



International Association of Child and
Adolescent Psychiatry and Allied Professions

IACAPAP

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

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President's Column

A New Pathway for Care

I am deeply humbled and at the same time highly honoured by the opportunity that you have given me to lead the International Association for Child and Adolescent Psychiatrists and Allied Professions (IACAPAP) for the next four years. I come from one of the most deprived regions of the world with huge child and adolescent mental health needs and very little in terms of resources. As I start on this four-year journey, I recognize that there will be enormous challenges to surmount which emerge not only with this new role but also because of my region of origin. A recent experience I had was an online meeting of the IACAPAP bureau on Skype®. The new bureau has representation from four continents: Per-Anders Rydelius (Past President) in Europe, Gordon Harper (Treasurer) in North America, Daniel Fung (Secretary-General) in Asia and me in Africa. The initial segment of our conversation was smooth and we were excited at being able to hear each other across four continents of the world. Difficulties with communication then emerged due to the low-speed internet connection that I was using in my country Nigeria. I had to repeat myself several times to be heard and many times the others still could not hear me. This led me to be quiet and listen more as the other regions of the world communicated with each other with much greater ease.

As I reflected on my experience, I realized that what had happened typified the state of child and adolescent mental health (CAMH) in my region. Just like the Skype® meeting, working in my region is tough, exhausting and sometimes frustrating; nevertheless I now find myself having to lead CAMH organisations in better equipped regions. IACAPAP has shown strength and courage by voting for 'a new pathway of care'. I represent a vote for reaching out to voiceless children, street children, unreached children, children still bound in chains, children who are outcasts of society or even at risk of losing their lives because their communities believe the psychopathology they exhibit means they are 'witches' that should have no place in society. A new pathway is being created to reach children and families who have lost all hope; in many communities around the world, breakthroughs in science and interventions, which can help promote the mental health of children, are beyond reach. It may appear like the 'weak' has been asked to lead the 'strong' but this is not entirely true for there is much to be gained on both sides. The strengths used to develop resources in the developed world will partner with the strengths used to keep work going in regions so deprived. This new pathway for CAMH created by IACAPAP will enjoy the benefits of both 'strengths' on this journey into the next four years.

This new pathway of care would not have been possible, without the efforts of so many passionate CAMH professionals reaching out in the marginalized parts of the world. My first mentor in child psychiatry, Michael Olatawura, invited me to make a career in child psychiatry and started training me in 1987 when I commenced my residency training at the University College Hospital, Ibadan, Nigeria. IACAPAP is not entirely new in Ibadan; a former president and current honorary president of IACAPAP, Colette Chiland, informs me that Olukayode Jegede also of the University College Hospital, Ibadan and one of my teachers until he left for Canada in 1988, hosted an IACAPAP study group in Ibadan, Nigeria as far back as in 1981.

I had my first contact with IACAPAP just a few years ago. In 2004, Donald Cohen, through a fellowship in his memory, planted a seed in sub-Saharan Africa. Brian Robertson (Emeritus Professor at University of Cape Town) had for many years laboured tirelessly to get CAMH on the agenda in Africa. He sent out an email asking 'black' child and adolescent psychiatrists to apply to attend the 16th International Congress in Berlin on the Donald Cohen fellowship. I received this email only a few days before the closing date but I was still able to put an abstract together and apply for the fellowship which I eventually received. I was almost unable to make the trip to Berlin as I had trouble gaining access to the German embassy to obtain a visa. I am grateful to Professor Helmut Remschmidt for his assistance and thankful to the energetic and charismatic Donald Cohen fellowship coordinator, Andres Martin who sent so many messages out about the fellowship that he made it sound irresistible and a 'must attend' programme. The full story of 'my long and arduous journey' to Berlin can be found in the IACAPAP Bulletin Supplement of August 22-26, 2004. I attended Berlin as the only child and adolescent psychiatrist from Sub-Saharan Africa (excluding South Africa) and received a great surprise when my poster won the second prize at the congress. As I attended the closing ceremony at the Berlin congress to collect my poster prize, I watched Professor Remschmidt hand over the president's medal to Professor Myron Belfer.

I spoke with Myron Belfer for the first time in the Republic of the Congo in 2005 as he searched Africa for new pathways for CAMH care. His passion for CAMH care to reach the most deprived and needy is evidenced by his reaching out to the developing world. His commitment to the development and training of CAMH professionals in sub-Saharan Africa can be seen in his facilitating and being present as faculty at three key training programs in the region. These training programs were in Brazzaville in 2005 (1st inter-country meeting on Child and Adolescent Mental Health, organized by WHO African office, where over 15 African countries were represented), Nairobi, Kenya in March, 2007 and Abuja, Nigeria in October, 2009 (both IACAPAP study groups in Africa).

It was during the Brazzaville meeting that Myron mentioned to me the possibility of my joining the IACAPAP Executive Committee (EC) and soon after I joined as the first presidential fellow. In his presidential farewell address as he handed over to Professor Per-Anders Rydelius, at the 17th IACAPAP world congress in Melbourne, Myron mentioned the need for IACAPAP to reach out to the deprived parts of the world and I quote: "Strengthening IACAPAP's training role in resource poor areas should be an ongoing priority. We can learn much from colleagues in these areas on how to work effectively. To this end I was pleased to be able to appoint the first presidential fellow, Olayinka Omigbodun from Nigeria. She has proven to be a most active participant in IACAPAP and represents the hope for what will become a vibrant and representative IACAPAP Executive Committee".

In the past 5 years, I have been privileged to be part of the IACAPAP EC with Per-Anders Rydelius as president and Luis Rohde from Brazil as secretary-general. This has been an excellent learning experience for me as I have observed each EC member give their time, energy and resources to make the world a safer and healthier place for children. The friendship that I have seen between members of the EC also gives me hope. I know that I can count on every EC member, whether old or new, to walk in this new terrain. In his remarks at the last EC meeting before passing on the baton to the new treasurer, John Sikorski said that once you had served on the EC it remained your family and Joaquin Fuentes, a vice president has promised that I will not walk alone.

My eyes have been opened further to IACAPAP being an organization with unique characteristics in so many ways, in Colette Chiland's words. Our members are organisations and not individuals. These organisations are for child and adolescent psychiatrists and the allied professions. Every member organisation has a distinct role to play in strengthening the connections between the different regions of the world to promote science, training and clinical practice in child and adolescent psychiatry. Our member organisations are needed to facilitate partnership between facilities in developed and developing regions for the education and training of CAMH professionals, research collaborations and CAMH service development.

In line with the theme of the very successful 19th World Congress of the IACAPAP just concluded in Beijing, 'Improving Child Mental Health: Increasing Awareness and New Pathways for Care', this new pathway requires all hands on deck. The tasks look overwhelming and the pathway long, windy and dark. If we stick together, I believe we will succeed, straighten up the path, and make it look bright and colourful for many more children in the world.

Will you work and walk with me along this new pathway of care?

I take this opportunity to thank the organisers of the Beijing congress, in particular Professor Yi Zheng the congress chair, and members of his team, including Jing Liu (congress secretary-secretary-general) and Yongzan Zhu for their splendid work. The congress was extremely successful, depicting a combination of first rate scientific sessions, rich cultural heritage displayed at the opening ceremony, organised tours to the Great Wall, Tiananmen Square, Ming Tomb, the Forbidden City and the gala dinner at the Summer Palace. What's more the courteous, helpful and friendly attitude of the uniformed congress ushers who were mostly young medical students found assisting in every room and section of the huge congress building must be commended.

I would also like to thank the outgoing members of the executive, John Sikorski (USA), Phyllis Cohen (USA), Nese Erol (Turkey), Kang-E Michael Hong (Korea), Barry Nurcombe (Australia), Amira Seif El Din (Egypt), Samuel Tyano (Israel), Marie Rose Moro (France), Sadaaki Shirataki (Japan), Robert Vermeiren (The Netherlands), Brian Robertson (South Africa), and Ernesto Caffo (Italy) for their sacrifice and selfless dedication to IACAPAP during the last few years and sometimes in very difficult circumstances.

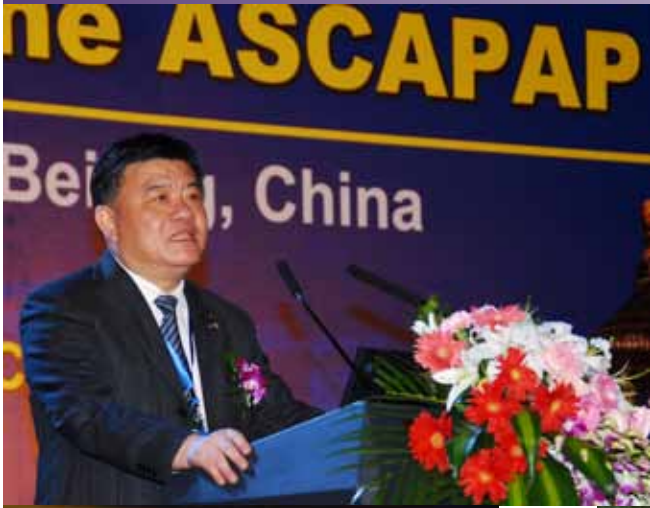
Finally, I promise that the bureau and the executive committee will maintain an effective and efficient governance structure, characterised by transparency, accountability and inclusiveness. Please contact us with your ideas; let us know what steps you would like us to take and how you would like to get involved in the activities of the association. My email addresses are fouryinkas@yahoo.co.uk or yomigbodun@comui.edu.ng.



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

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Congress opening. Clockwise from top left: Zhu Chen MD, Minister of Health, China; view from the congress venue; children's performing; Per-Anders Rydelius (Sweden) President of IACAPAP; delegates; panoramic view; Yi Zheng (China) President of CSCAP and Congress Chair.

