obstacles. The book closes with Jean-Yves Hayez's discussion of promotion of child and adolescent mental health and summary of the history of child and adolescent psychiatry.

We believe this book represents an excellent update for clinicians and others interested in increasing awareness of child and adolescent mental health problems and of ways of meeting the needs of affected children and young people.

Elena Garralda and Jean-Philippe Raynaud (Book editors).

Australian Guidelines on ADHD

The Royal Australasian College of Physicians (RACP) and the Australian National Health and Medical Research Council (NHMRC) made available in November 2009 the updated draft "Australian Guidelines on Attention Deficit Hyperactivity Disorder (ADHD)" and other useful information to assist parents and medical professionals to recognise and appropriately treat ADHD. The Guidelines and related documents can be downloaded free of charge from
http://www.nhmrc.gov.au/publications/synopses/adhd_draft.htm

Non-pharmacological approaches to treating children and adolescents with ADHD are recommended as the first line of treatment. David Forbes, Chair of the RACP's Guidelines Working Group, said a multimodal approach is recommended. "What's important is that it is likely fewer children will be prescribed medication, and that more children will have school and home based programs that assist their parents in managing their symptoms," he said.

The Council of the NHMRC will formally consider the draft Guidelines after an alleged conflict of interest investigation into a US-based researcher is completed. Whilst the work of this researcher is referenced in the Guidelines, the researcher has not been involved in any way in the production of the Guidelines. The CEO of the NHMRC, Warwick Anderson, said the NHMRC will continue to closely monitor the progress of the US investigation. "We will remain in contact with those conducting the investigation in the United States. As soon as the outcome of the investigation is known, we will determine its significance or potential impact on the draft Guidelines," said Professor Anderson.

Other ADHD guidelines available free of charge
(year of publication in parenthesis)

American Academy of Child and Adolescent Psychiatry (2007):
Practice parameter for the assessment and treatment of children and adolescents with attention-deficit/ hyperactivity disorder.
http://www.aacap.org/galleries/PracticeParameters/JAACAP_ADHD_2007.pdf

National Institute for Health and Clinical Excellence, NICE (UK) (2008):
Attention deficit hyperactivity disorder (ADHD): quick reference guide:
http://guidance.nice.org.uk/CG72/QuickRefGuide/pdf/English

Attention deficit hyperactivity disorder (ADHD): full guideline:
http://guidance.nice.org.uk/CG72/Guidance/pdf/English

Granada
3 Congreso Nacional TDAH
Trastorno por déficit de atención con o sin hiperactividad
AMPACHICO
f.e.a.a. DAH
ADHD Europe
"Creciendo con el TDAH: adolescentes y adultos"
Palacio de Congresos
Del 22 al 24 de abril de 2010
Information and registration:
http://www.congresosgestac.es/
http://www.ampachico.es/
http://www.feaadah.org/

IACAPAP BOOK SERIES

Volume	Year	Title	Editors	Publisher
1	1970	The Child in his Family	E.J. Anthony & C. Koupernik	Wiley
		L'Enfant Dans la Famille		Masson
2	1973	The Impact of Disease and Death		Wiley
	1974	*L'Enfant Devant la Maladie et la Mort*		Masson
3	1974	Children at Psychiatric Risk	E.J. Anthony, C. Chiland & C. Koupernik	Wiley
	1980	*L'Enfant et Haute Risque Psychiatrique*		PUF
4	1978	Vulnerable Children		Wiley
	1980	*L'Enfant Vulnerable*		PUF
5	1978	Children and their Parents in a Changing World	E.J. Anthony & C. Chiland	Wiley
	1984	*Parents et Enfants dans un Monde en Chamgement*		PUF
6	1982	Preventive Child Psychiatry in an Age of Transitions		Wiley
	1985	*Prevention en Psychiatrie de l'Enfant dans un Temps de Transition*		PUF
7	1982	Children in Turmoil: Tomorrow's Parents		Wiley
	1985	*Enfants dans la Tourmente: Parents de Demain*		PUF
8	1986	Perilous Development: Child Raising and Identity Formation under Stress		Wiley
	1992	*Le Developpement en Peril*		PUF
9	1992	New Approaches to Infant, Child, Adolescent and Family Mental Health	C. Chiland & J.G. Young	Yale University Press
	1990	*Nouvelle Approches de la Santé Mentale de la Naissance a l'Adolescence pour l'Enfant et sa Famille*		PUF
10	1990	Why Children Reject School: View from Seven Countries		Yale University Press
		Le Refus de l'Ecole: Un Aperçu Transculturel		PUF
11	1994	Children and Violence		Jason Aronson
	1998	*Les Enfants et la Violence*		PUF
LEADERSHIP SERIES (1998 – 2004)				
12	1998	Designing Mental Health Services and Systems for Children and Adolescents: A Shrewd Investment	J.G. Young & P. Ferrari	Brunner/Mezel
13	202	Brain, Culture and Development	J.G. Young, P. Ferrari, S. Malhotra, S.Tyano & E. Caffo	MacMillan
14	2002	The Infant and the Family in the 21st Century	J. Gomes-Pedro, K. Nugent, J.G. Young & T.B. Brazelton	Brunner-Rout-ledge
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	M. E. Garralda & M. Flament	Jason Aronson
17	2008	Culture and Conflict and Child and Adolescent Mental Health	M.E. Garralda & J.P. Reynaud	
18	2010	Increasing Awareness of Child and Adolescent Mental Health		

