

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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# 20th World Congress Paris 2012



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Cover: IACAPAP executive and presidents or representatives of member associations after the plenary session in Paris.

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## Concerted Action for Child and Adolescent Mental Health

From July 21 to 25, 2012, CAMH professionals, trainees and supporters gathered in Paris from all around the world for the 20th World Congress of the International Association for Child & Adolescent Psychiatry & Allied Professions (IACAPAP). I believe that each day of the congress, with the diversity and richness of the scientific content; the impactful meetings of child and adolescent mental health (CAMH) professionals; and the camaraderie in the social events, was a step forward to a brighter future for all children and adolescents. As I was reflecting on how the president's column would capture succinctly my perception of the congress, the editor of the IACAPAP Bulletin—as well as our amazing IACAPAP ebook—told me that I already had the column written in the welcome address from the opening ceremony of the congress. This provided much relief for me in my effort to capture a truly well-organised congress. The address follows:

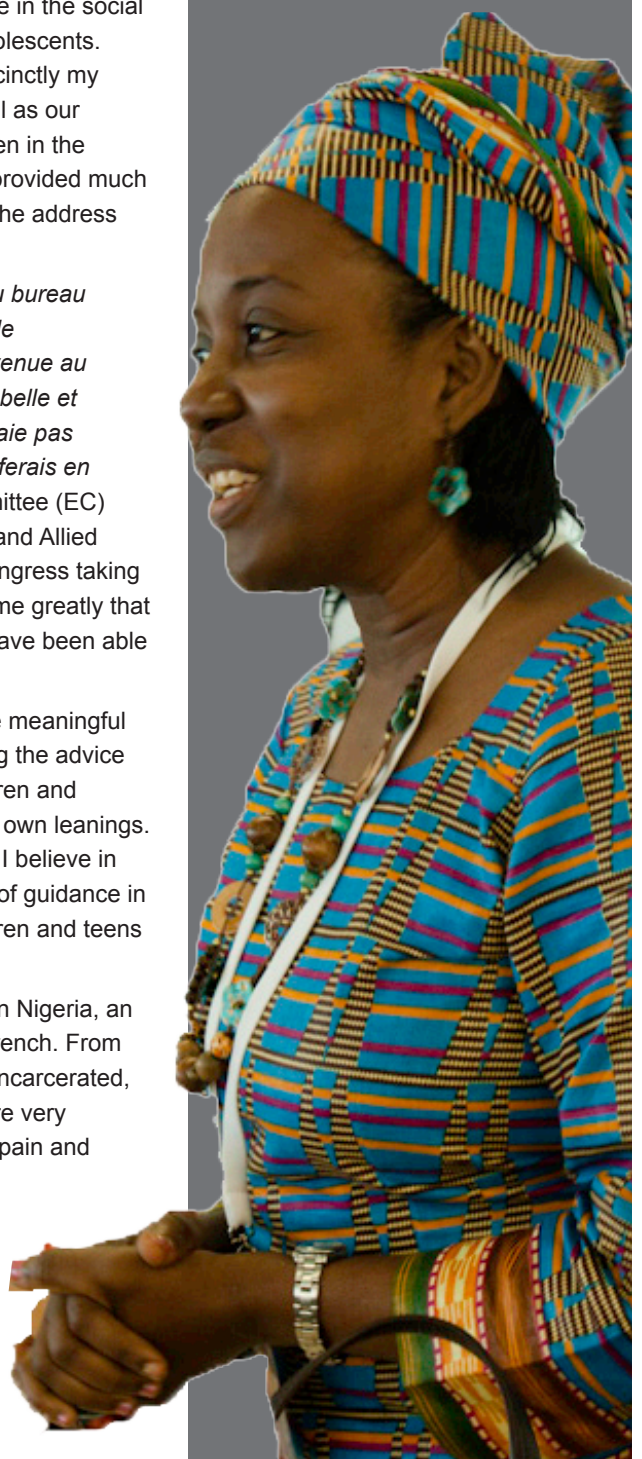
*Mesdames et messieurs bonjour. Au nom de tous les membres du bureau exécutif de l'Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent, et des Professions Associées, je vous souhaite la bienvenue au vingtième (20è) congrès mondial de l'IACAPAP qui se tient dans cette belle et romantique ville de Paris. En ce moment précis, je regrette que je n'aie pas assez de lexiques en langue française pour m'exprimer comme je le ferais en langue anglaise.* (On behalf of every member of the Executive Committee (EC) of The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), I welcome you to IACAPAP's 20th World Congress taking place in the romantic and beautiful city of Paris. At this time, it pains me greatly that I do not have a good knowledge of the French language as I would have been able to interpose this with English).

This I believe would have enabled me to give a stronger and more meaningful welcome address. One of the greatest regrets I have was not heeding the advice of my very insightful and forward-thinking father. Many times as children and adolescents we think we know better than our parents and follow our own leanings. Now, as a grown African woman and a CAMH professional, although I believe in allowing children to make choices, I also believe that they need a lot of guidance in making these choices. Parents and elders have a lot of wisdom children and teens can benefit from.

Between 1966 and 1967, while my father was a political prisoner in Nigeria, an English speaking country, my parents exchanged several letters in French. From reading through these priceless letters, I deduced that while he was incarcerated, the opportunity he had to think and write in the French Language were very therapeutic for him and helped his mental health at this time of great pain and torture. He wrote, and I quote:

*'Since I have started to give more time to my French I have discovered, that some things can only be adequately said in French. I find the English language too dry and stiff for the proper expression of deep emotion. Perhaps there are other languages also more adaptable to human emotion, but of those that I now know, French is the most suitable'* — (Lt.Col Victor Banjo, 1967).

He constantly wrote from prison requesting my mother to ensure



that I learn French. Unfortunately, despite her attempts to ensure that this happened, I did not take her seriously. He knew the beauty and value of the French language. What a pity it is that I have to endure that limitation, now that I know better.

Since 2004, when I attended my first IACAPAP Congress in Berlin, the positive changes in the world of child and adolescent psychiatry (CAP) and child and adolescent mental health (CAMH) have been tremendous, almost unbelievable! Through its programmes, IACAPAP has reached out and is still reaching out, without boundaries and borders, to virtually all regions of the world to ensure, as clearly stated in IACAPAP's vision:

*'A world in which all children grow up healthy, emotionally as well as physically and realize their potential to contribute to their society'*

Our mission is unrelenting as we:

- 'Promote the mental health and development of children and adolescents through policy, practice and research
- Advocate for access to quality child and adolescent mental health care globally
- Promote the study, prevention, treatment, care and rehabilitation of mental disorders and disabilities of children, adolescents and their families
- Work through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant disciplines'

[http://iacapap.org/wp-content/uploads/IACAPAP\\_Strategic\\_Plan\\_2010-2014.pdf](http://iacapap.org/wp-content/uploads/IACAPAP_Strategic_Plan_2010-2014.pdf)

Even though I do not have the statistics, I suspect that this Congress will be the most diverse ever in terms of gender and age as well as professions, races and creeds represented. Here at this Congress, we have child participants speaking out for their generation.

This Congress is special for so many reasons and I will highlight some of these.

### **A Year of a Leap-Forward for CAMH**

The year 2012 is marked by the adoption of the resolution, 'Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level', by ministers from 194 member states of the World Health Organization. This resolution possesses an integral CAMH component which calls for a harmonized response from IACAPAP. I am happy to inform you that I had the privilege of representing IACAPAP at the WHO Executive Board meeting early this year and read a statement in support of the resolution on behalf of IACAPAP.

### **A Congress with Experience and Strength**

We have an excellent steering committee in place with la Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Associées (SFPEADA) (the French Society of Childhood and Adolescent Psychiatry and Allied Disciplines) President, Marie-Michèle Bourrat, Claude Bursztein, David Cohen, Jacques Constant, Jean-Philippe Raynaud, Annie Bloch and Colette Chiland, the coordinator of this team. I feel that I must say something of the great impression that Colette has made on me. When one of the young Nigerians, was refused a visa to come to France, Colette wrote to her: 'If you do not fight more for yourself, what can I do for you?' Colette fought hard for all those who were refused visas, writing back and forth until the visas were granted- a perfect display of importunity. Colette has brought strength, commitment and years of experience as a dedicated IACAPAP leader into organizing this congress. I salute her and her team. I also specially acknowledge several free registrations that were granted to many CAMH professionals from developing regions, to enable them be part of this congress.