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IMPROVING CHILD MENTAL HEALTH: INCREASING AWARENESS AND NEW PATHWAYS FOR CARE



On June 2-6, 2010, the 19th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and the 6th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) was held successfully in Beijing, China.



From top: registration; from left Tolu Bella, Patricia Ibeziako and Yewande Oshodi (Nigeria); Luis Augusto Rhode (Brazil); questions during one of the sessions; from left, Per-Anders Rydelius (Sweden), Yi Zheng (China) and John Sikorski (USA).



This was the first time that a congress was jointly organized by IACAPAP and ASCAPAP in a developing country. It was hosted by the Chinese Society of Child and Adolescent Psychiatry (CSCAP) and supported by Beijing Anding Hospital, the China Center for Disease Prevention and Control, China Soong Ching Ling Foundation, China Youth Concern Committee, the Chinese Association for Child Mental Health, the Chinese Medical Association, the Chinese Pediatric Society, the Chinese Society of Psychiatry, the National Institute of Health Education of China, the Institute of Mental Health, and the Sixth Hospital of Peking University. Its theme was "Improving Child Mental Health: Increasing Awareness and New Pathways for Care". 1696 professionals in the field of child and adolescent mental health from 81 countries and areas, including child and adolescent psychiatrists, psychologists, pediatricians, social workers, teachers, and so on, attended the congress.

The congress was inaugurated by Professor Yi Zheng, chair of the congress, President of CSCAP and President Elect of ASCAPAP. Professor Per-Anders Rydelius, President of IACAPAP and Professor Daniel Fung, President of ASCAPAP, gave welcome addresses on behalf of IACAPAP and ASCAPAP respectively. The Chinese government attached great importance to this congress. Professor Chen Zhu, minister of health, President of the Chinese Medical Association, and Honorary President of the congress, Madam Gu Xiuliang, Director of China National Committee for the Wellbeing of the Youth, and former Vice Chairman of the National People's Congress (NPC) Standing Committee, Mr. Zhang Wenkang, member of the Chinese People's Political Consultative Conference (the CPPCC) Standing Committee, Vice Chairman of the Committee in Education, Science, Culture, Health and Sports, Vice Chairman of China Soong Ching Ling Foundation and China Welfare Institute, and other senior officials, attended the opening ceremony and addressed the conference. The brilliant performances of children at the opening ceremony won great acclaim from the participants.



From June 2 to June 6, the congress proceeded in a scientific, friendly and harmonious atmosphere. As every professional knows, the mental health of children and adolescents is a serious concern around the world, to both communities and governments, and needs to be improved urgently. To meet this need a varied program was organized to improve communication between different regions in the world and the various disciplines related to child and adolescent mental health. There were 1 opening lecture, 8 keynote lectures, 21 state of the art lectures, 2 pre-congress courses, 56 symposiums, 21 workshops, 56 sessions for oral presentation, 164 posters, 4 satellite symposiums, the Donald



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*1,696
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congress.*



Cohen Program, and meetings of professionals with 2 consumer groups including families of children with autistic and tic disorder. These programs covered most topics in the field of child and adolescent mental health, from etiology to diagnosis, social policy to intervention, school to family... The presentations were not only well received by the participants but also afforded opportunities to share experiences, to become familiar with the latest scientific advances, to know about developments in child and adolescent psychiatry services, make friends, and plan future cooperation.



On the afternoon of June 6, the congress was closed successfully. In the closing ceremony, hosted by Daniel Fung, Yi Zheng gave a summary of the congress, while Per-Anders Rydelius thanked the staff who had worked hard to ensure its smooth running. This was followed by the excellent inaugural addresses given by newly elected President of IACAPAP, Olayinka Omigbodun, and the newly elected president of ASCAPAP, Yi Zheng; both received a long applause. All participants were invited to attend the next IACAPAP congress which will be held in Paris in 2012.

Clockwise from top left: poster session; young researchers arguing a point; Tuula Tamminen (Finland) President of ESCAP; Summer Palace; participants at a keynote lecture; Ji Wang (China), DJ Cohen Fellow, speaking at the closing ceremony; Naoufel Gaddour (Tunisia) and colleagues; Olayinka Omigbodun and Kari Schleimer (Sweden); Daniel Chung (Singapore), Scott W. Henggeler (United States) and Christopher Thomas (United States).



As one of the most important events in the field of child and adolescent mental health in the world, the congress was reported by more than 30 media outlets in China, including the highly influential TV station CCTV, and other TV stations, newspapers, magazines, and websites.

The success of the congress would not have been possible without the support, before and during the congress, of Per-Anders, Rydelius, Daniel Fung, Myron Belfer, John Sikorski, Luis A. Rohde, Suzanne Dean, Kang-E Michael Hong, Fusun Cuhadaroglu Cetin, Andres Martin, Helmut Renschmidt, Andreas Warnke and other executive committee members of IACAPAP and ASCAPAP, as well as many other renowned clinicians and researchers. The organizing committee thanks all these dedicated professionals and greatly appreciates their help.



Some of the comments received include: "It was really a very great success." (Per-Anders Rydelius and Myron Belfer) "For me and everyone I have spoken to who attended the Congress in Beijing, it was a wonderful experience and we have such very fond memories." (Olayinka Omigbodun) "The congress was extremely well organized, the program was adequately balanced,

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the hospitality was unbeatable!" (Luis Augusto Rohde) "As an executive committee member I found the congress extremely helpful, and as a participant in the excellent scientific program, stimulating and useful indeed." (Suzanne Dean), "Thank you and your helpers for a wonderful, exciting and extremely well organized congress, which I enjoyed very much." (Helmut Remschmidt) "The organization of the congress was splendid and I can tell you that all the visitors from Spain came back with wonderful memories from their stay in China. Your hospitality is something that impressed us very much!" (Joaquin Fuentes) There were also many formal letters of thanks to the Chair of the Congress from other distinguished personalities, such as Robert L. Hendren ("The

organization was impeccable, the content was diverse, authoritative, and clinically useful and the atmosphere was collegial, professional, spirited and fun. Bravo!") and James F. Leckman ("In speaking with my colleagues from around the world, everyone was uniform in their praise of the event.")

It was pleasure to renew our friendship and contribute to the development of child and adolescent psychiatry and allied professions in China, Asia and the world by 'increasing awareness and new pathways for care.

Jing liu and Yi Zheng from Beijing



From top, left column: children performing at the opening ceremony; IACAPAP Executive. Middle column: Yi Zeng, Helen and Jack Davis (United States). Right column: Colette Chiland (France); Olayinka Omigbodun's inaugural address; panoramic of one of the lectures; from left, Olayinka Omigbodun, Chris Smale (Australia), Yoshiro Ono (Japan).



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THE 2ND HELMUT REMSCHMIDT RESEARCH SEMINAR

Diary of two young researchers

Even though 4 months have passed, we still feel lucky to have attended the '2nd Helmut Remschmidt Research Seminar in Child and Adolescent Psychiatry' from February 21 to 26 in Beijing. The topic was 'How to integrate basic and clinical research in child and adolescent psychiatry.' Many memories and feelings are beyond words, but we know that this opportunity—provided by IACAPAP and our association (Taiwanese Society of Child and Adolescent Psychiatry; TSCAP)—was a turning point; it opened a door for young researchers like us.

The opening ceremony took place on February 21st. More than 20 child psychiatrists from Asia, including Japan, Korea, Taiwan, China, Indonesia and

Malaysia, gathered to share our own research and learn from others. In addition it was a place to exchange information regarding the situation of the profession in our countries. The most exciting aspect was meeting the 7 world-renowned faculty.

On the first day, Professor Remschmidt (Germany) spoke about 'Treatment evaluation under naturalistic clinical conditions.' He described how to draw research questions from the most natural situation—clinical work, how to evaluate effectiveness from different perspectives, and assess longitudinal outcome. 'How to establish research in child and adolescent psychiatry' was the topic of Professor Susan Gau (Taiwan), the only female faculty. She used her experience

From left, first row, sitting: Andreas Warnke (Germany), Yi Zheng (China), Per-Anders Rydelius (Sweden), Helmut Remschmidt (Germany), Myron Belfer (United States), Susan Shu-Fen Gau (Taiwan), Bruno Falissard (France). Second row: Xu Chen (China), Xue Li (China), Chi-Yung Shang (Taiwan), Ayaka Takahashi (Japan), Jing Liu (China), Sophie Hsin-Yi Liang (Taiwan), Raden Irawati Ismail (Indonesia), Zhe Feng (China), Yeni Kim (Korea), Jeewook Choi (Korea), Suzy Yusna Dewi (Indonesia), Seongchan Kim (Korea), Yuanyuan Li (China), Yongyong Zhu (China), Hui Fang (China), Wenqing Jiang (China), Wen Yang (China), Yonghua Cui (China).



Per-Anders Rydelius presents the diploma to Sophie Hsin-Yi Liang

to illustrate the research journey— starting from zero, overcoming many obstacles (e.g., bringing up two children, studying at Yale with 2 children) being a respectful teacher of many young students, and becoming the director of her psychiatry department. Her experience inspired many female Asian doctors attending the seminar.

In the afternoon, the 21 young researchers were divided into three groups, each group supervised by two or three faculty. We were supervised by Professor Gau. Professor Warnke (Germany) and Professor Ong (Singapore). The discussion was exciting and stimulating. After their guidance and tutoring about the framework of research methodology, we all gained clearer perspectives of our own research ideas.