Source: Kari Schleimer

CHILD MENTAL HEALTH

بشكا ساخلميا دەروونی یا بچویکا
كوليژا پزيشكی - زانكويا دهوكێ

THE DEPARTMENT OF CHILD MENTAL HEALTH IN DOHUK (IRAQ)

Abdulbaghi Ahmad, MD, PhD

IACAPAP Ambassador
Assisting Professor and Founding Director,
Department of Child Mental Health
College of Medicine, University of Duhok,
Kurdistan Region – Iraq
Associate Professor, Department of Neuroscience, Child and Adolescent Psychiatry
Uppsala University, Sweden

E-mail: abdulbaghi.ahmad@neuro.uu.se

For the first time in the Middle East a special academic unit for child mental health has been established at the College of Medicine, University of Dohuk, Kurdistan region of Iraq, as a first step to make child and adolescent psychiatry a separate medical specialty. The support of and links with Sweden's Uppsala University is one of the reason for its success.

The department of child and adolescent psychiatry at Uppsala University (Sweden) was involved from the beginning in the attempt to set up a child and adolescent psychiatry centre in Iraqi Kurdistan. The first project (named HAWAR) was initiated in the city of Dohuk on 29 July 1992 as a collaboration between the department of pediatrics of Dohuk General Hospital and Uppsala University. In 1998, a joint initiative by the department of child and adolescent psychiatry at Uppsala University, and the College of Medicine at the University of Dohuk was launched. Funded by the Swedish International Development Agency, a research project was conducted on childhood trauma and mental health in Dohuk between1998 and 2001 (see box). These efforts finally led to the inauguration of the Department of Child Mental Health (DCMH) at the College of Medicine, University of Dohuk on 20 September 2001.

The main function of the DCMH is to build competence in child mental health in the Kurdistan region and to prepare for the introduction in Iraq of child and adolescent psychiatry as a separate medical specialty. The DCMH is part of the College of Medicine and shares with pediatrics the final medical students' examination. An advisory board consisting of international and local experts supports the director of DCMH, with staff being trained by the Swedish partners. Education takes place at three levels: postgraduate, undergraduate and community-based.

Postgraduate education program

A two-year program provides specialist competence in child mental health. Two pediatric residents are accepted in the program every year, five have finished their studies and one is currently in the way. The program has been adjusted to meet the local requirements to obtain a higher degree —equivalent to a master's. This degree has not yet been recognized by Uppsala University due to differences in the education system of the two universities. We opted to follow the Kurdistan

Psychological problems among Iraqi children attracted international attention for the first time during the Mass-Escape Tragedy (MET) in the Kurdistan region of Iraq in the aftermath of the first Gulf war 1991. These initial studies were followed by further assessments of child mental health problems in the Kurdistan region of Iraq, as part of a doctoral thesis published at Sweden's Uppsala University 1999 [1].

As with all man-made disasters, children were the main victims in the MET. During interviews in the refugee camps on the border between Iraq and Turkey, children reported many psychological symptoms two months after the catastrophe. However, the severity of the symptoms declined two months later, once children returned with their families to their home region under United Nations protection [2]. Strong family ties and cultural duties/responsibilities within the family were highlighted among the protective factors. Conversely, an urban up-bringing and paternal absence during the MET were vulnerability factors.

These and other studies indicated that child mental health problems were very prevalent among children in the Kurdistan region of Iraq. Although these studies were designed to identify trauma-related mental health problems among children, several studies during the 2000s increased awareness of child mental health problems in Iraqi Kurdistan and generated interest in the creation of child mental health services in the region.

References

1. Ahmad A. (1999) Childhood trauma and posttraumatic stress disorder, a developmental and cross-cultural approach. Acta Universitatis Upsaliensis. Comprehensive Summaries of Uppsala Dissertations from the Faculty of Medicine: Uppsala.

2. Ahmad A. (1992) Symptoms of post-traumatic stress disorder among displaced Kurdish children in Iraq; victims of a man-made disaster after the Gulf war. Nordic Journal of Psychiatry. 46(5), 315-19.

Figure. Location of the temporary camps on the Iraqi-Turkish border during the Mass-Escape Tragedy in Iraqi Kurdistan, 1991.

Left; boy in a camp cutting wood: performing the functions of a man in the family. Below: girl holding a sibling to assist her mother in taking care of the children.

system because students are likely to continue working in Kurdistan once they obtain their degree. However, syllabus, teaching methods, and examinations are consistent with the quality and standards of Uppsala University. The requirements to enter the program are a bachelor in medicine/surgery (MBChB) and at least one year of pediatric residency. The two full-time years are split into a theoretical and a clinical component, ending with the defense of a thesis. Recent thesis' topics have included: enuresis and its psychosocial correlates; positive reinforcement instead of corporal punishment at schools; psychopathology in street children; maltreatment and its correlates; a care model to help children transition from institutionalization to non-institutional life.

