

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



IACAPAP

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**IACAPAP Calgary,
Canada, Congress**

**Colette Chiland
1928-2016**



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President's column

WHO IS INTERESTED IN CHILD AND ADOLESCENT PSYCHIATRY?

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

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

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

Bruno Falissard

IACAPAP Textbook of Child and Adolescent Mental Health

Editor
Joseph M. Rey



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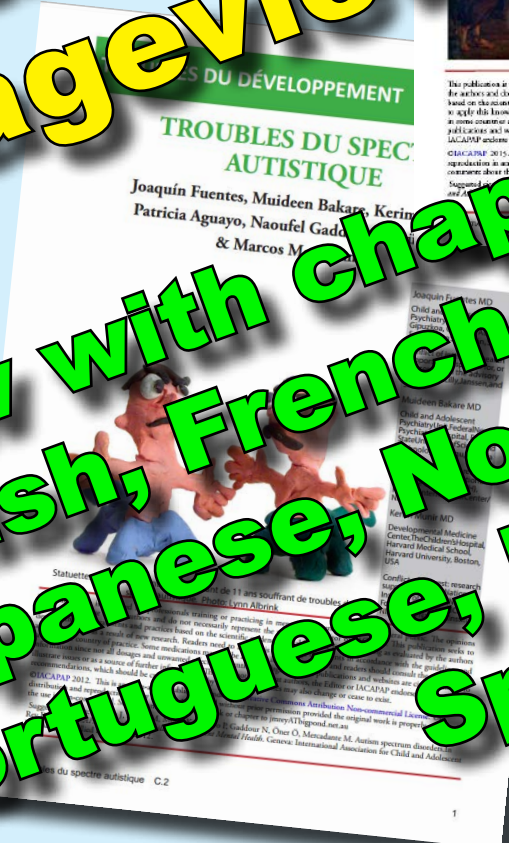
ВСТУПЛЕНИЕ ГЛАВА А.1

ЭТИКА И МЕЖДУНАРОДНАЯ ДЕТСКАЯ И ПОДРОСТКОВАЯ ПСИХИАТРИЯ

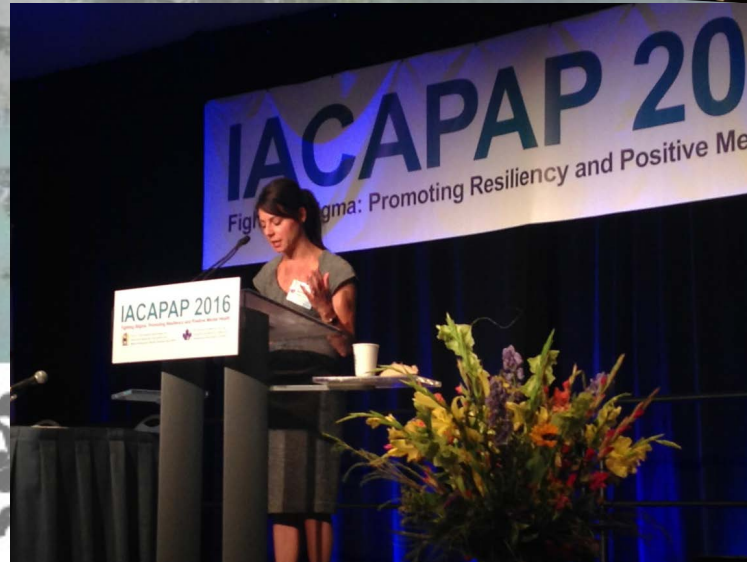
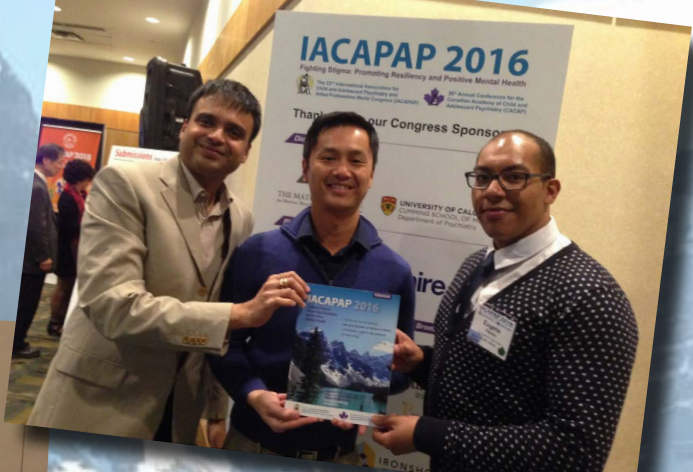
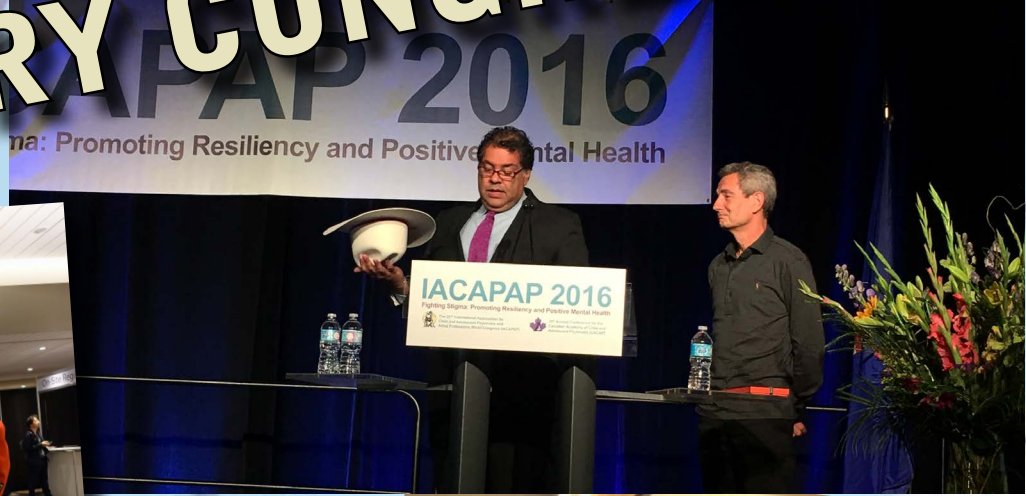
Adrian S. ... Rey



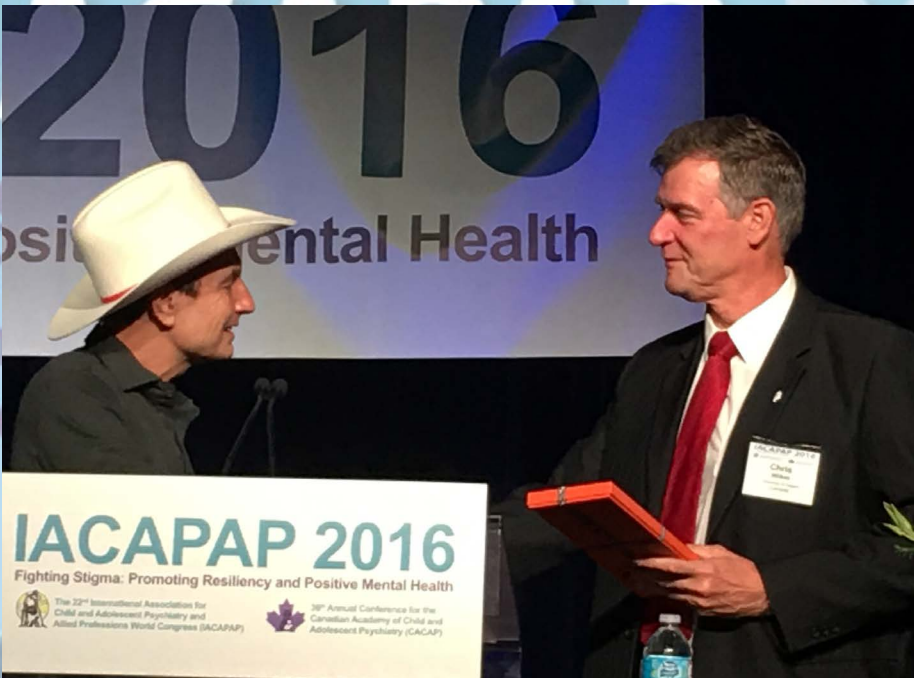
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IACAPAP 2016 HIGHLIGHTS OF THE CALGARY CONGRESS



On September 18th to the 22nd Calgary hosted the world's most prominent international meeting for child and adolescent mental health and psychiatry. This meeting integrated the 22nd International Congress of the International Association of Child and Adolescent Psychiatry and the Allied Professionals (IACAPAP) and the 36th Annual Meeting of the Canadian Academy of the Child and Adolescent Psychiatry (CACAP). The IACAPAP Congress has not taken place in Canada since 1954. This joint meeting at the Calgary Telus Convention Centre hosted over 1200 attendees from



RISE UP!

We rise up in the morning
To face the challenges of the day.
It is the same in Canada as for
Our international Neighbours far away.

To reach the vulnerable children
And adolescents in our care,
Struggling with Issues
Too great and grossly unfair.

Poverty, war, abuse, HIV
Trauma, genetics, biochemistry
PTSD, Depression, Anxiety
Sadly feared and called "psycho" or "crazy"

Seeking to make the invisible visible
We need strong forces to be sent
Who is with us? Who will rise up?
Psychiatrists, Parents, and Governments?

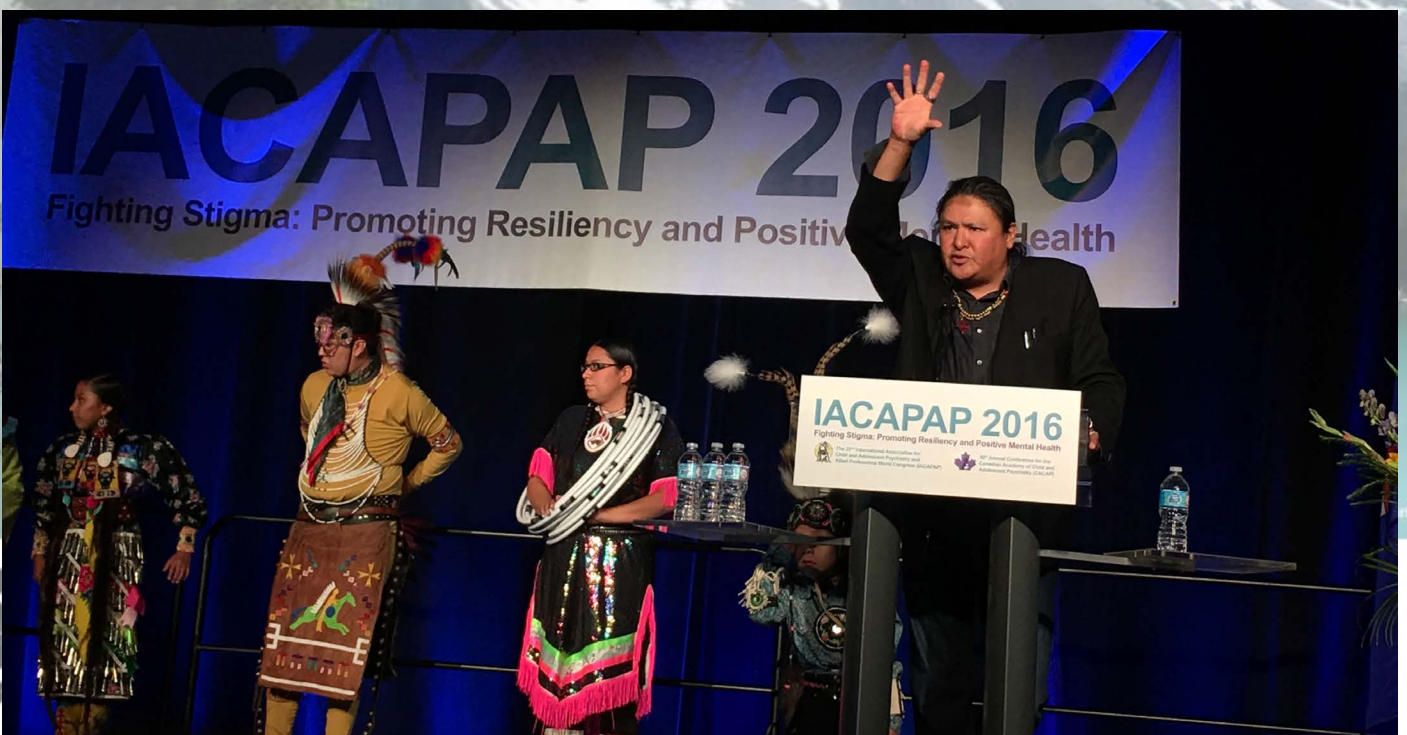
Vision, passion, and courage
With all of our resources and assets
Uniting research and practice
To succeed in our Mental Health conquest.