On the second day, Professor Warnke spoke about 'Ethics in CAP research and the IACAPAP'. He used interesting clinical cases to highlight ethical problems and the dilemmas we face in relation to the rights of children and the obligations of physicians. The next topic 'Statistics and measuring treatment outcome', given by Professor Falissard (France) was very different to the statistics classes we attended at school—full of formulas and numbers—as he tried to explain fundamental concepts about the basic elements of statistics. The way he taught reminded us of a 'Socratic style'. After a very quick lunch, we became immersed on a topic that many young doctors struggle with but is an essential requirement for academic survival: 'How to write a paper' led by Professor Belfer (United States). He gave us practical tips on writing papers and provided valuable points of view from an editor's perspective. One of the issues he pointed out



Susan Shu-Fen Gau and Andreas Warnke during one of the sessions

raised our anxiety: 'it is kind of a waste if you don't publish the data you collect.' Although different than the so-called 'publish or perish' scenario, it was a strong wake-up call about the obligations of researchers.

On the third morning, Professor Zheng (China) shared his experience describing 'Study design and methodology – how to integrate basic and clinic research.' He used acupuncture treatment in child and adolescent psychiatric disorders to demonstrate the methodological issues in conducting research on alternative treatments. This was followed by considerable discussion. The next session was on a different kind of methodology: 'Parental alcoholism and psychiatric disorder in parents – influences on their children', given by Professor Rydelius, who used a global and historical view.

On the fourth day, Professor Ong (Singapore) used his experience on 'Research survival skills and budgeting' to demonstrate practical skills to obtain research resources ethically, while Professor Remschmidt spoke about 'Asperger Syndrome – new results of research'. On the last day, Professor Rydelius dealt with 'Cultural influences on research planning'. His story-telling style drew us to understand the different kinds of problems that one might encounter when conducting studies involving cultural comparisons.

It was a research seminar but it was also

a form of group therapy: providing support, a place to develop friendships with people from other countries, and a chance to understand the differences and similarities between cultures. As our eyes were opened, we started to view things from a different perspective. One topic brought up by Professor Warnke on the first day recurred again and again: the situation of female child psychiatrists in Asia, including how to balance family and career. We know that gender equality in Asia (and elsewhere) still has a long way to go. Fortunately, these issues are being addressed by IACAPAP. One conclusion of this seminar was that further mentoring to young female psychiatrists will be continued in the future.

This research seminar was a wonderful and unforgettable experience for all of us, not only by meeting renowned experts, learning from them, and viewing things more globally, but also by making friendships with participants from other countries. We are sure we are not alone in saying 'thanks' to the teachers and friends we met in Beijing.

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Chi-Yung Shang



A group of participants during a social outing

PROBLEM BASED LEARNING IN CHILD AND ADOLESCENT PSYCHIATRY

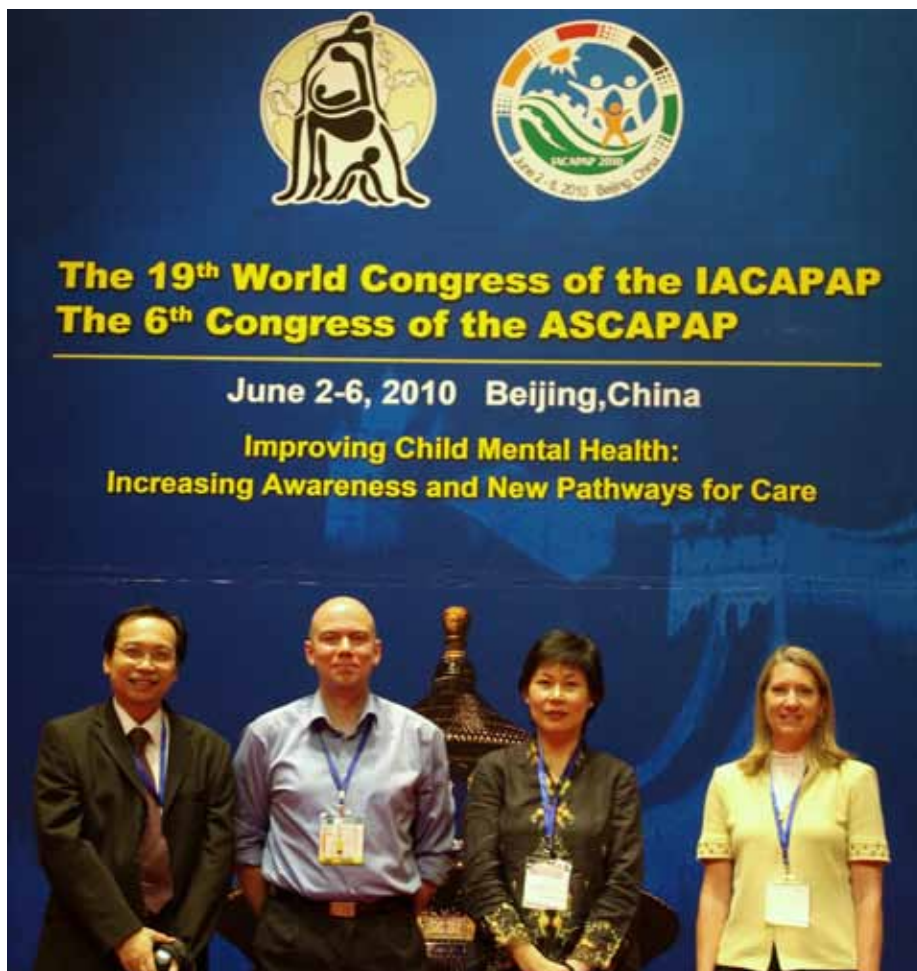
The workshop "Problem based learning (PBL) in child and adolescent psychiatry" supported by the Special Interest Study Group (SIG) on PBL from the American Academy of Child and Adolescent Psychiatry (AACAP), was held on June 5, 2010 at the 19th IACAPAP Congress. The workshop was the only session on teaching in child and adolescent psychiatry and allied professions at the congress and attracted child and adolescent psychiatrists, pediatric neurologists, psychologists and therapists from Australia, China, Hong Kong, Germany, Iceland, Ireland, Japan, Lithuania, Netherlands, New Zealand, Malaysia, Singapore, Sweden, UK, and the USA. The purpose of the Workshop was to explore how PBL can engage learning activity, to explain the principles of PBL, to provide participants with hands-on experience of PBL and discuss unique strengths and challenges of using PBL to teach child and adolescent psychiatry.

PBL represents a major development and change in educational practice that continues to have a large impact across subjects and disciplines. Child psychiatry changes so rapidly that by the time students graduate, many already need to update their knowledge. Students can no longer learn everything there is to know about a subject area but they can learn how to learn, and PBL prepares students and junior doctors to be lifelong learners and practical problem-solvers. PBL emphasizes learning activities, which are trainee-centered, interdisciplinary, authentic, collaborative, and which foster higher order thinking.

The workshop on PBL was chaired by Norbert Skokauskas (Ireland). He introduced participants to PBL and to the SIG's educational and research activities in North America, Europe, and Asia. Dr Skokauskas also spoke about outcomes of PBL in child and adolescent psychiatry.

Cynthia Santos with her colleagues at the University of Texas at Houston (USA) have developed an effective PBL curriculum in child and adolescent psychiatry residency and at the workshop Dr Santos shared her experience with implementing PBL at postgraduate level. Susan Tan's (Malaysia) presentation focused on implementing PBL at the undergraduate level. She and her colleagues plan to expand PBL to be used in teaching child and adolescent psychiatry in Malaysia. Dr Santos made the last presentation—on behalf of Moli Paul (UK). The presentation was dedicated to "what not to do" and how to improve PBL use in undergraduate child and adolescent psychiatry teaching. The workshop was very interactive and there were plenty of questions and fruitful discussions.

One of the most important outcomes of this



From left: Daniel Fung (Singapore), Norbert Skokauskas (Ireland), Susan Tan (Malaysia) and Cynthia Santos (USA)

workshop was bringing together for the first time at an IACAPAP congress a group of child and adolescent psychiatrists and allied professionals involved or interested in PBL. Most attendees have joined the SIG and we hope this group will be a forum for sharing knowledge, experiences and mutual interests. We anticipate this forum will facilitate the collaborative investigation of the implementation and effectiveness of PBL in child and adolescent psychiatry. We ultimately foresee that the SIG on PBL will be instrumental in promoting PBL in the child and adolescent psychiatry community and improving education programs for future doctors throughout the world.

Last year, the SIG on PBL at the AACAP meeting received the highest rated SIG award and it will re-convene at the AACAP 2010 Meeting. We invite professionals who are interested or involved in teaching students or junior doctors to attend the SIG's on PBL next teaching session, which will be held on the 29th of October 2010 at 4.30pm at

AACAP's 57th Annual Meeting in New York, USA. If you would like to receive more information about the group's activities or problem based learning in child and adolescent psychiatry and allied professions, please email Norbert Skokauskas at N_Skokauskas@yahoo.com or Anthony Guerrero at GuerreroA@dop.hawaii.edu. The workshop organizers are grateful to Daniel Fung, President of ASCAPAP and a kind supporter of the PBL movement, for his support and assistance in organizing the workshop.

Norbert Skokauskas
Trinity College Dublin, Ireland
Susan MK Tan
Universiti Kebangsaan, Malaysia
Cynthia Santos
University of Texas at Houston, USA
Moli Paul
University of Warwick, United Kingdom
Anthony PS Guerrero
University of Hawaii, USA

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Everything about Beijing is big. The airport is vast (and I only saw terminal 3), the expanding clover leaves of highways flooded with 4 million brand new cars, the smog and haze that seemed even in the plane to stretch to the stratosphere, and the CNCC – the Chinese National Conference Centre – situated near the ‘bird’s nest’ Olympic stadium. Following what seemed a mini version of the ‘long march’ through underground passages from the conference hotel, I arrived in the CNCC to walk past two engineering conferences and cavernous vacant halls that could have housed several more, finally seeing in the distance some people on an upper level – IACAPAP and over 1,000 delegates at the welcome reception were hidden up there. I had missed the opening ceremony and was even more disappointed when Ian Munt (Australia) informed me it had rived the opening ceremony of the recent Olympic Games.

