

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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5th Cross-Strait Child and Adolescent Psychiatry Conference

Interview with  
Professor Marie Bashir  
Child Psychiatrist  
Chancellor  
Governor



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# CONTENTS

President's column: A world in which child & adolescent mental health is valued, promoted and protected	3
Nominations for IACAPAP Executive Committee	6
Interview with Professor Marie Bashir	7
Are you a 'friend' of IACAPAP?	10
IACAPAP Textbook	11
What are the Journals saying about the Textbook?	12
Bangladesh. Workshop on CBT in paediatric OCD	13
IACAPAP Congress 2014: Durban, South Africa	14
The 2013 Helmut Remschmidt Research Seminar	14
5th Cross-Strait Child and Adolescent Psychiatry Conference	15
IACAPAP book series	18
China. Child and Adolescent Psychiatry in Xi'an	19
7th Congress of the Asian Society for Child and Adolescent Psychiatry & Allied Professions	21
AACAP's 60th Annual Meeting	22
Regional Conference of the International Society for Child and Adolescent Psychiatry and Psychology	23
XIX Congreso Latinoamericano de FLAPIA	23
Kuwait. Training child and adolescent mental health professionals	24
Spain. The Alicia Koplowitz Foundation	25
South Africa. Improving parent-child attachment	27
New Zealand. Computerised cognitive behaviour therapy in the South Seas	29
The history of IACAPAP at 75 years	31
Brazil. Child and adolescent crack users	32
Pakistan. The first child psychiatry inpatient unit	33
Lituanian. Is clinical work the only duty of the child psychiatrist?	35
Member organizations	36
IACAPAP officers	37

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## President's Column

### A WORLD IN WHICH CHILD & ADOLESCENT MENTAL HEALTH IS VALUED, PROMOTED AND PROTECTED

The day in a little over a week from the time I am writing this column we will enter the second half of 2013. I would like to highlight a few significant events around the world that continue to shape child and adolescent psychiatry (CAP) and child and adolescent mental health (CAMH).

#### **Mental health of child victims and their perpetrators**

We have had reports of cities under siege, massacres and communal disturbances involving innocent and vulnerable children and adolescents. Newspaper headlines across three continents, involving high, middle and low-income regions have reported crises in the first half of this year:

- 'Metropolitan Boston remains under siege as police continue manhunt for Marathon bomber'
- 'Boko Haram crisis: Maiduguri under siege in Nigeria'
- 'Brazil under siege: The citizens fight back'.

Massacres involving children and adolescents have occurred around the world:

- 'Bangladesh: a massacre of demonstrators'
- 'Nigeria: global revulsion greets massacre of 16 students in Borno'
- 'Bangladesh factory massacre'
- 'Massacre in Syria: dozens executed today in village'
- 'Militants massacre 14 females' students on school bus in Pakistan'.
- Children were gunned down while taking exams at a primary and secondary school
- A playground was bombed during a school's open-air prize ceremony.

The stories of the perpetrators of these crimes and the victims point to our need for improved mental health care all around the globe. In the United States of America, a response to the Newtown massacre late last year was a debate on legislation for mental health with a call for increased access to mental health care for children and adolescents. This is a far cry from responses in some other parts of the world such as in my home country, Nigeria, where millions of children live. The causes and consequences of these violent crimes are inextricably linked to the mental health of children. The perpetrators of a spate of murders in northern Nigeria were likely—for the most part—once street children. From their tendency towards violence, one can surmise deep-seated hate and hopelessness that propel them to psychoactive substance use, vandalism, riots, and even mass murder. Those who have been victimised need to be cared for. I received a call from a psychiatrist in Abuja, Nigeria. She had questions about how to best help a 9 year old girl who had stopped talking after witnessing the murder of her father and brother by members of the Boko Haram terrorist group. With no child mental health professionals close by, she was concerned if the child, who was already far



from her home in north-eastern Nigeria, could endure another 10-hour road trip to Ibadan, Nigeria to see a CAMH professional.

### **Harmful cultural practices affecting children's mental health**

An event with the potential to positively impact the mental health of children, not only in Africa but around the world, is the *Day of the African Child*. This yearly event was first marked on June 16, 1991 by the Organization of African Unity to raise awareness about the plight of children and young people in Africa. This date was selected to commemorate the 1976 uprising in Soweto, when a protest by school children against apartheid-inspired education resulted in the killing of children by police officers. The Day of the African Child further presents an opportunity to reflect on the quality of life of children in Africa and indeed, all over the world. The themes for each year are derived from millennium development goals related to the welfare and progress of children. The 23rd Day of the African Child took place on June 16 and the theme was '*Eliminating Harmful Cultural Practices Affecting Children: Our Collective Responsibility*'.

Several cultural practices, which negatively affect the mental health of children, were brought to the fore such as child marriages, female genital mutilation, and the making of incisions, scarification and tribal markings. Preferring male children, inflicting physical injuries on children through corporal punishment, and sending children away from home at very young ages are still tolerated and sometimes even accepted. Child marriages do not only involve young girls; a recent newspaper reported: 'Child bridegroom: Eight year old boy married 61 year old woman after dead ancestors told him to tie the knot'. This happened in a community in South Africa.

In 1992, while I participated in a training programme in psychiatry in the United Kingdom, I worked hard to convince my instructors to support me in developing a training guide for primary health care workers in CAP and CAMH. However, my teachers did not consider CAP or CAMH as priorities. Now it is well-known that over a third of the world population is comprised of children, one in every five children has a recognizable and treatable mental disorder, and 50% of adult psychiatric illnesses begin before age 14.

### **'Comprehensive Mental Health Action Plan 2013-2020'**

On May 27, 2013, the 66th World Health Assembly (WHA) adopted the *Comprehensive Mental Health Action Plan 2013-2020*. For the very first time in the history of the WHO all 194 member states formally recognize the importance of mental health, and each member state has agreed to carry out specific actions to improve mental health and work towards attaining specific targets. Through a statement within the plan, '*The 66th WHA invites international, regional and national partners to take note of the comprehensive mental health action plan 2013-2020*', an invitation has been extended to organizations such as ours.

As CAMH and CAP professionals we need to ensure that the issues pertaining to children in this action plan get the attention needed. For many years, infant, child and adolescent psychiatry and mental health has been relegated to the background and a critical period for addressing mental health issues in many children was lost. In the action plan, developmental and behavioural disorders with onset in childhood and adolescence, intellectual disabilities as well as other disorders which are relevant to the this developmental period are focal points. Suicide, commonly associated with adolescence, and the second most common cause of death of young people, and epilepsy, which is viewed as a mental disorder in many societies in the developing world, are also target conditions. This action plan is aimed at mental health promotion; prevention and treatment of disorders; rehabilitation, and the recovery of children with mental health issues. Infants and children in situations of poverty, abuse and neglect, and adolescents exposed to psychoactive substance use are included in this plan; in addition, child mental health care will be integrated with maternal and other child health services.

CAMH and CAP professionals need to get involved in work towards achieving the four objectives of the action plan. The first is strengthening effective leadership

and governance for mental health. In implementing this, CAMH policy and plans should be encouraged. School mental health programmes and the integration of mental health into maternal and child health services, will strengthen the CAMH component of the second objective which is set to provide comprehensive, integrated and responsive mental health and social care services in community-based settings. The third objective is mental health promotion and the prevention of mental disorders and this has a very strong component for implementation during the early years of life. The United Nations Convention of the Rights of the Child will be used as a guide in implementing interventions. The fourth objective is to strengthen information systems, evidence and research for mental health. Research into CAMH and CAP has lagged behind research in adult mental health, especially in low and middle income countries. A large part of the developing world has virtually no information on CAMH and CAP—there is now an opportunity to correct this problem.

As CAP and CAMH professionals and organizations, it is our responsibility to partner with our governments and the WHO in the implementation process. For the very first time, we have the potential to change the accessibility, availability, affordability and acceptability of mental health services for infants, children and adolescents all over the globe. We are closer than ever before to the vision depicted in the action plan: a world in which (child and adolescent) mental health is valued, promoted and protected, (child and adolescent) mental disorders are prevented and (children and adolescents) affected by these disorders are able to exercise the full range of (child &) human rights to access high quality, culturally-appropriate health and social care in a timely way to promote recovery, all in order to attain the highest possible level of health and participate fully in society, (at school) and at work free from stigmatization and discrimination.

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



# 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.

# AUSTRALIA



With a group of Muslim Girl Guides

## Interview with Professor Marie Bashir Child Psychiatrist Chancellor Governor

Joseph M Rey & Garry Walter

The authors initially met Professor Bashir in the course of their psychiatry training. For the first author, this was in 1979, during a placement at the Rivendell Unit. Professor Bashir had been instrumental in establishing that unit, one of the earliest inpatient mental health services for adolescents in Australia. Few professionals could emulate her when interviewing children and families. Apart from being a caring, warm and astute clinician, Professor Bashir had the knack of gaining the trust and confidence of even the most disturbed children and families, making them feel understood, valued and appreciated. She was not only an outstanding clinician, but also a dedicated teacher, a generous mentor, and a committed researcher—she managed to obtain resources to establish an active research program in the Unit. During her directorship, Rivendell became the first young persons' service in Australia to introduce routine structured clinical assessments, questionnaires (such as Achenbach's Child Behaviour Checklist) and specialised treatment programs for specific disorders such as psychotic illness. Such innovations later became the state of the art. In the research field, she contributed particularly to the identification of bipolar disorder in youth, outcome of treatment, and to study the validity of aspects of the then newly published DSM-III classification system, among other endeavours. In 1987, she moved

on to take responsibility for the delivery of services in an increasingly wide area, assuming a more active role in mental health planning and administration, but without ceasing her clinical activities, mostly by providing services to young aboriginal families. Her contributions to teaching, service development and research were recognised by the University of Sydney with her appointment in 1993 as Clinical Professor of Psychiatry.