We all came together at IACAPAP 2016
To learn and reflect on Stigma and
Resiliency
Today we leave renewed and committed
To rise up and help our global community.

Melissa Adrian

about 70 countries—a diverse variety of professionals: psychiatrists, psychologists, social workers, nurses, educators and teachers as well as users and carers. The Congress had over 600 papers and 25 key note addresses spread over 5 days and featured the theme of "Fighting Stigma; Promotion of Resiliency and Positive Mental Health." Some of the key note speakers featured Canadian champions for mental health reform such as Nancy Mannix, patron of the Palix Foundation, and Sheldon Kennedy, founder of the Sheldon Kennedy Child Advocacy Centre, as well as the Canadian specialist in bipolar disorders, Professor Ann Duffy.

The opening ceremony started with Brent Scout from Treaty 7, also known as *Nii danamska* of the Blackfoot Nation, honouring the Blackfoot land and people by giving an opening prayer and blessing followed by drumming and dancing. There was a specially warm welcome for Bruno Falissard, President of IACAPAP, from Mayor Neshi, who awarded him the "White Hat". This was followed by a welcome from the Rt Hon David Swann MLA for the Liberal Party and co-author of the Alberta Mental Health report. Finally the chair of the Mental Health Commission, Michael Wilson, gave an inspirational address about the importance of decreasing stigma regarding mental health problems and promoting better access for treatment for those in need if we are to avoid the devastating effects of suicide.

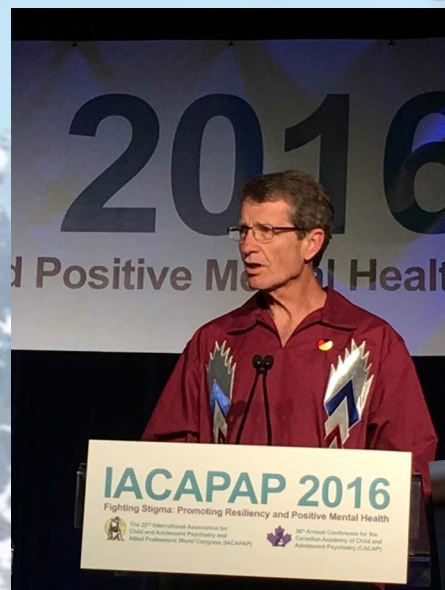


There were many inspiring keynote presentations and academic seminars, symposia, workshops, special interest group meetings, and free papers from clinicians and researchers from around the world. My particular favourite was by Olayinka Omigbodun, reviewing her recent work in Africa and the tremendous progress she achieved by improving teaching and mentorship, with the help of IACAPAP, and by improving access and reducing stigma in her native country, Nigeria, often pioneering new approaches like the use of drama to increase empathy in the staff for those affected by mental illness.

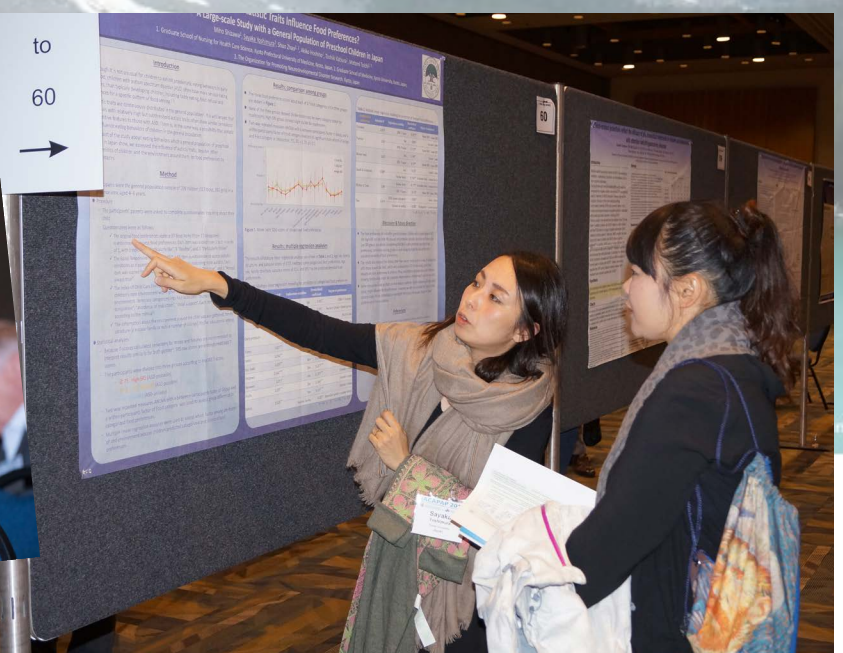
Each IACAPAP meeting includes a monograph and this is part of the intellectual legacy of these meetings. This year is no exception and Mathew Hodes from Imperial College London and Susan Gau from the National Taiwan University did a wonderful work editing a collection of papers from leading clinicians and researchers from around the world. The title of this collection is *Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents*. These are arranged along three themes: conceptual approaches, risk and resilience followed by interventions and treatment. The book features many of the keynote speakers such as Stan Kutcher, Peter Szatmari, Bruno Falissard, Frank MacMaster, Graham Emslie and others.

There were also outstanding social events during the meeting celebrating the Western spirit. Indeed the gala dinner was held at Gasoline Alley, at Calgary's Heritage Park, that celebrates the central role of the oil industry and automobiles in Calgary's history. So after a brief welcome by IACAPAP's President, Bruno Falissard, and Congress Chair, Chris Wilkes, many attendees enjoyed an evening of good food, wine and dancing with friends

On the closing ceremony, the fifth day, Brent Scout, from Treaty 7, delivered the closing prayer and song together with his wife Bonnie Healy. This was followed by tributes by Bruno Falissard, Per Anders Rydelius and Ashley Wazana to several child and adolescent psychiatrists from IACAPAP and CACAP who had passed away recently—James Anthony, Colette Chiland, Klaus Minde, Kary Schleimer, Herman van Engeland—their contribution to the care of children



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IACAPAP 2016

Fighting Stigma,

and adolescents around the world was recognized. IACAPAP's secretary, Gordon Harper, acknowledged the travel bursaries from CACAP and IACAPAP for 4 international delegates awarded to professionals working in the Middle East, Africa, South America and Kurdistan, who came and shared their experiences at the meeting. Then the Donald Cohen Fellowship program and the 20 sponsored young mental health professionals from around the world came on the stage and thanked the audience and the congress organizing committee for making possible this opportunity for networking and learning from key leaders in our field and for the mentoring they received from the many distinguished speakers including our local mentors, Monique Jericho and Gina Dimitropoulos from AHS and Mathison Centre. Finally Michal Goetz announced that Prague would be hosting the IACAPAP Congress in July 2018 and awarded a free registration prize to one of the delegates attending. Michal Goetz is a visiting professor in Calgary's Department of Psychiatry and currently working with Drs Wilkes and Duffy. He also gave grand rounds on child psychiatry in the Czech Republic for the Division of Child and Adolescent Psychiatry. Finally I would like to thank my department head Dr Bev Adams, Dr Paul Arnold, and Andy Bulloch from the Mathison Centre for their generous support of this congress.

Chris Wilkes



The IACAPAP 2016 International Contribution Award was presented at the closing ceremony of the Calgary Congress to Dr Savita Malhotra (India) "in recognition of exemplary leadership on behalf of children and youth throughout South East Asia through teaching, advocacy, scholarly research and contributions to literature". The International Contribution Award is sponsored by the Korean Academy of Child and Adolescent Psychiatry. Dr Malhotra (holding the award) appears with (from left) Bruno Falissard (President of IACAPAP), Myron Belfer (Honorary President) and Olayinka Omigbodun (Past President)





Donald J Cohen Fellowship Program 2016

ENCOURAGEMENT, ADVENTURE AND CONNECTION

Huu Kim Le (Australia)

This is a story of the power of *encouragement* and how this can lead to *adventure* and a deeper *connection* to child and adolescent psychiatry (CAP).

International inspiration = increased connectedness

I first heard about the Donald J Cohen Fellowship Program (DJCFP) in 2015, after a PubMed search = "International + Child + Psychiatry + Mentoring." This resulted in a curious article titled "*Mentoring increases connectedness and knowledge: a cross-sectional evaluation of two programs in child and adolescent psychiatry*" (Horner et al. 2008).

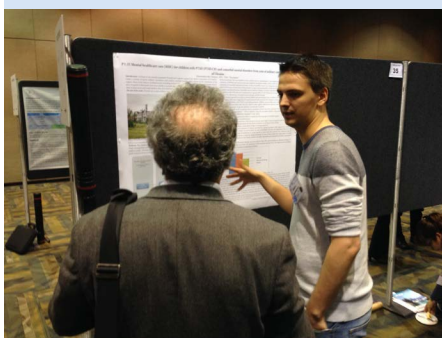
I was referencing this article (even though I had never attended an IACAPAP conference) in a talk I gave to groups of Australian psychiatry trainees urging them to seek adventure. My goal was to inspire fellow trainees to trek the Alps of the human mind and traverse the depths of the soul, but also develop a deeper connection to their CAP training.

A little encouragement

Other than the fear of failing my basic training examinations, I admit I was poorly connected to the field of psychiatry, even isolated. *Then everything changed.* I was lucky enough

I hope that members will take special efforts to contact colleagues in other nations that are not yet engaged and help find ways of promoting their participation.

Donald J. Cohen, MD.
President, IACAPAP, Bulletin Jan 1994



to receive words of encouragement from Nick Kowalenko, my supervisor in Sydney, Australia, to take a 6-month break in training. He even gave me a contact to the Pasifika Partnerships Program. This led to my first adventure, volunteering in The Federated States of Micronesia facilitating CAP depression workshops. This was the beginning of my personal journey in CAP.