Despite seeming small in comparison to the size of the building, the IACAPAP congress was far from small. There were 164 posters, 352 individual oral presentations, a further 211 oral presentations housed within 56 symposia, yet more in 23 workshops and courses, 21 state-of-the-art lectures and 9 keynote addresses. In addition, there were 4 industry-sponsored satellite symposia. All continents seemed well represented, particularly Asia, reflecting the increasingly strong development of child and adolescent mental health services in the emerging economic centre of our world. So it

could all be rather overwhelming and thus I am very grateful to some of the Australian contingent (Ian Munt, Phil Hazell and Barry Nurcombe) for their assistance with this report.

“Professor Kang-E Michael Hong, of Seoul National University, delivered a state-of-the-art lecture on the importance of traditional culture to current East Asian society. China, Korea, Taiwan and Japan have undergone very rapid change associated with transition from a rural to an industrial economy. As a result, traditional concepts of living have been replaced by Western concepts of achievement, individuality, and self-realization. In fact, in China, during the time of Mao Tse Dong, Confucianism was banned. All these countries have seen the emergence of new social problems such as bullying, suicide, and ‘hikikomori’. Professor Hong spoke of the need for a renaissance of the traditional values of filial piety and family solidarity. He traced the history of Confucian thought and the influence of Lao Tse and Taoism. He argued for an amalgamation of traditional concepts and Western individualism, with the aim of leavening the dislocation caused by rapid social change,” commented Barry Nurcombe, who chaired the session.

The opening keynote lecture was from Per-Anders Rydelius (Sweden), president of IACAPAP, on “Child and adolescent psychiatry - current status and developmental



Clock wise from top left: Australian Peter Parry (foreground, right hand corner) and other congress participants during the tour of the Summer Palace; Barry Nurcombe (Australia) and Kang-E Michael Hong (South Korea). Bottom: boarding for the gala dinner. Opposite page: panoramic of the gala dinner at the Summer Palace.

challenges.” He highlighted the nature versus nurture debate, and illustrated the interaction between genetic predisposition and environment via the developmental histories of four cousins, all offspring of members of his own department. Later in the conference Andres Martin (USA), editor of the ‘orange journal’, gave a tantalizing preview of research in genetics and epigenetics to be published later this year.

Another keynote was delivered by David Schonfeld (USA) on “The impact of disasters on children.” The individual impact of disaster such as the loss of family members and home affect children more than institutional or national aspects. Children who lost parents to motor vehicle accidents on the day of 9/11 were just as impacted as those whose parents died in the World Trade Centre. Schools and children’s participation in memorializing peers, play a vital role in healing. Daniel Fung (Singapore), president of ASCAPAP, spoke on “Learning disorders: Aetiology, neuropsychology, assessment

and intervention” and commented on a surprisingly strong correlation with westernized junk food diets and delinquency.

Yi Zheng (China), president of the Chinese Child and Adolescent Psychiatry Society and president-elect of ASCAPAP, spoke on “China’s ‘one child policy’ and child and adolescent mental health”. The policy was introduced in the ‘70s in response to a near doubling of the population after the establishment of the People’s Republic. Exemptions apply to ethnic minorities and rural Chinese, and those with a child with a disability. Parents who are only children may have more than one child at least 4 years apart. 400 million births have been prevented and the Chinese population is set to stabilize at 1.6 billion. Selective abortion and infanticide of female children is a serious issue and a public education program promotes the equal value of female children. Concern exists for the capacity to care for an aging population.

A session on complementary medicine

and autism highlighted the fact this was China and a meeting of east and west as Virginia Wong (Hong Kong but trained in the UK), presented the remarkable results of a study using acupuncture for speech and language problems in children with quite severe autism.

As if to emphasize that globalization has many ills as well as benefits, John Howard (Australia) spoke on the serious levels of substance abuse being faced by the Pacific island nations. Drug smuggling into New Zealand and Australia has resulted in the Pacific nations now having an increased range of problems with substance abuse.

Laurence Greenhill (USA) gave an update on the “Controversy of child and adolescent psychopharmacology” featuring SSRIs’ debatable risk/benefit ratio, metabolic side-effects of antipsychotics, and the risk of sudden cardiac death from stimulants. He considered the latter to be exceedingly rare and not warranting routine ECGs unless there is a family history of sudden cardiac



death or cardiac conduction problems. On the contrary, Eric Taylor (UK) noted that approximately 10% of individuals on stimulant medication develop a rise in pulse rate and blood pressure. Although this is small, it is considered a risk factor in the long term and routine monitoring is indicated.

There were few presentations on pediatric bipolar disorder but Ellen Leibenluft (USA) showed that chronically irritable children who have been described by some researchers as 'broad phenotype pediatric bipolar disorder' are better characterized as 'severe mood dysregulation' based on lack of conversion to classical bipolar disorder in follow-up studies. Also differences in amygdala activity between the 'severe mood dysregulation' and so-called 'narrow phenotype pediatric bipolar disorder' cases have been found. Boris Birmaher (USA) had a similar message. It is in this context that the DSM-V task force is considering the already contentious new diagnosis of 'temper dysregulation disorder with dysphoria.'

Gordon Harper (USA) spoke of 'shifting paradigms' in North American child and adolescent psychiatry – from a biomedical and pharmacotherapy-focused paradigm towards a more holistic biopsychosocial and psychotherapeutic model – but also of continuing impediments within the US health system. In the same symposium, Susan Shur-fen Gau (Taiwan) reported on media and public antipathy towards the use of stimulant medication for ADHD in Taiwan, where teachers dispensing prescribed doses of methylphenidate had been pilloried in the media. In a sign of how the pendulum of opinion within cultures can swing, she noted a recent shift to some parents being eager for children to be on stimulants, even when not indicated.

ADHD was a frequent topic. Luis Rohde (Brazil), who is on the DSM-V ADHD task force, spoke of a likely loosening of criteria with the minimum age of onset being raised to 12 years and that this had already stirred controversy. There was also a meeting of the Asia Pacific ADHD Forum on the day prior to the IACAPAP congress, at which Phil Hazell (Australia) delivered a keynote address. Approaches to assessment and diagnosis are similar across Asia, although medication reimbursement varies. There is a strongly held clinical view that Asian children are more sensitive than European children to the anorectic effects of psychostimulant treatment. Separate work of Louis Rohde's group in Brazil is a large, well planned, prospective study of high school

children at risk for psychosis, to elucidate how predictable the more common soft psychotic symptoms are towards later first episode psychosis.

There was not very much on attachment theory at the congress, apart from a keynote lecture by Charles Zeanah (USA) on "The importance of early experiences: Clinical, research and policy perspectives," which highlighted his group's research with orphans in Romania. They found a critical period of need for adoption — prior to age 2 — to allow near-full attachment recovery. However, in a session where I presented a critique of DSM-IV for being relatively "detached from attachment," Mingxin Zhan (China) presented a study with thorough methodology from Shanghai: "Family function and parental attachment of children with tic disorders." To my mind, it illustrated the sort of research needed for better understanding of how and to what extent attachment and developmental factors influence clinical presentations of DSM syndromes.

Many delegates took the opportunity to visit the Forbidden City, Great Wall and Beijing Opera. The conference gala dinner at the vast Summer Palace, preceded by boat rides on the large palace garden lake, was a highlight. Ian Munt likened the program in Beijing to a giant Chinese banquet menu, typified by the large program billboard in the foyer. He quipped: "after tasting the gastronomic delights of the Beijing 2010 IACAPAP congress I am certainly quite interested in taking a master class in French cuisine in Paris 2012."

Peter Parry

with the assistance of Ian Munt, Phil Hazell and Barry Nurcombe

Photos Scott Harding

"After tasting the gastronomic delights of the Beijing 2010 IACAPAP congress, I am certainly quite interested in taking a master class in French cuisine in Paris 2012"



20th World Congress IACAPAP
July 21-25, 2012 Paris-France

20^{ème} Congrès Mondial IACAPAP
21-25 juillet 2012 Paris-France

Brain, Mind and Development
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IACAPAP

International Association for
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de l'Enfant et de l'Adolescent et
Disciplines Associées





THE JAPANESE SOCIETY FOR CHILD AND ADOLESCENT PSYCHIATRY (JSCAP)

50 YEARS OLD

Japan is an East Asian country constituted by 4 major islands and surrounded by the Japan Sea, East China Sea, Okhotsk Sea and Pacific Ocean. The land is 377,914 square Km and the current total population is about 126 million. Japan is known as an industrial country, but is also noted for the longevity of its people. Men are expected to live for 79.29 years and women for 86.05 years in 2008. On the other hand, the fertility rate is 1.37, which makes Japan an aging society with fewer children. Currently, the number of children aged 15 years and younger is 16.94 million, which is 13.3% of the total population (it was 35.4% in 1950).

Brief history of child and adolescent psychiatry in Japan

The clinical practice of child psychiatry in Japan began as early as the 1930's, when child guidance clinics were established in Nagoya and Tokyo (Tokyo University Hospital). Unfortunately, the advent of World War II resulted in an interruption of mental health services. Clinical services, research, and training in child psychiatry did not fully resume until several decades later. Even now, most medical schools do not have an independent department of child and adolescent psychiatry and only a few professors of psychiatry are child psychiatrists. However, an increasing number of university hospitals have been developing child and adolescent psychiatric services and more medical students are becoming interested in the specialty.