Undergraduate education

Similarly to what was happening (this has recently changed) at Uppsala University, all fifth-year medical students at the University of Dohuk must complete a course in child and adolescent psychiatry.

Community-based education

Community education aims to provide training and education in child mental health to parents and professionals working with children. For this purpose, the local authorities have appointed representatives to participate in regular meetings of the DCHM. Special courses have been organized to upskill teachers in the psychosocial care of pupils. Trainers' training and parent effectiveness training courses are among the most popular. Representatives from the directorate of social services and the directorate of education regularly attend these meetings, raise questions and highlight needs observed first-hand. The aspiration is to increase substantially the participation of primary health care providers.

Public awareness of child mental health needs and problems is rapidly increasing in Kurdistan as a result of the growing number of education programs at all levels. Media campaigns —TV and radio programs, seminars— have played an important role in this respect. Parallel to this, parents and professionals working with children are increasingly seeking help from the region's small number of trained experts in.

When the Metin Health House for maternal and child mental health was opened in Duhok in November 2008, the first international meeting was held to extend child mental health services from Duhok to other parts of Iraq. Representatives from several countries participated in addition to those from Kurdistan and other parts of Iraq.

AMBASSADOR OF IACAPAP

In autumn of 2009 I was appointed IACAPAP's Ambassador in Kurdistan and Iraq. Following this, several activities have taken place.

The "First Iraq Symposium on Child Mental Health," organized by the directorate of health in Duhok on the 15th and 16th of October. Key personnel from the central government of Iraq and the Kurdistan regional government discussed the situation of child mental health and how to improve child mental health services. Teaching child mental health at university level, integrating child mental health services in primary care, and the role of psychologists in child mental health were among the topics discussed. A five-member committee was elected to collate the suggestions and present them to the regional Kurdistan authorities and to the central government in Baghdad.

I participated as a co-chair and lecturer at the "First Mesopotamia Health Days" in Diyarbakir, Turkey (22 – 24 October 2009). The situation of children was highlighted, particularly those incarcerated. I also delivered a 2-day workshop on "Research and Sustainability in Child Protection" as a part of an education program in collaboration with the Mental Health Centre in Duhok (7 – 11 November 2009).

THE WAY AHEAD

Research data, delivery of treatment services and evaluation methods in developed societies such as Sweden can not be easily transferred to developing countries, as our experience has shown. Much has to be adjusted to the local conditions. Research methodology did assist in ensuring that every step of development was adapted to meet the local needs. On the one hand, the local authorities have a myriad of problems to deal with and different priorities. On the other hand, all imported knowledge had to go through the local bureaucracy, deal with corrupt practices and passed through the sieved of local traditions.

Although child mental health services in general and child and adolescent psychiatry in particular were totally lacking in the region, the developments described appear to have met the needs of the people. Indeed, public opinion proved receptive and responsive to these initiatives. Most of the resistance, and there was much to be overcome, was due to fear of the new; also because change in Iraq has traditionally come from the top of the hierarchy rather than from the people. The challenge now is how to convince central authorities in Iraq to incorporate and expand the experiences from Duhok.

Proposals have been made to the local and central authorities seeking support regarding paramedical staff, assistance in educating teachers to take care of the psychosocial needs of children at school, provision of remedial school services for children with special needs, assistance in building an integrated mental health centre in Duhok that offers clinical services for children and adults, assistance in building a system for maternal and child mental health etc.

Learning from experiences abroad seems not only possible but also essential to build a modern society in Iraq. The experience in establishing child mental health at the College of Medicine, University of Dohuk, is encouraging and shows that international collaborations can work.

Making the preliminary arrangements for my first (ever!) trip to Africa, I naïvely made reference to my interest of pursuing a summer research project. I was quickly corrected: my grandiose plans of a summer research project were scheduled to take place right smack in the middle of a South African winter. Although 10° (Celsius, of course) and rainy was as bad as it got, this detail was only the first of many preconceptions abruptly transformed by an incredible 11-week stay in a completely foreign, but strangely familiar place: Cape Town, South Africa.

To be honest, research was not in the forefront of my mind in my first few hours which consisted instead of arriving in the middle of the night, remembering to stay on the left hand side of the road, forgetting to pick up some South African currency (the Rand), and remaining hyper-vigilant as a result of warnings about safety from many of my stateside colleagues. Somewhere in that whirlwind of an arrival, the “I am halfway across the world in a completely new place” thought set in… although I must admit that the exact moment of that revelation was lost somewhere in the downpour of everything new.

Through my wonderfully supportive mentor, Dr. Andrés Martin, Director of Yale’s Children's Psychiatric Inpatient Service, I was introduced to an equally supportive Dr. Alan Flisher, Director of the Division of Child and Adolescent Psychiatry at the University of Cape Town. Dr. Flisher and I met through a series of emails and international telephone calls, and he agreed to host me as a visiting student working on my own project within one of his larger research projects.