On the tail end of that overseas experience, I found myself sitting in the NYU Lagone Medical Centre chatting to Professors Jess P. Shatkin and Xavier Castellanos planning my next adventure. Once I realised I had no intention of reliving my fear of examinations by sitting the USMLE, Professor Castellanos kindly encouraged me to try out Singapore. This led to a 6-month accredited CAP Training Fellowship in Singapore where I could develop my passion in internet gaming disorder in children.

IACA-What?

Although I had made many great international connections and found my passion for internet gaming disorder in children, once again I found myself isolated. How can I be an early career psychiatrist and at the same time "scratch the research itch" in a

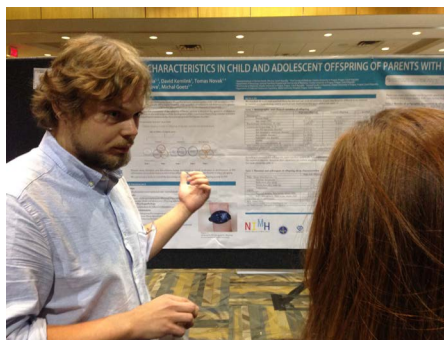
pioneering field such as internet gaming disorder?

In the meantime, I kept encouraging other trainees to leave Australia and be connected to CAP internationally. I eventually got the hang of quoting the acronym "IA-CA-PAP", when I received an email announcing that applications for the DJCFP were open. Without hesitation, I jumped onto this. It was clear in my mind how important this experience could be in my formative years as a child psychiatrist and this could be my next adventure through CAP.

Adventure into CAP leadership

So, here we are. We are now DJCFP fellows! It was a delight to complete the mentorship program with my international sisters Pooja Panchal (India), Sarah Elaraby Sarah (Egypt/USA), Fernanda Prieto (Chile) and my African brother Kwabena Kusi-Mensah (Ghana). Unfortunately, due to ongoing conflict in her country we have not yet met Saliha Kiliñç (Turkey). We sincerely hope that you will make it to the next DJCFP. The experience has been an adventure in CAP leadership. Not only did this experience give us the opportunity to meet international experts such as Joaquin Fuentes (Spain) and Monique Jericho (Canada), but we now have a deep connection to them through their mentorship.

In addition, we were able to meet and relate to other young international researchers and clinicians from all over the world. To me it was like going to a



rock concert where we could sing and dance (we literally did this) to all the famous psychiatry lyrics with the people who wrote them, plus represent our countries as if we were at the United Nations of CAP. However, I am not sure about my skills as an international ambassador, because I kept shooting myself in the foot, making multiple Eastern European cultural *faux pas* (my roommate Dmytro "Dima" Martesenkowsky (Ukraine) will attest to this).

Connection to CAP and Donald J Cohen

Although this year's Fellows would have only heard about Donald J Cohen through this mentorship program, it became clearer to us the impact this CAP pioneer made in the world of child psychiatry and the legacy that lives on. To keep his vision alive, I have curated his quotes from past editions of the Bulletin to not only inspire you but encourage you to seek adventure and a deeper connection to not only each other but to whatever cause you find worthwhile to the world of child and adolescent psychiatry.

Huu Kim Le (Australia), rapporteur for group 2 DJCFP 2016

The Curious World Widens (Sundar, Tonda, Carolina, Ash, and Julia)

From the initial moment we came together in a room for the first of many group sessions, it was apparent that we were in the company of an international

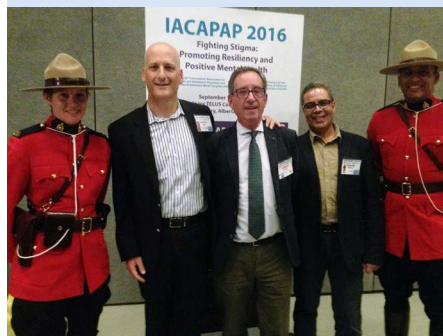




group of brilliant young minds or as our mentors Petrus and John inferred “the VIP’s of IACAPAP”.

As five young hearts and minds with big ambitions to be the next leaders or champions of the child and adolescent mental health field, here are 5 take home messages we considered gems that should be shared:

1. Self-doubt. Whilst we are all high performers, almost all, if not all, people in our group still experience self-doubt regularly. On one hand this can be a motivator to achieve, however on the other hand it can manifest into anxiety that we don’t belong in this field. We need to own self-doubt and use it as drive!
2. Are PhD candidates and trainee psychologists/psychiatrists slave labour? Many, both philosophical and practical answers to this question were forthcoming but what we came back to, through excellent guidance of Petrus and John, was that it’s not slave labour if one comes back to our own reasons and motivations for what we are doing—then you’re you, doing what you’re doing for you, and not a slave. Do things because they sit well with you and with both the professional and person one wishes to be.
3. Work-life balance. Personal and family life often suffers because of work in this field but awareness of times when the work is becoming overwhelming, strategies can be put in place to hike your way



through that jungle and return home to the people and places that matter you the most.

4. Passion and pain. Develop a passion and a purpose for yourself during your years in training and utilise this to help you persist during times of discomfort or adversity. You only live once, so ‘Just Do It!’
5. Mentorship and managing up. Mentors are important treasures of knowledge and it is wise to try and grab hold of a mentor to talk through study, career, and day to day professional decisions. However supervisors or mentors are all usually people with schedules full to capacity. Always keep in mind what mentors have on their plate; don’t be afraid to respectfully flip the “expert in the room” when such a moment occurs (according to our DJCFP mentors this can give them extreme pride); and don’t be afraid to speak up when you need more intensive support.

What an amazing experience! Thank you to all who made this possible, we each feel so honoured and blessed to be graduates of such a prestigious and valuable program.

Finally, to my fellow DJC Graduates of 2016, one final message: dream like you are unicorns, because in my opinion we are all rare, magical and inspiring creatures capable of just about anything—and don’t let anyone steal your sparkle. Just do it!

Julia Dray

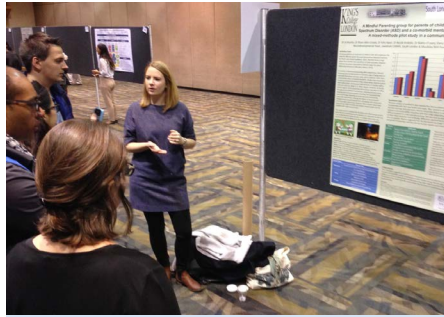
DJCFP Closing Ceremony Speech

I am honored to be standing in front of a truly superb, professional community.

For legal reasons, before I begin, here are my conflicts of interest: I have much to declare because I have been completely inspired by my experience with the Donald J. Cohen fellowship, so I may be presenting a very biased point of view. I also received support to attend this program.

How do you address your fellow Fellows? Since I'm not sure of the term for that, I'll describe them with words like enthusiastic, intelligent, dynamic, compassionate, generous, skilled, dedicated, gracious, humble, curious, and brave (it sounds like I am describing the mentors too). Here's the abstract for the, "Donald J Cohen Fellowship Program 2016: A case series."

Background. You can probably imagine the many different reasons that have motivated and brought together 20 individuals from 17 different countries, with a wide range of interests, to volunteer for this experience, which, given my research background, I will liken to a "case series study". I assure you, it's not for the remuneration, because in the research environment, we know that it's not about any kind of financial compensation.



Our experience, or this "case series study", began with a clear but broad objective: Its main goal is to facilitate access of aspiring leaders to the international organized community of child and adolescent mental health. The DJCFP awards aim to foster the professional development of emerging leaders in child and adolescent psychiatry throughout the world. This program understands "leadership" in its broadest context.

Methods. There was a well-defined protocol: We had regular, scheduled workshops and networking activities. Eligibility was clear: you must be a young mental health professional who does not see a ceiling for yourself and your career. We were enrolled, completed baseline "selfies" and then underwent the exposure. Exposure: I tried to assemble the themes of our discussions and put together all of the other adages we learned to make an acronym, but I found this more difficult to pronounce than "IACAPAP". So instead, I will list only a few: we discussed critical times of decision-making—the moments where everything else in your life becomes "history". We talked about finding balance in using the brain versus the heart, about how we are more likely to regret experiences we don't take or make. We must be clear about goals and that it's important to know the



principles and values that inform them. We discussed social contributions and our responsibility to society. We shared stories of self-doubt. We asked ourselves if PhD students are just slave labor. We discussed the importance of collaboration and the use of mentorship, how to find that work-life balance, and all of this was talked about as it was happening around the world. Together, we tried to instill confidence between us over sharing meals, line dancing, and long elevator rides. Most importantly, from our time together I took away that, if you want to accomplish something you are passionate about, you ultimately have to "just do it".

Results. Our Fellows and mentors are our select future outcomes. The biggest mental health advancement will not be because of a technology, a pill, or a gene, but because of relationships and ideas.

Discussion. Like with any study, there are limitations: There may be the placebo, Hawthorne (observer), or Rosenthal (Pygmalion) effects, but it is all part of this experience. There is a selection bias, there is no comparison group and the confounders may be too difficult to control for. Moreover, replication is unlikely, but one thing is clear, while keeping a conservative *alpha*, we can expect the outcome and effect of this group to be huge! Of course this "study" has strengths: the



"member nations need to work together & share knowledge, perspectives, & resources."

DONALD J. COHEN, PRESIDENT
IACAPAP BULLETIN SEPT' 1995

sample size can be considered good, the feasibility of this opportunity, although it takes much time and dedication from the program and mentors, is relatively acceptable. The outcomes are clinically and socially very relevant and I know the follow-up rates will continue to be high. I sincerely hope that the findings from this program can be generalizable to others regardless of the stage of their career. In conclusion: I believe the next advancement of mental health care will not come from technology, a pill, or a gene, but will come from these individuals you see here today.

Acknowledgements. On behalf of the fellows, I'd like to thank Naoufel, Ayesha, Joaquin, Andres, John, Petrus, Monique, Hesham, Sheri, Gina, Bruno, Chris, and Phyllis. I'd also like to acknowledge other members of the IACAPAP community that may have organized this experience and assisted in the process.

Final footnote: I look forward to seeing you all in Prague in July, 2018.

"L'dor va'dor", from generation to generation. Let's give them one last "Yahoo!!"

Ashley Radomski (Canada)



2016 IACAPAP CONGRESS MONOGRAPH

Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

AVAILABLE NOW

Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

Edited by **Matthew Hodes** and **Susan Gau**



Written by leading authors from across the globe, *Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents* examines the main mechanisms involved in understanding and improving mental health in children and adolescents, including social and biological processes, as well as effective treatments. Taking into account diverse settings and cultures, it combines research and clinical perspectives, and sets forth how they can be translated into effective clinical practice.

This book promotes the study, treatment, care, and prevention of mental disorders and disabilities involving children, adolescents, and their families, and will spread emerging knowledge and good practice in the child and adolescent mental health field around the world.

- Focuses on the evidence base for work in child and adolescent mental health
- Appraises recent theoretical and conceptual issues in child and adolescent mental health
- Demonstrates the implementation of research into practice
- Highlights the relevance of existing knowledge for clinical management
- Considers service and policy implications

The **International Association for Child and Adolescent Psychiatry and Allied Professions** (IACAPAP) aims to promote the mental health and development of children and adolescents worldwide. *Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents* helps IACAPAP achieve this goal by contributing to the training and professional development of child and adolescent mental health professionals by disseminating up to date and high quality information.



