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

NOVEMBER 2013 • BULLETIN • NUMBER 36
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Multidisciplinary team, Kaduna, Nigeria

IACAPAP contributes to WHO mental health initiatives

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President's Column

RAYS OF HOPE IN CHILD & ADOLESCENT MENTAL HEALTH

In 2006, I attended the 17th congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) in Melbourne, Australia. That trip marked a turning point for me as a child and adolescent psychiatrist and public mental health professional working in a resource-poor region of the world. Due to the intense schedule of activities in which I participated during the congress, I saw only a little of Melbourne; so it was a real treat to return there in October 2013 for the conference of the Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Much transpired in the seven years between my two visits to Melbourne. I feel a sense of breathlessness from a barrage of developments in child and adolescent mental health (CAMH); many late nights, long-distance trips, and lengthy discussions are making a difference after all.

The 2006 IACAPAP congress in Melbourne was my first meeting as a member of the IACAPAP Executive. At my first IACAPAP congress in Berlin in 2004, I had been the only participant from sub-Saharan Africa (excluding South Africa). I had a different experience in 2006 in Melbourne; the theme of the meeting was "Nurturing Diversity" and there were six sub-Saharan Africa participants–the highest number ever. There was a symposium focused on Africa, called "Child Psychiatry in Africa: Challenges and Initiatives." CAMH professionals from Africa got together to plan for the formation of the African Association for Child and Adolescent Mental Health. Since Melbourne 2006, IACAPAP has run two study groups in Africa: one in 2007 (Nairobi, Kenya) and another in 2009 (Abuja, Nigeria); almost all the participants at these meetings are currently in various positions of leadership in CAMH around Africa.

IACAPAP's Mission

In September 2011 I received a letter from Dr Paul Robertson, convenor of the RANZCP Faculty of Child and Adolescent Psychiatry conference, inviting me to be a keynote speaker at the meeting scheduled for October 2013. It was mentioned in the letter that a perspective from a resource-poor region would be welcome. I had the opportunity to meet with Dr Robertson at the World Association for Infant Mental Health conference in Cape Town, South Africa in April 2012. He asked me if there was anything else I would like to do apart from giving a keynote address, to which I promptly responded about doing a study group with CAMH professionals from the Pacific Islands. I had often wondered about the state of CAMH in the Pacific Islands. At IACAPAP congresses and other meetings I had attended, I had met CAMH professionals from different parts of the world but I was yet to meet one from any of the Pacific Islands. Dr Robertson and I also talked about the impact of the study groups in Africa, the growth of CAMH services, and the formation of the African Association for Child and Adolescent Mental Health. Dr Robertson and other members of the local organising committee accepted the idea. The local organising committee considered holding the study group on one of the Pacific Islands, but then decided to do it in Melbourne so that participants could attend in the conference after.

Professor Omigbodun (fourth from left) with Pacific Islander participants and members of the local organising committee at the RANZCP conference

I arrived in Melbourne in the early hours of Monday 7th October 2013 and by 9 am I was seated in a room with faculty from Australia and New Zealand and 8 mental health professionals from Fiji, the Cook Islands, Papua New Guinea, Kiribati, and Samoa. In a letter to members of IACAPAP's Executive on October 29, 2013, I wrote, "It was an amazing experience in Melbourne! Paul Robertson (conference convenor), Nick Kowalenko, Suzanne Dean and colleagues did a fantastic job. I was truly touched by the atmosphere of unity, sacrifice, and hospitality created by the Australian and New Zealand CAMH professionals as they went beyond the call of duty. The study group in which CAMH professionals from various Pacific Islands came together in Melbourne for leadership training and the conference were for me a wonderful experience that have certainly refuelled my resolve to keep pushing even in the most difficult circumstances". I am absolutely convinced that each region of the globe has something unique to offer in advancing CAMH.

Pacifica Study Group

The study group was named "Pacifica", and the learning objectives were to foster the development of partnerships and leadership in CAMH and to explore the possibilities for service development including mental health planning, program development, training opportunities, and specific assessment and intervention resources within CAMH services. After I gave a global perspective of CAMH, Dr Allister Bush's ice breaker set the stage for the rest of the meeting, as we had the opportunity to learn about each other and about cultural differences.

The country profile presentations by each participant resonated with me because of marked similarities with my region in Africa. I saw hundreds of islands in the Pacific with particular vulnerabilities to climate change. Dr Dawn Pasina, a paediatrician, represented the Cook Islands, which has a population of 14,900 and one psychiatrist, Dr Rangiau Fariu, who was also present. Dr Myrielle Allen is the only child psychiatrist in Fiji, a country with 322 islands over an area of 18,333 square kilometres. Kiribati and Samoa have 103,058 and 194,320 people respectively but no psychiatrists, though Samoa is visited three times a year by psychiatrists. Kiribati and Samoa were represented by Drs Toobia Smith and George Leao-Tuitama respectively. Papua New Guinea with a population of 6.3 million has one child psychiatrist, Dr Monica Hagali. I identified with their hopes for partnerships in training, services, research opportunities, policy and mentorship.

The Islanders' experiences embodied much of the content of a symposium, "Resilience in the Face of Adversity: Conceptual Origins and New Perspectives" that I chaired during the conference in Melbourne. Professor Suzanne Dean, a Vice President of IACAPAP, organized this symposium. The highlight for me was when Professor James Anthony, a 97 year old child psychiatrist, spoke live from Washington DC about his personal experiences and about his extensive work on resilience and vulnerability. The study group participants prepared a joint presentation for the closing ceremony of the conference. There are strong indications that the islanders will continue working closely together following the conference. Dr Epenesa Olo-Whaanga, a Maori child psychologist working in New

Zealand, proposed that they form an organization, the “Pacifica Infant, Child & Adolescent Mental Health Association”.

Learning from the Pacifica Study Group

Generosity, partnerships and unity were critical to the success of the study group. Each community has unique perspectives and resources to offer; we have much to gain from joint initiatives in which partners complement each other. It was a partnership of sponsors–RANZCP, Australian Infant Child Adolescent and Family Mental Health Association, the University of Sydney, the Royal Children’s Hospital Melbourne, and the New South Wales Institute of Psychiatry–that provided the funds to bring the Islanders together. Further indications of support were the special visitors who came in to encourage and support the study group. We had with us at various times Murray Patton, President of the Royal Australian and New Zealand College of Psychiatrists; Chee Ng and Brigid Ryan from Asia Australia Mental Health; Ros Montague, New South Wales Institute of Psychiatry; Helen Herrman, World Psychiatric association; and Campbell Paul from the World Association for Infant Mental Health.

I was very touched when on the final slide of the presentation of the participants the following were described as “Platinum Partners”:

- IACAPAP President, Professor Olayinka Omigbodun
- Mental Health for the Young & their Families in Victoria & Oceania IACAPAP representative, Professor Suzanne Dean
- MINDFUL Victoria & friendly staff

What a privilege and honour!

Furthermore, CAMH professionals hosted study group participants in their homes. Home accommodation and hospitality was provided through Mental Health for the Young & their Families in Victoria. Professor Jo Grimwade and Mr Tom Lynch, who tended to the needs of the participants, were described as house fathers.

IACAPAP 2014 African Fellowship Fund

Looking ahead, I am very grateful for donations to the IACAPAP 2014 African Fellowship Fund that have already come in from the Canadian Academy of Child and Adolescent Psychiatry and the UK’s Royal College of Psychiatrists, to enable CAMH professionals in Africa attend the Durban congress. Please let us remember the fledgling community of CAMH professionals in the Pacific Islands. I am thrilled to know about an 18-month MacArthur Foundation-funded training program for CAMH professionals in Africa that commenced in January 2013 with 15 participants. The upcoming Helmut Remschmidt Research Seminar, a one week seminar in research methodology, taking place in December 2013 in Stellenbosch, Cape Town, South Africa will have 16 child mental health professionals from African countries, and many other meetings of CAMH professionals around the world. Please let us keep up the momentum as we prepare for August, 2014 when the IACAPAP Congress will come to Africa for the very first time.

Olayinka Omigbodun MBBS, MPH, FMCPsych, FWACP
President

THE WHO APPROVES THE MENTAL HEALTH ACTION PLAN 2013 TO 2020

The World Health Assembly in May, 2013 approved the WHO Mental Health Action Plan 2013 to 2020 along with other enabling resolutions. In fact, a significant global consultation on autism spectrum disorders (ASD) and other developmental disorders had been held two weeks earlier as a result of a mandate from the World Health Assembly (Professor Omigbodun also attended the ASD meeting representing IACAPAP). These were unprecedented initiatives at WHO receiving the full support of the Director General and the Assistant Director General for Non-Communicable Disease.

A relatively large number of member states were represented by their ambassadors to Geneva, NGOs in official relationship with WHO (including IACAPAP) and many other representatives from industry and other special interest groups were present. The Director General brought to the meeting a degree of energy and promise of support that has not been seen in the past.

Two key documents were disseminated at the meeting and are available at the WHO website. One details the Mental Health Action Plan and the other is an update of the report Investing in Mental Health. At the meeting another initiative WHO Mind was announced. The latter will be a web-based resource for disseminating national policies and best practices.