Having had a special interest over many years in indigenous health, Professor Bashir has travelled extensively to visit remote communities in Central Australia, the Kimberley and Arnhem Land to gain a closer understanding of issues of culture and history which impact significantly on health. In 1995, in a partnership with the Aboriginal Medical Service in the Sydney suburb of Redfern, she established the Aboriginal Mental Health Unit.

Professor Bashir has also been a pioneer in seeking to improve mental health services for people in developing nations in the Asian region, particularly Vietnam, for example by arranging seminar programs in those countries as well as

in Australia for visiting delegations of mental health professionals. As contributors to these programs, both authors have witnessed first-hand how our overseas colleagues have deeply appreciated Professor Bashir's work and enterprise in this area. In recent years she has paid several visits to Mongolia supporting the development of medical services and training.

In March 2001, Professor Bashir was appointed Governor of the Australian state of New South Wales (see Box). This was initially for five years, but subsequently the appointment was extended on three occasions until 2014, making her the second longest serving Governor of New South Wales thus far. This no doubt reflects the high esteem in which she is held by the people of New South Wales, fully aware of her dedication, kindness and



Rivendell Unit.  
View from the Parramatta River

compassion. She served concurrently as Chancellor of the University of Sydney from June 2007 to December 2012.

Professor Bashir—daughter of a Lebanese immigrant family and born in a small Australian country town—has received countless awards and honours ranging from Australian Mother of the Year in 1971 to Honorary Life Member of the Master Plumbers and Mechanical Contractors' Association of New South Wales. Some of her honours include Commander of the Royal Victorian Order (CVO, United Kingdom), Companion in the Order of Australia (AC), *Chevalier dans l'Ordre National de la Légion d'Honneur* (France), the Lebanese National Order of the Cedar, and the Mental Health Princess Award (Thailand). She was elected in 2004 as one of Australia's Living National Treasures. As Alan Cameron put it, "If there were a concept of a Renaissance woman, Marie Bashir would personify it: musical, artistic, well read, well educated. And if there were a concept of a University woman, she has embodied that too, right from the day she enrolled in Medicine and lived at the Women's College." Professor Bashir is married to Sir Nicholas Shehadie AC OBE. They have two daughters and a son, and six grandchildren.

### Professor Bashir, what attracted you to child psychiatry?

*I was concerned to find upon commencing my appointment following attainment of the College of Psychiatrists Fellowship that many of the young people with mental health problems (depression, behavioural disorders, identity concerns and early psychotic symptoms) were being rapidly assigned the diagnosis of schizophrenia and placed in adult wards with psychotic patients, at risk of further trauma including marginalisation within family and wider society. I was concerned that an in-depth understanding and accurate diagnosis would contribute to a more hopeful pathway to better mental health.*

### Since first training and working in child psychiatry, how has the field changed?

*Perhaps one significant difference is less focus on applying psychoanalytic theory and related psychotherapeutic management. Over time, many aspects critical to understanding a child or adolescent's mental health difficulties, the biological vulnerabilities, are taken*

*into account, and appropriate medical as well as psychological factors, including that of family and peer group together with school influences and network, are taken into account when designing appropriate intervention.*

*Parent or family therapy (or counselling) is also regarded as an important component in working with young people, especially if a thorough assessment of the young person indicates that this would be of value.*

### What would you regard as the most important qualities of a child psychiatrist?

*Firstly, an ability to empathise with the child's problems which have led to the referral and a genuine interest in the key interests the young person reveals. In addition, one needs to be alert to hidden aspects of abuse (in all its forms, including verbal) and also a gentle ability to detect self-criticism and the reasons why, which has led to lowered self-esteem and self-confidence. Most importantly, to be alert also to the presence of a "masked depression", perhaps triggered in a vulnerable child by an experience of loss, identifiable or symbolic. And above all, the ability to conduct a careful, sensitive and detailed family history to identify a genetic vulnerability as well as environmental stressors/risk factors.*



Click on the picture above to view Professor Bashir's short speech at the launch of the Justice Reinvestment for Aboriginal Young People Campaign, 2nd of May 2012 (3:29).



With uncle Max Eulo at the Aboriginal Tobacco Control Project Launch

## THE GOVERNOR

For those not familiar with the Australian political system, the Governor of the state of New South Wales is the state representative of the Australian monarch, Queen Elizabeth II, who is shared with 15 other nations (among them, Canada, Jamaica, New Zealand, Papua New Guinea, and the United Kingdom). On the advice of the New South Wales Premier, the Queen appoints the Governor to carry out constitutional and ceremonial duties for a period of usually five years. In practice, the Governor acts only on the advice of Ministers who are responsible to the democratically elected Parliament. The Australian Federal Government has a similar structure. Apart from important constitutional and ceremonial roles in the state (for all intents and purposes equivalent to those of a head of state), the Governor is closely involved in the activities of community organisations and other events.

New South Wales, with more than 7 million people, is the most populous state in the Australian federation, comparable in size geographically to Texas in the USA and double the combined areas of England, Scotland and Wales; Sydney is the capital.





*'The essential qualities to conduct adequately each of these three privileged roles is to be endlessly patient, to be a genuinely committed and careful listener'*



From top: At the Women's College with high school students; graduation ceremony at the University of Sydney; ANZAC (Australia New Zealand Army Corps) Day parade in Sydney; with Iraqi Prime Minister Nuri al-Maliki .

**Was your experience in child psychiatry helpful in your work as Chancellor and Governor? If so, in what ways?**

*I do believe that my experience in child and adolescent psychiatry has been helpful in my work as Chancellor and Governor. The essential qualities to conduct adequately each of these three privileged roles is to be endlessly patient, to be a genuinely committed and careful listener, to be aware of "family" dynamics in the wider team or group systems e.g. "sibling rivalry" among some team members, "fear" or "anxiety" as new members join the team members who may have different "political" stances and may wish to articulate these.*

*Child psychiatric training assists one to view diversity of viewpoint or even dissidence as welcome, that is, to have such views/attitudes placed "on the table" for all to consider, rather than drive such alternative views underground. They can be considered with objectivity, and all will benefit even if one does not necessarily agree with the view proffered.*

**Wearing your child psychiatrist cap, could you please describe one of the most memorable moments in your years as Governor.**

*Two moments come immediately to mind. The first was during the occasion of an official visit to a primary school (Government school) on the north coast of New South Wales. The student body comprised about 25 percent Aboriginal children. The Governor was welcomed on arrival at the assembly with a rousing rendition of the National Anthem. It was a moment of joy to hear, quite unexpectedly and unannounced, the first verse of Advance Australia Fair sung by all the children in the language of the traditional custodians of that region. One sees extraordinary examples of the strength of the journey of reconciliation repeatedly as one travels across the State.*

*A second memorable moment relates to a Year 11 High School young woman from a family of very modest means and background, whom I met accidentally at Lake Mungo in far south-western New South Wales. She was with a group of peers on a school excursion from a small town also in the far south-western region of the State. She struck up a conversation with me and later kept in touch on my return to Sydney. Then she became busy with Year 12 work and communication became less frequent. A few days ago I received a message to ring her. To my delight, she wanted to report that she had successfully completed the Higher School Certificate and had been accepted at university in Victoria and won a scholarship to study education and become a teacher. We shall continue to keep in touch.*

**What would be your single piece of advice to a health professional contemplating a political appointment?**

*First, I should point out that the State Governors, and also the Governors-General are not strictly speaking "a political appointment". An individual is invited to take up such a position by the State Premier (perhaps after sharing such a notion in strict confidence with senior and trusted ministerial colleagues) and the recommendation sent, with history and curriculum vitae of the person under consideration, to Her Majesty Queen Elizabeth II, who then makes the appointment "on the advice of the Premier of the day".*

*However, anyone entering such a role should be non-partisan, not currently aligned with any political party, have an appropriate record as a knowledgeable and informed communicator and one able to represent the interests of all – or the vast majority – of people of the State with their wellbeing to the fore. Such a representative, whether politician or Governor, therefore needs to be walking amongst the people – urban, regional, rural, and remote – to act as a catalyst to bring people together across all groups in society: the professions and trades, the arts, the young and old. Further, the Governor needs to have a genuine and deep interest in and significant knowledge about the communities of the world, particularly in the Asia Pacific region, I believe. All*

**Ambassadors to the Commonwealth and overseas Consuls-General in New South Wales pay a call on the Governor.**

*And finally, the Governor should gently encourage philanthropic support for important projects and be prepared to work far beyond the hours prescribed in most occupations. I believe that most of those sentiments apply also to politicians who seek to represent their constituents with commitment.*



With Prince Frederik and Princess Mary of Denmark at Government House

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# IACAPAP Textbook of Child and Adolescent Mental Health

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# WHAT ARE THE JOURNALS SAYING ABOUT THE IACAPAP TEXTBOOK?



“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...

To the reviewer’s knowledge, this is the first purely e-book to be reviewed in these pages...a work that rivals standard textbooks in scope; takes full advantage of its online format to include an array of color pictures, graphics, and video links; and gives voice to a medley of specialists, patients, and commentators from Amsterdam to Ankara, Beijing to Berlin...

In the midst of this diversity, the editorial team has managed to achieve cohesion through an emphasis on clarity in English-language writing style and a well-organized structure...”

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

“The IACAPAP Textbook of Child and Adolescent Mental Health is a laudable effort towards the achievement of global access to dependable mental health information...

There is much to admire in this unique work...