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Hodes and Gau

Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents



IACAPAP



Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

Edited by **Matthew Hodes** and **Susan Gau**



The 2016 IACAPAP Monograph entitled “Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents” reflects the theme of the congress held in Calgary, Canada 18- 22 September 2016. The authors, selected from around the world, are experts in their field. They address conceptual issues including “What is positive mental health” (Professor Bruno Falissard, University of Paris-Sud) , and new classification systems in child psychiatry (Professor Elena Garralda, Imperial College London); risk and resiliency for disorders drawing on biological perspectives from genetics (Dr Miriam Peskin & Professor Gil Zalsman, Tel Aviv University & Columbia University) and also brain abnormalities (Professor Frank MacMaster et al, University of Calgary); psychosocial influences including adjustment of left behind children following parental migration (Professor Yi Zheng, Capital Medical University, Beijing), and promoting resilience in indigenous youth (Professor Laurence Kirmayer et al, McGill University). Service and treatment chapters address the promotion of mental health literacy in schools and reducing stigma (Professor Stan Kutcher et al, Dalhousie University), youth mental health services (Professor Patrick McGorry & Sherilyn Goldstone, Orygen, Australia), promoting parenting (Dr David Hawes & Dr Jennifer Allen, University of Sydney & University College London), resilience in autism spectrum disorder (Professor Peter Szatmari et al, University of Toronto), treatment of anorexia nervosa (Associate Professor Jennifer Derenne & Professor James Lock, Stanford University), psychopharmacology of depression and resilience (Assistant Professor Meredith Chapman et al, UT Southwestern Medical Centre, Dallas) , and helping very disturbed children in secure settings (Miriam Yurtbasi et al, Monash University).

THE FIRST CHILD AND ADOLESCENT MENTAL HEALTH CONFERENCE IN WEST AFRICA

Olurotimi Adejumo (Nigeria), Adeola Oduguwa (Nigeria), Sibongani Kayola (Zambia), Iyeyinka Omigbodun (Nigeria), and Kwabena Kusi-Mensah (Ghana)

Something special happened a few months back in an ancient city on the west coast of Africa. The African continent witnessed a landmark event with the hosting of the first ever Child and Adolescent Mental Health (CAMH) conference from the 14th- 16th June, 2016 in Ibadan Nigeria. This conference was hosted by the John D. and Catherine T. MacArthur Foundation-funded Centre for Child and Adolescent Mental Health (CCAMH) of the University of Ibadan, in collaboration with the African Association for Child & Adolescent Mental Health (AACAMH), the Association for Child & Adolescent Psychiatry & Allied Professions in Nigeria (ACAPAN) and the Department of Child & Adolescent Psychiatry, University College Hospital (UCH), Ibadan. There were 112 delegates from all over Africa including Eritrea, Ghana, Nigeria, Sierra Leone, South Africa, Tunisia, Zambia, and Zimbabwe, as well as from the USA and the UK. The conference brought together experts from the fields of administration, communication and language arts, education, family health, nursing, paediatrics, psychiatry, psychology, public health, reproductive health, social work, as well as parents, teachers and school children.

The theme of this maiden conference was "Child Mental Health for Nation Building". It featured a total of 10 plenary lectures, 12 workshops, 6 symposia and 19 free papers delivered in parallel sessions. In an inspiring welcome address, the Conference Convenor and Director of CCAMH, Professor Olayinka Omigbodun, stressed that the conference was convened to bring CAMH professionals together from across the whole of Africa to draw much needed attention to the poor

state of mental health of infants, children and adolescents across the continent and to explore and identify priorities for optimizing psychological functioning among youth, as well as to strengthen cooperation between all stakeholders involved in youth mental health. Quoting from a Nigerian anti-colonial activist and independence leader, Chief Obafemi Awolowo, whose vision captured the essence of child mental health for nation building, Professor Omigbodun summed up

Africa's need for this maiden conference with these words: "It is only when minds have been properly and rigorously cultivated and garnished, that they can be safely entrusted with public affairs with a certainty and assuredness that they will make the best of their unique opportunity and assignment".

Plenary speakers and workshop facilitators at the conference included Professor Naoufel Gaddour, president of AACAMH, from the University of Monastir, Tunisia; Dr.



A cross-section of conference participants on day 1, with plenary speakers flanking the Provost of the University of Ibadan College of Medicine in the front row



Cross-section of conference speakers, top from left: Olayinka Omigbodun, Olapeju Simoyan, Yetunde Adeniyi, Jibri Abdulmalik, Tolulope Bella-Awusah. Bottom from left: Oluwayemi Ogun, Naoufel Gaddour, Noreen Huni, Cornelius Ani, Olayinka Egbokhare, Ezer Kang

Oluwayemi Ogun, President of ACAPAN; Dr. Cornelius Ani, child psychiatrist and paediatrician from Imperial College London; Dr. Olayinka Egbokhare of the Department of Communication and Language Arts, University of Ibadan, Nigeria; Dr. Olapeju Simoyan, Associate Professor of Family Medicine and Epidemiology at the Commonwealth Medical College, Scranton, USA; Professor Afolabi Lesi, renowned Paediatric Neurologist and leading researcher in child development, University of Lagos, Nigeria; Dr. Ezer Kang, Associate Professor of Clinical Psychology, Howard University, Washington DC, USA, and Mrs Noreen Huni, Chief Executive Officer of a 13-country NGO operating in the Southern and East Africa regions—Regional Psychosocial Support Initiative (REPSSI) that provides psychosocial care and support for children and youth affected by poverty—with headquarters in South Africa. There were many memorable moments during the plenary sessions including Professors Lesi and Gaddour's fascinating lectures on brain development and neurodevelopmental disorders in Africa, Dr Egbokhare's engaging talk on using mass media communication techniques as a tool of advocacy for CAMH in Africa, and Dr Simoyan's session titled "Physician Heal Thyself" where she spoke passionately about burn out in health workers, and led the audience in a song (while she played the guitar live on stage) to evoke a sublime feeling of empathy and mutual support in the difficult but rewarding fight to advance the CAMH agenda in our resource-poor settings. This session embodied the spirit of the conference showing that this was not just a meeting for knowledge sharing but to draw strength from one another and to build solidarity, to take a strong message out about the importance of CAMH. The session also served as a reminder to practitioners that they need to care for themselves even as they try to care for others and provided practical ways to do this.

The conference was all about the African child and, as such, children and youth were not

left out. A special one day leadership program for youth in secondary schools and universities was held as part of the conference. The day started off with a workshop titled "Leadership, Mentorship, Thinking Outside the Box" where Dr. Simoyan engaged the students in a public health puzzle and in a discussion on the world's great leaders and what it could be learned from their lives. After this, there was a session on communication skills and a poetry workshop where students were encouraged to develop listening, speaking and writing skills. Finally there was a mental health anti-stigma workshop which tackled erroneous conceptions of mental illness using the personal story of a mental illness survivor, as well as engaging in role-play activities



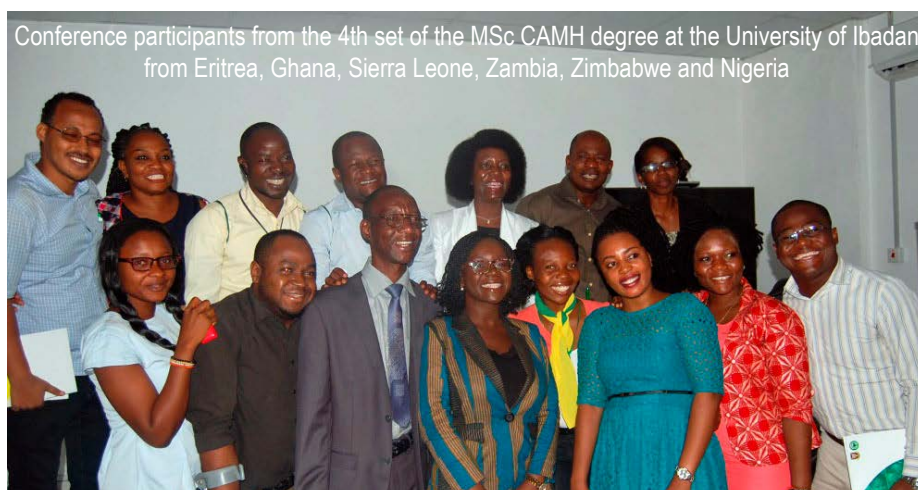
A cross-section of Nigerian school children who made a presentation on day 3: the Day of the African Child

focusing on how to deal with schoolmates who have mental health challenges. At the end of the day, the participants reflected on how the workshops had pushed them to think more deeply about leadership and service.

At the grand finale on the 3rd day, (16th June, "Day of the African Child") the third set of 15 graduating students on the Master of Science degree programme in CAMH at the University of Ibadan were presented to the public. This makes a total of 43 professionals who have so far completed the MSc. CAMH from 5 African countries: Ghana, Kenya, Liberia, Nigeria and Sierra Leone. Dr. Ronita Luke from Sierra Leone received the award for the most outstanding graduating student in this set.

The conference was not all serious talk and discussion however. There were a number of interesting social activities for participants in this ancient African city, rich with culture and history. Sights toured included the Bower's Tower, a historical reminder about the spectre of colonialism in Africa as well as the palace of the traditional ruler of Ibadan, the Olubadan.

At the end of the 3-day conference, a communique was issued encapsulating some recommendations of the conference, including the urgent need for the governments of Africa to address the mental health needs of children and adolescents, the need for continuous research and advocacy for CAMH, the urgent need for a critical look at the juvenile justice systems of Africa, and the urgent need for school health programmes incorporating mental health, nutrition, and the education of the girl child as critical components. Just as a ripple starts out small and grows bigger, the CAMH movement across Africa continues to grow. This conference brought together individuals driven by a shared vision: the desire to make Africa a continent where every child receives love, care and protection—at home, at school and in the community. It is our firm belief that this conference has set the stage for partnerships that will endure the test of time and spread the delivery of CAMH services to all parts of the continent, and we hope there will be more participants from more parts of Africa and the world at the next conference.



Conference participants from the 4th set of the MSc CAMH degree at the University of Ibadan from Eritrea, Ghana, Sierra Leone, Zambia, Zimbabwe and Nigeria

The 3rd Asian Congress on ADHD

Singapore, 26-27 May 2016.

Adj A/P Say How Ong

Guest of Honor, the Minister of State, Ministry of Communications and Information & Ministry of Education, Dr Janil Puthucheary, delivering his opening speech.



The 3rd Asian Congress on ADHD was successfully held in Singapore from 26-27 May 2016 at the Singapore Expo Max Atria. There were 468 local and foreign delegates including mental health practitioners, pediatricians, educators and caregivers. The congress theme was "Optimizing Care along the Life Trajectory". To counter the negative perception so often attached to the condition, the congress got off to a positive start with an aware ceremony ACE (Active, Creative, Energetic) for a group of local students from public schools with ADHD who made significant achievements despite the diagnosis. Awards were also handed out to school personnel in recognition of their tireless effort in guiding students with ADHD.