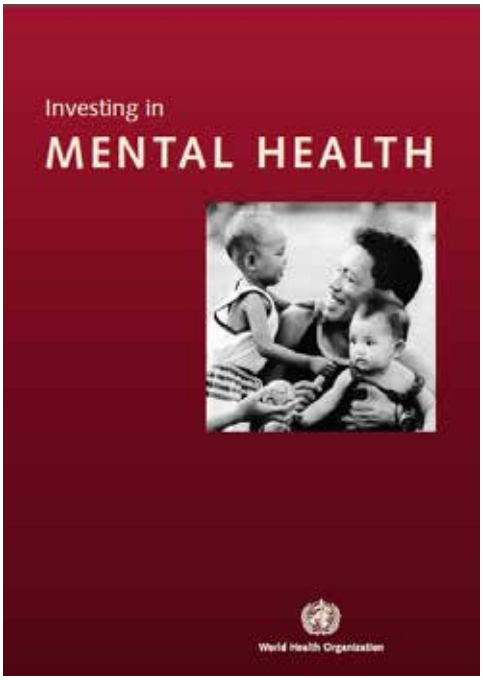
IACAPAP's contribution—the only professional mental health organization represented except for the American Psychological Association—was recognized twice in comments on the Action Plan: on the one hand the offer of IACAPAP's resources as a representative of national organizations and the availability of the e-Textbook were highlighted, on the other hand suggestions for a way forward to align NGO initiatives with the needs of the WHO headquarters and in the regions. In side conversations some asked to have their work linked to the IACAPAP webpage.

The IACAPAP Executive is now considering ways in which IACAPAP and their member organizations may benefit from and contribute to the Mental Health Action Plan.

Myron Belfer MD

'IACAPAP was the only professional mental health organization represented except for the American Psychological Association'

Click on the pictures to access these documents



Consultation on autism spectrum disorders and other developmental disorders: From awareness raising to capacity building

WHO Headquarters, Geneva, Switzerland

16-18 September 2013

IACAPAP contributes to WHO mental health initiatives

Olayinka Omigbodun (middle photograph) and Myron Belfer (bottom photograph, last on the right) during the WHO consultation about autism spectrum disorders. Top, a panoramic view of the participants. See also previous page.

APPLICATIONS ARE NOW OPEN FOR THE DONALD J COHEN FELLOWSHIP

The International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) invites members of the international child mental health community to apply for the 2014 Donald J. Cohen Fellowship Award. Recipients of the Award will attend the IACAPAP International Congress, to be held in Durban, South Africa, August 11-15, 2014.

The Donald J Cohen Fellowship Program takes place during and alongside the congress. Recipients of the Award will receive some support to attend the 2014 Congress in Durban. In addition to attending the congress, award recipients will be part of mentorship activities. The program includes:

- Daily small group meetings with leading experts serving as mentors
- Special seminars
- Social activities
- Free registration fee for the general sessions
- Accommodation in Durban
- Individualized partial support of traveling expenditures to South Africa

The purpose of these Awards is to foster the professional development of emerging leaders in child and adolescent psychiatry throughout the world. We understand 'leadership' in its broadest context – whereas some countries may benefit most from advancing their scientific and research development forward, others will from effecting organizational change in their paediatric mental health infrastructures, and yet others from enhancing the education and training of a new cadre of specialists.

In order to maximize their chances of being award recipients, applicants should convey in their application how their individual engagement could play a pivotal role in addressing the very specific needs of their country of origin. To this end, a prerequisite for all applicants is a submission and acceptance of a project suitable for a poster or oral presentation at the Congress.

The Donald J. Cohen Fellowship Program for International Scholars in Child and Adolescent Mental Health is a training program for young professionals modelled on successful activities at previous IACAPAP Congresses and Research Seminars.

Applications close February 1st 2014. To apply click on the picture.

Nominations Sought for the IACAPAP Executive Committee 2014-2018

Dear Friends,

The President of IACAPAP has appointed the Nominating Committee (see box) to present the slate at the next IACAPAP General Assembly in Durban 2014, when IACAPAP will elect a new Executive Committee. The Nominating Committee represents the different parts of the world, disciplines related to child and adolescent mental health and genders.

According to the constitution, "the recommended slate of nominees for the 12 officers of the Executive Committee is to be published at the very beginning of a Congress where a General Assembly will take place". It is time for us to start asking for nominations according to the Constitution.

The officers of the Association are the President, Immediate Past President (ex officio), Treasurer, Secretary-General and nine Vice Presidents. Officers shall not represent their country or a national member organization but serve as individuals. Nominees for office must be members of national full-member organizations, affiliate organizations or be individual members.

You may read the actual procedures in Article 4 of IACAPAP's Constitution, available at the website. Key aspects of Article 4 are summarized below for your information.

Per-Anders Rydelius

Chair, Nominating Committee

Nominating Committee

- Chair, Per-Anders Rydelius (male, psychiatrist, Europe) <per-anders.rydelius@ki.se>
- Ko-ping Soongliu (female, social worker, Asia) <003560@mail.fju.edu.tw>
- Brian Robertson (male, psychiatrist, Africa) <brian.r@mweb.co.za>
- Jacinta Bleeser (female, clinical Psychologist, Oceania) <j.bleeser@alfred.org.au>
- Laura Viola (female, psychiatrist, South America) <viollaura@gmail.com>
- Myron Belfer (male, psychiatrist, North America) <myron.belfer@childrens.harvard.edu>

- There shall be no more than two officers from the same country.
- Officers shall be drawn with regard to gender, professional background and age as well as to the principal cultural and geographic regions of the world.
- The proposed nominees shall submit their CV and a statement of their availability and willingness to serve as an officer of the Association, and their vision for the future of IACAPAP.
- A reference letter shall be asked to the nominating national association or to the individual proposer.
- A retiring President and Secretary-General shall not be eligible for immediate re-election to their previous offices. A Treasurer and Vice Presidents may be re-elected, but may not serve in that office for more than two consecutive terms.

DEPUTY EDITOR, IACAPAP BULLETIN EXPRESSIONS OF INTEREST SOUGHT

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is seeking to appoint two deputy editors for the IACAPAP Bulletin

IACAPAP

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is a non-government organization that advocates for the promotion of mental health and development of children and adolescents through policy, practice and research. It promotes the study, treatment, care and prevention of mental and emotional disorders and disabilities involving children, adolescents and their families. IACAPAP is an umbrella organization whose members are mostly national child and adolescent mental health organisations—currently 63. IACAPAP emphasizes achieving its mission through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant disciplines. For more information about IACAPAP go to http://iacapap.org/

THE BULLETIN

The IACAPAP Bulletin is an electronic magazine published three times per year in English, available at the website. It contains reports on child and adolescent mental health activities world-wide, IACAPAP news, research and educational articles. To see recent Bulletins go to http://iacapap.org/bulletins

THE DEPUTY EDITORS

Apart from supporting the Editor and completing the tasks specifically allocated to them, deputy editors will be responsible for news, activities and articles from about half of the world each. The initial appointment is for two years. These are honorary positions and do not attract remuneration.

The position would entail:

- Liaising with the appropriate correspondents
- Seeking articles and supporting the professionals writing them, usually non-native English speakers
- Editing the articles and ensuring that illustrations are available

APPLICANTS

Applicants should have:

- A degree in any of the professions involved in child and adolescent mental health (psychology, psychiatry, paediatrics, social work, nursing, speech pathology etc.)
- An excellent command of written English
- Ability to use the internet and electronic communications (all Bulletin-related work is conducted electronically)
- An interest and, preferably, experience in editing and writing reports in a journalistic style
- Prior involvement with IACAPAP (e.g., having been a DJ Cohen Fellow), familiarity with desktop publishing, and residing in a non-English speaking country would be an advantage.

If you are interested please send to jmrey@bigpond.net.au

- A letter summarising why you should be appointed (e.g., your interest in the position and how well you meet the qualities listed above)
- Curriculum vitae
- Name and address of two referees.

Closing date for submissions: 30th January 2014

CAN YOU HELP?

21st World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
11-15 August 2014 | Durban-South Africa | www.iacapap2014.co.za
Hosted by The South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP)

31 May 2013

Dear Colleague or Sponsor

The Local Organising Committee (LOC) of the 21st World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), to be held in Durban, South Africa, from the 11th to 15th of August 2014, are appealing for funds to bring delegates from Africa to the congress.

Mental health services, and specifically support for psychiatrists, psychologists and related professionals, are poorly supported in Sub-Saharan Africa (outside of South Africa). There is thus little opportunity for psychiatrists, psychologists and related professionals to engage with the international professional community and attend major international meetings. Excluding South Africa, there are very few psychologists, and less than 50 child psychiatrists in the whole of Sub-Saharan Africa. It is imperative that we create opportunities for child and adolescent mental health professionals to regularly update their knowledge and skills.

The LOC has therefore set up an African Travel Fellowship Fund to assist with this endeavour. We wish to support young African professionals who have an interest in child and adolescent mental health to attend the 2014 IACAPAP congress, and who are recommended by the head of their institution. They must have an abstract accepted as a poster or oral presentation and must live and work in Africa north of South Africa. We would like to be able to support travel, accommodation and registration. We anticipate it will cost approximately US$2000 to assist each successful applicant.

We are appealing to you, your organization or society, and/or any other benefactors who you feel can be approached, to assist us with raising the funds required. Any donation will be welcome. The funds should be paid to the Congress Organiser, Eastern Sun Events, whose contact and bank details are given below. The LOC will select the successful candidates and Eastern Sun Events will make all the arrangements for them to attend the congress. It is our goal to try and fund as many African doctors as possible to attend the Durban meeting. The names of the sponsors will be printed in the congress programme, unless we are otherwise instructed

We would ask that you support us in this very worthwhile endeavour. Once we have confirmation of the amount you are able to sponsor we will send you an invoice for this amount, and provide instructions for payment.

We look forward to hearing from you.

Yours sincerely

Brian Robertson
Congress Convenor and Chair of the Local Organising Committee

IACAPAP

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SAACAPAP

CHILD & ADOLESCENT
PSYCHIATRY & MENTAL HEALTH

EDITORIAL Open Access

Catalyzing the publication of international research in child and adolescent mental health

Christian Kieling[1*] and Andrés Martin[2]

Child and Adolescent Psychiatry and Mental Health (CAPMH) has recently become the official journal of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). This joint venture can have profound implications for the flourishing of scientific research on child and adolescent mental health where it is most needed – in low- and middle-income countries. Although nine out of ten individuals under the age of 18 years live in these nations, only 10% of the articles published on the mental health of children and adolescents come from these regions of the world [1].