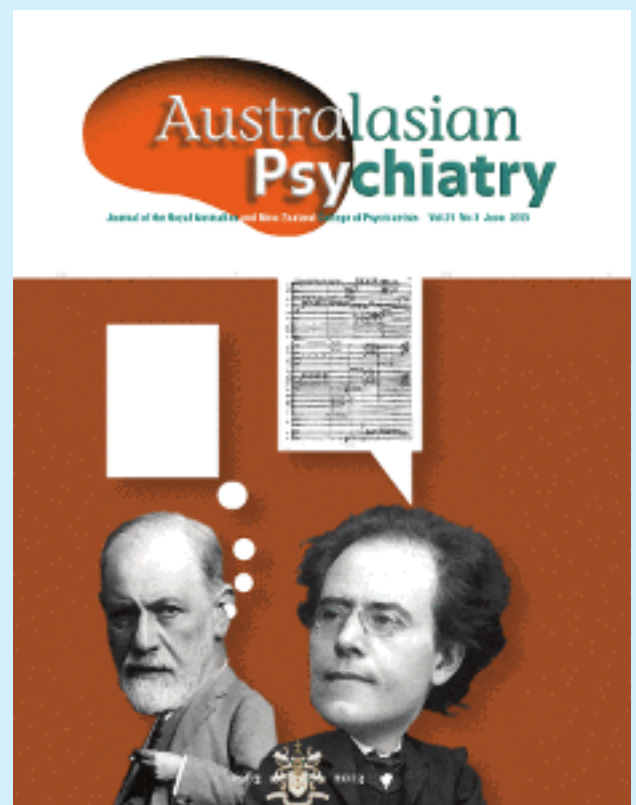
It represents the effort of over 100 child psychiatrists and allied health professionals from two dozen nations...

However, regardless of the authors’ nationalities and professional disciplines, each chapter is scholarly written, clinically oriented and of immense relevance to the practice of child and adolescent mental health...

Some striking features set this work apart from traditional textbooks. Most chapters contain embedded links to online resources such as academic papers, practice guidelines, government publications, public domain instruments, YouTube videos and other websites...”

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

doi: 10.1177/1039856213486219



## Workshop on CBT in Pediatric OCD

Nafia Farzana Chowdhury MD

Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University



Above, front row from left: Dr. Md. Faruk Alam, Professor Derek Bolton, Professor Jhunu Shamsun Nahar and Professor M. A. Salam.

Below: Professor Derek Bolton with Dr. Jesmin Akhter during one of the practical examples.

A one-day workshop was arranged by the Bangladesh Association of Child and Adolescent Mental Health (BACAMH) on "CBT in Pediatric OCD" at the Nuclear Medicine Auditorium of Bangabandhu Sheikh Mujib Medical University. The workshop took place on the 7th of February 2013 and about one hundred professionals from different disciplines participated. Professor Jhunu Shamsun Nahar, Professor of Psychotherapy, Department of Psychiatry, BSMMU gave the welcome address.

The workshop was run by Derek Bolton, Professor of Psychology and Psychotherapy and Consultant Clinical Psychologist, Institute of Psychiatry, King's College, London, UK. The main theme of the workshop was the application of CBT in pediatric OCD. Professor Bolton emphasized that exposure with response prevention is effective for OCD. Professor Bolton showed several videos of interviews with children and the steps involved in administering CBT. Two adolescents suffering from OCD were also presented and the initiation and continuation of therapy were discussed. At the end of the program, Professor M. A. Salam cordially thanked Professor Bolton and the participants who made the workshop active and worthy.

This was the first workshop ever on the non-pharmacological management of pediatric OCD in Dhaka and made participants aware of the clinical and academic potential of this treatment. Child and adolescent psychiatry is a very new specialty in Bangladesh and we are in need of training in this area. BACAMH is successfully trying to redress this situation by arranging workshops of this type.





# SECOND ANNOUNCEMENT



21<sup>ST</sup> WORLD CONGRESS OF IACAPAP  
11-15 AUGUST 2014, DURBAN, SOUTH AFRICA

**COME TO DURBAN AND LEARN SOMETHING NEW  
FROM OUR OUTSTANDING PLENARY LECTURERS**

**Prof Ian Goodyer, University of Cambridge, UK  
Dr Paramjit Joshi, President-Elect, AACAPAP, USA  
Ms Nomfundo Walaza, Desmond Tutu Peace Centre, SA  
Prof Linda Richter, Human Sciences Research Council, SA  
Dr Stan Kutcher, Dalhousie University, Canada**

Further details on our website: [www.iacapap2014.co.za](http://www.iacapap2014.co.za)

Advance Notice: Helmut Remschmidt Research Seminar  
8-13 December 2013, Cape Town, South Africa



## THE 2013 HELMUT REMSCHMIDT RESEARCH SEMINAR

8-13 DECEMBER 2013, SOUTH AFRICA

### APPLICATIONS CLOSE 8 JULY 2013

The focus of the seminar is on emerging African researchers with the theme of 'Developing sustainable research in child and adolescent mental health in Africa'. The University of Cape Town will sponsor accommodation and subsistence of participants. Negotiations are on the way to raise travel funds for participants who can't be funded by their institution.

#### Who is eligible?

The seminar aims to support young and emerging child and adolescent psychiatrists, psychologists and other mental health professionals. Candidates should be in training or should recently have completed training. Those in senior clinical posts or with extensive research experience will not be considered.

#### Deadline for applications

All nominations/applications need to be submitted electronically to the IACAPAP Congress Office ([info@easternsun.co.za](mailto:info@easternsun.co.za)) and should be received by 8th July 2013. Late or incomplete applications will not be considered. Successful candidates will be informed in early August 2013.

For more information go to <http://www.iacapap2014.co.za/index.php/helmut-remschmidt-research-seminars>

# 5th Cross-Strait Child and Adolescent Psychiatry Conference



The opening ceremony

The Fifth Cross-strait Conference of Child and Adolescent Psychiatry was held successfully in Xi'an, Shanxi province of China by the Chinese Society of Child and Adolescent Psychiatry, the Chinese Society of Psychiatry and the Chinese Medical Association. The cross-strait conference is sponsored by the Chinese Society of Child and Adolescent Psychiatry (CSCAP) and Taiwanese Society of Child and Adolescent Psychiatry (TSCAP). Its purpose is to promote communication and cooperation between child and adolescent psychiatry professionals and to improve development of child adolescent psychiatry on both sides of the strait. Since the first conference—held in Nanjing, Jiangsu province—in November of 2005, the cross-strait conferences have been held by CSCAP and TSCAP in turn every two years, having taken place in Nanjing (2005), Taipei (2007), Sanya (2009), Taipei (2011) and Xi'an (2013).

This year's conference attracted more than one hundred child and adolescent psychiatrists from both sides of the Taiwan strait and received much attention and support from the local government and the local medical association. Professor Yizheng, the president of CSCAP, chaired the opening ceremony.

Professor Xinyu, the president of Chinese Society of Psychiatry, Dr. Hsueh-Ling Chang, the president of TSCAP, Professor Daniel Fung, General Secretary of IACAPAP and Mr. Lixun Huang, vice president of Shanxi Medical Association, spoke at the opening ceremony. Professor Wei-Tsuen Soong, former president of TSCAP, and Professor Sifang Xiong, former president of the Hong Kong College of Psychiatry, also

attended the opening ceremony.

All participants enjoyed the scientific program around the theme "Translational medicine –from basic research to clinical practice, for the promotion of child and adolescent mental health". Delegates were deeply impressed by the plenary lectures which focused on mental health legislation, mental health services for youth, the international classification of mental disorders,



From left: Professor Daniel Fung, Professor Yizheng, Dr Wei-Tsuen Soong and Professor Sifang Xiong.



training and certification of child and adolescent psychiatrists, genetic studies on autism and mental health services for children and adolescents in the community. Symposia, workshops, oral presentation and poster sessions highlighted the progress in the field of child and adolescent psychiatry on both sides of the strait. Attendees, especially younger professionals, also benefitted from training on skills about communicating with parents and from case discussions. All the participants from both sides of the strait not only shared their research findings and clinical experiences but also had the opportunity to know each other and deepen friendships.

Six young professionals from both sides of the strait were awarded prizes for their outstanding research work and the quality of their presentations. At the closing of the conference, Professor Yizheng and Professor Wei-Tsuen Soong expressed the participants' wish to maintain and improve the communication, cooperation and friendship between child and adolescent psychiatry professionals on both sides of the Taiwan strait. All participants look forward to the next cross-strait conference.

**Jingliu, Secretary of CSCAP**

Dr Wei Tsuen Soong.  
Below: symposium during  
the Conference

Child psychiatrists in both sides of the Taiwan Strait are dedicated to developing better medical services for their children. Thus, the "Cross-Strait Child and Adolescent Psychiatry Conference" started 10 years ago, at Nanjing. Dr Wei Tsuen Soong from Taiwan, Dr Hou Yuh-Ming and I visited Nanjing in 2005 at the invitation of Dr Zheng Yi, to celebrate the honorable Dr Tao Kuo Tai's 87th birthday, and also to attend the Chinese annual child and adolescent psychiatry conference which was held in Nanjing that year. This was later considered to be the first cross-strait child and adolescent psychiatry conference. It was such a happy and fruitful experience that Dr Soong and Dr Zheng came to the agreement that this conference should be held every two years, alternating between Taiwan and mainland China.

The 5th Cross-Strait Child and Adolescent Psychiatry Conference (along with the 7th Chinese National Child and Adolescent Psychiatry Conference) was held in the historical city of Xi'an from 26 to 28 April 2013. A total of 11 doctors from Taiwan attended the conference. Dr Soong, the founder of the Taiwanese Society of Child and Adolescent

Psychiatry (TSCAP), presented a keynote speech on the board certification system in Taiwan. His speech was of particular interest because Taiwan has established a comprehensive and well organized system for the

certification of child psychiatrists.