Professor Rosemary Tannock gave a thought provoking keynote lecture highlighting the need to engage in proactive planning for continuity of treatment, with an emphasis on planning for key lifespan transitions, using a chronic care paradigm. Our 4 plenary speakers from the Asian-Pacific region addressed various themes addressing basic science research, clinical and cultural issues as well as the relevance of technology to ADHD. There was an international panel of "state of the art" speakers who shared perspectives including conceptualization of the condition as well as cultural issues. During the breakout sessions, a total of 40 speakers shared their research work and clinical experience. There was a symposium bringing Asian countries together to discuss the organization

and challenges in their mental health services for youths. Topics such as addiction and the use of technology in care delivery were discussed, and the book "Navigating the Cyberworld with Your Child" produced by the Institute of Mental Health (Singapore) was launched at the Congress. The book serves to inform and educate members from the public about cyberwellness and cyberaddiction, the latter often associated with ADHD.

Various non-health professionals from the education and social sectors also shared their roles on working with youths with ADHD and their families. There was also one symposium dedicated to parents of children with ADHD to discuss issues close to their hearts. Active exchange of views took place between the audience and the international panel of experts in the final segment of the programme, and a parent representative was included in the expert panel. Finally the conference closed with awards handed out to the top 3 posters among the 36 poster presentations, as judged by our international panel. During the international delegate reception, more than a hundred delegates from all over the world came together, made new friends, renewed old ties over a sumptuous dinner, and networked with like-minded professionals in their work in ADHD. The next edition of this regional biennial congress will be held in China.



Left: Prof. Rosemary Tannock delivering her keynote speech on "ADHD: Are we using acute treatment approaches for a chronic condition?" Above: ACE Award was given out to children and youth who had performed well despite having ADHD and to educators/counsellors who contributed to the success of ADHD children in their schools.



iCAMH Training in Sri Lanka

April 2016

Kumudu Rathnayaka, Sudarshi Seneviratne, Swarna Wijethunga & Udena Attygalle

This is a reflection on the iCAMH training recently conducted in Sri Lanka. Following the interest raised by the workshop presented at the recent ICAPAP congress in Calgary, we believe it's timely to reflect on how the iCAMH training workshop went in Sri Lanka, the experience of doing it, and the lessons that can be learnt for future iCAMH programs.

The workshop was carried out by four child psychiatrists: Drs Kumudu Rathnayaka, Sudarshi Senevirathne, Swarna Wijethunga and Udena Attygalle. Except for Kumudu Rathnayaka, all are based in Sri Lanka. Dr Rathnayaka did her initial training in Sri Lanka before qualifying as a specialist in Australia. The other three also completed their basic training in Sri Lanka, did advanced training in child psychiatry in Australia, and returned to Sri Lanka where they practice currently.

We had been searching for opportunities to contribute to the development of child psychiatry in Sri Lanka. When we stumbled upon the iCAMH program—developed by Dr Henrekje Klasen as an element of ICAPAP's portfolio of educational resources—it seemed an excellent fit with what we felt Sri Lanka, with its dearth of clinicians, needed. The program had already been developed and had been trialed in Ethiopia. Sri Lanka was the second country to trial the program. Dr Klasen was extremely generous with her time and the materials she had developed. We had long skype discussions with her trying to learn the goals and the structure of the program, although there were many challenges trying to adapt the training materials. Dr Rathnayaka subsequently contacted Drs Seneviratne and Wijethunga who were happy to organize the training locally. Together with other child psychiatrists in Sri Lanka, they had recently formed the Sri Lankan College of Child and Adolescent Psychiatrists, which carried the responsibility of organizing and running the training. The Ministry of Health provided meals for the participants and accommodation for those who lived far away. Dr Chandradasa, a senior registrar from Lady Ridgeway Hospital, was very helpful in maintaining communication and organizing the practicalities of the event.

We also discussed each of the 12 modules—whether they were applicable to a Sri Lankan context and how they might be adapted to best suit it. Participants in the Sri Lankan workshop were different from those in Ethiopia. Dr Klasen conducted the workshop with pediatricians and pediatric residents. In Sri Lanka, attendees were mostly adult psychiatrists who had a good knowledge of mental health. We omitted some modules such as HIV and epilepsy. HIV is not a common problem in Sri Lanka while epilepsy is treated by pediatricians. We expanded the somatization module because it is a common presentation in Sri Lanka. The adult psychiatrists were also keen to learn about and discuss service development so this was added and we also included a module on forming peer review groups. 25 psychiatrists registered for the workshop. Some of them travelled nearly 12 hours to attend. The workshop was held at the Lady Ridgeway Teaching Hospital in Colombo.

Content of the training

The first day of the training was attended by the director of the Lady Ridgeway Hospital, Dr WK Wickremasinghe; the National Director of Mental Health, Dr Chitramali de Silva; key personnel from the Ministry of Health together with two senior psychiatrists, Dr Varuni De Silva and Dr Harischandra Gambheera, as well as Mr Suveendran Thirupathy from the Sri Lanka office of the World Health Organisation. We spent about 2 hours after the initial ceremony on the initial evaluation and objective structured clinical examination (OSCE).

The first day also covered the modules on child development, child psychiatric assessment, formulation, intellectual disability, autism spectrum disorder, and attention deficit hyperactive disorder. There was a brief session about child development and we then watched the Massive Open Online Course (MOOC) video developed by ICAPAP. Assessing children with intellectual disabilities and learning difficulties has been a difficult problem in Sri Lanka. The usual assessment tools, such as the WISC, cannot be used in a non-English speaking population. Due to cultural, language and financial barriers it cannot be readily adapted to local languages. Sri Lanka also has very limited access to psychologists and carrying out an assessment of intellectual functioning has been difficult. Dr Seneviratne and her colleagues

have developed materials to overcome this barrier. She shared her experience with the audience. Dr Wijethunga conducted the module on autism spectrum disorders (ASD). She also shared locally developed materials and discussed how to use tools translated to Sinhala to screen children for ASD.

On the second day we asked for feedback from the participants. People had appreciated highly Dr Seneviratne's presentation that was perceived as very practical, while they found the presentation on development more theoretical. So it was decided to focus more on practical aspects. Dr Attygalle presented about conduct disorder using the iCAMH structure, including cases provided by the participants. The principles of management were highlighted and participants brought up the services and resources available for these problems in their local area.

For the anxiety disorders module, after a brief introduction, we set up four groups with a facilitator in each. Participants brought up cases which subsequently were analyzed step by step, from assessment to basic therapy processes. Participants role-played as doctor, patient, and parent. The doctor was expected to take a history from a patient and their parent. Each group had to formulate a list of issues and a management plan. Then we went through psycho-education based on the CBT model and basic CBT techniques with the aim of giving them practical skills they could use in their clinical practice.

For the somatization module, following a brief introduction of the principles we had a discussion with the team. It was good to explore what their local hospital settings were like and how they managed consultation liaison presentations. The audience was familiar with the materials in the suicide and depression module. We discussed how children's presentations are different and how pharmacotherapy is different in children and adolescents compared to adults.

After a 4-day break due to a public holiday, we met for the third day of teaching on a Friday. We lost a few attendees due to distance and other commitments. But a few new participants came for this day. Following a discussion with the training team and others, they were keen to discuss service development and we also thought it would be good to introduce peer supervision. First, however, we presented the trauma and PTSD module and then used the intervision model presented in the iCAMH package, using participants' own cases. This was well received and was a good introduction to peer supervision.

One difficulty for clinicians in Sri Lanka is that they are often isolated and have limited

access to professional support. We wanted to encourage them to develop peer groups so that they can get support from each other. We also wanted to encourage them to do the IACAPAP MOOC together as a group, which was to start shortly after the iCAMH program took place. Peer supervision is still a relatively novel activity in Sri Lanka and this module was received well. Following the peer supervision module we did a group exercise on service development in groups of 4 or 5.

Reflections

Delivering the iCAMH training in Sri Lanka was a rich, interesting, and a very informative experience for all of us. Participants were keen and eager to learn. Most of them were experienced adult psychiatrists and knew clearly what they wanted to gain from the training. They were ready and willing to give us feedback and we were able to adjust our training accordingly. This atmosphere created very practical and useful discussion around their own clinical experiences.

We were grateful to Dr Klasen for taking time to develop the training. Having a structure and materials already available was a significant advantage. Also knowing that IACAPAP backed the training and that there were related educational materials such as the IACAPAP Textbook and MOOC added credibility to what we did. It was also an opportunity to explore how different cultures and different medical system do things differently.

Some unexpected issues came up. One of the training days was Labor Day (1st of May). There were two large gatherings happening on both sides of the hospital and participants were becoming anxious about getting caught in traffic. Sri Lanka also has a history of violence in political rallies. This required flexibility on our part and finishing early.

We also enjoyed fun times during breaks. Meeting colleagues and talking about each other's lives was wonderful. We celebrated the birthdays of Drs Wijethunga and Gadambanathan which also fell on the second anniversary of the founding of Sri Lanka's College of Child Psychiatry. We all enjoyed a big birthday cake and sang happy birthday to those who celebrated.

Unfortunately, for a variety of reasons, we were not able to get formal feedback from the majority of the participants. Because there are so few psychiatrists in Sri Lanka, the demands on their time are heavy and only four responded. However, many of them reported the training to be very valuable and enjoyable. They were looking forward to using the materials in their practice. The trainers also appreciated the opportunity to get together and experience collegial support.

The flexibility of the training was a strength. The structure of the training was based on adult learning principles, using activities that encourage discussion and active participation of the audience rather than just listening to a trainer. Getting local trainers involved was very productive. It gave them ownership of the workshops and their knowledge of the system provided an atmosphere of easy collaboration. It also provided a good opportunity to build relationships.

Lessons for the future

iCAMH training is geared to deliver low-cost training in low and middle income countries (LAMIC). It was structured in a way that interested senior child psychiatrists can relatively easily familiarize themselves with the training materials and format and then deliver the training in a different country through working with local child psychiatrists to train second line professionals in child



mental health, such as general adult psychiatrists, pediatricians and psychiatry trainees. We found this model very practical.

Most child psychiatrists working in LAMICs are extremely busy. They have few opportunities to run training and even less time to develop training materials from scratch. Usually in LAMICs there are only a few child psychiatrists for the whole country. For example, Sri Lanka currently has 6 child psychiatrists for a population of about 20 million. iCAMH training can provide a structure for them to deliver a practical training program for the participants they want to train. Due to the high demands of work they can get isolated having little opportunity to meet with each other and share knowledge and experiences. Apart from the dissemination of the knowledge and skills, we found iCAMH a good base to build and strengthen relationships.

Cultural adaptation in the content of the training and interpersonal relationships is a crucial part of delivering iCAMH. The trainer needs to have a clear understanding of cultural presentations; cultural issues such as parenting styles and, most importantly, the services and resources available. It cannot be expected that the foreign trainers will have a good knowledge of the host country. Hence, it is important to be aware of this and be sensitive and open to learn from local trainers and participants and develop the program together. Collaboration between local and



foreign trainers provides a mutually beneficial learning experience.

While planning the training we spent a lot of time communicating with each other. Although this was very useful for the success of the training, in future this may not be practical and it is important to streamline and structure trainer training. It will be useful also to explore better and more practical avenues for transferring training materials.

Evaluation is a key part of the training. Unless it is evaluated, it is hard to know how it works and whether it achieves its goals. It

will be important to have clear expectations and specifically organise time within the training to do the evaluation.