### **Reaching Out & Holding Hands**

I am happy to report that each and every member of the IACAPAP executive committee (EC) has been working really hard and reaching out. We have all made trips to various parts of the world to break barriers and build bridges. We have participated in the congresses of several regional and affiliated organisations, allowing for greater impact for CAMH care. I seize this opportunity to invite to a meeting and reception all the presidents of national, regional & international societies involved with infant, child and adolescent psychiatry and mental health at 6pm, today Sunday, 22nd July, here in the *Palais des Congrès*, Room, 212-213.

In January of this year the Helmut Remschmidt Research Seminar (HRRS) was held here in Paris with young CAMH professionals receiving excellent mentorship and forming friendships





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

with older professionals. I am a proud Donald Cohen fellowship recipient from the first set of fellows in 2004. With each successive congress, the keenness of the competition and the quality of the programme receive much approbation.

### Publications

Between Beijing 2010 and now, the IACAPAP Bulletin edited by Joseph Rey, with contributions from so many colleagues, has been produced thrice each year. The Bulletin has provided updates and information to CAMH professionals across the globe. Each release is a source of news of progress in CAMH that inspire even more steps forward; in the words of a CAMH professional,

“Each time I receive a colourful and excellently edited copy, and read about what other CAMH professionals are achieving in various parts of the world, I am encouraged to do more”.

Today is a really great day for CAMH for I stand to launch at this opening ceremony, three landmark publications. In tune with the theme of the 20th IACAPAP congress, the book for the congress, ‘Brain, Mind and Developmental Psychopathology in Childhood’ edited by Elena Garralda and Jean-Philippe Raynaud is ready for presentation. ‘75 Years with IACAPAP, The History of IACAPAP’, by Kari Schleimer is also being launched today. “75 years with IACAPAP have been described based on assembled data and historical documents”. I am also most privileged to launch “An Electronic Textbook on Child and Adolescent Mental Health (CAMH)’. It is available free of charge and downloadable now from the website of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). I have described this innovation as ‘A Child and Adolescent Mental Health Guide in Every Palm’. No CAMH professional on the surface of the earth who owns or has access to a mobile phone will be more than a few button presses away from information on best clinical practices and the latest research.

These publications and all of IACAPAP’s activities reveal its commitment to making knowledge about CAMH widely available and advocating for access to quality CAMH care globally.

The Paris 2012 congress organizing committee has put together a programme that is not only rich in scientific content but also sets the stage for unique cultural experiences, with Paris being home to one of the world’s finest cuisines and breath-taking sights to see. *Après le premier congrès de l’IACAPAP qui a eu lieu ici à Paris il y a soixante-quinze (75) ans, je vous souhaite une fois encore la bienvenue à Paris (deux mille douze) 2012. Bienvenue à Paris!” Soyez Tous Les Bienvenus (e kabo - en ma langue maternelle)”.*

In a mood of anticipation and faith, I had titled my welcome address to the Paris Congress, ‘Concerted Action for Child and Adolescent Mental Health (CAMH) at the IACAPAP 2012 Paris Congress’. Looking back now, I am convinced that that was really what we had, in the



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Paris 2012

coming together of CAMH professionals the world over to improve the state of our field. Starting with the well attended IACAPAP executive committee (EC) meeting, held on Friday 20th July, 2012, it was clear that EC members had all worked hard in their various roles to impact CAMH. In broadening our scope, and reaching out to more regions of the world, we welcomed into the EC as presidential fellows from 2012 to 2014, two outstanding CAMH professionals, Susan Gua from Taiwan and Hesham Hamoda from Boston who also has strong links to the Middle East. We also had for the very first time at the EC meeting to complement the excellent work of our wonderful Donald J Cohen Fellowship coordinators, Andres Martin and Joaquin Fuentes, two assistant coordinators, Ayesha Mian (USA & Pakistan) and Naoufel Gaddour (Tunisia) bringing in youthfulness, energy and understanding of the continents of Asia and Africa where most of the world's children live.

Thanks to Kari Schleimer (Chair) and members of the ad hoc committee for the revision of the Constitution. They worked hard to bring this process to a successful end. I am happy to announce that the Constitution was approved at the Extraordinary General Assembly held on Monday July 23rd 2012 in Paris.

IACAPAP gives awards to individuals who have made outstanding contributions to child and adolescent mental health (CAMH) worldwide. At the closing ceremony of the Paris 2012 Congress, awards were given to four very special CAMH professionals. The International Contribution Award sponsored by the Korean Academy of Child and Adolescent Psychiatry (KACAP) was given to Amira Seif Eldin (Egypt) in recognition of her courage and outstanding contribution to the development of CAMH in the Eastern Mediterranean region. The IACAPAP medal was awarded to Elena Garralda (United Kingdom), Ginger Anthony (USA) and Joseph Rey (Australia).

Elena had worked for IACAPAP as Editor of the IACAPAP book series since 2004 and has now stepped down and handed her responsibility to Jean-Philippe Raynaud (Chief Editor). Susan Gau and Matthew Hodes will work with Jean-Philippe. Virginia (Ginger) Anthony was awarded the IACAPAP medal on her retirement after 28 years as Executive Director of the American Academy of Child and Adolescent Psychiatry (AACAP). Ginger had made extraordinary contributions not only to children in the United States but to children around the world through her untiring work with AACAP.

Joseph Rey, the editor of IACAPAP's Bulletin and the new innovative IACAPAP eBook, received the IACAPAP medal. Conceived, created and edited by Joe, the 'IACAPAP Textbook of Child and Adolescent Mental Health', was launched at the Paris Congress. This textbook typifies Joe's belief that CAMH knowledge should be freely available and shared with colleagues all around the world. Since its appearance on the IACAPAP webpage, the page has been visited by thousands of guests from around the world. Thanks to the Calgary team for hosting IACAPAP's website!

In preparation for concerted action in CAMH, presidents of national, regional & international societies involved with infant, child and adolescent psychiatry and mental health gathered on Sunday evening on July 22, 2012 to deliberate at the Congress. This friendly meeting of 'voices' for CAMH from around the world sent out a strong message of the need to work together more than ever before. IACAPAP again stressed its resolve to collaborate with member organizations especially in the area of study groups. We need to work together to plan and implement study groups so that no area of the world is left out in the bid to support and encourage reciprocal learning for CAMH. We look forward to Durban 2014 as the IACAPAP Congress comes to the African continent for the very first time.



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



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# IACAPAP Textbook of Child and Adolescent Mental Health

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# EXECUTIVE OF IACAPAP MEETS IN PARIS



The Executive of IACAPAP met in Paris on 19 July 2012, prior to the world congress. The all-day meeting was chaired by the President, Olayinka Omigbodun (Nigeria). Participants received reports from the president, secretary, treasurer, chairs of committees and the Paris congress organisers. Among the many issues discussed it is worth highlighting:

- Revision of the Constitution. After several years of discussions and consultations, it was resolved to put to the general assembly for approval the proposed changes to the constitution. The main changes refer to the process of appointing the president and which organisations can seek membership of IACAPAP. The latter has been expanded from two organisations per country to not having a limit on the number of associations that can join (although each country will have only one vote shared among all the member organisations from that country)
- Resolved to recommend the general assembly to accept the Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN) as a full member
- The forthcoming world congresses in Durban (South Africa, 2014) and Calgary (Canada, 2016)
- Initial discussions with Brazilian colleagues about the world congress in 2018
- IACAPAP's publications: the Bulletin, Congress books, the IACAPAP Textbook of Child and Adolescent Mental Health, the post-Paris Congress books and the role they may play in enhancing cooperation between IACAPAP and member societies to take full advantage of synergisms
- The introduction of the IACAPAP Facebook page as a way of disseminating information (at the time it already had almost 500 "friends")
- Ways of strengthening the Donald J Cohen Fellowship Programme and the Helmut Remschmidt Research Seminars
- IACAPAP's contribution to the WHO processes, other umbrella organizations, the development of ICD-11 and DSM-5
- Discussions were in progress about conducting a study group

in an Asian country and another one in Australia (focussing on Pacific Islanders) in conjunction with Australian member associations.