Despite the political difference since 1940s, people from both sides of the Taiwan Strait share similarities in religion, language and culture. Enhancing the understanding and cooperation between child psychiatrists from both sides of the Strait is crucial for the welfare of all the children in this part of the world. We would like to thank Dr Liu Jing and Dr Zheng Yi for their hospitality during our visit to Xi'an. It has been an eye opening, heartwarming and brain storming experience. We look forward to meeting everyone again in the next meeting in Taiwan.

**Hsueh-Ling Chang, President, TSCAP**







Above, from left: Professor Su Linyan, Professor Liu Jing, Professor Zheng Yi, Professor Yang Zhiwei, Dr Wei Tsuen Soong, Dr Cheng-Fang Yen, Dr Wu yu-yu, and Professor Du Yasong.  
 Middle, Professor Jingliu (left), Secretary of CSCAP, and Dr Hsueh-Ling Chang, President of TSCAP.  
 Below: prize-awarding ceremony for the young professionals for their outstanding research works and presentations.



# IACAPAP BOOK SERIES

## Brain, Mind, and Developmental Psychopathology in Childhood

Edited by M. Elena Garralda and Jean-Philippe Raynaud

The 2012 Paris Congress Book has empirical chapters on biological and psychological influences on developmental psychopathology in childhood, clinical updates with a focus on the biological underpinnings of individual child neuropsychiatric disorders, and a chapter on how to integrate biological and psychological therapies in child mental health as well as on advocacy for child mental health.

## BRAIN, MIND, AND DEVELOPMENTAL PSYCHOPATHOLOGY IN CHILDHOOD

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• LUISA LAZARO	• ELENA LI	• STYNE SE
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## INCREASING AWARENESS OF CHILD AND ADOLESCENT MENTAL HEALTH

edited by

**M. ELENA GARRALDA AND JEAN-PHILIPPE RAYNAUD**

## Increasing Awareness of Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

"This book provides a rich, stimulating, and up-to-date account of the state of child mental health throughout the world. I can thoroughly recommend it to all child and adolescent mental health professionals who wish to broaden their horizons and gain new perspectives on their own practice."—Philip Graham, emeritus professor of child psychiatry, Institute of Child Health, London

## Culture and Conflict in Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

"This volume of papers from the IACAPAP conference give the reader a flavour of critical, provocative and challenging work going on globally in the field of child and adolescent mental health. It is a fascinating account of the research, the setting up of programs, and the attempts to train workers in cultural areas far outside our usual zones of comfort."—Rudy Oldeschulte, Metaphysical Online Reviews.

## CULTURE AND CONFLICT IN CHILD AND ADOLESCENT MENTAL HEALTH

Edited By

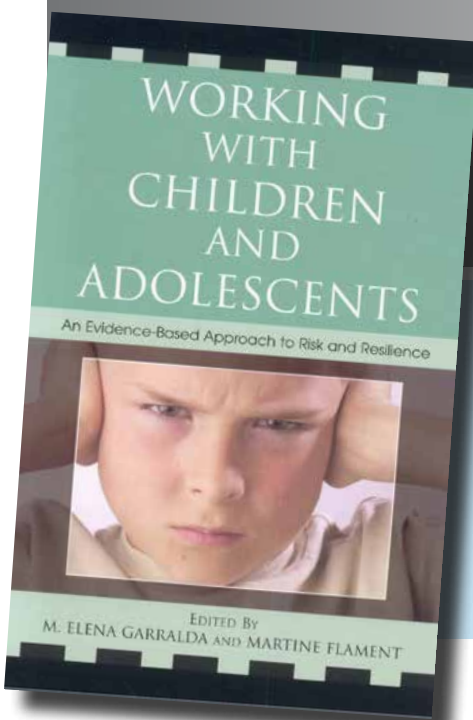
**M. ELENA GARRALDA AND JEAN-PHILIPPE RAYNAUD**

## Working with Children and Adolescents: An Evidence-Based Approach to Risk and Resilience

Edited by M. Elena Garralda and Martine Flament

"The entire volume is a remarkable engaging, readable, and comprehensive compilation of selected topics of the recent advances in understanding risk and resilience factors in the field of child mental health. It is well written and well edited....a scholarly yet readable, interesting, and accessible summary of our current science and clinical expertise in the field of risk and resilience."—The Journal of Clinical Psychiatry

These books can be obtained from the publishers (Rowan & Littlefield; <http://www.rowmanlittlefield.com/Catalog/>)



## Child and Adolescent Psychiatry in Xi'an

Wang Yaping

Psychiatry and Psychology Department, the Second Affiliated Hospital of Xi'an Jiaotong University, Xi'an, China

The 5th Cross-Strait Conference of Child and Adolescent Psychiatry was held on the 26 to 28 April, 2013 in Xi'an, concurrently with the 7th Chinese National Child and Adolescent Psychiatry Conference. Professors Zheng Yi and Liu Jing from the Chinese Society of Child and Adolescent Psychiatry were the conveners of the meeting.

### History of child and adolescent psychiatry in Xi'an

About 25 years ago Dr Yao Kainan, former vice president of our hospital, returned to China from the US; with several colleagues he set up an institute to deal with children's mental health problems (Institute of Children Development and Behavior Pediatrics). We were pioneers in this field in Xi'an. We have developed several programs to teach professionals about how to use standardized questionnaires and other tools to assess children's mental health. Doctors from local areas and all over China come to our Institute for training. Currently there are psychiatry departments at several hospitals in Xi'an but few are well equipped to deal with children with mental disorders.

### Research in elementary schools in Xi'an

In 1993, we examined pupils at two elementary schools in Xi'an using the Achenbach Child Behavior Checklist (CBCL) that had been adapted for use in Chinese children. According to this measure, the prevalence of behavioral problems among these children was 14.7%. The most common problems were aggression, delinquency, and hyperactivity, with similar prevalence in each age group but significantly higher in boys than in girls. These findings suggested that we could improve children's mental health by treating them not only in health care facilities but also in elementary schools. Simultaneously, we wanted to understand how patterns of behavior problems were changing in school-aged children over time. Thus, we re-evaluated these children in 1998. The prevalence of behavioral problems was higher than in 1993. The range of problems and their ranking order were also clearly different. We hypothesized that the rapidly developing economy may have played an important role in this. In 2003, this project, "Children's Behavioral Problems and their Changing Model in Primary Schools" was awarded a prize for "science and technology progress" by the Shaanxi government.

From 1997 to 1999, in order to understand children's social adaptive capacity, we used the Social Adaption Capability Scale for Infant-Junior Middle School's Students—revised by Zuo Qihua for the Chinese population—in children from infancy to the junior middle school years. Social adaptation and the factors that influence it were investigated in 628 children from seven kindergartens in four cities in China. The general trend of development of children's social adaptive capacity was fairly good. Family environment was found to play an important role in children's social adaptive functioning. The research

### Xi'an

#### An ancient city, a center of culture and tourism

Xi'an is a city of over 8 million people. It is also a city that has witnessed great changes in the Chinese nation and resembles a living history book. In ancient times it was called Chang'an. During Xi'an's 3,100 year history, 13 dynasties had their capital here. Xi'an is the capital of Shaanxi province, located in the Guan Zhong Plain, in the center of China.

Xi'an has a semi-humid monsoon climate and four distinct seasons. Xi'an also counts with many tourist attractions such as the Bell Tower, the Terracotta Warriors, the Large and Small Wild Goose Pagodas, the Forest of Steles, and the City Wall. Spring, summer and fall are the best seasons to visit Xi'an.

revealed that for the proper development of a child's social adaptive ability, the family should be actively involved and there should be less reliance on institutions for taking care of everything.

### How do medical students specialize in psychiatry?

At our medical college, undergraduate students have two options: a five-year or a seven-year course in medicine. In the first 2.5 years, they study the basic medical sciences (e.g., human anatomy, histology and embryology, biochemistry, molecular biology etc). Training is delivered at several specialized teaching and experiment centers. Subsequently, students undertake another 2.5 years of clinical training in different departments in affiliated hospitals. After this training, the successful students are awarded a bachelor's degree.

The 7-year students undergo further 2-years of research in a clinic, write a thesis and are awarded a master's degree. Once they graduate, they spend at least 4 years as a resident (teaching assistant), and then one year as a chief resident. Chief residents have responsibility for one ward and live in the hospital. After at least five years, some of them become attending physicians (lecturers). This training is one of the requirements for becoming an associate professor and professor. All the postgraduate studies are done in the same specialty. If students change their specialty it will greatly delay their promotion.

Promotion, which is difficult and demanding, takes into account many aspects, such as community involvement, publications, competency in English, and participation in research projects. Some students find it very difficult to meet these requirements.

### Our clinical work

Each doctor sees between 5 and 20 patients daily. About half are children and adolescents.



From top: the main gate of Xi'an Jiaotong University; campus of Xi'an Jiaotong University; the Second Affiliated Hospital of the Medical College of Xi'an Jiaotong University; staff at the Psychology Department, the Second Affiliated Hospital of Xi'an Jiaotong University (Dr Wang, first on the left).



We have no special ward for children with mental disorders.

### How do we make a diagnosis?

The classification systems used in China are DSM-IV, ICD-10 and the Chinese Classification of Mental Disorders (CCMD), which is Chinese psychiatry's own clinical diagnostic system. The CCMD is in its third version (CCMD-III). It is similar to ICD-10 but adapted for the Chinese culture.

In our clinical practice we use several scales and tools for clinical assessment such as the CBCL, ABC, Children Temperament Scale, VMI (visual-motor integration), S-M social life ability test, and WISC (Wechsler Intelligence Scale for Children). We deal regularly with children and adolescents with ADHD, autism spectrum disorders, Tourette's disorder, eating disorders, schizophrenia, mental retardation, learning disorders and mood disorders. Sometimes practitioners on duty in the outpatient clinics see children who have suffered abuse but we do not diagnose them as "abused". Sometimes we label school refusal and school phobia as mood disorders because parents and children might not accept these diagnoses.