My work began immediately, and the morning after my midnight arrival, I found myself at one of my study sites. Dr. Flisher and his team are piloting a novel school-based intervention targeting Cape Town eighth graders. The intervention, called “Respect4U,” addresses issues of gender, power, relationships, sexual decision-making, and violence in different contexts. Based on a model developed by Dr. Flisher for the cultural ideologies leading to the manifestations of intimate partner violence, the intervention seeks to change cultural norms and behavior related to a male-dominated hierarchy. “Respect4U” also conveys effective communication tools in an effort to reduce violence as a form of conflict resolution. Dr. Flisher and his team were piloting this novel program at three different Cape Townian secondary schools. These schools were “demographically selected,” and upon arrival at each, I immediately understood what that meant.

I was astonished by the differences in resources and mentalities at each of the three schools. While all schools were public, the discrepancies were haunting. I was overwhelmed by the stark inequity between one school with a beautiful courtyard complete with a fountain and marble tiling, and another surrounded by rusting barbed wire, where opening and closing the windows was the only remote form of climate control.

Although I arrived in the middle of a South African academic winter break,

Grade 8 students taking part in the pilot phase of the Respect4U intervention, at a secondary school in Masiphumelele, a township right outside of Cape Town

I was still able to make real progress on my small part of the “Respect4U” intervention. I interviewed teachers at all of the pilot schools, focusing on two aspects of the intervention: its content and its context. Using qualitative data collection and analysis, I was able to present the team with an overall picture of how the intervention was perceived from the school’s side. Generally, the teachers were perfectly satisfied with the intervention’s subject matter. Teachers recognized a need to address these issues within the eighth grade population. Only one teacher raised the concern that perhaps these kids (aged 12-15) were too young to be learning about violence and relationships. The teachers were a bit less enthusiastic in expressing support of the intervention’s context (the way in which it was delivered and administered). Teachers generally felt concerned that they were not teaching the material themselves, and often felt completely excluded from the whole process. Also, teachers seemed slightly resentful of the small scale of the project. While this was an inherent aspect of the pilot phase, many teachers expressed concern that “Respect4U” was ineffective because it impacted such a limited population of students. While these teachers provided incredibly useful information, it didn’t take much for them to get sidetracked, forgetting about the intervention for a second. They made sure to remind me that as an American, I had a lot to learn about the children that occupy South African classroom.

While taking this all in, I also had my fair share of learning to do outside of the eighth grade intervention classrooms. One of the most tangible actualities came by way of a very personal issue to me: race. I knew from the beginning that I was embarking on a journey into a land with an extremely recent, racially-charged history, and I brought a bit of my own racial “baggage” with me. As a half black/half white American on a new continent, I was both overwhelmed and ecstatic to be surrounded by so many equally racially ambiguous people… and they even had their own racial classification: Coloured! While my skin color allowed me to enjoy the benefits of not sticking out like a foreign sore thumb, I was surprised to see such tangible remnants of a dark past on a daily basis. Whether it was the disparity of people walking around with people of different colors, or the ironic juxtaposition of the poorest living only a few kilometers from the richest, I was continually reminded of what color my skin was and how that directly related to the way I perceived all and was perceived by all.

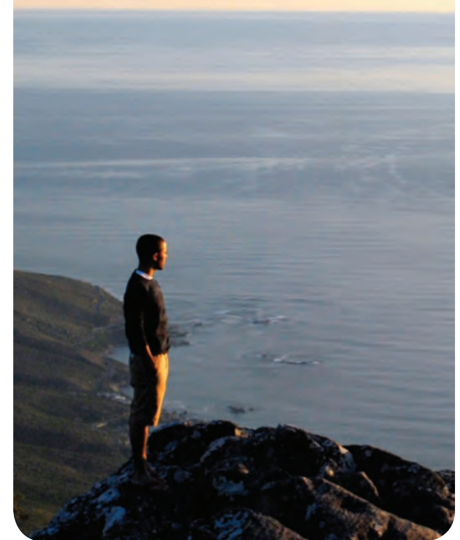
This hyper-awareness extended beyond my personal experience as I began to notice the parallels between race and the disparities I saw in the resources at all of our “demographically selected” schools. It made me happy that we were reaching out to youth of all backgrounds, but also left me confused and disconcerted by the corporeal pervasiveness of social stratification.

Apart from a unique and novel perspective of race, my experience as a second year medical student abroad was rich, overwhelming, and rewarding. It was both incredible and incredibly intimidating to attend lectures with South African medical students. While I sought refuge in the similarities and our ability to approach medicine from comparable scientific backgrounds, the topics of some discussions – including cultural circumcision and corporal punishment (that inflicted by teachers upon students) – reminded me of the vast cultural wall separating us. The tangible existence of this proverbial wall charged me with a personal goal of breaking it down with hopes of completely immersing myself in South African culture. Through some things as simple as grocery shopping and others as complex as charged conversations regarding race, politics, and tradition, that cultural wall gradually became surmountable. A combination of scientific examination through my research project and less-than-scientific exploration through my personal experiences led me to face South Africa as both a medical student and as a person (not supposing that the two are mutually exclusive).