- The IACAPAP Child Mental Health Photography Collection, which would seek to collect historical photographs of key persons in the development of child and adolescent mental health (expanding our French colleague's idea of posters of historical figures in French child psychiatry displayed during the Paris Congress). This project is to be led by Jean-Philippe Raynaud (France) and Kari Schleimer (Sweden).
- It was noted that Ginger Anthony, who has been a strong supporter of IACAPAP, was retiring as Executive Director of AACAP. She will be presented with the IACAPAP Medal at the closing ceremony.
- It was noted also that Elena Garralda (UK) was stepping down as editor of the IACAPAP congress books. Jean-Philippe Raynaud (France) will continue as lead editor with Susan Gau (Taiwan) and Matthew Hodes (UK) coming on as editors.
- (Right) Susan Gau (Taiwan) and Hesham Hamoda (USA/Egypt) were elected Presidential Fellows and presented with a plaque.





# IACAPAP World Congress 'Brain, Mind and Development' Paris 2012





The 2012 IACAPAP World Congress took place from July 21st to 24th 2012. Since the creation of IACAPAP, this is the third time the congress has been held in Paris. The first IACAPAP congress was hosted in Paris in 1937 with Georges Heuyer as congress president. Paris hosted the congress again in 1986, with Colette Chiland as president. 26 years later, the *Société Française de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associées* (SFPEADA, French Society for Child and Adolescent Psychiatry and Allied Professions), member of IACAPAP, was proud and honored to organize this 20th congress. It has proved a great success in the number of participants, scientific content and the important events concerning IACAPAP.

### Some figures

Despite the economic crisis, with more than 2000 participants coming from 84 countries, the Paris 2012 IACAPAP congress was a truly great "world congress": studies and clinical practices from all continents, all countries, and all regions were presented and discussed. It is of note that all professions working in the field and all ages were represented also; young clinicians were particularly numerous and active at this congress.

With evidence based medicine as a common thread, the diversity of approaches, innovations, cultural specificities, and teams' creativity were listened to with respect and interest, at least this is what emerges from the many comments we received after the congress and from the first results of hundreds of evaluation forms collected.

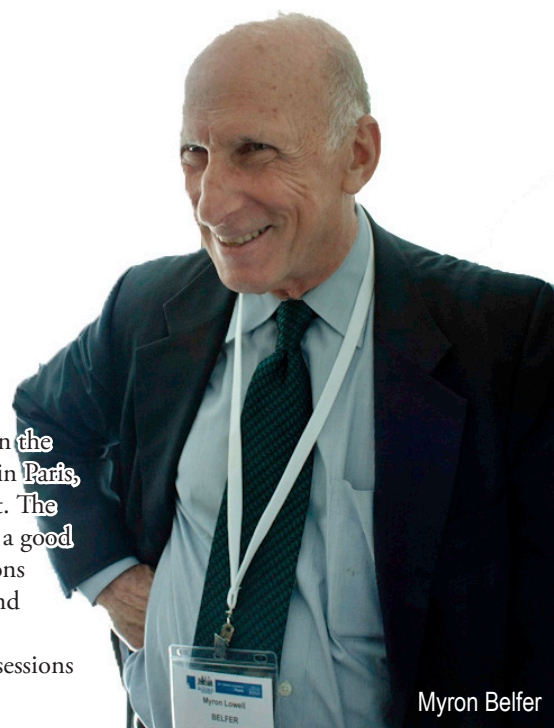
We specially created for this congress, with financial support from the "*Fondation de France*", a support program offering free registration to more than 60 practitioners: young clinicians, clinicians from allied professions and from low-income countries.

Below is a list of the top 20 countries according to the number of professionals attending:

1. France
2. Japan
3. United States of America
4. Australia
5. Spain
6. Switzerland
7. United Kingdom
8. Germany
9. Canada
10. Brazil
11. The Netherlands
12. Belgium
13. Republic of Korea
14. Taiwan
15. Singapore
16. Norway
17. Turkey
18. Nigeria
19. Sweden
20. New Zealand.

### Scientific program

Scientific exchanges took place in the most important convention center in Paris, "*Palais des Congrès*" at Porte Maillot. The program was rich and diverse, with a good balance between the three dimensions included in the title: brain, mind and development. About 800 speakers presented 29 plenary lectures, 200 sessions of oral communications (symposia,



Myron Belfer

workshops and free communications) and more than 800 posters. Figure 1, describing the plenary lectures, shows that many topics were presented and discussed. Different theoretical approaches and clinical studies were presented by leading experts in the different fields. Participants were very keen and attended all the sessions, even when held early in the morning!

### Original features

Some of the original features of the 2012 Paris program included:

- 6 debates on current hot topics (see table 1) that allowed participants to share opposing or challenging opinions with experts. These debates had large audiences.
- 9 sessions in one day were devoted to “social signal processing” (SSP) and robotics, emerging topics that were received with great interest from participants, showing that child psychiatry tries to incorporate the latest innovations.
- A symposium and discussion on gender identity development and its vicissitudes, which allowed interested participants to meet the world’s leading experts on the topic.
- During the congress, special sessions were organized by the World Association for Infant Mental Health, the Section on Child and Adolescent Psychiatry of the World Psychiatric Association, the African Association for Child and Adolescent Mental Health, the Asian Society for Child and Adolescent Psychiatry and Allied Professions, the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions, the European Society for Child and Adolescent Psychiatry and Allied Professions, *l’Association Européenne de Psychopathologie de l’Enfant et de l’Adolescent*, and the International Society for Adolescent Psychiatry and Psychology. This shows once again that IACAPAP supports its partner organizations and promotes exchanges between them.
- 18 “historical posters” were specially created for the congress, presenting key figures in the history of psychology and child psychiatry in French-speaking countries (Heuyer, Itard, Piaget, Binet, Dolto, Lebovici...).

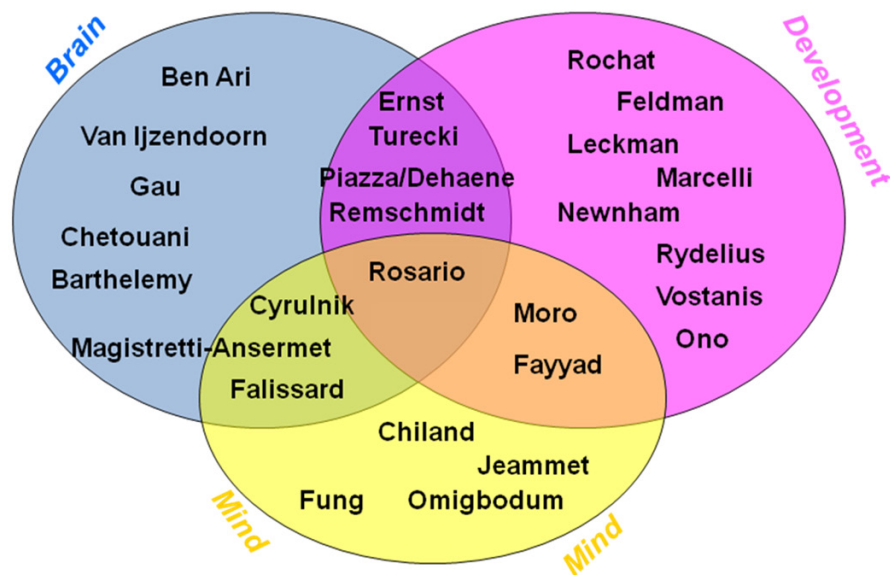
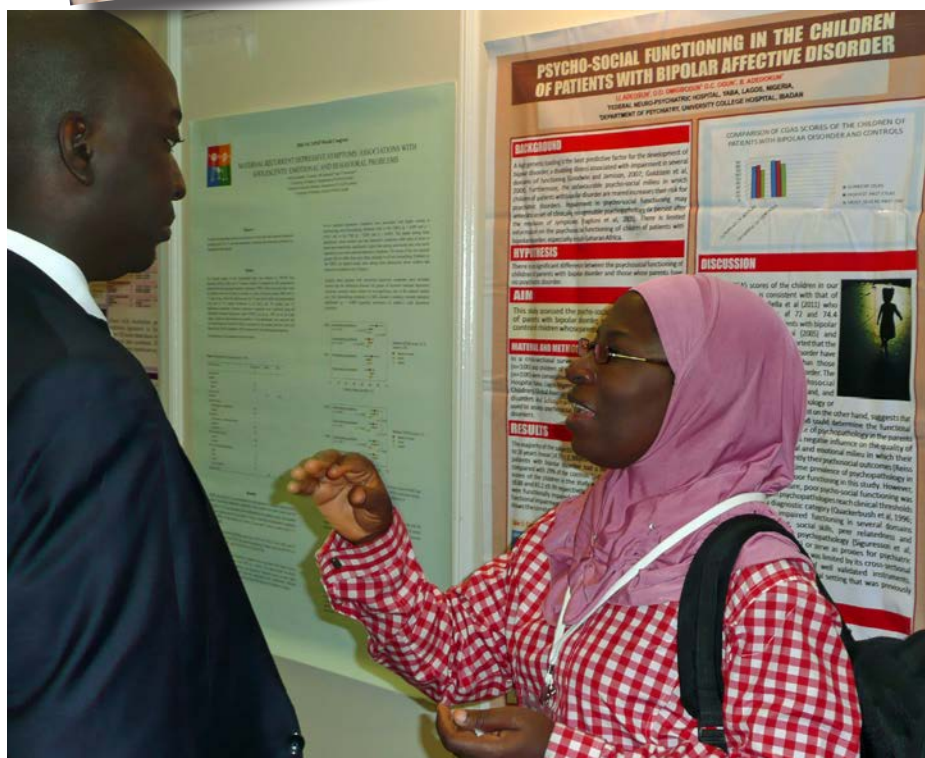