### How do we treat our patients?

Pharmacotherapy at Xi'an differs in some ways from pharmacological therapy elsewhere. We use just a few medications. Most parents are worried about drug side-effects and some of them refuse to use medication altogether. Many new medicines are available in China now, such as risperidone, olanzapine and sertraline among others. We often use methylphenidate, haloperidol, risperidone, lithium carbonate, sodium valproate and carbamazepine. Sometimes we also use Chinese traditional medicines as auxiliary treatments.

In addition to pharmacotherapy, we provide family therapy and parent training. We have not had much formal training in these skills but have learned them through clinical practice. Although we don't know whether our methods are consistent with established theories, we found that they are occasionally very useful and successful. We also provide consultation services to parents and try to enhance communication between family members. Some children with mental disorders endure chronic stressors and have low self-confidence and self-esteem. Our treatment goal is not only to eliminate the symptoms but also to increase the child's ability to cope and adapt to society. We can't do this without parents' help and cooperation and most work well together with us.

I am sure that you would like to know more about the status of child psychiatry in China as a whole. What is happening in Xi'an is an illustration although it may not fully represent what happens in the rest of China. We have noted that more and more parents are concerned about mental health issues in their children; as most Chinese families have only one child we believe that, in general, child psychiatry in China has a bright future.



# 7<sup>th</sup> ASCAPAP Congress

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

September 25<sup>th</sup> - 28<sup>th</sup>, 2013 | New Delhi, India



Dear Colleagues,

It gives us immense pleasure to invite you to the forthcoming event of the 7th Congress of Asian Society for Child and Adolescent Psychiatry & Allied Professions and 12th Biennial Conference of Indian Association for Child and Adolescent Mental Health, in New Delhi, India on September 25 - 28, 2013.

India is home to about half a billion children and adolescents, living in a multi-religious, multicultural society, in the backdrop of rich cultural heritage and civilization. Historically a land of saints and sages, India of today, provides opportunities for religious and cultural tourism; entrepreneurship; scientific explorations and innovations; human capital maneuverings; spiritual thought; and philosophy.

India beckons for an interaction and intercourse in every aspect of mind and mental health focusing on the most crucial phase of human life that is childhood.

Mark your dates September 25 - 28, 2013 to engage with mental health of children and adolescents in New Delhi, India.

We are preparing to welcome you and host you with a feast of science and culture.



**Savita Malhotra** MD, PhD, FAMS

Congress Chair

Professor & Head, Department of Psychiatry, Postgraduate Institute of Medical Education & Research, Chandigarh 160 012 India

Email: savita.pgi@gmail.com

Congress Co Sponsored by



Indian Psychiatric Society (IPS)



World Psychiatric Association (WPA)



World Association for Social Psychiatry (WASP)



World Association for Infant Mental Health (WAIMH)



Indian Association for Social Psychiatry (IASP)



International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

**SAVE THE DATES**

New Research Poster Submission Deadline: June 17, 2013  
Book Hotel and View Preliminary Program: June 17, 2013  
AACAP Member Registration Opens Online: August 1, 2013  
General Registration Opens Online: August 8, 2013

AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

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**AACAP's 60<sup>th</sup> ANNUAL MEETING**

OCTOBER 22-27, 2013 • ORLANDO, FL  
WALT DISNEY WORLD DOLPHIN HOTEL



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60<sup>th</sup> Anniversary Committee Chairs

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# Regional Conference of the International Society for Adolescent Psychiatry and Psychology (ISAPP)

joint with 18<sup>th</sup> National Symposium of Adolescent Mental Health

## "Adolescent in Globalizing World"

21-24 November 2013 Sheraton Hotel and Convention Center Ankara TURKEY



Dear Colleagues,

On behalf of the Organizing Committee, we are pleased to invite you to the Regional Conference of the International Society for Adolescent Psychiatry and Psychology (ISAPP) which will take place in Ankara, Turkey, on November 21-24, 2013.

This Conference will be a multidisciplinary meeting of the professionals working in the field of adolescent mental health, including psychiatrists, psychologists, psychoanalysts, psychotherapists, counselors, social workers, nurses, teachers and adolescent physicians.

The theme of the Congress is 'Adolescent in Globalizing World'. As we all know globalization movement along with its positive aspects, has also brought many challenges, especially for the young people. One of the consequences of globalization is the rapid changes in many areas, including values, life styles, child-rearing practices, social relation patterns, increased involvement with technology in daily life, and others. We

are aiming to discuss these challenges and we hope to come up with new suggestions for solutions to the problems that the adolescents today are facing while they are developing.

We are looking forward to hosting you in Ankara, the capital of Türkiye, which is rather a new city built after the republic was established, but developed so fast that it is now the second largest city in the country with about 5 million population. The new city embraces the old town which has the authentic Anatolian cultural heritages exhibited at the Anatolian Civilizations Museum and the Ethnographical Museum as well as the Ankara Castle itself.

We invite you all to get together for this scientific event to discuss challenging topics and to meet new colleagues. We will be much pleased to offer you the traditional Turkish hospitality. [Click for details](#)

Annette Streeck-Fischer, President, The International Society for Adolescent Psychiatry and Psychology (ISAPP)

Füsun Çetin Çuhadaroğlu, President, Turkish Association for Child and Adolescent Psychiatry



# XIX CONGRESO LATINOAMERICANO DE FLAPIA



FEDERACIÓN LATINOAMERICANA DE PSIQUIATRÍA DE LA INFANCIA, ADOLESCENCIA, FAMILIA Y PROFESIONES AFINES

28 al 30 de noviembre de 2013 / Colonia del Sacramento - Uruguay.



## Training Child and Adolescent Mental Health Professionals

Bibi Alamiri MD, SM

The Kuwait Association for Child and Adolescent Mental Health (KACAMH) is a non-profit organization comprised of health care professionals involved in the mental health care of children and adolescents in Kuwait. In its efforts for continuous medical education and training of mental health professionals, KACAMH organized a three-day workshop in collaboration with the Massachusetts General Hospital (MGH) and the Kuwait Institute for Medical Specialization. The workshop covered key topics in the field including eating disorders, school psychiatry, media and youth violence and pharmacotherapy in childhood psychiatric disorders.

The workshop was held on April 28-30, 2013 at the Kuwait Center for Mental Health and Dasman Diabetes Institute, Kuwait. The MGH faculty included Drs Eugene V Beresin, Jeffrey Q Bostic and Jefferson B Prince. Dr Bibi Alamiri, president of KACAMH, was also on the panel.

The participants were residents undertaking the Kuwait Board of Psychiatry program, child and adolescent psychiatrists, developmental pediatricians, psychologists and social workers. Instruction occurred in lecture format, interactive seminars, role-playing, and actual clinical training during wards rounds.

In addition, as part of the Mental Health Awareness Month (May)

and in collaboration with the Kuwait Ministry of Education, KACAMH launched a nationwide ADHD awareness program for mental health workers in public schools led by Dr Hosam Salem, secretary of KACAMH. The program sought to educate school psychologists on ADHD and its management with special emphasis on behavioral school interventions adapted for the Kuwaiti culture.

Above: the child and adolescent mental health training workshop. Below: ADHD awareness session at one of the schools.





## 10 Years Training the Next Generation of Child & Adolescent Mental Health Professionals in Spain

### The Alicia Koplowitz Foundation

Cesar Soutullo MD, PhD & Ana Figueroa MD

The contribution of the Alicia Koplowitz Foundation to the training of child and adolescent mental health professionals in Spain has been outstanding. While the Spanish Association of Child & Adolescent Psychiatry (AEPNYA) was founded in 1952, child and adolescent psychiatry is not yet recognized as a medical specialty in this country and there are no specialist training programs, except one at the University of Navarra—led by one of the authors (CS). There are also some master’s programs available, but mostly theoretical, with little clinical exposure.

The Alicia Koplowitz Foundation aims “to promote training and research in child adolescent mental health,” to fulfill the need for specialist child mental health training in Spain. The Foundation sponsors a very competitive fellowship program by sending psychiatrists and psychologists to key training programs in the USA and the UK. To be awarded one of the available positions, the numerous candidates undergo an independent, rigorous selection, including interviews with the host programs. Once selected, the Foundation covers their salary for two years, travel expenses, and provides some funds for educational activities (e.g., to attend a conferences if fellows get a poster or communication accepted).

The host training centers have a longstanding agreement with the Foundation to provide a two-year program especially designed for these fellows that covers clinical and research training. The fellows have both a mentor at their host program and a mentor in Spain—to help smooth some of the clinical, practical, bureaucratic, career orientation, or even personal problems that may arise during their training. The Alicia Koplowitz fellows interact with other trainees in the host programs and attend the same teaching and supervision as their peers.

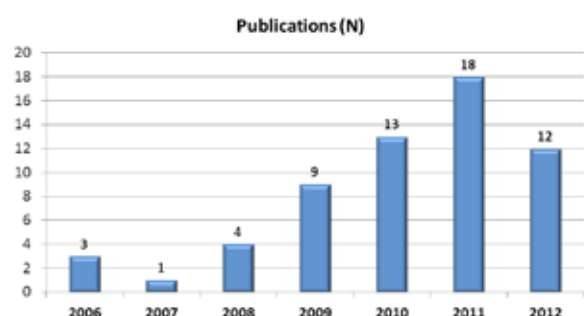
Once fellows complete their program abroad, they return to Spain for six-months of further training at an academic center or child and adolescent psychiatry unit of their choice—to help them settle down back in Spain and eventually obtain a more permanent position.