The relatively new area of child and adolescent mental health has demonstrated to be of increased interest to the scientific community, as evidenced by the rising number of journal articles over the last decade, jumping from fewer than five thousand to more than ten thousand indexed items per year in the period from 2002 to 2011 [2]. Research conducted in areas such as epidemiology, clinical presentation and interventions on mental disorders early in life is indispensable to strengthen the scientific bases of child and adolescent mental health clinical practice. In this sense, knowledge disseminated by scientific journals lays the foundations for textbooks such as the *IACAPAP Textbook of Child and Adolescent Mental Health* [3].

In comparison to its more traditional journals in the field of child and adolescent mental health, *CAPMH* is a younger sibling that has already demonstrated a sound scientometric performance. This phenomenon can be seen in the SCImago Journal Rank (SJR), a measure of scientific influence that takes into account not only the number of citations received by a journal, but also the prestige of the journals that granted such citations [4]. The most recent SJR for *CAMPH* was 0.788, representing a fivefold increase over the last four years. In the latest assessment, leading journals in the field such as the *Journal of the American Academy of Child and Adolescent Psychiatry*, the *Journal of Child Psychology and Psychiatry*, and the *European Child and Adolescent Psychiatry* exhibited SJRs of 2.535, 2.344, and 1.008, respectively.

Beyond citation counts, there are many other considerations that are important in assessing the relevance of scholarly publishing. The peer review process has always been conceptualized as essential to ensure the trustworthiness of scientific research. It is by submitting someone's work to the scrutiny of peers that editors make most decisions on whether a manuscript should be published or not. In fact, one could even argue that the peer review process is the *rate-limiting step* in the generation of high-quality research in any field of science – in chemical kinetics, the velocity of a reaction with several steps is often determined by this crucial stage, which limits the speed of the entire mechanism.

Peer review has a primary function of "improving the process and the coherence of scientific knowledge and its utility" [5]. In addition to the geographical imbalance in the authorship of papers focusing on the mental health of children and adolescents worldwide, the limited representation of reviewers from less resourced nations also imposes barriers that ultimately result in a reduced representation of the research output in a global perspective. Having an editorial board with a diverse international representation (including 43 members from 14 countries), *CAPMH* widens the comprehensiveness of the scientific community involved in publishing processes related to child and adolescent mental health.

Traditional print journals have space constraints, limiting the number of articles that can be published. This has lead not only to the advent of open access publishers, such as BioMed Central, and online repository-type journals such as the PLoS ONE (part of the Public Library of Science and the biggest journal in the world, with 23,468 papers published in 2012), but also to the flourishing of "open access" practices. These initiatives intend to remove barriers (e.g., subscription costs) to the dissemination of knowledge, transferring to the author

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YEAH FOR IACAPAP
Present and future directions

Norbert Skokauskas, Jibril O. Abdulmalik, Daniel Fung, Odd Sverre Westbye, Say How Ong, Hesham Hemoda, Myron Belfer, Gordon Harper

The IACAPAP board approved the concept of YEAH for IACAPAP in 2011, and it was formally launched last year at the IACAPAP Congress in Paris, France. This July, 2013, therefore marks the first anniversary of YEAH. It came into existence with the ambitious goals of providing a common platform for collaborations among young colleagues from all over the world; while also helping to link them with senior colleagues who volunteer to mentor them. We are proud to report that we have succeeded in making inroads towards achieving these objectives, while laying the foundation for subsequent growth and development.

Activities

YEAH has succeeded in attracting and actively engaging young colleagues from all over the world and has provided scientific and academic support for young Child and Adolescent Psychiatrists and Allied Professionals (CAPAPs). The first YEAH symposium in Paris, focused on successful career development in child and adolescent mental health with sub-themes on leadership, management training and mental health economic needs. The session was chaired by Professor Norbert Skokauskas. Speakers were a good mix of very experienced and inspirational figures (Professors Myron Belfer and Daniel Fung) and young colleagues (Hesham Hamoda and Jibril Abdulmalik). It was very well attended and generated enthusiasm which has been sustained via e-mails thereafter. Participants left the symposium, not only with a better understanding of leadership, management and health economics, but also with ideas for future research and collaboration in the area. The symposium has created a good launch pad, which we are working hard to build upon subsequently. We also compiled a database of all attendees with their contact details.

We are currently exploring options for creating an online hub where young professionals can learn, exchange ideas and explore scientific frontiers with their peers. We believe this will be a more enduring and accessible legacy for continuous interaction and career growth that will not be limited to physical meetings at conferences or training seminars alone. We envisage this contribution to be a worthwhile addition to the already laudable existing programs such as the Donald J Cohen Fellowships and the Helmut Remschmidt Research Seminars.

Interestingly, the first YEAH symposium predominantly attracted young professionals from developing countries. We subsequently played an important role in sharing information about competitive opportunities around the globe for research fellowships, clinical programs and/or mentorship for young IACAPAP members. This process was enhanced using an individualized approach of com-

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

municating with members already on our database, as many people often miss announcements or links placed on websites.

The YEAH co-ordinators, partly as a result of our background experiences—having also benefited from several training programs and mentoring from senior colleagues, place a premium on the value of matching information/opportunity with the right young mental health professional. We are proud to say that we have been helpful to the Young, Early and Aspiring Mental Health (YEAH) Professionals.

As expected, it has not all been smooth sailing. We have had teething problems with establishing an online portal and expanding the pool of committed young CAPAPs from across the world to drive the process forward in their respective countries/regions. We hope to expand on the existing database during the forthcoming IACAPAP Congress in Durban, South Africa. In the long run, we also hope to be able to source small grants to conduct international collaborative projects by young IACAPAP researchers. This would in itself be a form of practical training in the process of research.

Looking forward

We would like to formally enlist the support of volunteer mentors who are willing to commit their time and energies towards mentoring and guiding junior colleagues from all over the world in the area of child and adolescent mental health. Isaac Newton was quoted as having said that "If I have been able to see farther than most of my peers, it was only because I stood on the shoulders of giants who came before me". YEAH for IACAPAP strongly believe that this approach can help to nurture future generations of child and adolescent mental health professionals that will avoid common pitfalls and mistakes due to the invaluable guidance from senior and vastly more experienced mentors.

We also look forward to contributing and collaborating more closely with other IACAPAP structures and programs, especially the International Study Groups, Helmut Remschmidt Research Seminars, and the Donald Cohen Fellowship. The Fellows and previous beneficiaries of these programs are very well placed to play a pivotal role in driving these ideas forward in their respective regions and in mentoring younger colleagues.

Finally, with the IACAPAP Congress in Durban 2014 fast approaching, we hope to utilize the next symposium at the Congress to reach out to as many young professionals as possible, especially as we anticipate significant numbers to attend from the African region at this Congress. It is a unique opportunity for YEAH—to make the association stronger by finding new active professionals from Africa, South America and other developing parts of the world, where the need may be greatest for mentoring and guidance.

How to get involved?

YEAH for IACAPAP is not an exclusive club. It is rather a club of exclusive people—who are Young (and not so young) but definitively aspiring mental health professionals dedicated to child mental health. To join the club (and also our mailing list) you have to attend the YEAH for IACAPAP symposium at an IACAPAP congress or be recommended by a senior colleague within IACAPAP.

Why do you have to attend YEAH for IACAPAP symposium? Not only because we believe that we get the best speakers to give young professionals career advice, but also because the "YEAH" is indeed for IACAPAP. It is the largest umbrella body for child and adolescent mental health worldwide and we want the best and the brightest young professionals from across the world, to be active members of the organization, starting with the YEAH for IACAPAP.

YEAH as a part of IACAPAP has a simple goal: to improve the life of children around the world, by spreading information about the best training opportunities around the globe, matching mentees with mentors and providing a sustainable platform for career development and interaction with colleagues. Durban is coming upon us soon, and sometimes one conversation at a conference can change your professional life. Start preparing for Durban… now. And see you at the YEAH for IACAPAP Symposium. Remember to come along with your friends and colleagues, and remember to invite everyone else to come along too.