Figure 1



Images from the posters' sessions

**Table 1. Debates**

<b>Medications in child and adolescent psychiatry</b>	• <i>Psychotropic medications in child and adolescent psychiatry: evidence based data</i>	HARPER Gordon	USA
	• <i>Is there a place for antidepressants in child and adolescent depression?</i>	VITIELLO Benedetto	USA
	• <i>Controversies in child and adolescent psychopharmacology</i>	COHEN David	France
<b>Long term studies of externalized disorders</b>	• <i>Long-term outcome of ADHD children</i>	KLEIN Rachel	USA
	• <i>Childhood disruptive behaviour and adult social integration: Why wait? Early prevention does work</i>	TREMBLAY Richard	Canada
	• <i>Long term outcome of delinquent children</i>	REMSCHMIDT Helmut	Germany
<b>Pediatric bipolar disorder, SMD or what ?</b>	• <i>Does bipolar disorder exist in children?</i>	GOLDSTEIN Benjamin	USA
	• <i>ADHD, Bipolar, SMD: getting the puzzle pieces to fit</i>	COGHILL David	UK
	• <i>Severe mood dysregulation</i>	CARLSON Gabrielle	USA
<b>Autism or ASD: now and then</b>	• <i>Conceptualization of autism and autism related phenomena.</i>	ANDERSON George M.	USA
	• <i>Recent cognitive and fMRI data bridge cellular to behavioral alterations in autism, and support the Enhanced Perceptual Functioning model.</i>	MOTTRON Laurent	Canada
	• <i>Non-syndromic autism: on the waiting list of syndromic autism ?</i>	TORDJMAN Sylvie	France
<b>News in classifications</b>	• <i>Child psychiatric diagnoses in future classifications systems: challenges and opportunities</i>	ROHDE Luis	Brazil
	• <i>From ICD-10 to ICD-11</i>	RYDELIUS Per-Anders	Sweden
	• <i>Towards DSM-5: What's Changing for Children and Adolescents?</i>	ZUCKER Kenneth	Canada
<b>Child survivors in contexts of war</b>	• <i>Descending into Hades: Helping young children after sudden loss of a caregiver through political violence, terrorist acts, and war</i>	SCHECHTER Daniel	USA, Switzerland
	• <i>Children and traumatic experiences : consequences and treatment</i>	GANNAGÉ Myrna	Lebanon
	• <i>Ethical aspects of psychosocial programs for children victims of violence : example of Palestine</i>	MANSOUR Sylvie	Ramallah, Palestine



From left to right: Bulletin correspondents meeting; one of the sessions at the "Amphithéâtre Bleu"; John Wong (Singapore), Norazlin Kamal Nor (Malaysia) and Susan Tan (Malaysia).



## Institutes

The first day (Saturday, July 21) was dedicated to the institutes, which took place at the *Salpêtrière* School of Medicine. They covered 13 topics and had about 300 participants.

## Donald J Cohen Fellowship Program (DJCFP)

As in all recent IACAPAP congresses the DJCFP, directed by Joaquin Fuentes and Andres Martin, brought together a large group of young clinicians and researchers from all over the world and their international mentors. As always, they worked hard and enjoyed themselves. A special report will be presented in the next issue of the IACAPAP Bulletin.

## Helmut Remschmidt Research Seminar

Six months before the congress, as is the tradition, Colette Chiland and Bruno Falissard organized in Paris the Helmut Remschmidt Research Seminar, again welcoming during a week of training a large group of young clinicians and researchers. It was a success (see article in this Bulletin).

## Site Visits

Visits to different clinical services in Paris (*Hôpital de la Salpêtrière*, *Hôpital Robert Debré*, *Maison de Solenn* [House for Adolescents], *Centre Alfred Binet*) were conducted and were truly successful for both historical and clinical reasons.

## Official Meetings

During the congress many official meetings were held: IACAPAP Executive Committee; Presidents of the National, Regional and International Associations; IACAPAP General Assembly etc. Note that the revised constitution of IACAPAP was adopted.

## Press Conference

An international press conference was held during the congress.

## Opening Ceremony

The delegates were welcomed by Marie-Michèle Bourrat, president of the SFPEADA and by Julien Bargeton representing the Mayor of Paris. The Congress was officially opened by Olayinka Omigbodun, President of IACAPAP. A musical group (singers and piano) led by Jérôme Savelon sang excerpts from *La Vie Parisienne* de Jacques Offenbach with views of Paris on the screen. The welcome reception offered French wines and cheese.

Images from the congress dinner



## Congress Dinner

Took place at the *Cercle National des Armées*, place Saint-Augustin; the Hervé Lebongo Jazz Band welcomed the diners. Our colleague John Fayyad, from Lebanon, played piano and sang French songs with great talent. Then our president, Olayinka Omigbodun, sang a song from Nigeria, accompanied by her daughter and the band.



## Closing Ceremony

The closing ceremony was chaired by Olayinka Omigbodun and Colette Chiland. During this ceremony, a number of awards and poster prizes were presented. A musical farewell, from Bach to Mozart, was performed by Clarinet Octuor of *la Musique de la Garde Républicaine*.



## Awards

- Amira Seif-El-Din (Egypt) received The International Contribution Award for her commitment and contribution to child and adolescent mental health (see article in this issue of the Bulletin).
- “Ginger” Anthony (USA), Executive Director of AACAP was awarded the IACAPAP



Medal (*in absentia*). She has been a strong supporter of IACAPAP.

- Elena Garralda (United Kingdom) received the IACAPAP medal for her tremendous contribution as coeditor of the last four IACAPAP congress books.
- Joseph M Rey (Australia) received the IACAPAP medal for his contribution to the IACAPAP Textbook of Child and Adolescent Mental Health.
- Colette Chiland (France) received a special Crystal Award for her tireless work within IACAPAP as editor, member of the executive, president, past-president, president of the Paris congress steering committee (her “Dream Team”!), among others.
- All members of the French steering committee of the 2012 Paris congress received an award for their contribution to the organization of the congress: Annie Bloch (Paris), Marie-Michelle Bourrat (Limoges), Claude Bursztejn (Strasbourg), Jacques Constant (Chartres), David Cohen (Paris) and Jean-Philippe Raynaud (Toulouse).

#### Poster Prizes

Given the large number of posters and their high quality the jury, chaired by Bruno Fallissard, had a very difficult task.

- VS Stancheva-Popkostadinova, VG Pavlova and SS Chinceva (Bulgaria) were awarded the 1st prize for their work: “Mother-child relationship through prison bars.”
- J Popp, R Kleinrahm, F Keller, K Böckmann, M Allroggen, UME Schulze, JM Fegert, and AG Ludolph (Germany) were awarded the 2nd prize for their work “Long term effects of methylphenidate on the cardiovascular system in children with attention deficit hyperactivity disorder.”
- M Lantsburg (Russian Federation) was awarded the 3rd prize for her work “Psychological development of children who experienced specific problems in pre-, peri- and post natal periods or were conceived using assisted reproductive technologies.”

We congratulate and thank the authors and also the professionals and students who presented posters: they permeated the congress with a wind of freshness and creativity very encouraging for the future of our discipline.

#### Publications

This congress was particularly rich in publications. They play a very important role in IACAPAP’s objectives of promoting information, training, exchanges and diversity worldwide.