Conclusion

Considering iCAMH has been successfully used in Ethiopia and in Sri Lanka, it has promise to be a model that can be extended into a variety of countries and medical services. However, it's still in its infancy and further evaluation is needed. Inter-cultural collaboration, empowerment and cultural adaptation are as important goals as teaching and education.



IACAPAP 2018

23 – 27 JULY 2018, PRAGUE, CZECH REPUBLIC



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23rd World Congress of the International Association For Child and Adolescent Psychiatry and Allied Professions

Helmut Remschmidt Research Seminar participants meet in Calgary



Ten years ago, the IACAPAP Executive Committee decided to organize research seminars, entitled the Helmut Remschmidt Research Seminars (HRRS), with the purpose of inspiring young colleagues from IACAPAP and allied disciplines to engage in research. The aim of the seminars was to provide basic knowledge in key aspects of research design in child and adolescent psychiatry, skills in presenting research to colleagues, and to carry out personal research projects. Since 2006 when HRRS was created, 5 seminars have been held across the globe (Istanbul-2007, Beijing-2010, Paris-2012, South Africa/Stellenbosch-2013 and Canada/Kananaskis-2015) giving the opportunity for 120 young professionals to take part in that initiative.

In September 2016, the 22nd IACAPAP Congress was held jointly with the 36th Annual Conference of the Canadian Academy of Child and Adolescent Psychiatry Calgary, Canada. The conference presented an opportunity to gain valuable knowledge about the most up-to-date advances in the area of child and adolescent mental health that is surfacing around the globe; but it was also an opportunity to connect with old colleagues, mentors and new friends.

On Wednesday 21st, thanks to the generous contribution from the department of Psychiatry at the University of Calgary, and to Professors Helmut Remschmidt and Gordon Harper, a social gathering of participants from previous HRRS took place at the Marriot Hotel in Calgary, giving them an opportunity to talk about the work presented during the conference but also to strengthen their professional and friendship links. Professors Per-Anders Rydellus (Sweden); Petrus de Vries (South Africa); Bruno Falissard (France); Helmut Remschmidt (Germany); Susan Gao (Taiwan); Füsün Cuhadaroglu (Turkey) and Chris Wilkes (Canada) were there to welcome the participants. The next HRRS will be held in the Czech Republic in September 2017.

Iliana Garcia-Ortega



Translation of the IACAPAP Textbook into Japanese

Takahiko Inagaki

Shiga Prefectural Mental Medical Center & Shiga University of Medical Science

We are translating the IACAPAP Textbook into Japanese. The first results (Chapter E1: Depression in children and adolescents) have been posted on the [website](#).

Access to the Textbook is free not only for mental health service providers but for everyone. When I became initially aware of the existence of the textbook in 2013, I envied the people in English-speaking countries. Most Japanese can read only Japanese, thus it is impossible for them to read this world-standard textbook. Lack of access to texts like this one may be one of the reasons why awareness and knowledge of mental health problems in children and adolescents is not widespread in Japan. Consequently I decided to translate it into Japanese. Because it would be too great a job for one person alone I approached other colleagues. Fortunately, seven psychiatrists, two clinical psychologists, and one pediatrician expressed interest in participating in the project. We established the “Japanese Translation Committee of IACAPAP Textbook” in 2015 and set up a [website](#).

The quality of the translation is our main concern—it must be able to be understood not only by specialists but also by the general public. Because of this, a translation by specialists in psychiatry only is insufficient and cooperation from specialist translators was needed. We sought donations and we will utilize the proceeds for this purpose. We applied to JAPANGIVING, <http://japangiving.jp/p/2839>, for donations.

Our translation process is as follows:

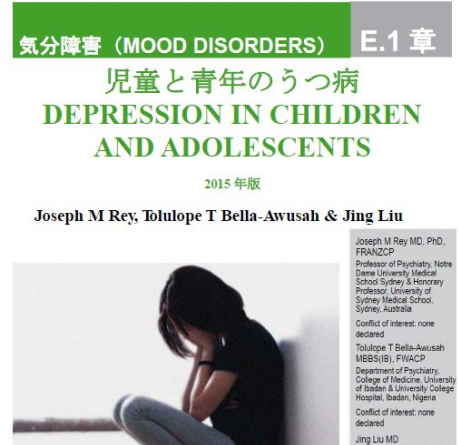
- Translation by expert translators
- Editorial supervision by the translation team
- Japanese proofreading and layout by experts
- Submission to IACAPAP.

It is important to disseminate unbiased and up to date knowledge of mental health

problems to the public. We decided to start with the chapter on depression because we considered that this topic will have the greatest impact to the public. Depression is one of the most common disorders in children and adolescents and relatively easy to treat. Unfortunately, most people in Japan are not aware of this. Lack of knowledge results in ignorance of the options for treatment and in lack of referral to mental health services. For example, more than 2% of junior high school students are withdrawn from school and do not receive any mental health care. We hope this project will improve mental health literacy and contribute to a healthier life for children and adolescents in Japan.

Members of the Japanese Translation Committee:

- Yoshiro Ono MD, PhD. Wakayama Health and Welfare Centre
- Takao Nakabayashi MD. Department of Psychiatry, Shiga University of Medical Science Hospital



- Naru Fukuchi MD, PhD. Miyagi Disaster Mental Health Care Centre
- Takashi Okada MD, PhD. Department of Child and Adolescent Psychiatry, Nagoya University Hospital
- Chiho Ueno MD. Clinic of Kyoto City Child Well-being Center
- Masaru Tateno MD, PhD. Tokiwa Hospital/ Department of Neuropsychiatry, Sapporo Medical University
- Yuko Sakaue MD, PhD. Department of Developmental and Behavioral Pediatrics, Shiga University of Medical Science
- Hiroshi Sato PhD. School of Humanities, Kwansai Gakuin University
- Tsunehiko Tanaka PhD. Faculty of Education, Niigata University



From the left: Dr. Yoshiro Ono, Dr. Takahiko Inagaki, Dr Chiho Ueno

Colette Chiland 1928-2016

Colette Chiland (centre) with the “Dream Team” (steering committee of the IACAPAP Congress, Paris 2012) (from left): Marie-Michèle Bourrat (Limoges), Claude Bursztejn (Strasbourg), Colette Chiland (Paris), Jean-Philippe Raynaud (Toulouse), Annie Bloch (Paris), David Cohen (Paris), and Jacques Constant (Chartres).



While leading a rich career as a clinician, teacher and researcher in France, Colette was actively involved in the activities of IACAPAP during 40 years. She understood very early the importance of international scientific exchange and IACAPAP occupied a very important place in her professional commitment. She developed within the IACAPAP very strong professional and friendly relationships, of which she often spoke with enthusiasm.

Born in 1928, her academic training was brilliant: she graduated from the Paris Institute of Psychology in 1947, obtained a Doctorate of Medicine in 1954, the Philosophy Aggregation (the highest degree in French Universities) in 1955 and a Doctorate of Humanities from the Sorbonne in 1970.

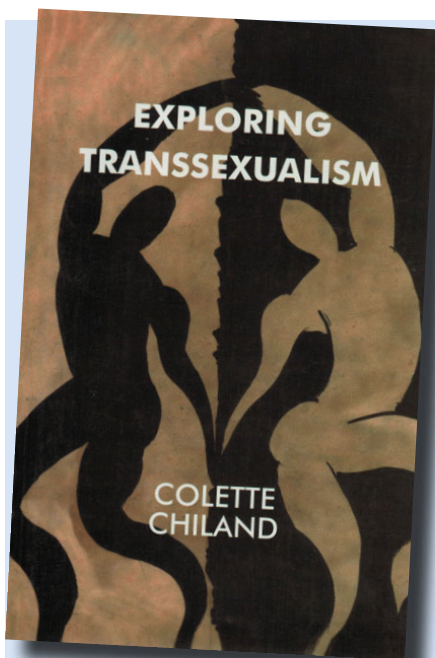
Initially she practiced as a professor of philosophy in Marseille, France. After medical school, she practiced as a psychiatrist and psychoanalyst in both private practice and at the Centre Alfred Binet—one of the historically important sites of child and adolescent psychiatry in France. In 1970 she became professor of clinical psychology at the René Descartes University, Paris. In 1980 she became dean of the faculty of psychology in that university. She traveled extensively and visited universities and laboratories around the world to modernize and enrich the teaching of psychology. She was a visiting professor at the Cornell Medical Center and at Stanford University in the United States and lectured on all continents. She published many books and papers and worked on many domains of child development and psychopathology. Her best known work at the international level focused on gender identity issues (click [here](#) for a list of publications).

In 1973 Colette started to participate in the IACAPAP International Study Group and soon became co-editor of the IACAPAP Books—with James Anthony and Cyrille Koupernik. In total, she co-edited 11 IACAPAP books and their translation into French. In 1974 she was Vice President of IACAPAP for two terms. In 1982 she was elected President, at the Congress in Dublin, Ireland. Colette and her coworkers organized two successful world congresses of IACAPAP in Paris in 1986 and 2012. It was for both of us a great honor and a great human experience to be part of what Colette called her “dream team” of 2012, the Paris Congress Steering Committee. Colette was elected Honorary President of IACAPAP in 2002.

Colette Chiland always strived for IACAPAP to be a forum for psychiatrists, psychologists and other professionals working in the field of child mental health. She was the best advocate for female representation on the executive committee and for continuing using English and French languages in official texts of IACAPAP.

In France, Colette was President of the Scientific Council of the *Société Française de Psychiatrie de l'Enfant et de l'Adolescent* (French Society for Child and Adolescent Psychiatry) from 1993 to 1999. She was a full member of the Paris Psychoanalytic Society. She had a high recognition on the part of psychiatrists, psychologists and psychoanalysts. Her books were regularly published or republished.





One of her last books was a book of philosophy, a personal reflection on the human condition and suffering that human beings are capable of inflicting on other human beings. She also had great satisfaction when we co-edited the IACAPAP 2012 Paris post-congress book. Until the last weeks of her life she fought for the English version to be made available online.

Colette defended her views with force, intelligence and humor. Her humanity, openness and ability to listen made her an example. We have lost a leading personality of international child and adolescent psychiatry. We have lost an exceptional friend also.