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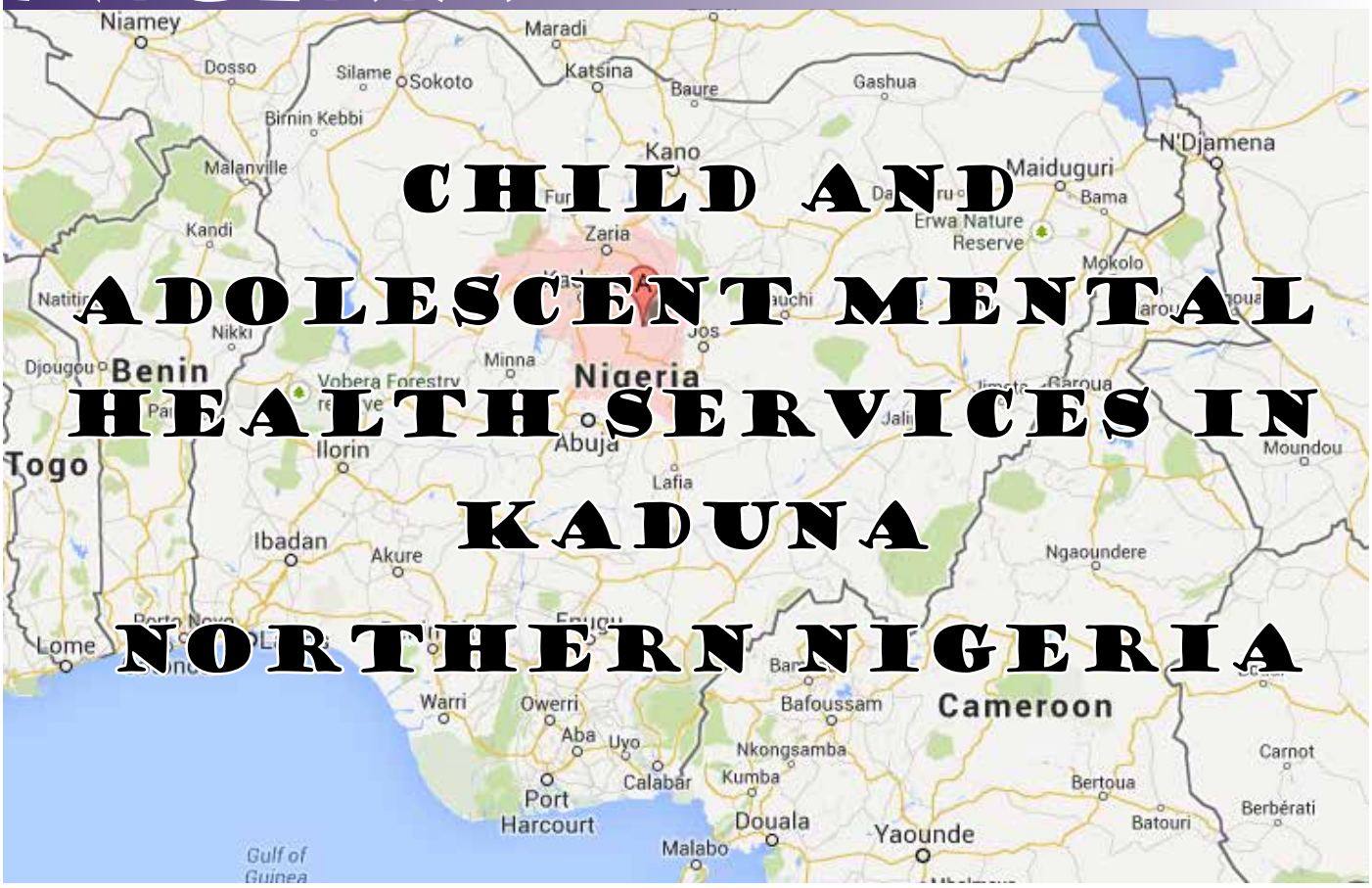

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES IN KADUNA NORTHERN NIGERIA

In line with the recommendation of the National Postgraduate Medical College of Nigeria and West African College of Physicians that there should be subspecialty training in all training institutions, in March 2008 Dr Folorunsho Nuhu wrote to the management of the Federal Neuropsychiatric Hospital, Kaduna, Nigeria, to establish a child and adolescent unit at that centre. This request was approved in April 2008 and activities formally commenced in May 2008

The child and adolescent clinic was initially run in the medical outpatient department. Older children and adolescents were admitted to adult psychiatry wards while younger children were managed from home. In September 2011 the child and adolescent block of the hospital was completed, commissioned and opened. This complex presently consists of a child and adolescent 20-bed ward, a therapeutic day-care centre, consulting rooms, a records office, nurse's office and a waiting room. Services provided include:

- A weekly outpatient clinic.
- Inpatient care – the inpatient admission ward has 2 sections each with 10 beds. Children younger than 10 are admitted with their parents or caregivers; older children and adolescents are admitted taking into consideration gender issues—e.g., separate rooms for males and females. Patients admitted typically suffer from conditions such as schizophrenia, bipolar disorder, epilepsy with comorbid psychosis, intellectual disability with challenging behaviours, autism spectrum disorder and ADHD.
- Therapeutic day-care services. A daily service that takes place in the therapeutic day care room, which contains paediatric chairs and tables, toys, games, educational materials, pictures and block design items. Educational services and behaviour modification activities are provided daily. The majority of children who attend the day-care have been diagnosed with intellectual disability. In the behaviour modification programs, children are taught anger management skills, skills for daily living (toileting, eating habits, following routines, and delaying gratification without throwing tantrums).

Kaduna is the capital of Kaduna State in north-central Nigeria. The city, on the Kaduna River, is a trade center and a major transportation hub for the surrounding agricultural areas. It has a population of about 1.8 million.

The symbol of Kaduna is the crocodile, called *kada* in the native *Hausa* language.

Due to the religious makeup of its population, Kaduna has been the scene of religious tension between Muslims and Christians, particularly since the implementation of *shari'a* law in Kaduna State in 2001.

The facility is run by a multidisciplinary team consisting of a consultant psychiatrist, psychiatry residents, nurses, a clinical psychologist, educational psychologist, occupational therapist, social workers, counsellors and a visiting paediatric neurologist. The clinical psychologist and educational psychologist assess the patients' cognitive abilities, suggest appropriate placements and educational activities and are involved in some teaching.

Since the establishment of the unit, there has been an active collaboration with nearby schools and legal institutions by providing medical, psychological/psychiatric assessment for children and adolescents referred by schools, police, juvenile justice and some special schools. Teachers at the schools have been trained on the recognition of signs of emotional distress in their students. Young people referred by the youth detention centre and law enforcement agencies are provided with treatment and, if appropriate, referred to the special education department of Kaduna State Polytechnic. The consultant psychiatrist also runs programs on local radio and television to educate and sensitize parents on childhood mental health problems

The service has not been without challenges. Many parents experience financial difficulties which prevent their children from being admitted even when strongly indicated. Many families come from neighbouring states, such as Nasarawa, Benue, Zamfara, Kebbi, Sokoto, which are hundreds of kilometres away because there are no child and adolescent psychiatric facilities in these states. This further adds to the financial burden. Other challenges are related to cultural factors. For instance, mothers are unable to make certain decisions, such as consenting to having a child admitted, unless the father approves. Many times fathers do not give this approval. Many parents are also unaware of the availability of medical treatment for their children's problems, spending years using traditional/herbal remedies, with dire consequences for the mental health outcomes for these children. On a positive note however, awareness is growing and more children are presenting earlier to the clinic.

The child and adolescent unit has also been involved in research activities since inception. These include assessment of the academic performance of adolescents with epilepsy (published), quality of life of adolescents attending the outpatient clinic (ongoing), electrolyte profile of children and adolescents with mental health problems (ongoing), psychological trauma and psychiatric morbidity among children of internally displaced the 2011 post-election violence victims (concluded) and neurodevelopmental assessment of under-5 children of internally displaced persons (concluded).

Folorunsho Nuhu

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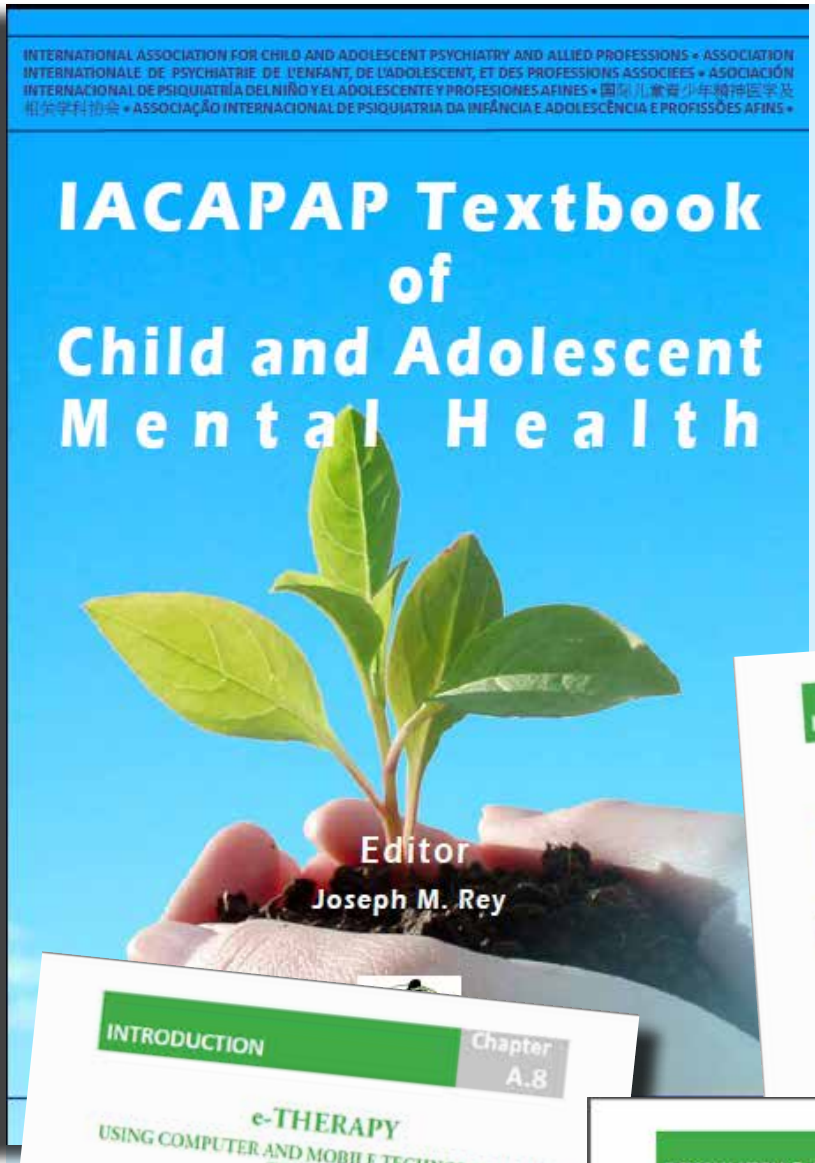