- ***IACAPAP’s 75-Year History***

Kari Schleimer, permanent secretary and archivist of IACAPAP, managed to produce an extraordinary work summarizing in a nice little book the origins and history of IACAPAP. Part of the history of world child and adolescent psychiatry unfolds before our eyes with beautiful, often emotional images. The book was launched during the congress and is available through the IACAPAP website... and the story continues!

- ***IACAPAP Textbook of Child and Adolescent Mental Health***

The e-textbook, edited by Joseph M Rey, was also launched. This was a huge job, which involved the generous contribution of more than 100 experts from all over the world. The textbook is freely available to professionals and students at the IACAPA website. The textbook will be updated, supplemented, and enriched over the years. It is a major step in IACAPAP’s work of spreading knowledge, particularly among professionals in low-income countries.

- ***2012 IACAPAP Congress Book***

A few months before each IACAPAP congress, an IACAPAP book is published. The 18th IACAPAP book: “Brain, Mind and Developmental Psychopathology in Childhood” was also launched at the congress and distributed to participants. 29 authors contributed to this book. A special symposium was conducted with the authors of three of the chapters. Like the previous two congress books, this



Above: Per-Anders Rydelius (Sweden).  
Below: Joaquin Fuentes (Spain) and a panoramic view of the General Assembly.





one was coedited by Elena Garralda and Jean-Philippe Raynaud and published by [Jason Aronson](#). Elena Garralda has decided to cease her editor role, Jean-Philippe Raynaud will edit the IACAPAP book for the 2014 Durban congress together with Susan Gau (Taiwan) and Matthew Hodes (United Kingdom). Thank you again to Elena for her work and her generous sense of partnership. Thanks also to her colleague Nicole Hickey, who assisted her so well.

- **Post-Congress Book**

In addition to the IACAPAP congress book, published before the congress, a post-congress book will be edited for the first time. Published by *Odile Jacob Editions* and edited by Colette Chiland and Jean-Philippe Raynaud, the book will incorporate the congress plenary lectures. It will be published in English in electronic version and in French, in hard copy and electronic version.



Images from the closing ceremony. From the top and left to right: Olayinka Omigbodun (President), Gordon Harper (Treasurer), Daniel Fung (General Secretary) and Per-Anders Rydelius (Past President). Olayinka Omigbodun presenting the special Crystal Award to Colette Chiland. Bruno Fallissard awarding the 1st Poster Prize.



Elena Garralda (left, with Kari Schleimer and Olayinka Omigbodun) and Joseph Rey (right, with Daniel Fung and Olayinka Omigbodun) were awarded the IACAPAP medal for their respective contributions to the IACAPAP Congress Book Series (E Garralda) and the IACAPAP Textbook of Child and Adolescent Mental Health (J Rey).

### Conclusion

Organizing a scientific event as important as the IACAPAP world congress is a truly collective adventure. Since 2006 and the Melbourne congress, we have worked very hard together with our leader Colette Chiland and have been in constant contact with the President and Bureau of IACAPAP. We wanted the Congress to be held again in Paris: French child and adolescent psychiatry is at a crossroads and its history has always been closely linked with that of IACAPAP. It is not a secret that French clinicians are generally attached to a “traditional” approach to children’s psychopathology. By organizing this congress, with a highly sophisticated

scientific program, we wanted to show that French child psychiatrists and their teams are evolving and open to the most recent international contributions of the neurosciences and of evidence-based care. They share with IACAPAP, from the beginning, a concept of care that promotes an integrative and humanist approach, taking into account the different dimensions of the human being and its development. This congress has provided ample evidence that professionals around the world are willing to share their experiences, their research, and their ideas to improve the mental health of children and adolescents everywhere. This work will continue on; the next step is the 21st

World Congress in South Africa. Thank you all and see you in Durban!

### Jean-Philippe Raynaud

Professor of Child and Adolescent Psychiatry, CHU de Toulouse, France; Vice-President of IACAPAP; President of SFPEADA scientific committee.







# The International Contribution Award to Amira Seif Eldin

The International Contribution Award recognizes the sustained contribution of an individual to the development of child psychiatry and child mental health in the developing world. The award was initiated by the Korean Academy of Child and Adolescent Psychiatry to provide recognition for an individual who contributes to services development and/or teaching in the developing world and comes with an honorarium provided by the Korean Academy. Young-Sook Kwack, MD, the current President of the Korean Academy, attended the IACAPAP Congress in Paris. Previous awardees were: Michael Hong, Brian Robertson, Sir Michael Rutter and Myron Belfer.

This year's recipient was Amira Seif Eldin, MD. Amira embodies the spirit and intent of the award. Her courageous determination to support the development of child mental health services and education in the face of many challenges is a remarkable story. Amira, as she is affectionately called by everyone, pioneered the development of child mental health services in Alexandria, Egypt and influenced the development of child mental health throughout the Eastern Mediterranean Region. Her tireless

leadership and vision have inspired many others. It is fair to say that Amira is the heart and soul of child mental health in the Eastern Mediterranean region.

Amira and her "team" provided the backbone for supporting a number of study groups in the region under the joint auspices of the Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions (EMACAPAP) and IACAPAP. It was in the context of a study group held in Sharm El-Sheik during the Presidency of Donald Cohen, with whom Amira enjoyed a special relationship, and in the presence of attendees from virtually every Eastern Mediterranean country that EMACAPAP was founded. Professor Ahmed Okasha, the distinguished Egyptian psychiatrist and past-President of the WPA gave his support to this pioneering effort. Amira has been the constant champion of EMACAPAP's efforts as well as having served as its President from its founding. EMACAPAP provided the support for the first regional research study of autism and advanced the careers of young psychiatrists and psychologists through educational opportunities.

In Alexandria, Amira has supported the development of a range of community based

services for children with mental health needs including a center for children with developmental disabilities and a network of school consultation services. Both the center and the model for school consultation meet the very highest standards. In Alexandria Amira has also led in promoting the understanding of the roots of violence and convened meetings of mental health professionals and others to discuss issues of etiology and intervention.

Amira is Professor of Mental Health in the Department of Community Medicine, Faculty of Medicine, Alexandria University. She received her MD in neurology and psychiatry from the Faculty of Medicine, Alexandria University. She has served as a consultant to the WHO as President of the Child Mental Health Association in Alexandria from 1998 to the present, and served as a Vice-President of IACAPAP.

In all her activities Amira has been steadfastly supported by her husband Nabil Abdel Rahman, a distinguished neurosurgeon, and her two sons.

**Myron Belfer**

# The 3rd Helmut Remschmidt Research Seminar

Paris, January 22-27, 2012



Group picture at the conference center (from left, front row): Professors Helmut Remschmidt and Colette Chiland, Alexandra Speranskaya, and Professor Andreas Warnke; (2<sup>nd</sup> row) Björn Salomonsson, Drita Gashi, Professor Myron Belfer, Adelina Ahmeti; (3<sup>rd</sup> row) Professor Bruno Falissard, Caroline Gromark, Ulrika Henriksson, Therése Vestlund, Anna Maystrenko, and Anka Bistran; (4<sup>th</sup> row) Viktoria Rübenauber, Julia Huemer, Roberta Dochnal, Rahime Kaya, Umut Kaytanli, Anna-Marja Iloa, Florina Rad; (5<sup>th</sup> row) Renata da Silva, Angèle Consoli, Paul Plener, Professor David Cohen, Klemens Meister. Professor Ralf Dittman, Özgür Albayrak, Segita Lesinskiene, Goda Baciene were absent.

In January we had the great opportunity to participate in the 3rd Helmut Remschmidt Research Seminar in Paris. The topic this year was “How to Evaluate Effects of Treatment Strategies Used in Child and Adolescent Psychiatry”. We have so many impressions from these days and we will try to share with you some of our memories and reflections.

Our journey started 4 am in a cold and snowy Stockholm, which allowed us a day to explore Paris before the get-together meeting in the evening: 22 young researchers from 12 different countries – Russia, across Europe and to Brazil – met at the conference center’s restaurant. There we also had the opportunity to meet the faculty for the first time over a pleasant dinner.

The seminar was opened by Professor Remschmidt himself who lectured on treatment evaluation under naturalistic clinical conditions. Professor Remschmidt in his interesting talk emphasized quality of life as an evaluation criterion in research in clinical settings. The morning continued with Professor Bruno Falissard and his very

inspiring approach to statistical analysis and outcome measurement. His lecture intertwined statistics and philosophy in a way that few of us had encountered before – greatly appreciated.