With this intervention, Dr. Flisher and his team face a daunting but noble challenge of cutting through these glaring lines of disparity and addressing South African youth on these transcendent and relevant issues. What a phenomenal, international, eye-opening, once in a lifetime summer! My only regret is that I was not able to stay longer and assist the “Respect4U” team in the next, scaled-up phase of implementing the intervention. As a first-time foreigner in Cape Town all the way from the Yale Child Study Center, I found myself in a completely strange but also strangely recognizable world, and I took back with me much more than the results of my winter research project.

Julius Oatts

Yale School of Medicine


Looking out over the Atlantic Ocean from the top of Table Mountain

12th World Congress
of the World Association for Infant Mental Health
WORLD ASSOCIATION FOR INFANT MENTAL HEALTH
SECOND ANNOUNCEMENT
“INFANCY IN TIMES OF TRANSITION”
JOHANN SEBASTIAN BACH
June 29 – July 3, 2010
Leipzig, Germany
www.waimh-leipzig2010.org

The first WAIMH congress to be held in Germany, in Leipzig, is nearing with the central theme of “Infancy in Times of Transition.” One of the plenaries will be given by Louise Emanuel with the title “Observation, reflection and containment: A psychoanalytic approach to clinical work with parents, infants and young children.”

Louise Emanuel (MPsychPsych) is a consultant child psychotherapist in the Child and Family Department of the Tavistock Clinic, London. She is head of Under Fives Services and convenor of the Infant Mental Health Workshop, a training forum for developing the Tavistock model of brief, psychoanalytically based interventions with parents, infants and young children. She is course organiser of the MA in Infant Mental Health and teaches of the Tavistock Clinical Training in Child and Adolescent Psychotherapy. She has lectured in Europe, Australia, North and South America, Israel and South Africa. She wrote the book: “Understanding Your Three-Year-Old,” and co-edited: “What Can the Matter Be? – Therapeutic Interventions with Parents, Infants, and Young Children”.

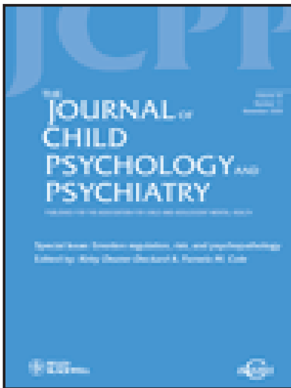
The Congress fee includes four official congress days, and the precongress day on June 28th. You can also use the public transport system of the City of Leipzig during the congress conveniently without additional cost. For taking you to Leipzig, Lufthansa offers reduced price for flight tickets.

We look forward to seeing you in Leipzig!

Antoine Guedeney, President of WAIMH
Neil Boris, Chair Program Committee
Kai von Klitzing, Chair Local Organizing Committee

FROM THE INTERNATIONAL LITERATURE

Parenting Program Substantially Reduces Antisocial Behaviour in 6 Year Olds



The aim of this trial was to modify four risk factors of early-onset antisocial behaviour that predict poor outcome: ineffective parenting, conduct problems, ADHD symptoms, and low reading ability.

This randomised controlled trial was carried out in eight schools in London, England. In which parents of 112 6-year-old children with high antisocial behaviour scores were randomised to parenting groups held in school or control; 109 were followed up a year later. The intervention lasted 28 weeks and was novel as it had components to address both child behaviour (through the Incredible Years programme) and child literacy (through a new 'SPOKES' programme to help parents read with their children). The researchers emphasised fidelity of implementation by careful training of therapists and weekly supervision. Controls received an information helpline. Assessment of conduct problems was by parent interview, parenting by direct observation and child reading by psychometric testing.

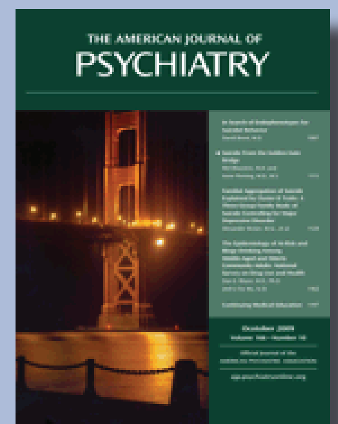
Compared to control children, whose behaviour didn't change, intervention children's conduct problems reduced by half a standard deviation, dropping from the 80th to the 61st percentile; oppositional-defiant disorder symptoms halved from 60% to 31%; ADHD symptoms reduced significantly, and reading age improved by six months. Teacher-rated behaviour didn't change. The programme cost £2,380 ($3,800) per child.

There is a need for cost-effective population-based interventions to tackle early-onset antisocial behaviour. As this is determined by many factors, it would seem logical to devise interventions that address several influences while using an efficient means of delivery. This intervention appears to meet both requisites and suggest that effective population-based early intervention to improve the functioning of children with antisocial behaviour is practically feasible.