This year is the 10th Anniversary of the Alicia Koplowitz fellowships. To date, more than 40 professionals completed or are in the process of completing their training. The Alicia Koplowitz fellows trained since 2004 are now solid clinicians in teams all over Spain; a few have

The Alicia Koplowitz program, which began in 2004, currently funds five fellows at the following centers:

- New York City, NY, USA:  
Columbia University Medical Center, Department of Psychiatry or  
New York University, Bellevue Hospital Center,
- Pittsburgh, Pennsylvania, USA:  
Western Psychiatric Institute and Clinic. University of Pittsburg Medical Center.
- London, UK:  
Imperial College, St. Mary’s Hospital or  
The Maudsley Hospital, Institute of Psychiatry, King’s College

Publications per year by Alicia Koplowitz Foundation Fellows



remained in the USA or the UK for further training.

As a group, these child and adolescent psychiatrists and psychologists have been exposed to research and clinical work in international centers of excellence and have been productive in their research output (Figure 1).

The Alicia Koplowitz Foundation also supports research grants in child & adolescent psychiatry and neuroscience in Spain, short-stay training opportunities (up to 6 months), runs five homes for underprivileged children under the custody of the state and a multiple sclerosis clinical & research centre.

*The contribution of the Alicia Koplowitz Foundation to the training of child and adolescent mental health professionals in Spain has been outstanding*

Ms Alicia Koplowitz (3rd from de left) and Dr María Guisasola (Fellowship Program Coordinator, 4th from the left) with the 2013 Alicia Koplowitz Research awardees Drs Carles Escerá i Micó (1st from the left), Dolores Moreno-Pardillo (2nd from the left), and Joseph Perapoch López (3rd from the right). On the far right side, Dr Jaime Moyá (Maudsley Hospital AK Fellow 2005-2007) & Dr Carmen Moreno (Columbia University AK Fellow 2004-2006).



## Selected publications by Alicia Koplowitz Foundation Fellows<sup>1</sup>

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<sup>1</sup>In bold

# SOUTH AFRICA

## IMPROVING PARENT-CHILD ATTACHMENT

Mark Tomlinson<sup>a,b</sup>, Peter Cooper<sup>c</sup>, Lynne Murray<sup>c</sup>, Greg Moran<sup>d</sup> and Pasco Fearon<sup>e</sup>

The capacity of parents to provide the kind of early care that promotes good developmental outcome in later childhood is compromised in conditions of poverty and associated adversity. Over the period 1999/2003 we conducted a randomized controlled trial in a socio-economically disadvantaged South African peri-urban settlement (Khayelitsha) to assess the efficacy of an intervention which aimed to enhance maternal sensitivity and responsiveness. The intervention (*Thula Sana*) was designed to be suitable for routine delivery within low resource settings. It was manualised and it was delivered by trained lay health workers from the local community who had no formal training, apart from that received from the study team for delivery of the intervention. The women were given appropriate support and supervision, and they had the strong community support essential for effective community health worker programs. The community health worker model that we adopted is in line with current South African government focus on the deployment of community health workers to deliver interventions to women.

There is good evidence that the quality of early mother-infant interactions has a significant impact on child cognitive and socio-emotional development; and that such interactions can be markedly adversely affected by socio-economic adversity and personal stress. We found early mother-infant relationships to be characterized by a high levels of insensitivity and intrusiveness [1,2]; and we also found a high rate of insecure



Mark Tomlinson.

Below, Khayelitsha. [www.tumblr.com](http://www.tumblr.com)

infant attachment [2]. We subsequently developed an intervention to address the early mother-infant relationship problems, and evaluated it in a randomized controlled trial in which 220 mothers received an intervention, and a control group of 229 did not.

The content and conduct of the intervention is manualised. The content of the intervention is based closely on *The Social Baby* [3], but it also incorporates the key principles of an early intervention model—*Improving the Psychosocial Development of Children* [4]. A major aspect of the intervention is the use of particular items from the *Neonatal Behavioral Assessment Schedule* [5], to sensitize the mother to her infant's individual capacities and needs. The intervention is designed to be deliverable by mothers in the local community, who receive a three week training program, and regular supervision from a trained supervisor throughout the intervention delivery. Our intervention began in the last trimester of pregnancy, and continued for six months postpartum, with mothers receiving visits from the community worker in their homes. A total of 16 visits were delivered, these being particularly intensive in the first three postpartum months. The intervention was designed to be practicable for delivery in the community, independent of a research context.

In the randomized controlled trial assessing the efficacy of this intervention, we found the intervention to be associated with significant benefit to the mother-infant relationship. At both six and 12 months post-partum, compared to control mothers, in directly observed, videotaped, interactions with their infants, mothers in the intervention group were significantly more sensitive and less intrusive. The intervention was also associated with a higher rate of secure infant attachments at 18 months [6]. There was also a benefit of the intervention in terms of lower maternal depressed mood at six months. With regard to child cognitive outcome, infant functioning was assessed with the *Bayley Scales of Development (Mental Development Index)* at 18 months. There was some evidence for the benefit of the intervention in relation to this outcome, even at this early stage. When the level of family adversity was taken into account, this effect was found to be strengthened for those with less extreme family adversity.

To the best of our knowledge, no study in a low and middle income country has yet established whether an early intervention of the kind we delivered in Khayelitsha is associated with longer



term benefits to the child's development. The fact that the intervention had a positive impact on both maternal sensitivity and infant security of attachment suggests that a long term benefit can be anticipated. Thus, large-scale cohort studies indicate that insensitive parenting in infancy is predictive of later behavioural problems [7] and cognitive deficits [8]. Further, there is increasingly strong evidence that early attachment security is associated with a wide range of developmental advantages in later childhood [9]. Indeed, while attachment researchers once believed that the effects of attachment were restricted to outcomes specifically related to socio-emotional development, extensive evidence suggests that secure infant attachment is associated with a broad range of positive developmental outcomes.

First, and most robustly, insecurity of attachment has been found to be associated with high rates of externalizing behavioural problems [10]. A second area of outcome that has been found to be consistently related to early attachment security is social functioning, with children who were secure as infants behaving more competently, showing more harmonious, positive relationships with their close friends, and feeling themselves to be better supported [11-13]. Third, secure early attachment is associated with enhanced school performance.

There are strong grounds for predicting that the substantial improvement in the rate of secure attachment and sensitivity of maternal care produced by our intervention in Khayelitsha will be associated with enhanced long-term developmental outcomes in at least three major domains: externalizing behaviour problems,

social competence, and school engagement and performance; and that a critical capacity accounting for these improvements will be enhanced self-regulatory capacities.

Our team has secured funding from Grand Challenges Canada 'Saving Brains' to re-assess the Thula Sana cohort when the children are aged 13 years. The purpose of this study is to determine the long term impact on cognitive and socio-emotional development of an intervention to enhance the mother-infant relationship. We have traced 80% of the original sample and data collection began in October 2012. Data collection will be completed in early 2014 – in time to present preliminary findings at the IACAPAP meeting in Durban next year.

<sup>a</sup>Department of Psychology, Stellenbosch University, Stellenbosch

<sup>b</sup>Department of Psychiatry and Mental Health, University of Cape Town, Cape Town

<sup>c</sup>Winnicott Research Unit, University of Reading, UK

<sup>d</sup>University of Western Ontario, Canada

<sup>e</sup>University College London, UK

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# NEW ZEALAND



From a Spark-Like Ember to SPARX

Computerised Cognitive Behaviour  
Therapy in the South Seas

**M**ore than ten years ago, Associate Professor Sally Merry (a consultant child and adolescent psychiatrist) from the University of Auckland was encouraged by a general practitioner (Dr Iona Bailey) to think about delivering CBT for adolescent depression via computers. It was during this conversation that a spark-like ember emerged. At the time there were no youth specific computerised CBT (cCBT) programs designed for young people with depression, so this was certainly worth exploring. General practitioners and other health professionals were understandably keen to see their patients receive evidence-based psychotherapeutic interventions, but (just like today) they either did not have the time or the skills to deliver these interventions themselves. Therefore cCBT had the potential to address some of the unmet mental health needs of young New Zealanders. The next stage was to actually produce a developmentally appropriate and acceptable cCBT program.

By 2002 Sally Merry had met Karolina Stasiak, who shared her interest in cCBT for young people. With Sally as a PhD supervisor, Karolina went on to create "The Journey". The Journey came together on a tiny budget but, despite the limited funding, it was innovative in that it was designed specifically for young people. Karolina carried out a pilot randomised controlled trial with 34 adolescents with depressive symptoms, comparing The Journey to an attention-control intervention (focused on psycho-education). The Journey led to statistically and clinically significant reductions in depressive symptoms for adolescent participants.<sup>1</sup> After completing The Journey young people were asked to provide feedback about the intervention via interviews. The Journey was extremely well received, but adolescent participants made numerous suggestions for the program's refinement. Suggestions included the need for more interactive/game-like technology,

program customisation and a reduction of text (in favour of multi-media content).

### Development of SPARX

The success of *The Journey* and an opportune meeting with senior advisors from the New Zealand Ministry of Health led to funding being made available to develop and evaluate a more sophisticated cCBT program for adolescent depression. This new program could then build upon what had been learnt from developing *The Journey*. It was around this time that Sally serendipitously met Maru Nihoniho, a very talented computer-game developer. Maru and her company Metia Interactive had made *The Cube*, a game which had been sold to PlayStation. Sally heard about the *The Cube* whilst Maru was being interviewed on the radio, and instantly knew of a new project which Maru's team could get involved with. A partnership was then formed between clinicians and researchers from the University of Auckland and Metia Interactive, with the goal of creating the world's first cCBT program for adolescent depression delivered in a fantasy game-like format.