All the participants had prepared a short presentation of an ongoing project or research idea and were divided into three groups according to their subjects. In the afternoon of the first day we had the first group session of the three scheduled for the week. The teachers acted as group facilitators as the members of the group gave feedback. Some of us were quite nervous but with the help of some supportive comments, clever ideas and a lot of motivation to continue, we think that most participants found the sessions extremely rewarding.

The second day started with the colorful David Cohen and his lecture on evaluation of placebo effects. The only regret from this interesting lecture is that the projector didn’t work well enough to show us Professor Cohen’s artwork. Björn Salomonsson followed with a talk on how to measure the outcome of two psychotherapeutic

approaches: psychoanalytic treatment vs treatment as usual, referring to his PhD in infant psychoanalysis. During the afternoon Myron Belfer held a workshop on how to write a paper, a very useful and concrete survival guide for the young researcher.

The next morning the inspirational Colette Chiland, with the assistance of Professor Falissard, gave a talk on qualitative and quantitative methods. Professor Chiland, with her extraordinary experience in child and adolescent psychiatry gave us both perspective and new knowledge. We would like to take this opportunity to give special thanks to Professor Chiland for her excellent arrangements during the week, including accommodation, dinners, excursion and social events. The morning continued with Professor Warnke’s moving lecture on ethics. Many of us were deeply touched by his presentation, with films and photos from past as well as recent times.

The fourth day started with Ralf Dittman and a lecture on randomized pharmacological trials. Professor Dittman gave an insight into the world of the pharmacological industry and

the laborious process from research idea to registered drug. The morning should have continued with Per-Anders Rydelius from Sweden, but to our great disappointment he was unable to attend. For those of us who know Professor Rydelius, we missed his story-telling and anecdotes. The planned lecture on how to conduct a meta-analysis was instead given by Professor Falissard.

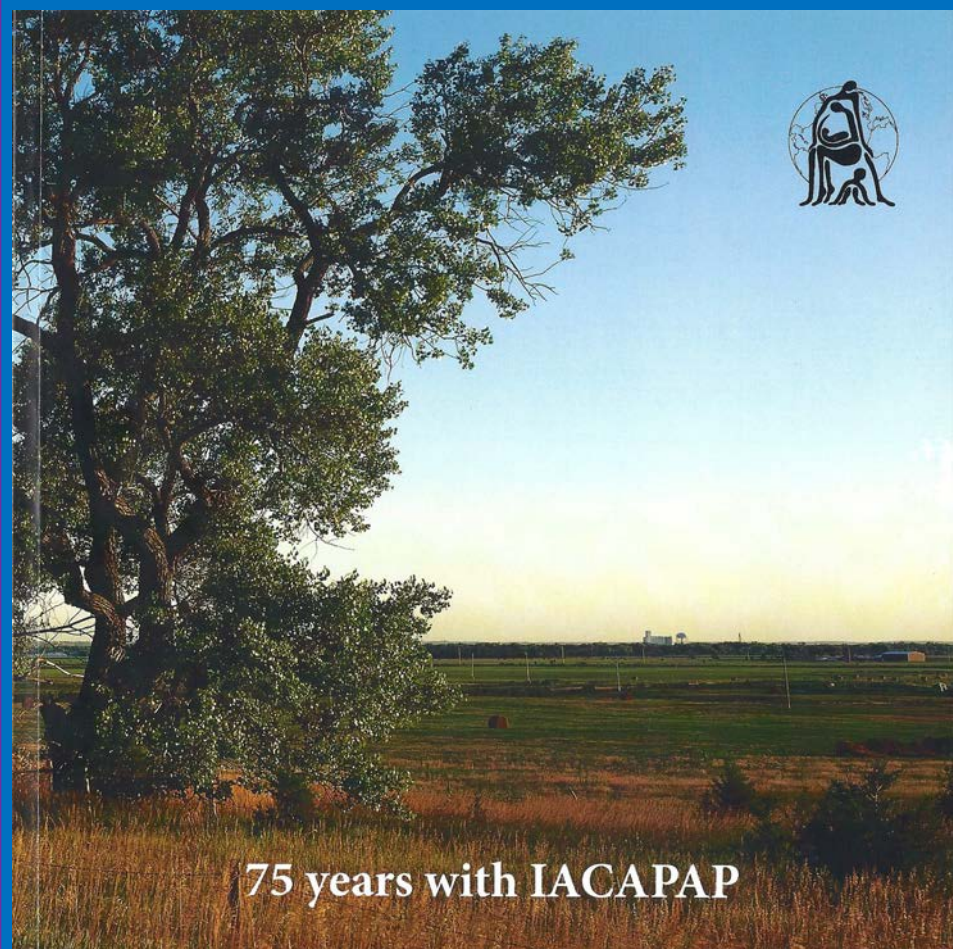
The fourth and last day ended with a guided tour of the old quarters of the Marais. Despite the rain we had an interesting experience listening to the stories of this beautiful neighborhood. Later in the evening we were invited to a gala dinner at the distinguished restaurant La Rotonde. The food was excellent, the conversation nice and relaxed and Professor Belfer made the evening even more memorable by giving roses to the participants.

The seminars are a great means to elaborate and further research skills in young researchers, as well as connecting young professionals from all over the world. We have had rewarding discussions, both concerning research ideas and the everyday life as a child and adolescent psychiatrist. We feel very privileged for having had this great opportunity provided by the participating teachers and IACAPAP, thank you!

Caroline Gromark & Ulrika Henriksson (Sweden)



Dinner at La Rotonde and during the tour to the Marais.



## 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)

# 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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**M. ELENA GARRALDA & JEAN-PHILIPPE RAYNAUD**

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 • LUISA LAZARO • DANYA GLASER • GORDON HARPER

## 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

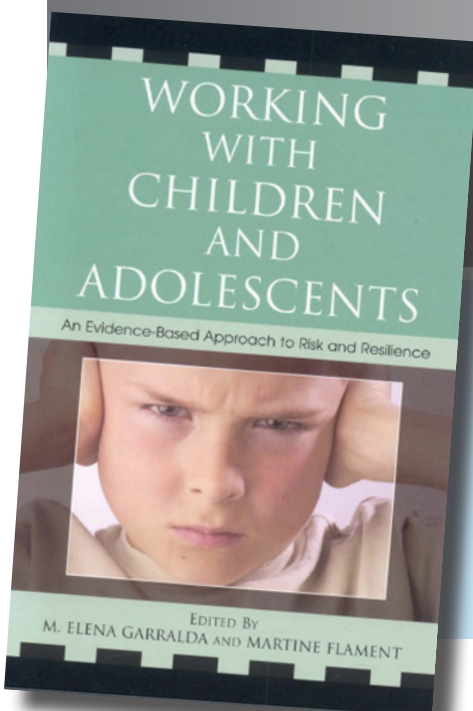
**M. ELENA GARRALDA AND JEAN-PHILIPPE RAYNAUD**

## 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.rowanlittlefield.com/Catalog/>)



# DR GAYE AACAP TRIPLE CROWN WINNER

## An interview with Joaquin Fuentes



It is becoming a tradition. In the last three annual meetings of the American Academy of Child & Adolescent Psychiatry (Hawaii, 2009; New York City, 2010; and Toronto, 2011 – in conjunction with the Canadian Academy of Child and Adolescent Psychiatry), the same person, the Program Committee Chair no less, Dr. Gabrielle (“Gaye”) Carlson, from Stony Brook University, New York, was voted by the participants as the expert they want to hear again in the future.

The achievement becomes clearer when we consider that there were 3,703 attendees from 47 countries in Toronto, and even more in New York. The size of scientific impact she generated is impossible to quantify but, certainly, she has become a leader for many practitioners and researchers in the world. Her main focus of interest is bipolar disorder but in order to be nominated as the most requested speaker in the largest professional child and adolescent psychiatry meeting three years in a row one needs to have more than scientific knowledge. Other factors must play a role and Dr Carlson has kindly agreed to explore those aspects in our Newsletter.

— Our sincere congratulations for this recognition. What does it mean to you? It may feel like a challenge to be always expected to be the best...

— Thanks Joaquin and thanks for even wanting to do this interview. It makes me feel very special and proud to get this kind of accolade. I enjoy teaching, and it is very gratifying when people acknowledge

*you for something you like to do and think is important. I agree, though, that it is a challenge. No one is at the top of his or her game all the time.*

—You are dedicating your life to bipolar disorder. It may be that part of your success lies in your input in what some people have labeled as the “bipolar controversy”? Could you tell us what was your position in Toronto?