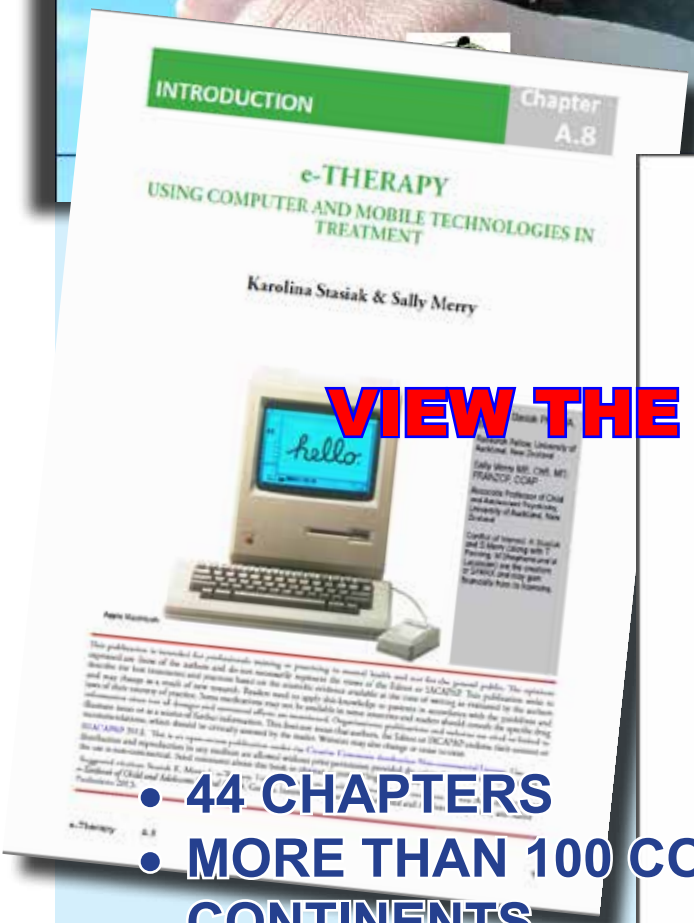

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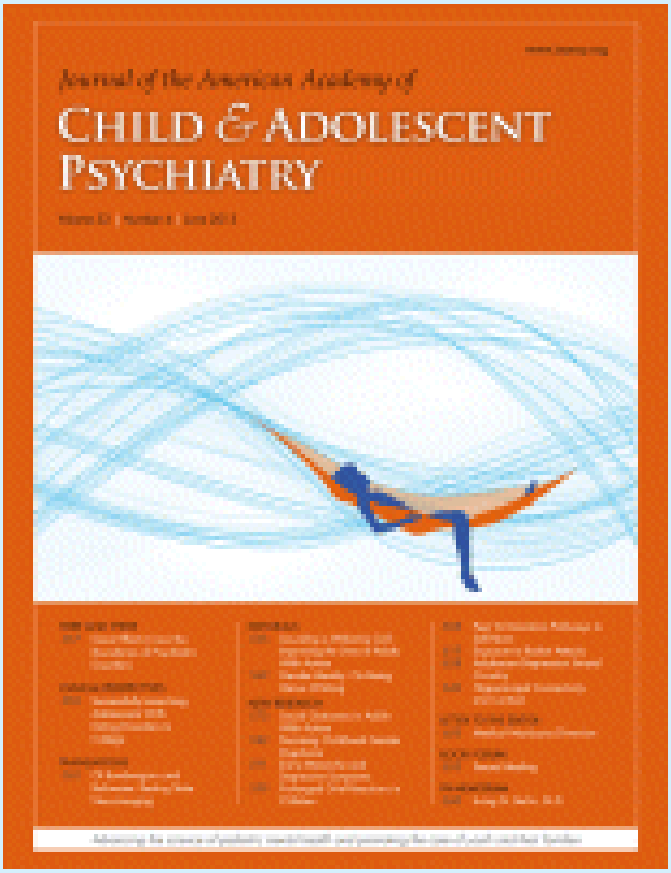

"What if there were a text book in child and adolescent psychiatry that could transcend national borders to present the field as the global enterprise it is, allow for rapid updating in response to changing evidence and standards, and be free and available to professionals anywhere in the world, including those places where resources for mental health information maybe most lacking? These are the ambitious goals that the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) has set itself in sponsoring the development of the IACAPAP Textbook of Child and Adolescent Mental Health…

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Abright AR, Bhojani S, Heller D. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52: 3, March 2013.

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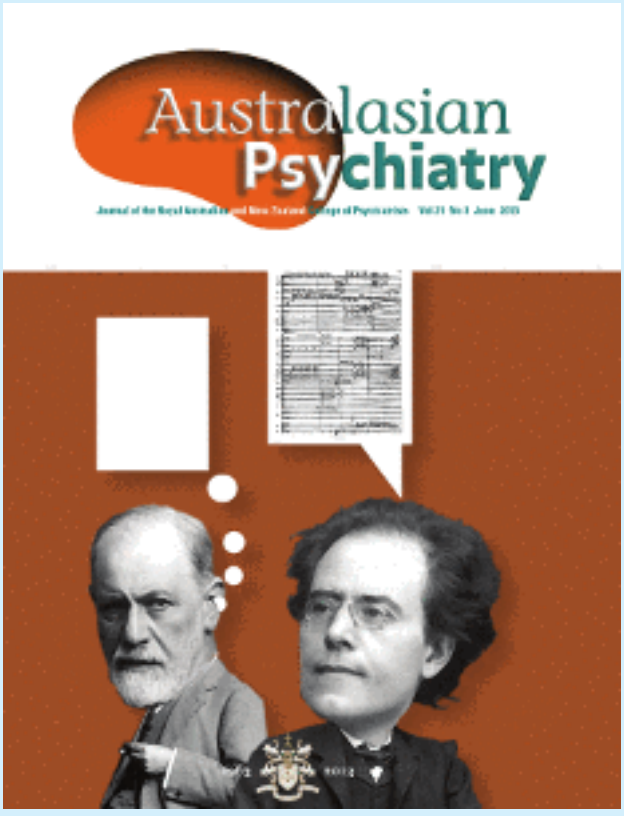
Chan R. *Australasian Psychiatry*, June 2013; 21(3):276-277.

doi: 10.1177/1039856213486219



1st International Child & Adolescent Psychiatry Review Course

15-17 April 2013 – Jeddah, Saudi Arabia

The Kingdom of Saudi Arabia (KSA) has a population of 27 million, 50 percent younger than 18. There are very few child psychiatrists in the country and limited services for children and adolescents with mental health problems. Due to scarce educational and training opportunities in child and adolescent psychiatry, the Child Psychiatry Unit of King Khalid University Hospital, College of Medicine, King Saud University, Riyadh, Saudi Arabia, organized the first review course in child and adolescent psychiatry, the first of its kind for Saudi Arabia.

The review course was a 3 day event held from April 15 to April 17, 2013 in Jeddah, Saudi Arabia. Four distinguished international speakers in addition to eight recognized national speakers participated in the review course. The course was attended by child and general psychiatrists, pediatricians, family physicians, psychologists and trainees. Dr Khalid Bazaid from King Saud University was the course director.

The wide range of topics included an introduction to child and adolescent psychiatry, assessment and interview of children and adolescents, mental status examination of children and adolescents, an update on DSM 5, attention deficit hyperactivity disorder, disruptive behavior disorders, autism spectrum disorders, mood disorders, psychotic disorders, elimination disorders, biological and psychological treatments in children and adolescents.

Speakers included Dr Mona Alsaihati (Dammam University, KSA), Dr Nihal Erfan (King Fahad Medical City, KSA), Dr Fadia Aldahan (King Fahad Specialist Hospital, KSA), Dr Peter Ferren (University of California San Francisco, USA), Dr Kalil Algowfili (King Fahad Medical City, KSA), Dr Norbert Skokauskas (Trinity College Dublin, Irlenad), Dr Samirah Alghamdi (Prince Sultan Military Hospital and Medical City, KSA), Dr Gordana Milavic (Maudsley Hospital, UK), Dr Muhammad Waqar Azeem (Albert J Solnit Children's Center/ Yale Child Study Center, USA), Dr Omar Almodyifer (King Abdulaziz Medical City, KSA), Dr Abdulsamad Aljeshi (DHC, Saudi Aramco, KSA) and Dr Khalid Bazaid (King Saud University, Riyadh, KSA).

The course aimed to educate and update the multidisciplinary audience on the common mental health disorders in children and adolescents as well as to improve their skills on assessing and diagnosing mental disorders in this age group and to be introduced to evidence-based treatment interventions both biological and psychosocial. The course was very well received. As a consequence of its success there are plans to organize another one in 2014.

Khalid A Bazaid MD, FRCPC
Child & Adolescent Psychiatrist, Department of Psychiatry, College of Medicine, King Saud University, Riyadh, Saudi Arabia

Muhammad Waqar Azeem MD, DFAACAP, DFAPA
Albert J Solnit Children's Center, Yale Child Study Center, Connecticut, USA

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PLENARY KEYNOTE SPEAKERS

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

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

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

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

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

CONCURRENT KEYNOTE SPEAKERS

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

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

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

DR SOO CHURL CHO
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DR CLAUDE ANN MELLINS
Professor of Clinical Psychology in the Departments of Psychiatry and Sociomedical Sciences at Columbia University and a Co-Director of the HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University.

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

UKRAINE IS REFORMING MENTAL HEALTH CARE FOR CHILDREN

Ukraine became independent in 1991 after the collapse of the USSR. As a result, our country found itself with a marginal system of mental health care, which was concentrated in large psychiatric hospitals and numerous boarding schools. Primary care physicians, pediatricians and therapists were not allowed to engage in the diagnosis and treatment of mental disorders. Diagnoses were made according to ICD-9, which largely reflected the views of Soviet psychiatry. More than 20 years elapsed before the public became aware of the need for a fundamental reform of the children's mental health care system.