Marie-Michèle Bourrat, Past President of the French Society for Child and Adolescent Psychiatry and Allied Professions, Limoges, France

Jean-Philippe Raynaud, Professor of Child and Adolescent Psychiatry, Toulouse, France

Receiving a special present from Olayinka Omigbodun (President of IACAPAP) at the closing ceremony of the 2012 Paris Congress

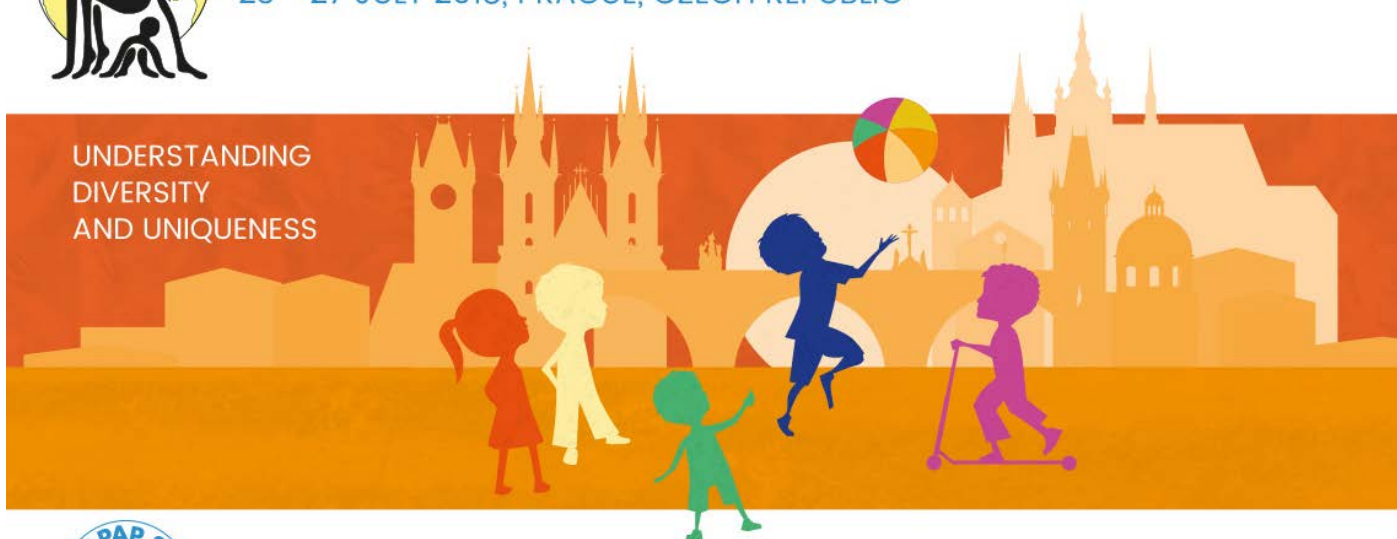


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AND UNIQUENESS



23rd World Congress of the International Association For Child and Adolescent Psychiatry and Allied Professions



THE ALBERTA FAMILY WELLNESS INITIATIVE

An innovative platform to improve health and well-being outcomes for all children and families through knowledge translation and application

Maite Ferrin, MD, MSc, PhD

The Alberta Family Wellness Initiative (AFWI) was presented by Nancy Mannix, from the Palix Foundation, during a keynote lecture at the last IACAPAP meeting in Calgary, Canada. The AFWI project aims to represent a novel approach and a change in mind that synthesizes bottom up and top down approaches for mental health problems of young people and, more precisely, in additions. This initiative is focused on creating an alignment between science, policy and practice in the areas of brain development and its connection to addiction in order to bring effective, comprehensive and integrated services for young people and their families.

The AFWI's activities are centred on three core concepts:

1. There is a connection between early brain and biological development and later physical and mental health outcomes like addiction.
2. Addiction is more than drugs, alcohol and gambling. It can also include food, sex, work, and other human behaviors.
3. Brains can change.

The AFWI was conceived to counter the "siloing" effect that delays and distorts the transition of scientific knowledge into policy and practice. While scientists now know that children's early experiences lay the groundwork for lifelong health, this knowledge is not always reflected in policy and practice. The large and growing body of scientific knowledge around epigenetics, and developmental and behavioural neuroscience offers a tremendous opportunity: we now have a scientific platform for innovation in the way we approach support for children and their families.

The scientific evidence aims to mobilize and connect synthesized scientific research about early brain

and biological development to better understand and address how intergenerational factors as well as experiences in children's lives as they grow and develop impact on their health and well-being throughout life, in particular on mental health and addiction.

The program describes early brain and biological development science and the influence that adverse childhood experiences can have on brain development and subsequent addiction and mental health outcomes. Fundamental to this mission is to provide the multi-disciplinary science, practice and policy communities with a common language and framework of understanding.

According to Mannix, this understanding will help redirect resources toward broad health promotion and disease prevention strategies based on the science of early brain development, and will help break the inter-generational cycle of chronic diseases such as addiction.

Through networking, applied research, knowledge translation and dissemination, professional development and training, and evaluation, the AFWI is continually seeking to bridge the gap between "what we know" in science and "what we do" in policy and practice

We had the chance to talk with Nancy Mannix during the meeting.

Nancy, you have insisted on education having a pivotal role in the program. Why do you think education is so important?

Previously, there were different opinions based on very different beliefs around brain function and mental health. There was no discipline to compile all the information and knowledge so that everyone, scientists, families and

service providers could speak the same language—something was definitely missing. Information from all these multidisciplinary sciences had to be synthesized and translated in a way that people could understand, and once the information arrived to the public it was necessary to see if the public could understand it and get the effect backwards. For our initiative, getting a common belief system is the first step, and that's why in that respect education and knowledge is essential for us. Once we all have the same language and the same level of competency the families are going to have a consistent and coherent strategy. It is knowledge what changes believes and ultimately health practices. Knowledge is what shifts the ground.

Nancy, have you been able to measure the impact of your initiative in the Albertan families/society?

At this moment the organisation is creating an evaluation framework. We are trying to set the system indicators and the program indicators that are going to be used to evaluate the impact of this initiative in our families.

Finally, how can other people/professionals in other countries benefit from the work that this initiative is doing?

We are going to make a course—called "Brain Story 101"—available to everybody worldwide. This 30-40 hour course will be launched in November/December 2016 and will be available on the AFWI website although the AFWI doesn't have ownership and the course will be free of charge. We just want it to be used!

Click [here](#) to see an example of how the AFWI disseminates scientific evidence on brain and addiction. More examples of how the AFWI works can be resourced [here](#).

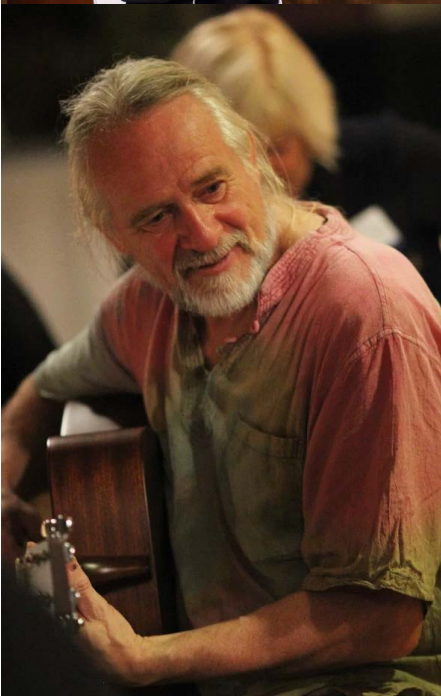
Impressions from the 8th Nordic–Baltic Conference

UNCOVERING HIDDEN RESOURCES

How can we enable children and families to work on their own recovery?



Lars R. Lund



Recently, 28-30 September 2016, colleagues working in the field of child/family mental health gathered in Birštonas, Lithuania. Birštonas is a resort and a spa town in Lithuania situated 30 km south of Kaunas on the right bank of the Nemunas River. The autumn yellow trees, river and comfortable building created a quiet atmosphere for the professional discussions. Traditionally the Nordic–Baltic conferences (organized every 2 years) focus on personal insights and creativity in the daily activities of professionals working with children/adolescents and families.

Increasing regulation and efforts to standardize and describe clinical work quantitatively brings the need to think about challenges and qualitative aspects—meaning professional dignity, creativity, initiative etc. Understanding patients' perspective and listening to their feedback are another challenge and a good source of knowledge for professionals. How to keep going and stay creative during the decades of clinical work? Not everyone is successful in this. Meeting with colleagues from neighboring countries, sharing experiences and spending time together allows to look for personal discoveries regarding the important issues of professional dignity, quality and responsibility. Beatles' songs were often heard during the breaks and guitars played in the evenings—a pleasant and meaningful part of these conferences.

Lectures and lecturers included: Jim Wilson (England) who gave the opening lecture (“What is the point in believing in something if you can't challenge it?”), and the seminar “Hidden resources are right in front of us”. Rolf Sundet (Norway) spoke about “Recovery through collaboration—working with therapeutic togetherness”. Aušra Kurienė (Lithuania) presented “In the beginning there were parents: Understanding parents' resistance and creating meaningful collaboration in child psychotherapy”. Rasa Pietarienė (Lithuania) led a seminar on “How therapists can help clients in the process of growing awareness and integrating different self-dimensions? Lykke Klockmann Malmberg (Denmark) lectured about “It runs in the family, developmental trauma. Reconnecting and recovery”. Lars R. Lund (Norway) presented “All you need is love... The hopeless youths?...”

The Nordic-Baltic Organization for Professionals Working with Children and Adolescents (NBO) has grown to become a formal association during the last 20 years. NBO consists of multi-professional organizations representing professionals working in the fields of child mental health from Nordic and Baltic countries. It has an active board under the leadership of Lars R. Lund from Norway. NBO has a good track record in organizing international conferences where high professional standards are combined with interactive discussions among participants together with poignant cultural entertainment and a traditional closing song. For more information: <http://www.nordicbaltic.org/>

Professor Sigita Lesinskiene. Photo: Jolanta Zilinskiene, Vilnius, Lithuania

ASSESSING CHILD SEXUAL ABUSE—SEEKING HELP

For many years I have been concerned about how to assess sexual abuse in children when there are no physical signs or demonstrable injury. In many of these cases it is very difficult to establish the truth. The consequences can be bad for the children because, after complicated lawsuits, the conclusion can sometimes be that one of the parents may not be allowed to see the child again. To avoid this problem I have looked for some way to assess reliably sexual abuse in children.

I have used for many years the Statement Validity Assessment (SVA), a tool designed to determine the credibility of child witnesses' testimonies in trials for sexual offenses, which was given to me by Professor Jean-Yves Hayez (University of Louvain la Neuf). This instrument was developed based on consensus by experts from Scandinavia,

Canada, United States and Germany. It consists of an interview of the child by a child psychiatrist or psychologist trained in performing this type of assessment. It seeks to create a climate of trust with the child and avoids making suggestions or questions that may induce answers. I perform these interviews in a room with a one-way mirror, through which other relevant persons (the judge or a representative, lawyers etc.) may observe the interview unobtrusively. The child is made aware of this.