It was during the development phase of this new cCBT program in 2008 that other experts and advisors contributed time and expertise. Cultural and youth advisors participated in a series of workshops and meetings where prototypes of the program were scrutinised, areas for improvement identified, leading to subsequent changes, which were presented to the advisors and scrutinised again. This feedback and refinement process spanned many weeks and resulted in the eventual design of "SPARX". SPARX stands for Smart, Positive, Active, Realistic, X-factor thoughts and is a seven-level cCBT program. Each level takes approximately 30 minutes to complete. It utilises both first person instruction and an interactive game-like format in which the young person chooses an avatar and undertakes a series of challenges to restore the balance in a

## New Zealand

New Zealand—a beautiful country made famous by Peter Jackson's *Lord of the Rings* and *The Hobbit* and for its wines, particularly *sauvignon blanc*—is the largest country in the South Pacific and has a population of approximately four million people. In 2011 there were nearly 80 child and adolescent psychiatrists in New Zealand serving 1.2 million infants, children and young people. The majority of New Zealanders are of European descent. Nearly a quarter of the 0 to 19 year-olds are Māori (i.e. indigenous people), but there are also many Pacific Island people and Asian people. Unfortunately New Zealand leads the developed world in youth suicide and has high rates of depression. Like in other countries all over the globe, the demand for mental health services cannot be met by the existing child and adolescent mental health workforce.



Cast of characters

fantasy world dominated by GNATs (Gloomy Negative Automatic Thoughts). A trailer of the program is available at [www.sparx.org.nz](http://www.sparx.org.nz).

### Evaluation of SPARX

By May 2009 SPARX was ready for its formal evaluation, which took the form of a randomised controlled non-inferiority trial. The trial was conducted in 24 primary healthcare sites in New Zealand (e.g., youth clinics, general practices, and school-based counselling services) involving young people seeking help for their depressive symptoms. One hundred and eighty-seven participants aged 12-19 were randomly allocated to either SPARX (94) or to treatment as usual (93). Treatment as usual primarily consisted of face-to-face counselling delivered by trained counsellors or clinical psychologists. Per protocol analyses showed that SPARX was not inferior to treatment as usual. Post-intervention, there was a mean reduction of 10.32 points in SPARX in raw scores on the

Children's Depression Rating Scale-Revised compared with 7.59 in treatment as usual. Remission rates were significantly higher in the SPARX arm (n=31, 43.7%) than in the treatment as usual arm (n=19, 26.4%). All secondary measures supported non-inferiority. Improvements were maintained at follow-up.<sup>2</sup>

### Further research

Sally had three doctoral candidates supporting the broader SPARX study. The three doctoral projects each focused on a unique sub-population of adolescents with higher rates of depression. Specifically Dr Matthew Shepherd evaluated SPARX amongst Māori young people, Dr Theresa Fleming evaluated SPARX amongst young people excluded from mainstream schooling (in a randomised controlled trial) and Dr Mathijs Lucassen evaluated a 'Rainbow version' of SPARX amongst lesbian, gay and bisexual youth. The results of these studies are highlighted on the SPARX website

### Where to from here?

Additional studies on SPARX are underway in New Zealand, the Netherlands and the United Kingdom. We are also working on making SPARX available online (it is currently delivered via CD-Rom). In 2013, we hope to also make it available for use clinically (i.e., not just available for research projects).

Mathijs Lucassen PhD on behalf of the SPARX team.

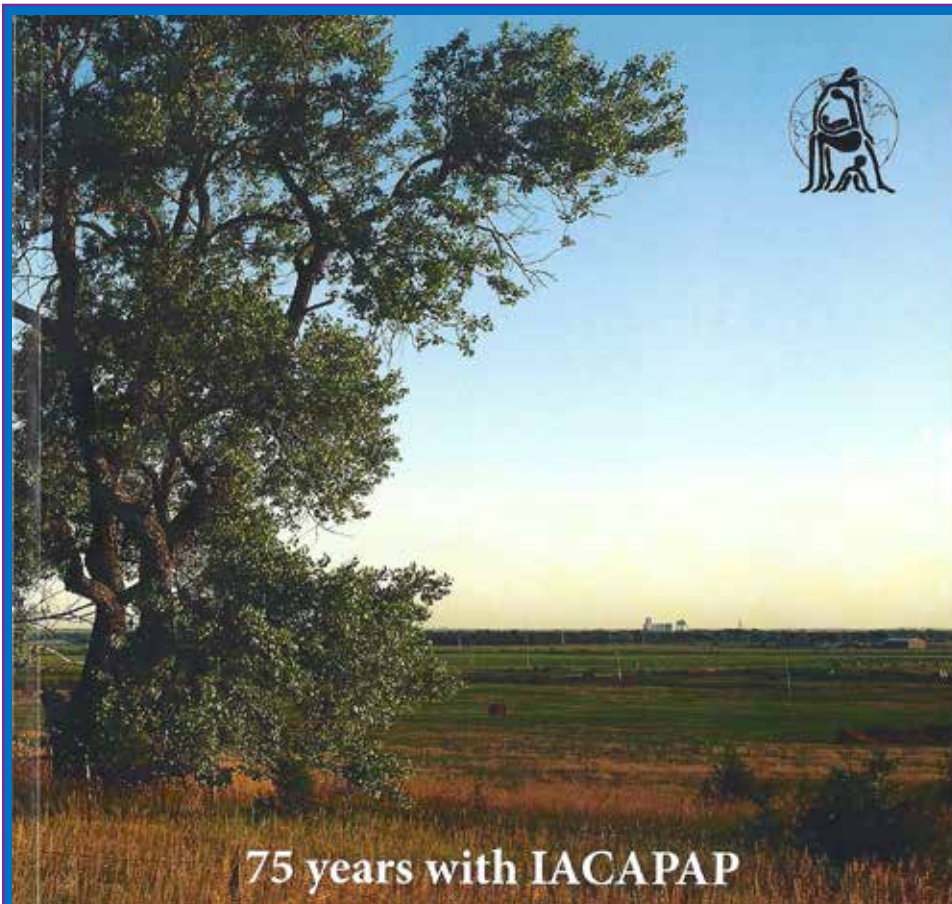
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## The History of IACAPAP

By Kari Schleimer MD, PhD

This book, with many illustrations, describes the history of the association from its foundation and early times highlighting the many people who contributed to the development of IACAPAP, the congresses, publications, teaching activities and much more.

To obtain a copy (20 €) email Kari Schleimer [kari.schleimer@comhem.se](mailto:kari.schleimer@comhem.se)

## Child and Adolescent Crack Users

The use of crack-cocaine in the Brazilian population is rampant. A recent study (Madruga et al, 2012) estimated that about 2 million Brazilians have used the smoked form of cocaine at least once in their lifetime. Adolescents are especially vulnerable to the effects of drug abuse due to developmental reasons. The same epidemiological study estimated that about 0.2% of all adolescents in Brazil (about 24,000) have used crack-cocaine in the last year. This is a very worrying situation since it probably reflects a long progression of drug use, starting from alcohol and tobacco at a very young age—the same study shows that more than half of the adolescents had used alcohol in the past year, and the age of starting drinking is decreasing.

There is an important gap in mental health services for this population in Brazil—as it seems to be worldwide (Singh,

2009)—mainly because of rigid age cut-offs to delineate boundaries between services for children and adults. But new services are emerging to address this situation. Recently, a new drug addiction treatment center has been created within the Hospital de Clínicas de Porto Alegre, supported by the Universidade Federal do Rio Grande do Sul and the Federal Secretary of Drug Policies. This unit, located in a building a few blocks away from the original hospital, is called “Alvaro Alvin Unit”. In January 2013, we starting treating adolescents and their families in an outpatient clinic where they receive psychiatric, psychological and psychosocial assessments, attend group therapy and receive support and counseling. An inpatient unit capable of treating 12 boys and girls will open next year. This is a small step to deal with a big problem, but it will

serve to raise awareness of the problem of drug abuse in adolescence and provide specific training to child and adolescent psychiatry residents and fellows from the whole country.

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Thiago Gatti Pianca  
Porto Alegre, Brazil



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# PAKISTAN

## The first child psychiatry inpatient unit

Dr Nazish Imran (KEMU, Pakistan)

Dr Muhammad Waqar Azeem (Albert J. Solnit Children's Center, USA)



Inauguration of the inpatient unit of child and family psychiatry, KEMU/Mayo Hospital. Clockwise from top: Dr Nazish Imran (Head of the unit); Kahwaja Salman Rafique (Special Assistant to Chief Minister for Health, Province of Punjab); Professor Khalida Tareen (Professor Emeritus, Child and Family Psychiatry, KEMU); Prof Asad Aslam (Pro- Vice Chancellor KEMU); Dr Zahid Pervez (Medical Superintendent Mayo Hospital, Lahore); Professor Aftab Asif (Chairman, Academic Department of Psychiatry & Behavioural Sciences, KEMU).

**T**he Child & Family Psychiatry Department at King Edward Medical University (KEMU)/ Mayo Hospital is one of the few academic child psychiatry departments in Pakistan. It was established by Professor Khalida Tareen in 1975 and it has always played a pioneering and pivotal role in the development of assessment and treatment techniques for a wide variety of child psychiatric disorders and learning disabilities.

The department is currently headed by Dr Nazish Imran, Associate Professor at King Edward Medical University. The department's philosophy is a holistic approach to child mental health with emphasis on child and family-centred care. The various multidisciplinary treatment team members, which include psychiatrists, psychologists, play therapists, speech therapists, and health educators, are an integral part of the department.