Parents, teachers and mental health professionals in Japan are increasingly aware of clinical issues, particularly those related to school and education. School non-attendance had been the major topic of concern to child and adolescent psychiatrists in the 1980's and 1990's. More recently, attention has focused on developmental disorders, including autism spectrum disorders and specific learning disorders, and attention-deficit/hyperactivity disorder.

The history of JSCAP

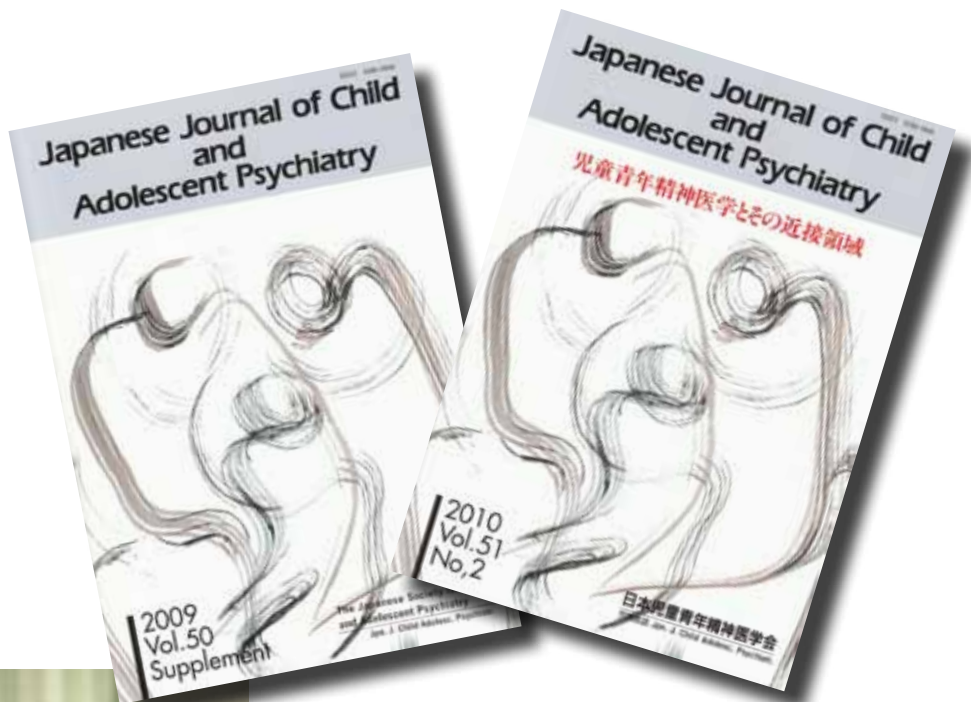
JSCAP is now 50 years old. Since its establishment in 1960, JSCAP has consistently encouraged psychiatrists and allied professionals in the field of child and adolescent mental health to exchange knowledge and clinical experience. Also, JSCAP has been actively committed throughout its existence to advocate for the needs of children, adolescents and families and to support the development of national policies to improve their well-being.

JSCAP has been an official member of the IACAPAP since 1962 and hosted the 12th International Congress in Kyoto, July 16-20, 1990—the first IACAPAP Congress held in Asia. JSCAP also contributed to the establishment of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) and hosted its first Congress in Tokyo in April 18-19, 1996.



Plenary lecture at the 50th Meeting of JSCAP

'JSCAP is a multidisciplinary organization with 3,368 members, one of the largest of its kind in the world'



'JSCAP hosted the first IACAPAP Congress held in Asia (Kyoto, July 16-20, 1990)'

Current status of JSCAP



Kazuhiko Saito, President JSCAP

Today, the Japanese government and the wider society strongly desire that child and adolescent mental health professionals play a greater role in dealing with a variety of social situations involving children and families, particularly child abuse and neglect—a growing problem. Although child and adolescent mental health care has long been inadequate in Japan, an increasing number of district hospitals are establishing departments of child and adolescent psychiatry, with or without a specific ward for children and adolescents.

JSCAP is a multidisciplinary organization and the current membership is 3,368, of which 1,549 are psychiatrists and 278 are pediatricians, making it one of the largest of its type in the world. In parallel with the increased public awareness of child and adolescent mental health problems, the membership has been growing continuously. The Society had begun an examination system to certify specialist skills in child and adolescent psychiatry in 1998; so far 169 psychiatrists have been certified.

The official journal of the JSCAP, "The Japanese Journal of Child and Adolescent Psychiatry" has published 50 volumes with 5 issues in each volume. For international academic exchanges, one supplement is published in English annually.

The 50th annual meeting of the JSCAP was held in Kyoto, the same place of the founding meeting, from September 30 to October 2, 2009. The number of participants was 1,463 and there were 3 symposia, 6 keynote lectures, 3 training case conferences, as well as 236 papers. It was the largest annual meeting in the Society's history. The 51st annual meeting will be held in Maebashi, October 28-30, 2010.

Challenges for the future

As the mental health needs of children and adolescents evolve, child and adolescent psychiatry needs to keep up with these changes. Child and adolescent psychiatry in Japan started with the study of school refusal, followed by clinical work on pervasive developmental disorders. Today, the mental health needs of children and adolescents have shifted from internalizing problems to externalizing ones, and from office-based care to community-based care including school-based care. To meet these needs, the JSCAP, as a multidisciplinary professional institution, should maintain its leadership role to further advance child and adolescent mental health in Japan.



Yoshiro Ono, member of the Executive of IACAPAP

Kazuhiko Saito & Yoshiro Ono

THE JAPANESE SOCIETY FOR CHILD AND ADOLESCENT PSYCHIATRY

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URL: <http://wwwsoc.nii.ac.jp/jscap/>



Faculty of Child & Adolescent Psychiatry 2010 Annual Meeting

child2010

7-10 October 2010 Novotel Barossa Valley Resort, South Australia

INFORMATION AND REGISTRATION

<http://www.fcconventions.com.au/child2010/>

DSM5

PROPOSED CHANGES

(NOW AVAILABLE ON THE INTERNET)

DSM5 is expected to be published in 2013.

Development of DSM5 has not been without controversy—as were its predecessors.

Interested readers can find the proposed changes at

<http://www.dsm5.org/Pages/Default.aspx>.

Some of these changes are to be tested in field trials.

One of the innovations seeks to provide practitioners with quantitative measures of important clinical areas (e.g., depressed mood, anxiety, anger, substance use, sleep problems) that may be relevant beyond specific diagnostic labels (“cross cutting”). This dimensional assessment (a) is designed to be used at the initial evaluation to establish a baseline, and on follow-up visits to track change; (b) does not relate to any specific disorder and does not serve as a screening test for DSM diagnoses; (c) relies on self-report ratings by patients or informants; and (d) may be useful even before a formal diagnostic evaluation is conducted, such as when assessing for depression in primary care. It is also proposed to collapse the existing axes I (clinical disorders), II (personality disorders), and III (general medical conditions) into one axis that contains all psychiatric and general medical diagnoses.

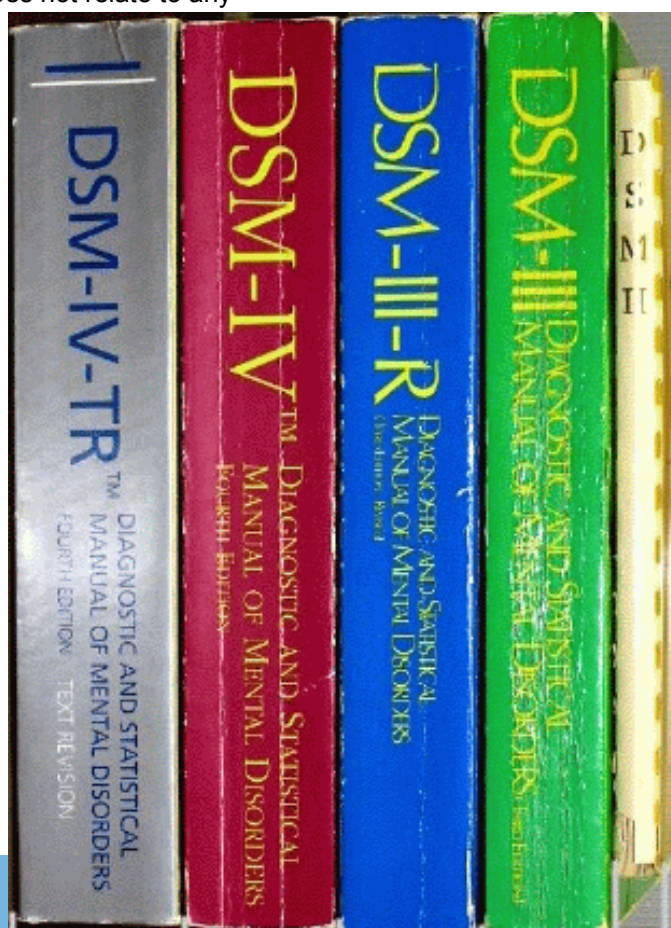
In relation to child psychiatric disorders, several new diagnoses are proposed, such as “posttraumatic stress disorder in preschool children” and “temper

dysregulation disorder with dysphoria”. The latter, that can’t be distinguished from oppositional defiant disorder, applies to children aged 6 to 10 years with severe, frequent, and recurrent temper outbursts in response to common stressors (some are currently diagnosed with “severe mood dysregulation” or bipolar disorder).

The work group is considering several options for attention deficit hyperactivity disorder: (a) maintaining the present criteria but without subtypes; (b) discontinuing the predominantly hyperactive/impulsive and predominantly inattentive subtypes; (c) creating a new attention deficit disorder (ADD) diagnosis.

A “callous unemotional” specifier is proposed for conduct disorder. The label “mental retardation” is to be changed to “intellectual disability.”

“Autism spectrum disorders” is to become the new name for a group of conditions comprising autism, Asperger’s disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.