- Scott S et al. Randomised controlled trial of parent groups for child antisocial behaviour targeting multiple risk factors: the SPOKES project. *Journal of Child Psychology and Psychiatry* 2110; 51:48-57.

Depressed Adolescents Maintain Gains from Long-Term Treatment

The Treatment for Adolescents With Depression Study (TADS) researchers have recently reported the long-term (36 weeks) outcomes of youth with major depressive disorder who had been treated with combined fluoxetine and cognitive-behavioral therapy (CBT), fluoxetine alone, or CBT alone for 36 weeks. After the study-related treatments ended, the clinical benefits the subjects achieved during active treatment were retained similarly across all treatment groups.



The finding that most adolescent patients with depression maintained their clinical response after 36 weeks of active treatment is inconsistent with previous epidemiological and threatment studies showing relapse rates of 25% to 50% after children and adolescents recovered from a depressive episode. The high rate of sustained response and low rate of relapse seen in TADS patients is encouraging, but the reason for this favorable outcome is yet to be understood.

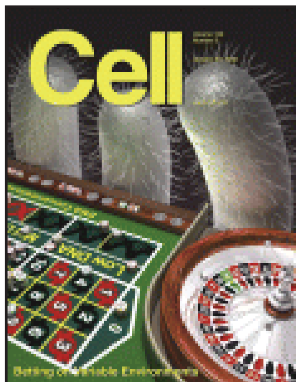
Another finding was that adolescents were two times more likely to show suicidal ideation or behaviors if they were treated with fluoxetine only than if they received CBT only or a combination of both. In fact, CBT appeared to have a protective effect on suicidality, since the rate of suicidal ideation or behaviors was significantly higher in the fluoxetine-only group, but similar between the CBT-only and combination therapy groups.

- Treatment for Adolescents with Depression Study (TADS) Team. The Treatment for Adolescents with Depression Study (TADS): Outcomes over 1 year of naturalistic follow-up. *American Journal of Psychiatry* 2009; 166:141-1149.

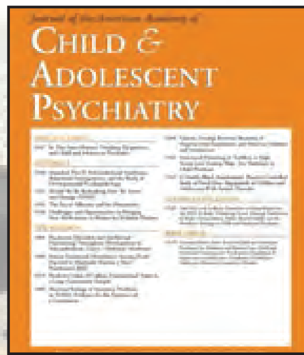
Epilepsy Drug Interferes with Synapse Formation in Children

Whether psychotropic drugs influence —positively or negatively— the development of neurons or synapses has been an ongoing concern. Yet, very little evidence of this has emerged so far. A recent study found that gabapentin, a drug used in the treatment of epilepsy and neuropathic pain, inhibits the formation of excitatory synapses. This finding raise concerns that gabapentin, by inhibiting the formation of new synapses, may affect normal brain development in children if they are exposed to the drug in utero or during early life, periods of rapid neuronal and synaptic growth.

Another study recently published in the *New England Journal of Medicine* warned of long-term detrimental effects of valproate, another antiepileptic drug, on the cognitive development of children who were exposed to the drug in utero as measured by their IQ scores at the age of 3 years. This finding supports a recommendation that valproate not be used as a first-choice drug in women of childbearing potential.



- Eroglu C. et al. Gabapentin receptor α2δ-1 is a neuronal thrombospondin receptor responsible for excitatory CNS synaptogenesis. *Cell* 2009;139: 380-392.
- Meador KJ et al. Cognitive function at 3 years of age after fetal exposure to antiepileptic drugs. *The New England Journal of Medicine* 2009; 360:1597-1605.



Study Fails to Provide Support for the Long-Term Advantage of Medication Treatment Beyond Two Years for the Majority of Children with ADHD

Researchers in the Multisite Multimodal Treatment Study of Children With Attention-Deficit/Hyperactivity Disorder (MTA) study have published the results of the long-term effects—6 and 8 years after childhood enrolment—to test whether ADHD symptom trajectory through 3 years predicts outcome in subsequent years; and to examine functioning level of the MTA adolescents relative to their non-ADHD peers (local normative comparison group).

At 6 and 8 years after enrolment in the trial, the originally randomized treatment groups did not differ significantly on repeated measures or newly analyzed variables (e.g., grades earned in school, arrests, psychiatric hospitalizations, other clinically relevant outcomes). Medication use decreased by 62% after the 14-month controlled trial stage, but adjusting for this did not change the results. ADHD symptom trajectory in the first 3 years predicted 55% of the outcomes. However, the MTA participants fared worse than the local normative comparison group on almost all the variables tested.

The authors concluded that ype or intensity of 14 months of treatment for ADHD in childhood (at age 7.0-9.9 years) does not predict functioning 6 to 8 years later. Rather, early ADHD symptom trajectory regardless of treatment type is prognostic. This finding implies that children with behavioral and sociodemographic advantage, with the best response to any treatment, will have the best long-term prognosis. As a group, however, despite initial symptom improvement during treatment —that is largely maintained after treatment— children with combined-type ADHD exhibit significant impairment in adolescence.