—*I'm glad you asked that. We spend a lot of time and effort talking about "conflicts of interest". I think that whether one views bipolar disorder narrowly or broadly should be a disclosure. I don't think we know yet which viewpoint is right or for what, so I don't want to say that one is good and one is bad. For genetic studies, the broad view might be better, but for treatment, the narrow view. The problem is the way we collect the data, we can't tell what we have. There is no way to recreate the "story" of a particular child so they can be grouped with other similar kids. The interviews, while they may be reliable, don't paint the portrait I think we need. I think most of the kids that get into our acute mania studies are not like the adults that are studied. Maybe it is "developmental" but there is no evidence that those kids end up looking like adults with acute mania. Maybe they are like adults with chronic, rapid cycling, mood dysregulated "bipolar", but they are not like classic bipolar types. My view is that the distinction should be made until we know it is unimportant. Does that make sense?*

—How do you prepare your presentations? Any tips for success you can give us? Any advice to colleagues that want to improve their performance as speakers?

—*One of my junior faculty was shocked when he heard I practice my talks before I give them. I may have fallen down a couple of notches in his ladder, but hey, professional sports people practice, why shouldn't people who lecture? Anyway, here are my pointers.*

1) *It is important when one gives a talk to think about who the audience is, what they know, and what you think they'd like to hear about. I used many of the same slides for a talk I gave my fellows that I gave to school nurses. The emphasis was very different though. In the latter case, I had to adjust to what I thought they'd know about psychopathology, and I also emphasized the kinds of side effects the child might end up coming to see the school nurse for. I thought about what they would want to know.*

2) *You and I talked about how crammed slides are with information. I'm guilty of that. But I think each slide should make a point and that isn't possible when you use a 32-point font and change your slides at a dizzying rate. Perhaps there is no universal "right" approach – but be sure your slides support your talk, rather than detract, as is often the case.*

3) *It is important to have a sense of timing. Talking fast to get 90 slides into 60 minutes is not helpful. I've noticed when I moderate sometimes that a speaker*

*will move along at a snail's pace and when you tell him/her their time is running out, they don't think about what points need to be made in the remaining time, they just talk faster. Not helpful. Consider using "presentation tools" in Power Point.*

*4) For a new talk, I do run it by someone else, sometimes my husband, sometimes a non-child psychiatry colleague who is a great editor — but someone who isn't already an expert. I say to my trainees, give the lecture like you are explaining something to your mother. That means using terms that everyone will understand, not jargon that only the experts recognize.*

*—You are a person that communicates with conviction and cutting-edge knowledge. Would you agree that*

*merging personal values and passion with evidence-based thinking are the required ingredients for your accomplishments? Any other aspects you may like to highlight?*

*—Certainly the more excited you are about your topic, the better your talk.*

*Also, I expect the person I go to hear to be knowledgeable. Frankly, though, when I listen to a lecture about a clinical topic, I want the speaker to have some experience seeing patients. It is all well and good to be able to cite the literature, but as we know, people who get into studies aren't necessarily the people we see in practice. As those conversant with evidence-based medicine know, it is the translating to the particular patient that makes a difference. Unfortunately, there are many*

*things for which we simply don't have evidence-based answers. In that case, how the clinician thinks about the problem is important. Finally, and maybe this is a sign of "maturity", I don't think it is a sin to say you don't know something when you don't know it. There are several kinds of unknowns. One is that you as the speaker don't know, the second is that there simply isn't enough information yet to answer the question, and thirdly, the answer is unknowable. Probably one of the things I enjoy most about giving talks is how much I learn in the process — not only reviewing the literature, but also from the audience.*

*Thank you so much and many happy returns to the podium Gaye! Well done.*

# CUBA

## 5<sup>th</sup> Pan-American Congress of Child and Adolescent Mental Health

Havana, 23-28 April 2012

More than 300 professionals attended. Most came from Cuba. Others represented countries in Central and South America (Dominican Republic, Mexico, Guatemala, Colombia, Venezuela, Ecuador, Brazil, Paraguay, Uruguay, Argentina, Chile) as well as Angola, Spain, Italy, the United States, and Canada. More than 150 posters were presented. The Congress was convened by Dr Miguel Valdés Mier, president of the Cuban Psychiatric Society, Dr Cristóbal Martínez, chair of the organizing committee, and Dr Minervina Roman, chair of the scientific committee.

The Congress had a strong public health orientation right from the opening plenary address in which Dr José Juan Ortiz Bru, UNICEF representative in Cuba, emphasized the relationship between income inequality (highest, worldwide, in Latin America) and child development. Psychosocial programs were also emphasized.

In the evening, two amazing performances by children's arts groups were offered. The Psicoballet, an organization that includes children and youth, both conventionally and differently endowed, put on a gala performance on Tuesday evening (see picture). La Colmenita (Little Beehive), a high-quality music-and-dance performance troupe, performed toward the end of the congress (see picture).

Cuban child psychiatrists have participated in many international activities and hosted four previous Pan-American Congresses. But Cuba is not a member of IACAPAP. Dr Gordon Harper, IACAPAP Treasurer, attended the congress, and was pleased to learn that the Cuban child and adolescent psychiatrists are interested in joining IACAPAP. Dr Harper also presented a talk on "Psychoactive Medications for Children and Youth: A Paradigm Change." IACAPAP Bureau members look forward to further participation with Cuban colleagues in child and adolescent mental health.



## Abuse of Children with Developmental Disabilities in Eastern Europe

Dmytro Martsenkovskyi

I received recently a letter from a Slovenian psychiatrist who wrote that an American colleague had informed him of the referral of a 12 year old boy with Down's syndrome who had been adopted from an orphanage in Serbia. The boy displayed aggressive and self-injurious behavior, not surprising in such disorder, but his conduct was explained once it became known the inhuman conditions in which he lived. This was not news for me; I had heard of similar situations in Ukraine and other Eastern European countries before.

Many comparable situations have been described by Mental Disability Rights International (MDRI). MDRI has investigated the conditions in which developmentally disabled persons are kept in many countries and assisted developmental disability rights advocates in Argentina, Armenia, Azerbaijan, Bulgaria, the Czech Republic, Estonia, Hungary, Kosovo, Lithuania, Macedonia, Mexico, Paraguay, Poland, Peru, Romania, Russia, Serbia, Slovakia, Slovenia, Ukraine, and Uruguay. MDRI has published the following reports: "Ruined Lives: Segregation from Society in Argentina's Psychiatric Asylums" (2007); "Hidden Suffering: Romania's Segregation and Abuse of Infants and Children with Disabilities" (2006); "Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centers of Turkey" (2005); "Human Rights & Mental Health: Peru" (2004); "Not on the Agenda: Human Rights of People with Mental Disabilities in Kosovo" (2002); "Human Rights & Mental Health: Mexico" (2000); "Children in Russia's Institutions: Human Rights and Opportunities for Reform" (2000); "Human Rights & Mental Health: Hungary" (1997); "Human Rights & Mental Health: Uruguay" (1995).

Eastern European countries have inherited a large network of institutions ("boarding schools") for children with mental disorders. Unfortunately, the conditions in these institutions do not always meet minimum standards. Since the publication of these reports the

institution looking after children with severe mental disorders. Orphanage staff did not feed the children properly because starvation made it easier for them to "take care" of such children and to maintain cleanliness. This was in spite of the fact that the orphanage was well funded and was fully provided with food.

These events provoked lively discussion in the Ukrainian media about the possible reasons. Most experts agreed that the main cause of child abuse in orphanages and in boarding schools (improper care, malnutrition, lack of social interaction) in Eastern countries is the economic

situation. That is not the only reason; I do not believe that increasing staff's salaries and the budget of orphanages will by themselves improve the living conditions of children with mental disabilities.

The collapse of the communist regime in Ukraine led to economic and political change but had little impact on the attitude towards people with mental disabilities. Experts in the field of mental health alone cannot change the situation; shifting the perception of this problem by society at large is vital and child psychiatry, the mental health of children, and the rights of children with mental disabilities has to become a public policy priority.



political situation has changed a lot, for example, some countries have become members of the European Union – but cases of abuse of children with severe disabilities continue to occur. Many children with mental retardation continue to be unreasonably held in psychiatric hospitals or institutions and unnecessarily treated with multiple psychotropic drugs. In some cases, governments' attempts at reform meet with resistance from the staff of these institutions who are more concerned about losing their jobs. Very slowly, services for children with mental disorders and mental retardation are being created in the community.