LETTER TO THE EDITOR

To the editor,

Issue 25 (February 2010) of the IACAPAP Bulletin publishes a map showing a country called "Kurdistan" (p.15). As depicted in the map, this area appears to contain territory from Turkey, Syria, Iran and Iraq.

I would like to bring to the attention of readers not familiar with the geography or politics of the region that Kurdistan is not a country recognized by the international community: the shaded region in the map is more accurately described as "Kurdish-inhabited regions". Of course, many others inhabit those regions. In the case of Turkey, millions of people of Turkish origin along with people of Kurdish origin live in the South East Anatolia region of the country.

Best regards,

Professor Nese Erol, PhD
Ankara University School of Medicine
Department of Child and Adolescent Psychiatry
Ankara, Turkey

Thank you for bringing this issue to my attention. As you correctly point out, the shaded region in the map on page 15 of issue 25 of the Bulletin refers to "Kurdish-inhabited regions", which include territories in Turkey, Syria, Iran, and Iraq. In addition, Dr. Ahmad is the IACAPAP Ambassador to the Kurdish Region of Iraq, not to "Kurdistan and Iraq" as erroneously indicated on page 16.

I regret the confusion these errors may have caused.

Joseph M Rey
Editor

The Howard Cooper Travelling Fellowship

Applications/nominations close: 30 November 2010

Named in honour of the late Dr Howard Cooper, a former Chair of the RANZCP's Faculty of Child and Adolescent Psychiatry, the Fellowship is made annually to a visiting overseas trainee psychiatrist or psychiatrist from the Asia-Pacific region who wishes to gain experience in child and adolescent psychiatry in Australia or New Zealand.

Selection criteria include the need for training and experience not readily available in the nominee's home country, and the capacity of the nominee to improve local child and adolescent mental health services on return to their home country. Nominations are to be sought from organisations funding training fellowships to Australia and New Zealand including AusAID and the World Health Organisation.

Application / Nomination Process:

Nominations must be in writing to:

Membership Services
RANZCP
309 La Trobe Street
Melbourne Vic 3000
AUSTRALIA
Tel: +61(0)3 9601 4962
Fax +61(0)3 9642 5652

Contact information:

Please contact Membership Services +61(03)96014962 or email awards@ranzcp.org.

Previous Recipients:

- 2006 Paul Orotaloa (Solomon Islands)
- 2007 No award presented
- 2008 Dr Norharlina Bahar (Malaysia)
- 2009 Dr Norzila Zakaria (Malaysia)



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11-15 June 2011, Finlandia Hall, Helsinki, Finland

www.escap2011.fi



HOPE FOR BRIGHT FUTURES
Mental Health of Children, Adolescents and Families in Society

ESCAP 2011
HELSINKI FINLAND

14th Pacific Rim College of Psychiatrists Scientific Meeting

Brisbane Convention and Exhibition Centre, Australia

*Advancing together in Psychiatric Treatment,
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28th – 30th October 2010

You are invited

to attend the 14th Pacific Rim College of Psychiatrists Scientific Meeting. The conference will be the major psychiatric and mental health meeting in Australia in 2010. The meeting will bring together psychiatrists and mental health clinicians from Australia, New Zealand, Asia and the Pacific Rim. We will discuss and learn about progress in psychiatric treatment, research and education in the Pacific Rim and around the world. For more information about this significant event please visit the conference website.

education@anzmh.asn.au

<http://www.anzmh.asn.au/PRCP10>



Award to Professor Ahmed Okasha

President Mubarak of Egypt presenting Professor Ahmed Okasha the State Merit Prize for Medical Sciences. This is the highest academic award from the Egyptian Academy of Science. It is the first time this prestigious award has been bestowed upon a psychiatrist not only in Egypt but in the Arab World. The Egyptian Psychiatric Association considered this award an acknowledgment that Psychiatry as a "scientific medical branch." With this award Professor Okasha has achieved his lifetime ambition of placing psychiatry in its rightful position among the medical sciences both in Egypt and the Arab world. Currently Professor Okasha is the director of the WHO Collaborating Center for Training and Research, Institute of Psychiatry, Ain Shams University, Cairo, Egypt. He is the President of the Egyptian Psychiatric Association, President of the Arab Federation of Psychiatrists, Past President World Psychiatric Association, and a member of the World Psychiatric Association Council.

20th World Congress IACAPAP

July 21-25, 2012 Paris-France

20^{ème} Congrès Mondial IACAPAP

21-25 juillet 2012 Paris-France

Brain, Mind and Development

Cerveau, Psyché et Développement

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International Association for
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Disciplines Associées



McGill

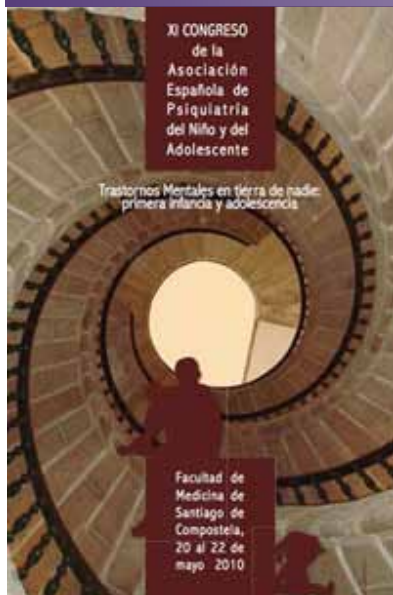
PARTICIPANTS SOUGHT!

Study about reduced culpability in adolescents

Dr. Amir Raz of the Developmental Science and Youth Justice program, McGill University, Montreal, Canada and co-workers are examining the scientific evidence about reduced culpability in adolescents. The study has ethics review board approval. They have created an anonymous, confidential, brief web-based survey to assess knowledge, attitudes, opinions, and beliefs about recent scientific findings and their implications for the youth criminal justice system. They would appreciate input from IACAPAP members and clinicians.

If you wish to complete the survey, please go to:

<http://tinyurl.com/teenlaw>



CHILDHOOD MENTAL DISORDERS: WORKING IN A NO-MAN'S LAND

XI Congress of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA)

Santiago de Compostela

May 20-22, 2010

From top: Ángel Carracedo (centre, University of Santiago de Compostela) during the symposium on genetic bases of childhood mental disorders. Posters session. Official opening (from left) José Manuel Mayán Santos (Vice-Chancellor, University of Santiago de Compostela), Pilar Farjas (Galician Government) and Madó Domínguez (President, AEPNYA)

Child and adolescent mental health professionals from the four corners of Spain travelled to Santiago de Compostela to participate in the 11th annual congress of AEPNYA, association member of IACAPAP. The well attended and densely packed scientific program comprised 40 sessions, including lectures, symposia, and workshops, as well as 115 poster presentations.

Professor Madó Domínguez, president of AEPNYA, highlighted that in Spain—as in many other countries—20 of every 100 children and adolescents suffer from mental health-related problems. “Numbers have not increased significantly in the last few years. What has happened is that mental disorders in minors have been underdiagnosed in the past and new cases are detected all the time” she said. Professor Domínguez emphasized that many cases are not detected and treated largely due to lack of resources, particularly a dearth of well trained professionals. “There is a need for more inpatient child and adolescent mental health services across Spain, particularly in Galicia where there are none,” she concluded.

Fortunately, attitudes are changing. “There is a growing sensitivity towards these problems and families are more concerned about signs of disturbance in their children; before, it was a taboo subject” said Professor Dolores Mojarro (University

of Seville). “Even though people are more willing to seek help, there is still much stigma attached to these conditions and this is a barrier that needs to be overcome” concurred Professor Ángel Carracedo (University of Santiago de Compostela). He went on to say that we are at the threshold of a revolution, “we are beginning to find the genetic abnormalities behind some illnesses such as autism, in which about 20% of the cases relate to genetic alterations that can now be diagnosed.”

Inheritance and genetics

One of the themes permeating throughout the congress was the importance of early diagnosis, taking into account that up to 70% of all psychiatric disorders have their onset during childhood or adolescence. Dr María Jesús Mardomingo (Gregorio Marañón Hospital, Madrid) explained “the risk in young people is higher than in adults for two reasons. The first is inheritance, which increases children’s vulnerability. The second, but not less important, is the environmental and educational factors in which children grow up, because psychiatric disorders interfere with the relationship between parents and

“There is a need for more inpatient child and adolescent mental health services across Spain, particularly in Galicia where there is none”





Closing ceremony (from left): Concepción Guisasola (Alicia Koplowitz Foundation), José María Fraga Bermudez (University of Santiago de Compostela), Madó Domínguez (AEPNYA).

children." Dr Mardomingo explained that the dichotomy between nature (genetics) and nurture (environment) is unnecessary and unhelpful.

Addictions

Another of the threads of the congress referred to substance abuse. Dr Arantxa Fernández (Basurto Hospital, Bilbao) spoke about the risks of consuming cannabis with particular emphasis on its potential to trigger psychosis. Dr Javier Goti (University Hospital, Barcelona) discussed the addictive potential of the new technologies, in particular Internet addiction that "is usually the manifestation of other problems, such as depression, anxiety or deficits of attention. If there is a previous problem, Internet addiction often becomes the manifestation." He said that one can consider that there is problem when the time youth spend on the Internet far exceeds what is considered normal by peers. Professor Josep Toro i Trallero (University of Barcelona) discussed other risks of the new technologies in his keynote address. "About 5% of Spanish adolescents have experienced bullying through text messaging or the Internet" he said.