In August, 2013 the Ministry of Health of Ukraine adopted the principles for such a reform (http://www.mif-ua.com/archive/article/30984) and a new structure for the provision of mental health care to children (http://zakon2.rada.gov.ua/laws/show/z1196-13). These principles include a division of children's mental health services into primary, secondary and tertiary; the preference for delivering children's mental health care in the community; the gradual elimination of children's inpatient units in psychiatric hospitals and the provision of hospital care in general children's hospitals instead. A reduction in the number of special boarding schools and orphanages for children with mental disabilities is also planned. Special educational services are to be provided in specialized schools and classes in educational rehabilitation centers. There are also great hopes for an inclusive learning system. Rehabilitation centers for children with mental and neurological disorders are to be set up in each district of the country.

At the primary level, psychiatric care for children with mental and behavioral disorders will be provided by general practitioners (family doctors, pediatricians, medical psychologists). In this line, an Institute of Family Medicine has just been created. Training of these professionals in children's mental health is one of the most difficult challenges of this reform.

Briefing about the reform at the Ministry of Health. From left: Semyon Gluzman, President of the Ukrainian Psychiatric Association; Alyona Tereshenko, Head, Department of Child Care of Ministry of Health; and Igor Martsenkovsky, Senior Child Psychiatrist.

On the secondary level, co-consultation centers have been set up within departments and units in children's hospitals. In these, care will be provided by child psychiatrists and medical psychologists. It is planned to separate children's from adult's mental health services, allowing the creation of independent-functioning child psychiatric services.

At the tertiary level of care, regional specialized centers will be set up when more expert treatment (e.g., psychotherapy, cognitive-behavioral, interpersonal, family therapy, applied behavior analysis) is required, for example for children and adolescents with eating disorders, autism spectrum disorders, borderline personality disorders and schizophrenia.

Medical care is to be carried out according to the principles of evidence-based medicine. The Ministry of Health has set up working groups that are developing protocols for clinical and social care for autism spectrum disorders, schizophrenia, bipolar disorder, recurrent depression, and behavioral disorders.

Another barrier to the implementation of these reforms and the training of professionals is the lack of a modern textbook. In cooperation with IACAPAP the Ukrainian Psychiatric Association is translating into Russian the IACAPAP Textbook of Child and Adolescent Mental Health.

The new model for the provision of psychiatric care for children will be consistent with legal principles that ensure respect for the rights of children, prevent abuses in the medical care of orphans and children deprived of parental care, refugee children, children with severe intellectual disability, and congenital defects.

Dmytro Martsenkovskyi

IMPROVING MENTAL HEALTH OUTCOMES FOR CHILDREN AFFECTED BY HIV/AIDS

Sarah Skeen,[a,b] Mark Tomlinson,[a] Lorraine Sherr [c]

HIV/AIDS has a substantial mental health impact on children across the globe and particularly in southern Africa. In addition to the medical and neurological consequences of HIV infection, there is a large volume of research that shows that HIV/AIDS places children at risk for poor social, emotional and mental health outcomes through other pathways. Children who have lost one or both parents to HIV may be at increased risk for internalising disorders and post-traumatic stress (Cluver & Gardner, 2007). Children of living parents with HIV are more likely to have poor educational outcomes (Guo et al, 2012), drop out of school to earn money (Cluver & Operario, 2008), have inconsistent parental care, and be abandoned (Walker et al., 2011). In families affected by HIV, it has been shown that risk-taking and violent behaviours are prevalent (Betancourt et al, 2012).

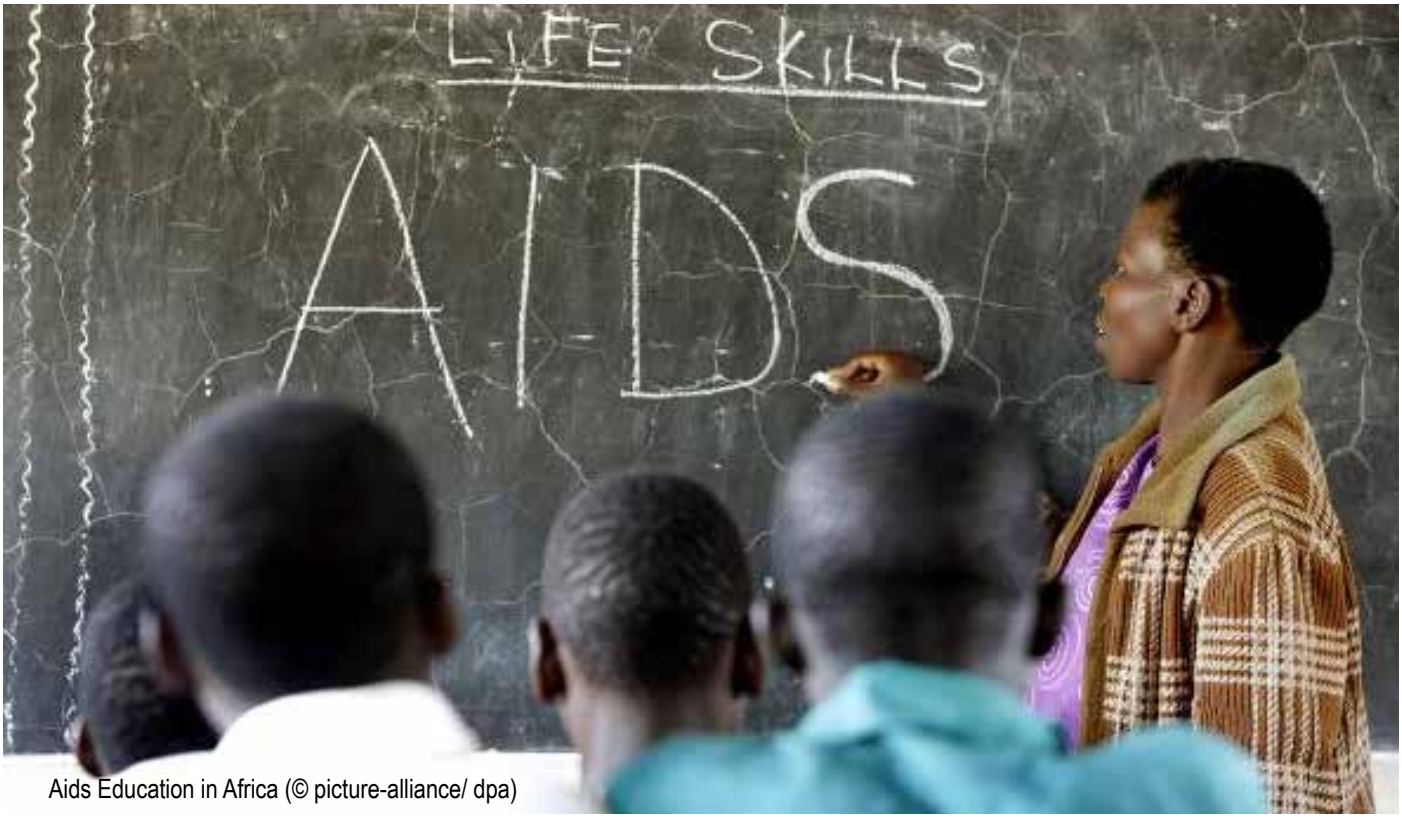
Unlike many mental health concerns, this has not been an invisible problem, and in recent years, there has been a widespread and active programmatic response to this issue. Across southern Africa, there are a vast number of programs to provide care and support to children affected by HIV/AIDS, some of which are supported by international donors. For example, in 2009 it was estimated that the World Bank, Global Fund, and PEPFAR were providing in excess of 100 million USD funding programmes for vulnerable children in Uganda alone (JLICA, 2009). Much of this international donor funding support is directed through grassroots community-based organisations (CBOs).

However, this strong programmatic focus on mitigating the impact of HIV/AIDS on children at the community level has not been matched with research investment into what works to improve child psychosocial outcomes in community settings. For the most part, paediatric HIV/AIDS research has focused on investigating epidemiological trends and the prevention of mother to child transmission, and neglected issues of care and support. In 2009, a Cochrane systematic review on interventions to improve psychosocial outcomes for children affected by HIV/AIDS could not identify a single study from any country that met the criteria for inclusion (King et al. 2009). Subsequently, there have been a handful of promising studies from low and middle income countries, showing that group-based interventions, school retention projects, and economic interventions can have positive impact on child psychosocial outcomes. However, these studies have employed complex methods of delivery and diverse outcome measurement, making it difficult to compare them and draw conclusions. Furthermore, the majority of studies focus on children above the age of nine, with very little available for younger children.

'For the most part, paediatric HIV/AIDS research has focused on investigating epidemiological trends and the prevention of mother to child transmission, and neglected issues of care and support'

One of the greatest challenges in this area is that community-based programs are difficult to evaluate. They are often small in size and operating in areas with limited local research capacity and financial resources. There is often a conflict of interest inherent in program evaluation for funding purposes (King et al, 2009). CBO programs are also complicated. They tend to have developed in response to local needs and often overlap with other community services and groups. Community-based interventions are highly varied and can include psychological, health, or social interventions, or any combination of these. They


Sarah Skeen



Aids Education in Africa (© picture-alliance/ dpa)

consist of several components, which can be difficult to disentangle.