This trial, one of the few long-term studies of ADHD available, generated considerable interest and disagreements in the interpretation of the results. For example, the authors commented that "Data fail to provide support for long-term advantage of medication treatment beyond 2 years for the majority of children… Decisions about starting, continuing, and stopping medication may have to be made on an individualized basis, avoiding untested assumptions about continuing benefit and using periodic trial discontinuations to check for need and benefit." While in the letters section of the November issue of the same journal, Banaschewski and a group of European child psychiatrists state: "We do not think that it is possible to distinguish rigorously between these possible interpretations. Accordingly, there is no case for advising patients that medication should only be short term, nor that behavior therapy is not worth the effort, nor that intensive and expensive therapy should be continued indefinitely. Pliszka, on his part, highlights that Psychiatry is not alone in having treatments that are highly effective in the short-term but do not seem to alter the underlying disease process.

- Molina, BSG et al (the MTA Cooperative Group). The MTA at 8 Years: Prospective Follow-up of Children Treated for Combined-Type ADHD in a Multisite Study. *Journal of American Academy of Child & Adolescent Psychiatry* 2009; 48:484-500.
- Banaschewski T et al and Pliszka, S. The MTA at 8. *Journal of the American Academy of Child & Adolescent Psychiatry* 2009; 48:1120-1121.

Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with news, ideas and reports of activities of your association or in your region.

"Across England, half a million children between the ages of 11 and 15 years will have been drunk in the past four weeks"

England's Chief Medical Officer publishes final guidance on alcohol and children and young people

The guidance and related documents are available free of charge at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110258

"Across England, half a million children between the ages of 11 and 15 years will have been drunk in the past four weeks" said Sir Liam Donaldson, the Chief Medical Officer for England. He also stated "The science is clear. Drinking particularly at a young age, a lack of parental supervision, exposing children to drink-fuelled events and failing to engage with them as they grow up are the root causes from which our country's serious alcohol problem has developed."

Alcohol use by children and youth is a major concern for parents. They want more information to support them in talking to their children about alcohol and helping them to grow up as responsible drinkers.

The final five-point guidance advises:

- An alcohol-free childhood is the healthiest and best option —if children drink alcohol, it shouldn't be before they reach 15 years old;
- If young people aged 15 - 17 years old drink alcohol, it should always be with the guidance of a parent or carer or in a supervised environment;
- Parents and young people should be aware that drinking, even at age 15 or older, can be hazardous to health and not drinking is the healthiest option for young people. If children aged 15 - 17 drink alcohol they should do so infrequently and certainly on no more than one day a week. They should never drink more than the adult daily limits recommended;
- The importance of parental influences on children's alcohol use should be communicated to parents, carers and professionals. Parents and carers need advice on how to respond to alcohol use and misuse by children; and
- Support services must be available for children and young people who have alcohol-related problems and their parents.

MEMBER ORGANIZATIONS

Full members

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicologia de la Infancia y la Adolescencia (ASAPPIA)
- Asociación de Psiquiatría y Psicopatológica de la Infancia y la Adolescencia, Uruguay (APPIA)
- Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)
- Asociación Mexicana de Psiquiatría Infantil AC (AMPI)
- Association for Child and Adolescent Mental Health, United Kingdom (ACAMH)
- Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS)
- Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)
- Bangladesh Association For Child & Adolescent Mental Health (BACAMH)
- Bulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)
- Canadian Academy of Child and Adolescent Psychiatry (CACAP)
- Child Mental Health Association of Egypt
- Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA)
- Chinese Association for Child Mental Health (CACMH)
- Chinese Society of Child and Adolescent Psychiatry (CSCAP)
- Croatian Society of Child and Adolescent Psychiatry (CROSIPAP)
- Czech Association of Child and Adolescent Psychiatry
- Danish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)
- Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie
- Dutch Association of Psychiatry – Department of Child and Adolescent Psychiatry
- Estonian Child and Adolescent Psychiatry Section of the Estonian Psychiatric Association
- Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Finnish Society for Child and Adolescent Psychiatry
- Flemish Association of Child and Adolescent Psychiatry
- Hellenic Society of Child and Adolescent Psychiatry (HSCAP)
- Hungarian Association for Paediatric Neurology and Child and Adolescent Psychiatry
- Icelandic Association for Child and Adolescent Psychiatry
- Indian Association for Child and Adolescent Mental Health
- Iranian Academy of Child and Adolescent Psychiatry (IACAP)
- Iraqi Association for Child Mental Health (IACMH)
- Israel Society of Child and Adolescent Psychiatry
- Japanese Society of Child and Adolescent Psychiatry
- Korean Academy of Child and Adolescent Psychiatry (KACAP)
- Latvian Association for Child and Adolescent Psychiatry (LACAP)
- Lithuanian Society of Child and Adolescent Psychiatry
- Norwegian Association for Child and Adolescent Psychiatric Institutions
- Österreichische Gesellschaft für Kinder- und Jugendneuropsychiatrie
- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
- Romanian Society of Neurology and Psychiatry for Children and Adolescents (SNPCAR)
- Russian Association for Child Psychiatrists and Psychologists (ACPP)
- Slovenian Association for Child and Adolescent Psychiatry
- Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (SEPYPNA)
- Sociedad Mexicana de Paidopsiquiatría y Profesiones Afines AC
- Sociedad Uruguaya de Psiquiatría de la Infancia y de la Adolescencia (SUPIA)
- Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)
- Société Belge Francophone de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associées
- Société Française de Psychiatrie de l'Enfant et de l'Adolescent & Disciplines Associées (SFPEADA)
- South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP)
- Swedish Association for Child and Adolescent Psychiatry
- Swiss Society for Child and Adolescent Psychiatry and Psychotherapy (SSCAPP)
- Turkish Association of Child and Adolescent Mental Health