Welfare services

In Spain there are about 11,000 children and adolescents in re-education and therapeutic institutions (centros de acogida). The majority is male, come from unstable families, and have been the victim of abuse or neglect. Their length of stay is typically between 12 and 18 months. One of the symposia discussed the issues and controversies surrounding the management of children in these institutions, many of them privately run, highlighting the need for a closer cooperation between the welfare and juvenile justice systems and mental health services. For example, Dr Carlos Imaz (University Hospital, Valladolid) stated that 77% of minors in juvenile justice institutions had psychiatric disorders, most went on undiagnosed and untreated.

Professional areas of concern

Participants in the congress insisted in the need and urgency of formally approving child and adolescent psychiatry as a specialty, as well as increasing the infrastructure and personnel working in this clinical field. In this line, there was broad agreement about the need to set up more day hospital facilities, if possible co-located with inpatient services. Their plea was for the diagnosis and treatment of these conditions in young people, so important all over the world, not be relegated to a neglected, no-man's land.

Cristina Juiz Fernández, Beatriz López de Castro & Miguel Túniz López

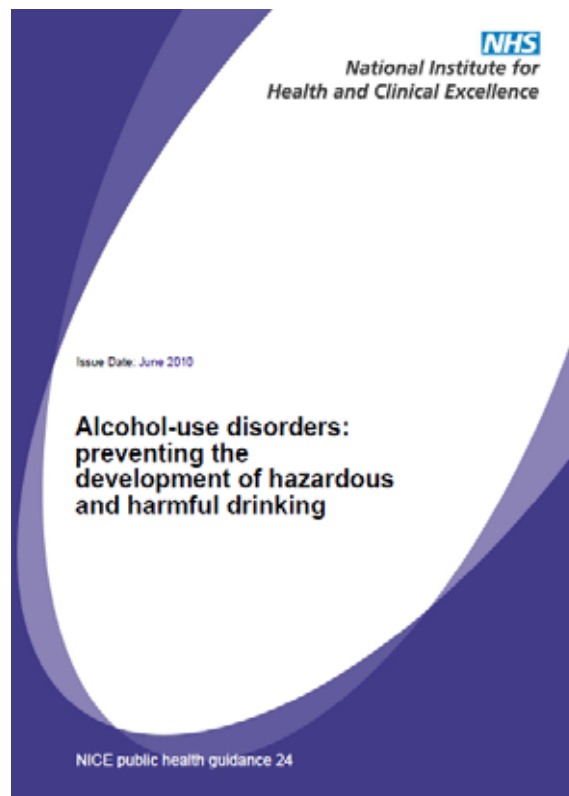
AUSTRALIA

Winston S Rickards Memorial Oration

The inaugural Winston Rickards Memorial Oration was delivered by Professor Bruce Tonge on March 24, 2010, at Queen's College, University of Melbourne, Australia. The memorial was organised by the Victoria Branch of Mental Health for the Young and their Families (MHYF). Dr Allan Mawdsley, MHYF Vic President, chaired the event. The topic of the address was: Promoting recovery from youth mental illness.

The address concerned Professor Tonge's research into child psychotherapy with particular focus upon the role of self-efficacy as a predictor of outcome. Self-efficacy was considered an analogue of confidence by Professor Tonge who, with his collaborators, has developed several measures of self-efficacy. They have shown that, for both cognitive behaviour therapy and psychodynamic treatments, self-efficacy is related to recovery and that low self-efficacy is related to more adverse outcomes.

The address was well received by the large audience of about 150 people. Members of Dr Rickards family were present as well as a distinguished array of colleagues and those who have had Dr Rickards among their mentors. The gathered colleagues were keen for the event to occur annually to celebrate Dr Rickards foundational role in Australian child and adolescent mental health but also to celebrate the achievements in the field.



New NICE guideline recommends setting a minimum price per unit of alcohol to reduce alcohol-related harm.

Available at: <http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf>

In most countries alcohol pricing policies have been driven more by fiscal than public health objectives. This has led to proposals for a minimum unit price. For example, a £0.50 per unit minimum price would probably reduce mean consumption by 6.9% in the United Kingdom, save 2,930 lives per year, and offer cumulative health savings of £6.2 billion over 10 years. Contrary to what has been claimed, minimum pricing strategies preferentially target harmful drinkers and not responsible and moderate drinkers. Young drinkers are particularly responsive to price increases. Price rises delay the age when young people start to drink, reduce the number of drinking bouts, reduce the amount of alcohol consumed on each occasion, and slow progression towards drinking larger amounts. Moreover, due to the addictive nature of alcohol, this effect is more marked in the longer than shorter term.

Reference: Gilmore IT, Atkinson S. Evidence to drive policy on alcohol pricing. *Lancet* 375: 1322-1324, 2010.

TURKEY



Türkiye Çocuk ve Genç Psikiyatrisi Derneği Turkish Association for Child and Adolescent Psychiatry

The 20th National Child and Adolescent Mental Health Congress



The 20th National Child and Adolescent Mental Health Congress, organized by the Turkish Association for Child and Adolescent Psychiatry and Ege University, was held on the 25-28 April, 2010. *New Century, New Advances, Changing Values* was the theme. The port city of Bodrum, the ancient Halicarnassus, with its historical significance and natural beauty, was the home of the Congress.

The first congress took place 20 years ago and had 15 participants. This has grown into a big organization with many participants from different professional backgrounds. The 23 Nisan Children's Festival was celebrated in the gala night.

Mualla Öztürk Symposium

The 23rd Mualla Öztürk Symposium was held in Ankara University on 1-2 March 2010. The symposium is named in honour of Professor Mualla Öztürk, a psychiatrist who made a large contribution to the development of child psychiatry in Turkey and to the foundation of the Turkish Association for Child and Adolescent Psychiatry. The theme of the symposium was "Lifelong Asperger's Disorder." The symposium was very well attended and received; research, clinical experiences, and treatment of long-term sufferers were presented.



Mualla Öztürk

OKUL ÇAĞI ÇOCUK VE GENÇLER İÇİN
DAVRANIŞ DEĞERLENDİRME
ÖLÇEKLERİ EL KİTABI
(CBCL, YSR ve TRF)



Achenbach Ampirik Temelli Değerlendirme Sistemi (ASEBA)

Prof.Dr. Neşe Erol
Doç.Dr. Zeynep Şimşek



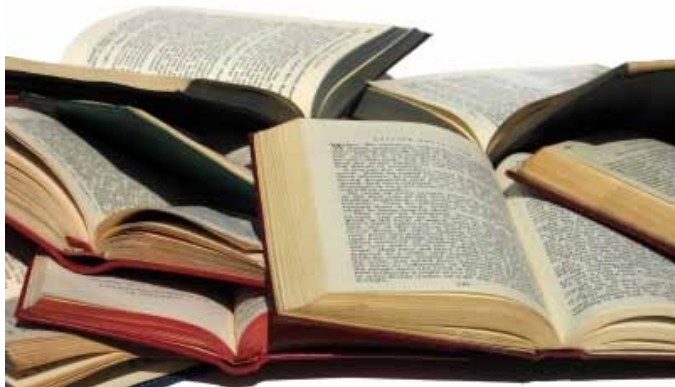
The ASEBA
Manual
is now
available
in Turkish,
adapted by
N. Erol and
Z. Şimşek.

Erol N, Şimşek Z.
Turkish Manual
for ASEBA School-
Age Forms &
Profiles. Mentis
Press, Ankara.
2010

The 16th National Psychology Congress, Turkey

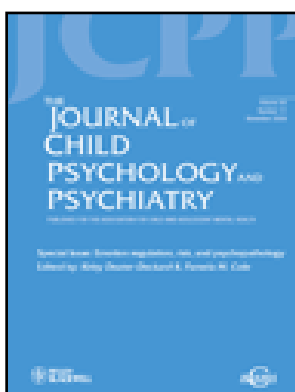
The Congress was held at Mersin University, April 14th-17th, 2010 and included 19 keynote addresses, 13 panels, 13 workshops, 131 oral presentations, and 43 poster presentations.

Among the invited speakers, Professor Gun R Semin, Utrecht University, spoke about "Face muscles: Resources that shape cognitions and emotions". The Head of the US National Autism Center, Professor. Susan Wilczynski, made a presentation about "The National Standards Project: Evidence-based practice and autism"; Professor David Schmitt from Bradley University, USA, discussed "Attachment patterns in 56 cultures: Can romantic insecurity be adaptive?" while Professor Nuri Bilgin, Ege University, Turkey, gave a keynote address about "Politics versus psychology". Professor Nese Erol, Ankara University, Turkey, among other activities, run a workshop on "Child Behavior Checklists (CBCL, YSR, TRF) for school children and adolescences".



FROM THE INTERNATIONAL LITERATURE

A school-based intervention helps children exposed to armed conflict in Nepal



Children, mostly in low and middle-income countries, are often the innocent victims where armed conflict exists. However, evidence for effective interventions to lessen disturbance is often lacking. A group of Dutch researchers have recently published (online in advance of print) a study examining changes on a range of indicators, including psychiatric symptoms (depression, anxiety, posttraumatic stress disorder), psychological difficulties, resilience indicators (hope, prosocial behavior) and functional impairment in rural Nepal. Participants were 325 children with a mean age of 13 years who were allocated to either intervention or a waiting list. Intervention was a 5-week, 15 session protocol-driven group program delivered at school.

The intervention showed moderate short-term improvement in social, behavioural and resilience indicators among subgroups of children who had been exposed to armed conflict: psychological difficulties and aggression decreased among boys; prosocial behavior increased among girls, and hope increased in older children. However, the intervention did not reduce psychiatric symptoms.

- Jordans MJD et al. Evaluation of a classroom-based psychosocial intervention in conflict-affected Nepal: a cluster randomized controlled trial. *Journal of Child Psychology and Psychiatry* 2010 doi:10.1111/j.1469-7610.2010.02209.x

Omega-3 fatty acids may prevent psychosis

A team of Austrian, Australian and Swiss researchers have found that long-chain omega-3 polyunsaturated fatty acids reduce the risk of progression to psychotic disorder in adolescents and young adults aged 13 to 25 years with sub threshold psychosis symptoms.