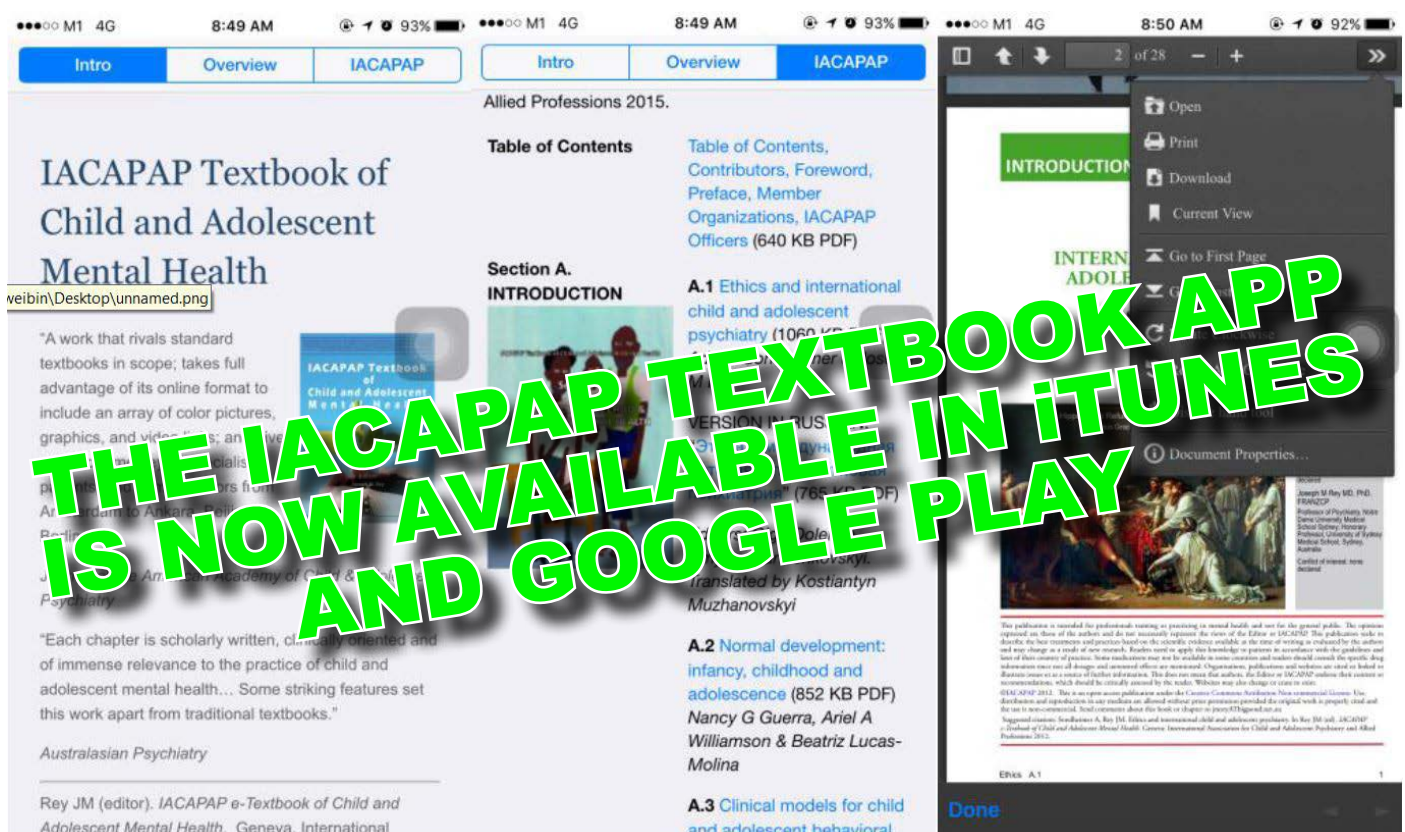
The core of the SVA is a verification grid. This grid has a set of criteria related to the content of the testimony with nineteen elements of validation. I have found this methodology a valuable resource and its application, if the parameters are followed as the authors recommend, would produce a fairly reliable opinion.

The fact that the interview had been recorded avoids secondary victimization of children caused by repeated interrogations.

In Uruguay, despite the fact that I have tried to incorporate this methodology for years, there has been great resistance in the judiciary, and I have failed to implement its use systemically. I am aware that the SVA has been criticized as "theoretically vague", with little or no empirical evidence in its favor, a form of pseudoscience, but for me it has been a useful help.

I would like to hear from IACAPAP members about which methodology they use when assessing child sexual abuse. Your advice would be very much appreciated.

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

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

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

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

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

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



60th Congress of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA)

Joint initiative with the American Academy of Child & Adolescent Psychiatry
 Donostia-San Sebastian, Spain, 1-4 June 2016

Cesar Soutullo MD, PhD, & Ana Figueroa-Quintana, MD

This year's 60th Congress of the Spanish Association of Child and Adolescent Psychiatry (AEPNYA) was a joint initiative with the American Academy of Child & Adolescent Psychiatry (AACAP). It was held in Donostia-San Sebastian, Spain.

The congress was a great success, with 637 delegates from 32 countries and the 5 continents attending. Fifty-four per cent came from Spain, 25% from the USA, 12% from the rest of the European Union, and 9% from the rest of the world (from countries such as Armenia, Australia, Bahrain, Brazil, Canada, Chile, Dominican Republic, Israel, Lebanon, Mexico, New Zealand, Nigeria, Paraguay, Peru, South Korea, and United Arab Emirates).

President and Vice President of the Congress were Joaquin Fuentes and Bennett Leventhal respectively. This was the first time that the AACAP held such an initiative outside North America—they often have Joint congresses with the Canadian and the Mexican Associations of Child & Adolescent Psychiatry. AEPNYA was proud to make this joint initiative possible.

Thirty-two invited keynote speakers

(16 from the USA, 15 from Spain, 1 from Switzerland) presented 7 state of the science lectures, 4 plenary presentations and a clinical practicum. There were also 43 concurrent symposia, 139 scientific posters, and 5 special sessions designed, targeted and made available free of charge, to the local community (EUSKADI Gazte Children 2016). These sessions covered: 1) detection and treatment of the main psychiatric problems in childhood and adolescence; 2) policies and practices for promoting mental health in the educational system; 3) supporting children, adolescent and their families in difficult social situations; 4) safe and reliable use of internet in childhood



Joaquín Fuentes, President of the Congress, with Cesar Soutullo (IACAPAP Correspondent)

and adolescence; and 5) profiting from culture and sport to improve health, self-esteem and social inclusion of children and adolescents.

Another original idea was to include speakers from Spain and the USA or another country in most of the symposia, so that most of the sessions had not just simultaneous English-Spanish-English translation but also would be mostly bilingual and accessible to all the participants.

In all, the mean evaluation score of the congress was 8.5 on a scale from 0 to 10. There was much discussion after each of the talks, with ample time for interaction with the speakers.

Moreover, the classic speaker's dinner was this year originally replaced by an extremely well received "pintxo tour" (tapas tour). This tour was a traditional San Sebastian tapas tasting route, with coupons for seven tapas, in 21 restaurants and bars in the old quarter. The old quarter of downtown San Sebastian was literally flooded with congress delegates, providing rich opportunities for social interactions in a stunning cultural and gastronomic environment. The delegates started the tour in small groups of 5 to 10. However, while enjoying the delicious tapas they

eventually mixed and mingled with other groups and delegates. The tour was conducted in collaboration with the Gipuzkoa Catering Society.

There were also courses and practicums on the day prior to the opening of the congress that were very well attended, including: 1) clinical practicum on mind-body interaction by Tobias Banaschewski, Josefina Castro, and Gregory Fritz; 2) course on disorders of mood and anxiety in children and adolescents, by Boris Birmaher, John Walkup, and Cesar Soutullo; 3) course on neuro-developmental disorders in children and adolescents by Xavier Castellanos, Bennett Leventhal, and Amaia Hervas; and 4) a course on psychopharmacological treatment in child and adolescent psychiatry by Gabrielle Carlson, Irma Isasa, and J. Antoni Ramos-Quiroga.

In summary, an excellent joint initiative between the Spanish Association of Child and Adolescent Psychiatry (AEPNYA) and the AACAP—a great opportunity for professional interaction and international collaboration. The next AEPNYA Congress will be held on the East coast of Spain, in the beautiful city of Castellón, 15-17 June 2017.



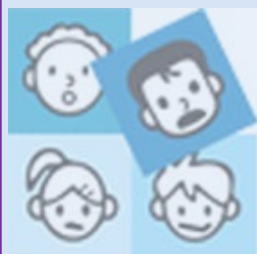
Selfie time!! On our way to the pintxo tour (tapas' tour). Left to right: Ana Figueroa (Gran Canaria, Spain), Pilar de Castro (Navarra, Spain), María Vallejo (Navarra, Spain), Cecilia Hernández (Cádiz, Spain), Cesar Soutullo (Navarra, Spain), and Andres Martin (Yale, USA).



AWARD TO IACAPAP'S SECRETARY GENERAL

The American Academy of Child & Adolescent Psychiatry presented the inaugural Ulku Ulgur MD International Scholar Award to Dr Füsün Çetin Çuhadaroğlu from Turkey for 2016. Dr Cetin is IACAPAP's Secretary General.

The Ulku Ulgur, MD International Scholar Award recognizes a child and adolescent psychiatrist or a physician in the international community who has made significant contributions to the enhancement of mental health services for children and adolescents. The award was established in 2013 under the name of a distinguished life member.



PUBLISHING IN CAPMH

FAQs

- **What are the aims and scope of CAPMH?**

Child and Adolescent Psychiatry and Mental Health is an open access, online journal that provides an international platform for rapid and comprehensive scientific communication on child and adolescent mental health across different cultural backgrounds. The journal is aimed at clinicians and researchers focused on improving the knowledge base for the diagnosis, prognosis and treatment of mental health conditions in children and adolescents. In addition, aspects which are still underrepresented in the traditional journals such as neurobiology and neuropsychology of psychiatric disorders in childhood and adolescence or international perspectives on child and adolescent psychiatry are considered as well.

- **Why publish your article in CAPMH?**

1. High visibility: open access policy allows maximum visibility of articles published (all articles are freely available on the journal website)
2. Speed of publication: fast publication schedule whilst maintaining rigorous peer review; publication immediately on acceptance
3. Flexibility: opportunity to publish large datasets, large numbers of color illustrations and moving pictures, to display data
4. Copyright: authors retain the copyright of their articles and are free to reproduce and disseminate their work

- **How can manuscripts be submitted to CAPMH?**

Please submit your manuscript via our online submitting system at <http://www.capmh.com/manuscript/>; make sure that your manuscript conforms to the journal style (<http://www.capmh.com/info/instructions/>)

- **How are manuscripts processed?**

All articles submitted undergo independent peer-reviewing (sometimes several rounds; depending on the authors' responsiveness). Independent reviewers are asked to return their report within 3 weeks. The average review time depends on the speediness of the authors' in revising their article according to the reviewers' comments. The final decision, acceptance or rejection, is made by the handling editor. The average acceptance rate is 65%. All articles are immediately published upon formal acceptance (only few formatting checks are necessary taking between 5 days and 3 weeks at most). The average time from initial submission to final publication is 19 weeks, much shorter than the average journal.

- **Why CAPMH does have an article processing charge?**

Open access publishing is not without costs. BioMed Central, the publisher of the journal, defrays these costs through article-processing charges (APC) because it does not have subscription charges.

- **How much is CAPMH charging?**

CAPMH levies an article-processing charge of £1170/\$1990/€1480 for

each article accepted for publication.

- **Will I have to pay APC if my institution is a Member?**

Generally, if the submitting author's organization is a Full Member, the cost of the article-processing charge is covered by the Membership. In the case of authors whose institutions are Supporter Members of BioMed Central, however, a discounted article-processing charge is payable by the author. Please check if your institution is a Member. BioMed Central now has 508 Members in 54 countries. Browse the Members and their pages by country via the following link www.biomedcentral.com/inst.

- **Do authors from low-income countries have to pay APCs?**

Authors from more than 90 low-income countries receive automatic waivers on submission and do not have to pay article-processing charges. This policy is supported by BioMed Central open access waiver fund. BioMed Central provides an automatic waiver to authors based in any of the countries listed in the website: www.biomedcentral.com/authors/oawaiverfund/

- **Can charges be waived if the author cannot pay?**

Individual waiver requests will be considered on a case-by-case basis and may be granted in cases of lack of funds. To apply for a waiver please request one during the submission process.



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- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología 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)
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- Asociación Mexicana de Psiquiatría Infantil AC (AMPI)
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- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
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