We developed the Child Community Care study in response to the lack of evidence in this area and with the challenges of evaluating community-based psychosocial services in mind. The study is run by Stellenbosch University and University College London (UCL), and funded by the Swedish International Development Cooperation Agency (SIDA), through a nesting grant with HelpAge. It is supported by the Coalition for Children Affected by HIV/AIDS (CCABA) and involves a range of funder partners, including UNICEF, Save the Children, Bernard van Leer Foundation, Firelight Foundation, World Vision, Comic Relief, REPSSI, Stop AIDS Now, Diana Memorial Fund, and the AIDS Alliance. In the study, we aim to compare different types of service delivery and CBO characteristics to determine which types of organisation and models of care best promote positive child and family psychosocial outcomes. We are using an innovative methodology which tracks child outcomes against a range of individual, family and community measures, as well as community-based organisation characteristics and ways of working. At present, we have nearly 1000 children enrolled in the study, attending 28 CBO programmes in South Africa and Malawi. We will be completing a one year follow up on these children towards the end of 2013, meaning that by 2014 we will be able to report on new evidence about what works to improve psychosocial outcomes for children affected by HIV/AIDS at a time when it is sorely needed.

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[b] Department of Psychiatry and Mental Health, University of Cape Town, Cape Town

[c] Research Department of Infection & Population Health, UCL, London

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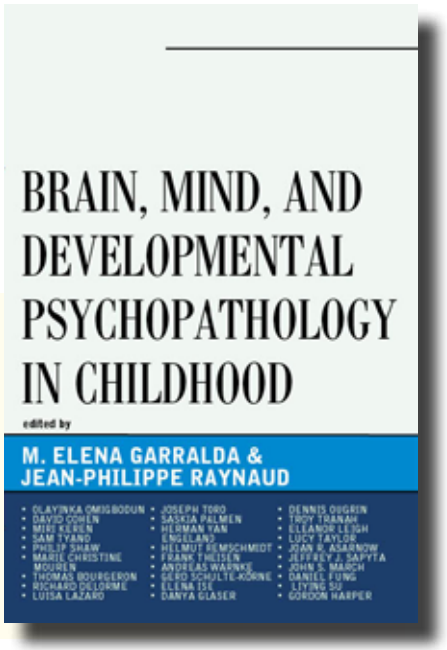

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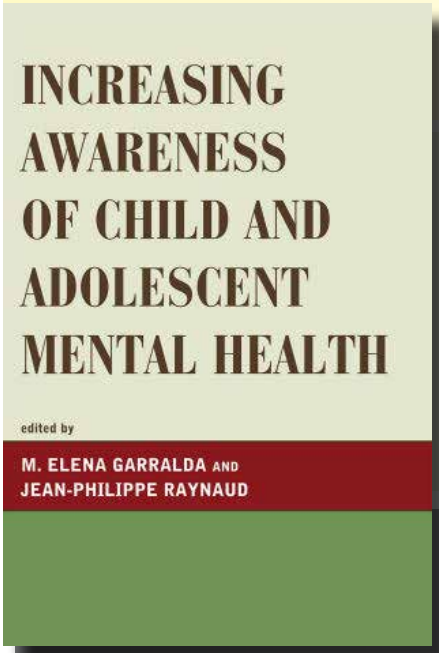

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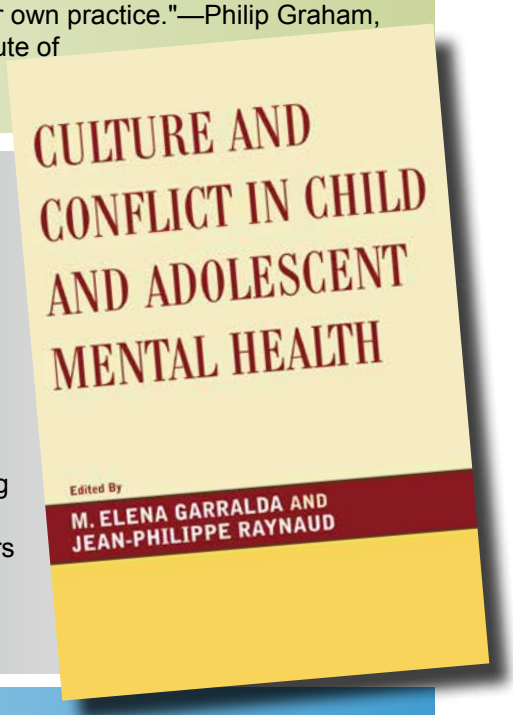

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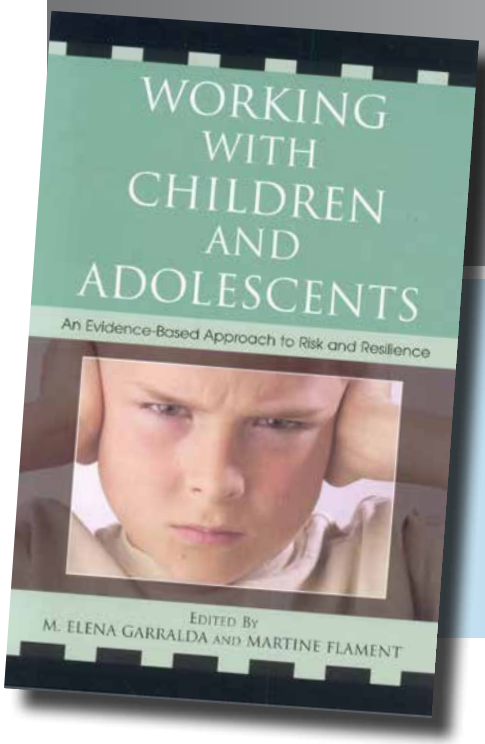

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THE CLINICAL RESEARCH HOSPITAL PROGRAM

To promote clinical research and to improve quality of care in all areas of medicine, including child psychiatry

Professor Anne-Catherine Rolland, CHU Reims

Child psychiatry in France has a solid base and a real opportunity to promote research on mental health and on the development of the child and adolescent. The specialty is well organized throughout the country in multidisciplinary mental health centers. It includes clinical services and academic departments. It is also one of the first in Europe to have concerned itself with perinatal psychiatry and has developed perinatal and early intervention services. Finally, it has a united voice through the French Child and Adolescent Psychiatry Society (*Société Française de Psychiatrie de l'Enfant et de l'Adolescent & Disciplines Associées* [SFPEADA]). Yet, research in child psychiatry remains limited partly due to a lack of structure. However, besides the professional research centers (such as INSERM and CNRS), clinical research programs in hospitals may offer an opportunity for child psychiatrists to build and conduct clinical research.

The Clinical Research Hospital Program (*Programme Hospitalier de Recherche Clinique* [PHRC]): What is it?

Since 1993, a clinical research hospital program has been put in to place annually in healthcare establishments. Clinical research uses tools derived from basic research and allows for the validation of basic research discoveries before introducing them into the wider healthcare system.

Bedside Research

Clinical research, or applied medical research for care, is the activity of generating and scientifically validating innovative medical procedures prior to their introduction into normal clinical practice. It consists of research conducted on persons, ill or healthy, with the aim of ameliorating illness and progressing technical aspects of care while respecting the dignity of

CHU Tolouse

the person. Conducted in hospitals, it includes research done at the patient's bedside that complements basic and experimental research. Following the basic research, completely indispensable, bedside research uses new concepts and new tools that basic research may have developed.

Objectives of the clinical research hospital program

In the early 1990s, INSERM and CNRS developed a large network of hospital units where these research institutions were able to design new tools, notably in the biological and statistical domains. However, they were inadequate to promote the development of new diagnostic and therapeutic methods. In this context, since its creation in 1992 the objectives of the PHRC have been to:

- Boost hospital clinical research in order to promote medical progress
- Participate in improving the quality of care by evaluating new diagnostic and therapeutic methods
- Scientifically validate new medical knowledge to identify therapeutic innovations and the implementations of dissemination strategies within the healthcare system

PHRC institutional agents

The nature of the tasks entrusted to the *Centres Hospitalier Universitaires* (CHUs) turns the establishments involved into local political agents of clinical research. The imperatives of biomedical research, particularly the need to have sufficient numbers of patients, drive the need for multi-center clinical trials. This has resulted in the consolidation outside the CHUs of hospital clinicians, cancer centers, and institutions participating in the public hospital services to create a network.

The annual call for projects

Starting in 1993, every year the health ministry calls for proposals for research projects. Hospital teams are permitted to submit their proposals in order to receive funding through the available annual budget. Once all proposals are submitted, the health ministry organizes the selection on a national level of those to be supported.

CHU Reims

Table. Some national and inter-regional child psychiatry projects funded in the last three years.