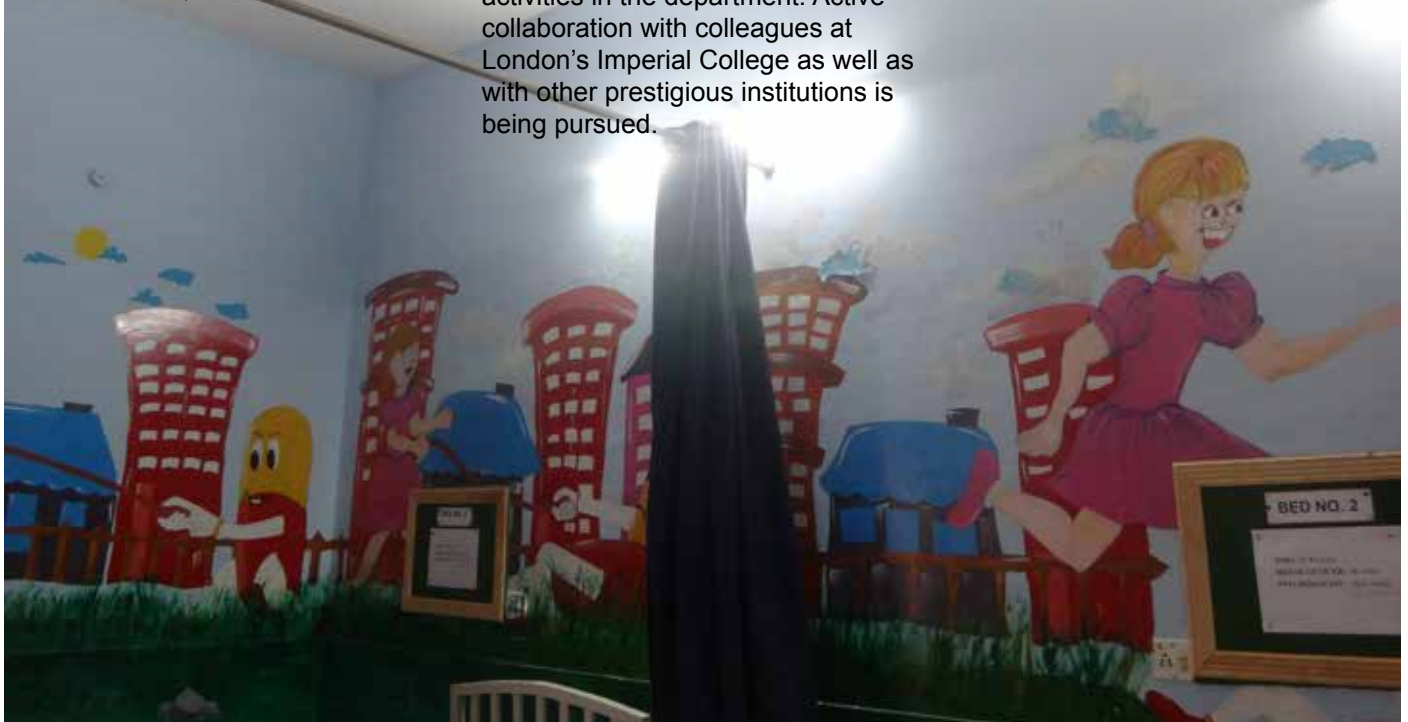
More than 5,000 patients a year are seen in the outpatient department and there is a serious need for dedicated inpatient services. Acknowledging this need, the department—with the support of the Government of Punjab, Vice Chancellor of KEMU and the Medical Superintendent of Mayo Hospital—established Pakistan's first child psychiatry inpatient unit in 2012. Mr Khawaja Salman Rafique, Special Assistant to Chief Minister for Health, Province of Punjab, and Professor Khalida Tareen, who founded the



department in the mid-1970s, were the guests of honour at the inauguration.

King Edward Medical University (KEMU), Lahore.  
Below, a view of the Unit.

Apart from clinical work, academic activities are regularly organised and a sub speciality training program in child psychiatry is also being planned. Research conducted at the department has been presented at various international forums including the 2010 and 2011 meetings of the American Academy of Child & Adolescent Psychiatry, IACAPAP's 2012 World Congress in Paris, and the 2012 meeting of the UK's Royal college of Psychiatrists. The department has recently signed a memorandum of understanding with Albert J Solnit Children's Center in US with a view to improve the clinical, academic and research activities in the department. Active collaboration with colleagues at London's Imperial College as well as with other prestigious institutions is being pursued.



## Is clinical work the only duty of the child psychiatrist?

It could be argued that child and adolescent psychiatry is one of the most socially oriented among the medical specialties; child psychiatrists often work together with large multidisciplinary teams. The professional boundaries and functions of child psychiatrists are often discussed in international congresses; many similarities as well as specific country-dependent differences are always found.

Colleagues in many countries face the prejudice of other medical practitioners towards psychiatry and mental illness—thus child psychiatry is often at the bottom of the list among medical specialties when professional prestige is considered. These attitudes, misbeliefs and stigma prevailing in society also influence patients and their families. However, this has changed considerably and an understanding of the importance, benefits and advantages of the field is slowly growing.

Funding and organization of public sector services such as health, education, social affairs and justice vary between countries; this is largely due to historical differences in the processes of building inter-sectorial cooperation. Together with medical and psychological knowledge, understanding the cultural aspects and issues related to the spectrum of mental health services—gaps, inter-sectorial overlaps etc.—are very important for child psychiatrists in our rapidly changing world. Is it enough to have a clinical practice that accepts and adapts to the systems in one's country—especially considering that in most of countries there are shortages of child and adolescent psychiatrists?

Close cooperation and active participation of child and adolescent psychiatrists in prevention, early interventional and research in the educational sector seems beneficial for the community. However, there are two main obstacles for such cooperation: (1) the stigma attached to psychiatry and the related problem of child and adolescent psychiatrists not being accepted by colleagues working in the educational system; (2) beliefs about

child and adolescent psychiatrists' limited repertory of interventions or working models (thus the need to take risks, to get out of the clinic into kindergartens or schools to provide help quicker and more appropriately).

Other options to make a more vivid impact on education and on the better



understanding of children's developmental needs and mental health issues are: (1) close cooperation with mass media and artists; (2) dissemination of information about healthy living and successful programs; (3) organizing conferences, seminars, short training courses targeting people from all the relevant sectors together with politicians and administrators. I have found these activities to be helpful and successful. The program could include brief but clear explanations of the biopsychosocial mechanisms in treatment and prevention. Following this, each participant could be enabled to explore possible activities that would bring change and improve the situation. Sometimes distancing oneself from bureaucratic regulations and narrow activities gives a broader perspective to identify gaps and find solutions. In many cases significant

changes can be made with very little money, using better existing resources and creating mechanism for systematic and mutual cooperation.

The specialty already has more than 50 years' history together with a strong tradition of international cooperation and child and adolescent psychiatrists are caring, dedicated people. Description of good practices is very beneficial and encouraging. When I hear colleagues saying that we can't change rigid systems it is largely because we only do clinical work and neglect creating new models of service delivery and influencing policy makers. We should remember to take risks, for example by organizing meetings with responsible people in the area, describing the problem and giving examples or suggestions about how to improve it. Epidemiological data are very helpful in that regard. Advising decision makers or government ministers about how to best use limited resources is also valuable, for example, about the age groups for which prevention or treatment programs are most beneficial, or on how to restructure existing, non-effective services.

When the Lithuanian parliament began to explore plans on how to reduce the number of children living in institutions one of the recommendations was to start with interventions to ensure that no more newborns were to be placed in institutional care; all should be raised in families who could provide a healthy attachment. Much effort has also been devoted in finding ways to reduce suicide, self-harm, bullying—including cyber-bullying—and internet addiction with mixed success. I hope the situation will change for the better in near the future. We can and should be more innovative and flexible if we want to earn the respect of our colleagues and better help our patients.

**Sigita Lesinskiene**  
Vilnius, Lithuania

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fouryinkas@yahoo.co.uk

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cchiland@orange.fr

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remschm@med.uni-marburg.de

## Vice Presidents

### **Suzanne Dean PhD (Australia)**

suz.dean@bigpond.net.au

### **John Fayyad MD (Lebanon)**

jfayyad@inco.com.lb

### **Joaquín Fuentes MD (Spain)**

fuentes.j@telefonica.net

### **Jean-Philippe Raynaud MD (France)**

raynaud.jph@chu-toulouse.fr

### **Luis A. Rohde MD, MSc, DSc (Brazil)**

Lrohde@terra.com.br

### **Andreas Warnke MD (Germany)**

warnke@kjp.uni-wuerzburg.de

## Assistants

### **Sigita Lesinskiene MD, PhD (Lithuania)**

sigita.lesinskiene@mf.vu.lt

### **Yoshiro Ono MD, PhD (Japan)**

onoyoshiro@jtw.zaq.ne.jp

### **Chris Wilkes BSc, MB, ChB, MPhil (Canada)**

Chris.Wilkes@albertahealthservices.ca

## Counsellors

### **Fusun Çuhadaroğlu Çetin MD (Turkey)**

fusunc@hacettepe.edu.tr

### **Michael Rutter MD, FRS (UK)**

camilla.azis@kcl.ac.uk

### **Yi Zheng MD (People's Republic of China)**

yizheng@ccmu.edu.cn

## Monograph Editors

### **Jean-Philippe Raynaud MD (France)**

raynaud.jph@chu-toulouse.fr

### **Susan Shur-Fen Gau, MD, PhD (Taiwan)**

gaushufe@ntu.edu.tw

### **Matthew Hodes MBBS, BSc, MSc, PhD, FRCPsych (UK)**

m.hodes@imperial.ac.uk

## Donald F. Cohen Fellowship Program

### **Andrés Martín MD, MPH (USA)**

andres.martin@yale.edu

### **Joaquín Fuentes MD (Spain)**

fuentes.j@telefonica.net

## Bulletin Editor

### **Joseph M. Rey MD, PhD (Australia)**

jmrey@bigpond.net.au

## Archivist

### **Kari Schleimer MD, PhD (Sweden)**

kari.schleimer@comhem.se

## Presidential Fellows

### **Susan Shur-Fen Gau, MD, PhD (Taiwan)**

gaushufe@ntu.edu.tw

### **Hesham Hamoda MD, MPH (USA)**

Hesham.Hamoda@childrens.harvard.edu