Affiliated organizations

- Asociación Mexicana para la Práctica, Investigación y Enseñanza del Psicoanálisis, AC (AMPIEP)
- Association for Child Psychoanalysis, USA
- KCHAMHA, Kosovo
- Romanian Association for Child and Adolescent Psychiatry and Allied Professions (RACAPAP)
- Section of Child and Adolescent Psychiatry - Slovak Psychiatric Society
- Taiwanese Society of Child and Adolescent Psychiatry

IACAPAP OFFICERS

www.iacapap.org

President

Per-Anders Rydelius MD, PhD
Professor of Child and Adolescent Psychiatry
Astrid Lindgren Children's Hospital
SE-171 76 Stockholm, Sweden
per-anders.rydelius@ki.se

Secretary General

Luis A. Rohde MD, MSc, DSc
Child and Adolescent Psychiatric Division, Department of Psychiatry, Federal University of Rio Grande do Sul
Rua Ramiro Barcelos 2350
Porto Alegre, RS, Brazil, 95035-003
Lrohde@terra.com.br

Treasurer

John B. Sikorski MD
The Children's Center at Langley Porter Department of Psychiatry
350 Parnassus Ave, Suite 309
San Francisco, CA 94117, USA
john.sikorski@ucsf.edu

Past President

Myron L. Belfer MD, MPA
Professor of Psychiatry
Harvard Medical School
Department of Social Medicine
641 Huntington Ave, 2nd floor
Boston, MA 02115, USA
Myron_Belfer@hms.harvard.edu

Permanent Secretariat and Archivist

Kari Schleimer MD, PhD
Mellanvångsvägen 45
SE-223 55 Lund
kari.schleimer@comhem.se

Honorary Presidents

E. James Anthony MD (USA)
Vqanthony@aacap.org

Myron L. Belfer MD, MPA (USA)
Myron_Belfer@hms.harvard.edu

Colette Chiland MD, PhD (France)
cchiland@orange.fr

Helmut Remschmidt, MD, PhD (Germany)
remschm@med.uni-marburg.de

Vice Presidents

Phyllis Cohen EdD (USA)
phyllis.cohen@yale.edu

Nese Erol PhD (Turkey)
erol@medicine.ankara.edu.tr

Kang-E Michael Hong MD (Korea)
kmhong@snu.ac.kr

Barry Nurcombe MD (Australia)
bnurcombe@uq.edu.au

Amira Seif El Din MD (Egypt)
amira@contact.com.eg

Samuel Tyano MD (Israel)
styano@post.tau.ac.il

Assistant Secretaries-General

Marie Rose Moro MD, PhD (France)
marie-rose.moro@cch.aphp.fr

Sadaaki Shiratakí MD, PhD (Japan)
shiratak@maia.eonet.ne.jp

Robert Vermeiren MD, PhD (The Netherlands)
robert@vermeiren.name

Adjunct Secretaries

Suzanne Dean PhD (Australia)
suz.dean@bigpond.net.au

John Fayyad MD (Lebanon)
jfayyad@inco.com.lb

Joaquín Fuentes MD (Spain)
fuentes.j@telefonica.net

Andrés Martín MD, MPH (USA)
andres.martin@yale.edu

Olayinka Omigbodun MD, MPH (Nigeria)
fouryinkas@yahoo.co.uk

Brian Robertson MD (South Africa)
brian.r@mweb.co.za

Andreas Warnke MD (Germany)
warnke@kjp.uni-wuerzburg.de

Yi Zheng MD (People's Republic of China)
yizheng@ccmu.edu.cn

Counsellors

Helmut Remschmidt MD, PhD (Germany)
remschm@med.uni-marburg.de

Sir Michael Rutter MD, PhD (UK)
j.wickham@iop.kcl.ac.uk

Ernesto Caffo MD (Italy)
caffo@unimo.it

Monograph Editors

Elena Garralda MD (UK)
e.garralda@imperial.ac.uk

Jean-Philippe Raynaud MD (France)
raynaud.jph@chu-toulouse.fr

Communications Committee

Phyllis Cohen EdD (USA)
phyllis.cohen@yale.edu

Andrés Martín MD, MPH (USA)
andres.martin@yale.edu

Bulletin Editor

Joseph M. Rey MD, PhD (Australia)
jmrey@bigpond.net.au