In the study, 81 youth at ultra-high risk of psychotic disorder recruited at a psychosis detection unit of a large public hospital in Vienna, Austria, between 2004 and 2007, were randomly allocated to double-blind treatment with omega-3 polyunsaturated fatty acids or placebo for 12 weeks. This was followed by a 40-week monitoring period; the total study duration was 12 months.

Seventy-six of 81 participants (93.8%) completed the intervention. By study's end (12 months), 2 of 41 individuals (4.9%) in the omega-3 group and 11 of 40 (27.5%) in the placebo group had developed a full blown psychotic disorder ($P = .007$). The difference between the groups in the cumulative risk of progression to psychosis was 22.6% (95% confidence interval, 4.8-40.4). omega-3 fatty acids also significantly reduced positive symptoms ($P = .01$), negative symptoms ($P = .02$), and general symptoms ($P = .01$) and improved functioning ($P = .002$) compared with placebo. The incidence of adverse effects did not differ between the treatment groups.

The use of antipsychotic medication for the prevention of psychotic disorders is controversial and has considerable side effects. Given that omega-3 polyunsaturated fatty acids are generally beneficial to health and without clinically relevant adverse effects, their preventive use in psychosis merited investigation. These results, although requiring replication, are most encouraging.

- Amminger PG et al. Long-chain omega-3 fatty acids for indicated prevention of psychotic disorders: a randomized, placebo-controlled trial. *Archives of General Psychiatry*. 2010;67(2):146-154.



Valproate's pregnancy risk confirmed

An international team from the European Surveillance of Congenital Anomalies (EUROCAT) Antiepileptic Study Working Group led by researchers from the University of Groningen, the Netherlands, examined the association between exposure to valproic acid or valproate during the first trimester of pregnancy and congenital malformations in the offspring. This was a case-control study and the data set included 98,075 live births, stillbirths, or terminations with malformations among 3.8 million births in 14 European countries from 1995 through 2005.

Use of valproic acid during the first trimester was associated with significantly increased risk for 6 of the 14 malformations considered: 13 times more likely for spina bifida, 7 times more likely for craniosynostosis; 5 times for cleft palate and hypospadias; 3 times for atrial septal defect; and twice as likely for polydactyly.

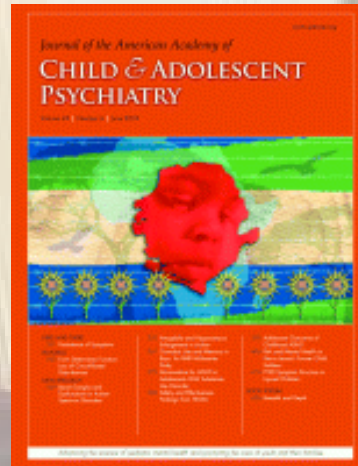
It was well known that use of valproic acid in the first trimester of pregnancy is associated with an increased risk of spina bifida, but little was known about the risk of other congenital malformations. This large study confirms and expands previous findings. "Since switching drugs during or just before pregnancy is difficult, the risks associated with valproic acid use should be routinely considered in choosing therapy for women with childbearing potential," the authors wrote. If possible, valproic acid, widely used for the treatment of epilepsy and bipolar disorder, should be avoided in pregnant women or those intending to become pregnant.

- Jentink J et al. Valproic acid monotherapy in pregnancy and major congenital malformations. *New England Journal of Medicine* 362: 2185-2193, 2010.



Social support, acceptance and attending school mitigate child soldiers' problems

"I don't know how old I am," said Abu Bakar Bangura, a slight and serious young boy from the West African country of Sierra Leone. "I was very young when I was taken from my family," he explained. After being kidnapped by the rebel group, Abu was drugged, beaten, and forced to commit terrible atrocities. Instead of a childhood of innocence and affection, he lived a life of violence and fear. He was a fast learner and survived by following orders. "In the war, I was trying not to make wicked things. That's why God saved me," he said. Abu, as he is known, is one of the 10,000 children who were abducted from their homes and forced to become soldiers by both the pro-government and the rebel forces during the 10-year civil war that tore his country apart. An estimated 300,000 children like Abu have been kidnapped or conscripted to fight as child soldiers in wars around the world. In some ways, they are the



lucky ones. They survived. (source http://www.un.org/works/goingon/soldiers/abu_story.html)

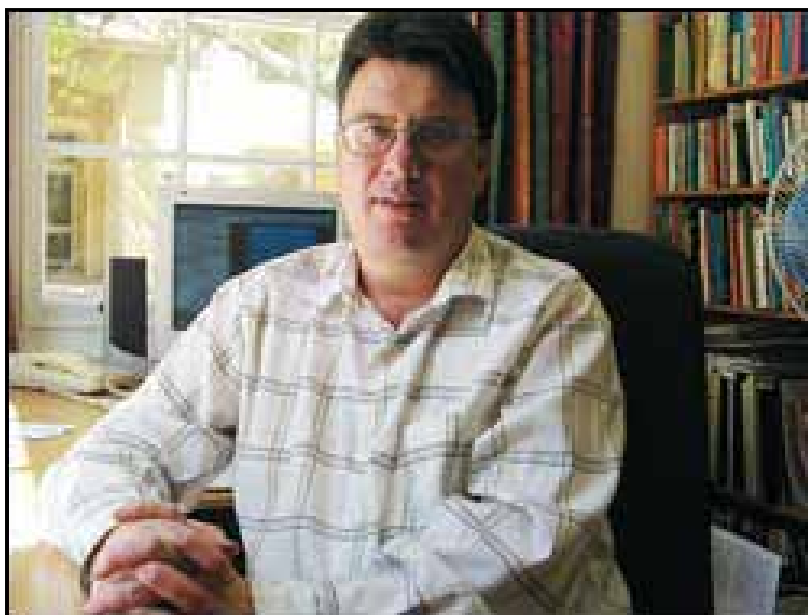
In this article a group of researchers from Harvard University, investigated the longitudinal course of internalizing and externalizing problems and adaptive/prosocial behaviors among former child soldiers in Sierra Leone and whether post-conflict factors contributed to these outcomes.

The authors found that increases in externalizing behavior were associated with killing/injuring others during the war and postconflict stigma, whereas increased community acceptance was associated with decreases in externalizing problems. High baseline levels of internalizing problems were associated with being raped, whereas increases were associated with younger involvement in armed groups and social and economic hardships. Improvements in internalizing problems were associated with higher levels of community acceptance and increases in community acceptance. Decreases in adaptive/prosocial behaviors were associated with killing/injuring others during the war and postconflict stigma, but partially mitigated by social support, being in school and increased community acceptance.

They concluded that psychosocial interventions for former child soldiers may be more effective if they account for postconflict factors in addition to war exposures. They recommend that sustainable services to promote community acceptance, reduce stigma, and expand social supports and educational access be set up.

- Betancourt TS et al. Sierra Leone's former child soldiers: A longitudinal study of risk, protective factors, and mental health. *Journal of the American Academy of Child and Adolescent Psychiatry* 49: 606-615, 2010.

**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.**



Alan Flisher

(1957-2010)

Alan lost his battle against leukaemia on Sunday, 18 April 2010. His early death came as a profound shock to the local and international mental health community.

Alan had a remarkable 'presence', both as a person and as an academic. In a relatively short period of time he had established a niche among international leaders in the fields of child and adolescent psychiatry and of public mental health. In his brief career he produced over 200 peer-reviewed articles and more than 70 books or book chapters.

Alan's major research interest was child and adolescent psychiatry but he focussed increasingly on its policy and public health aspects, and made important contributions also to general mental health policy development in South Africa. The groundbreaking nature and high quality of this work brought him to the attention of the World Health Organization, and Alan was invited to take a leading role in the development of their Mental Health Policy Guidelines.

It is difficult to do justice to Alan's 150 page curriculum vitae, but the following excerpts illustrate some of his activities on the African continent. At the time of his death Alan was busy with a large multi-country African study, the Mental Health and Poverty Project, whose focus is to break the cycle of mental ill-health and poverty through developing and implementing mental health policies. Alan contributed to both IACA-PAP Study Groups in Africa. In 2007 in Nairobi the participants were impressed by the breadth of his research experience and by his lucid teaching style. Alan could not attend the 2009 Study Group in Abuja because his illness had already started, but he sent his presentation.

Alan prepared himself well for such an outstanding career. Following an undergraduate degree in mathematics and psychology, Alan completed training as a clinical psychologist, before doing medicine, then psychiatry, and finally child and adolescent psychiatry, all at the University of Cape Town. The last degree was awarded as recently as 1998, and all were achieved with the highest marks.

Alan was a skilled clinician and a gifted teacher of both under and postgraduate students. He successfully supervised 24 PhD and Master's students, and a further 18 were under supervision when he entered the terminal phase of his illness. Comments from students and colleagues have been consistent: Alan was a supportive colleague and a superb mentor, always ready to listen and with a great sense of humour. Alan also had special managerial skills and inevitably brought these to bear with remarkable innovation and success in every area under his jurisdiction.

At the time of his death Alan was the Sue Streungmann Professor of Child and Adolescent Psychiatry and Mental Health at the University of Cape Town (see article in the November 2008 issue of the Bulletin) Head of the Division of Child and Adolescent Psychiatry at the University of Cape Town, Director of the Adolescent Health Research Unit, Professor at the Research Centre for Health Promotion at the University of Bergen, Norway, and editor of the Journal of Child and Adolescent Mental Health. Alan is survived by his wife and two children, and by his parents and sister.

Professor Brian Robertson

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