Year	Health establishment promoter	Title of the project	Principal investigator
2012	CHU Brest	Efficiency of bumetanide in autistic children (BUMEA)	E. Lemonnier
2011	CHU Lille	Multimodal MRI-guided repetitive transcranial magnetic stimulation to treat drug-resistant hallucinations in children and adults: A randomized control trial	R. Jardri
2011	IMM Paris	Evaluation of hospitalization for anorexia nervosa	N. Godart
2011	CHU Strasbourg	Do sleep disorders and circadian rhythm disorders have an influence on cognitive and behavioral development in the autistic child?	A Danion
2011	CHU Reims	Denial of pregnancy and attachment	AC Rolland
2011	Toulouse	Effects on their children from a brief preventative intervention given to mothers with borderline personality disorder: Pragmatic essay. Controlled randomized –PAM B	JP Raynaud
2010	Pitié Salpêtrière Paris	A randomized double blind study on the effectiveness of topiramate at 200 mg on symptoms of irritability-impulsivity, over-eating, and self harm in a patient population with Prader Willi Syndrome over eight weeks.	O Bonnot

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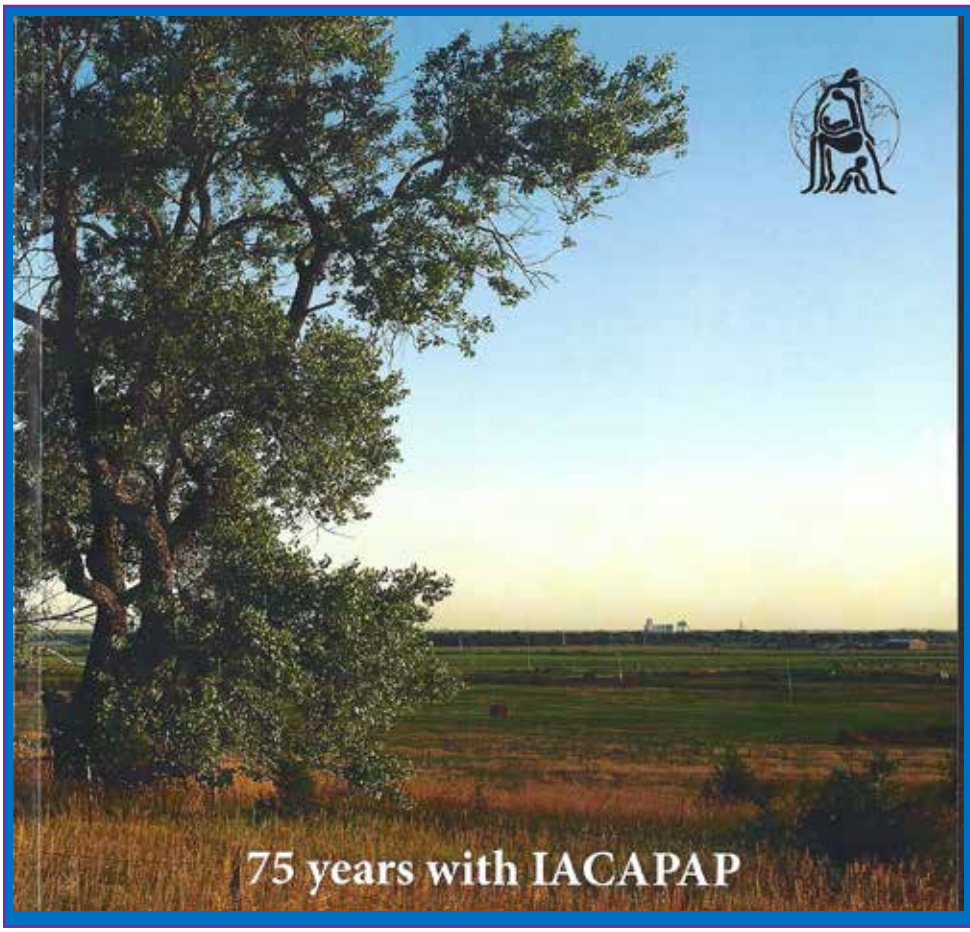

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Child Mental Health in Iraqi Kurdistan

Setbacks and Sustained Recovery

Dr Abdulbaghi Ahmad SBCAP, PhD

Setbacks

Since the last updates in this Bulletin in June 2011 (1-2), the Department of Child Mental Health in the Kurdistan region of Iraq has been going through crucial setbacks and recoveries. On 5 April 2012 there was a change in the cabinet of the Kurdistan Regional Government leading to a drastic reorganization of the higher education system. Among others, the Dean of the College of Medicine, the President of the University of Duhok, and the Minister of Higher Education and Scientific Research were replaced. The College of Medicine of Duhok University was changed to the School of Medicine—belonging to a new Faculty of Medical Sciences. At the same time, all PhD plans at the Department of Child Mental Health and the masters' education program—from which six specialists in child and adolescent psychiatry have already qualified for the first time in the region—were stopped. The reason given was an old Iraqi law, which for some reason has now been reactivated, that forbids clinical research both at master and PhD levels. These changes led to the closure of the Department of Child Mental Health that had been established as a special academic unit—a collaboration between the University of Duhok and Sweden's Uppsala University since 2001. As a result, the Department of Child Mental Health has been reduced from an independent academic department at the College of Medicine to a unit of adult psychiatry and part of internal medicine. These unfortunate retrograde changes are debilitating not only for child psychiatry but also for all clinical research and education in the Kurdistan region and Iraq.

Sustained Recovery

Despite these unfavorable circumstances, all the child psychiatrists and other mental health staff who have been educated and qualified at the Department of Child Mental Health since its establishment in 2001 struggle to apply what they have learned to be utilized at different levels of Kurdistan's society. In addition to the highly appreciated undergraduate education in child psychiatry for medical students at Duhok University (3) and the community-based education at different levels all over the Kurdistan region, they are performing important functions in the government by lobbying authorities to create much needed child mental health services, including services for children with special needs. The authorities mostly involved in this process belong to the Ministry of Health, the Ministry of Education, the Ministry of Work and Social Development, and the Ministry of Justice. Postgraduate education is taking new directions through the Ministry of Health. A resident physician is currently in training at the Mental Health Center in Duhok, while negotiations are under way with the newly established authority for higher medical education in Kurdistan to continue accepting child psychiatry as an independent medical specialty in postgraduate education. The Director General of Health in Duhok, a former master's student at the Department of Child Mental Health, has been accepted as PhD student by Sweden's Uppsala University. Further PhD proposals concerning child mental health will consider applying to Swedish universities for as long as authorities in Kurdistan continue to follow the central Iraqi government law prohibiting clinical postgraduate research education and refusing to recognize child psychiatry as an independent medical specialty.

Workshop with Dr Leslie Scarth. Previous page: a session at the Department of Child Development.

Private Child Mental Health Initiatives

As a result of the last 20 years' activities at the Department of Child Mental Health in the Kurdistan region of Iraq, an increasing awareness has been noticed in Kurdistan's society concerning child perspectives in general and child mental health in particular (1-2). However, the health care system in Kurdistan is still centralized and doctor-focused. The local authorities at the current Kurdistan Regional Government are trying their best to improve the health system. There are serious attempts to build adequate services to meet the increasing demand from patients, parents, teachers, health staff, social workers and consumer associations, such as the newly established Autism Society in Kurdistan. These attempts have to compete with other government priorities, which results in an obvious lack of resources in relation to the growing demand. Besides, the relatively small number of specialists compounds the problem. Being formally part of the deteriorating Iraqi system, in addition to the rapid social transition occurring in the region, the community is becoming increasingly vulnerable. This further complicates the modernization process. The local authorities in Duhok have been increasingly aware of the huge discrepancy between the increasing demands and the limited governmental support to this field. The increasing demands for child mental health services and the availability of the first few experts in this domain in Duhok, led to the establishment of the first public mental health center in the city. Currently, this center is part of the Directorate of Health in Duhok. It is overloaded by the growing number of visitors and demands from authorities. People often have to travel abroad to seek treatment for their children. Several private clinics for general psychiatry have been opened in Duhok and the newly established Autism Society in Kurdistan has built a private center for the treatment of autistic children. In order to learn how to develop adequate child mental health services, the local authorities in Duhok have encouraged bringing a private model from Sweden. As a result, Metin Health House was established. It is the first private clinic for prevention and treatment of child mental health problems in the region.

Metin Health House

According to a decree from the Ministry of Health, Kurdistan Regional Government, permission was obtained in 14 May 2007 to provide land and facilities from the state to build a private clinic for child mental health in Duhok with the name of Metin Health House. Being the first private clinic for child mental health in the region, Metin Health House had to overcome considerable resistance. Finally, the first stage started in 1 February 2013 (Figure 1 & 2) and has begun delivering evidence-based services.

Investigation and Management is the first functioning unit of Metin Health House. It started January 2013 as an outpatient child psychiatric clinic. Intake takes place via a telephone call to a nurse assistant. The nurse assistant receives the visitor at the agreed time and obtains demographic data. Each consultation takes 60 minutes. After the first visit to the child psychiatrist, the case is discussed within a team consisting of child psychiatrist, psychologist, nurse assistant, and pedagogue. After diagnosis, an individual plan is established. The most common diagnoses are pervasive developmental disorders, followed by intellectual disability, cerebral palsy, anxiety disorders, behavioral disorders, and emotional disorders. Treatment plans mainly consist of cognitive behavioral psychotherapy conducted by a trained team member under supervision by the child psychiatrist (4). Follow-up plans are arranged to evaluate the outcome of treatment. Every intervention is evaluated by pre and post test in order to measure the benefits and side effects of each treatment. From February to June 2013, 30 patients were seen: 24 from the Duhok region, 4 from Sulaymani , East of Iraqi Kurdistan, and 2 from Tikrit, middle Iraq.

The Department of Maternal and Child Mental Care is a preventive unit treating pregnant women and children up to 18 years of age for regular evaluation of the psychosocial status of the child. Both protective and vulnerability factors are included in the assessment. It is expected to start seeing clients at the end of 2013. Preventive interventions will be applied whenever risk factors for child mental health problems are identified. Early detected signs and symptoms are referred to Metin Health House for further investigation and treatment.

The Department of Child Development will provide high quality day care to children 1-5 years of age. Modern methods of parenting are to be implemented using a Swedish model and consistent with the United Nations Convention on the Rights of the Child. The responsible pedagogue at the Department of Child Development arranged several information meetings with the parents who have registered their children to start the day care in September 2013.

Visitors from Abroad

On the occasion of the opening of Metin Health House, we were honored by the visit of Professor Anne-Liis von Knorring from Sweden (January 21–February 2, 2013), and Dr Leslie Scarth from Scotland (23–29 May 2013). In addition to consultation, patients' examinations, seminars and conferences, three workshops were conducted concerning child rights, management of autism, and teamwork. Attendees included 16 psychologists; 14 participants were sponsored by the Directorate of Health, one in each workshop was sponsored by the Directorate of Social Care and Development in Duhok, and one sponsored by Metin Health House.

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