In Ukraine, a group of children with extreme malnutrition was found in an



Photo: Disability Rights International

## Pandah: Plan of Action in ADHD

### Raising ADHD awareness in Spain

Cesar Soutullo MD, PhD, Ana Figueroa MD

Under the name of "Pandah", a group of psychiatrists, psychologists, neurologists, educators and parents of children with ADHD have launched the first "Plan of Action in ADHD" in Spain. This is the first multidisciplinary initiative on ADHD undertaken in Spain, and is planned to last three years. One of the aims of the project is to assess how ADHD is currently managed in order to improve treatment effectiveness. Another objective is to assess the impact of this disorder in Spanish society, incorporating the views of different stakeholders. This will help to develop the action plan and prioritize health, economic and sociological aspects to reduce the social impact of ADHD and improve the lives of patients and their families. The Pandah project was developed by Adelphi Research Spain, a company involved in qualitative and quantitative research, with the support of Ketchum Pleon, one of the top three full-service public relations agency in Spain, with an unrestricted educational grant from Shire Iberica, under the leadership of the scientific and advisory committees comprising multidisciplinary experts.

"A multidisciplinary approach is essential in ADHD. It should include medication if needed, psychoeducation, parent training and academic support. Only this comprehensive approach can help ADHD patients overcome their difficulties and reach their full potential. This is the challenge for the



Press conference presenting the Pandah project during ADHD European Week (from left: Montse Artés, Cesar Soutullo, Fulgencio Madrid and Isabel Orjales).

many professionals working to help children and adolescents with ADHD and their families" said Dr Cesar Soutullo, coordinator of Pandah and Director of the Child & Adolescent Psychiatry Unit at the University of Navarra Clinic.

Key Spanish professionals are participating in this plan, including the members of Pandah's scientific and advisory committees, and the Spanish Federation of Attention Deficit Hyperactivity Disorder (FEAADAH, the umbrella association of all regional parents' of children with ADHD associations across Spain). Fulgencio Madrid, president of the FEAADAH explains: "In Spain, there is still little awareness about ADHD and there is suboptimal coordination among professionals. So, for us, patients

and families, the implementation of this project is very important. It will help to better understand the disorder and improve our daily lives".

#### Knowledge about ADHD in Spain

One of the first steps taken by the Pandah project was to conduct a study on the general population's knowledge of ADHD. In this study nearly 800 people were surveyed to assess the general level of awareness about ADHD: only 4% knew what this disorder is, 25% knew that ADHD can also affect adults, and about one third believed that "ADHD is due to a disorganized family life and poor school development." Very few people knew that ADHD is a brain disorder with an important genetic base.

#### Public policy

In Spain there is also limited awareness among government institutions regarding the importance of ADHD and its social consequences; this condition has not received much policy attention. It is essential to make authorities aware of the importance of encouraging public policies for the diagnosis and treatment of ADHD as well as its coordination in regional governments.

Figure. Pandah's Seven Phases  
The objective of this three-year plan is to assess the impact of ADHD in the Spanish society to achieve a consistent multidisciplinary approach to this disorder.





During the past year the Pandah project has been presented to local and regional administrations and received with interest.

The goal is to continue working on making ADHD a better-known disorder and supporting the establishment of homogeneous practices among regional governments. In the next few months the project will be presented to schools and parent associations. Many experts currently collaborating in the project will participate in the 1st National Congress of Learning Difficulties. Pandah project also includes a scientific study on the costs of ADHD for families and another study on the relationship of ADHD with school failure.



A recent meeting of the Pandah scientific committee in Madrid



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## Grunya Efimovna Suchareva and Russian Child Psychiatry

O A Rusakovskaya

Until the 1930s Soviet psychiatry evolved in close contact with international science. The majority of key international papers in psychology and psychiatry were translated into Russian and Russian scientists published their research in international journals. It was the golden age of Russian psychology, neurology and psychiatry. VM Bekhterev worked in neurology and objective psychology, LS Vygotsky developed an original theory of cultural and biosocial development and on the connections between mind and speech, GI Chelpanov developed social psychology. Ideas, directions, approaches and theories proliferated. Many institutes, departments and clinics for children with special needs and mental disorders were set up. In child psychiatry three schools were formed in Moscow (VA Gilyarovskiy, MO Gurevich, TP Simson, GE Suchareva), Leningrad (NI Ozeretskii, SS Mnuchin) and Ukraine (TI Udin, GE Suchareva). Specialists used the clinical-phenomenological method, *pedology* (a school that combined biologic, psychological and pedagogic approaches to examine child development) psychotherapy, and therapeutic pedagogy. Unfortunately, because of the political situation in the Soviet Union, ideology began to interfere with science from the late 1930s. In 1936, after a special decree, *pedology* was officially banned.

Contacts with international psychological and psychiatric scientists were discouraged and, as a result, diminished significantly or stopped. In 1950, the Pavlovian Session (*Павловская сессия*) was organized (a joint session of the Academy of Sciences and the Academy of Medical Sciences of the USSR) in order to counter Western ideas and give a monopoly over psychiatry and psychology to the Pavlovian school, Soviet psychiatry excluding itself from the international scientific community. In the view of the world, Soviet psychiatry became the psychiatry of systematic

political abuse. As a consequence Soviet child and adolescent psychiatry scientists and researchers are unknown or hardly known outside the former soviet countries.

I would like to remediate this sad situation by introducing you to the work of one of the greatest Russian child psychiatrists Grunya Efimovna Suchareva (*Груня Ефимовна Сухарева*). She was born in 1891 but I couldn't find anything about her family or her childhood. In 1915 she graduated from Kiev's Women's Medical University. Subsequently, she worked for two years as epidemiologist but – as her closest pupil wrote in her obituary – from the very beginning GE Suchareva dreamt of devoting her life to psychiatry. In 1917 she became the resident doctor in a psychiatric hospital in Kiev and, in 1919, head of the Department of Defective Children and lecturer in Kiev's Medical-Pedagogic Institute. In one of her articles GE Suchareva wrote that she had begun her research of mentally ill children in 1920. During the first years of her work she published several articles where she analyzed different aspects of her practice: problems in the classification of mental disorders, age-specific features of psychiatric clinics, experiences in therapeutic pedagogy, and organization of psychiatric care. In one article she wrote about children's imagination as a measure of emotional life. In 1926 she published the article "The schizoid psychopathy". In the same year, her only article in German *Die schizoiden Psychopathien im Kindesalter* was published in *Monatsschrift für Psychiatrie und Neurologie* (Sucharewa, 1926) [There was a typo, an extra "s" in her family name in the article]. In 1996 that article was translated into English by Sula Wolff and published in *European Child and Adolescent Psychiatry* with the title "The first account of the Asperger syndrome described?" From 1927 to 1930 she published three articles on

schizoid psychopathy and a number on other subjects. In the 1930s her main interest was in the field of schizophrenia. In 1937 appeared the first volume of her influential monograph *Клиника шизофрении у детей и подростков (течение, прогноз, систематика)* [The Clinical Picture of Schizophrenia in Children and Adolescents (course, prognosis, classification)], based on 406 clinical cases.

She analyzed "the impact of age on the structure of schizophrenic manifestations" and a variety of clinical pictures. As far as I can ascertain, this monograph is a gem of the clinic-phenomenological method and I hope one day it will be translated into English to be fully appreciated. Gradually a school grew around her. Unfortunately, the second volume of the book, which was to be devoted to schizophrenia-like states and reactions, was not published.

GE Suchareva combined clinical work in several psychiatric clinics (in Moscow and in Kharkov, Ukraine), with teaching. The first part of her "Clinical Lectures on the Psychiatry of Childhood" (based on her 1936-1938 lectures) came out in 1940; it was devoted to CNS infections, syphilis, trauma, schizophrenia and epilepsy. The second volume – that was to deal with borderline forms, reactive states, neuroses, psychopathy, and oligophrenia (mental retardation) – was not published because of World War II. During the war GE Suchareva worked with adults as well as with children. The second edition of her lectures, in three volumes, was published after the war. Selected parts of her lectures were reprinted in 1974 with her pupils' contributions. She worked until the end of the 1970s, publishing more than 150 articles. All her life she tried to understand the course of mental diseases, the relationship between illness, the body's reactivity and child development, devoting herself to child psychiatry. She

never married. She died on the 26 of April 1981.

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GE Suchareva in 1968 with a patient and a group of her pupils



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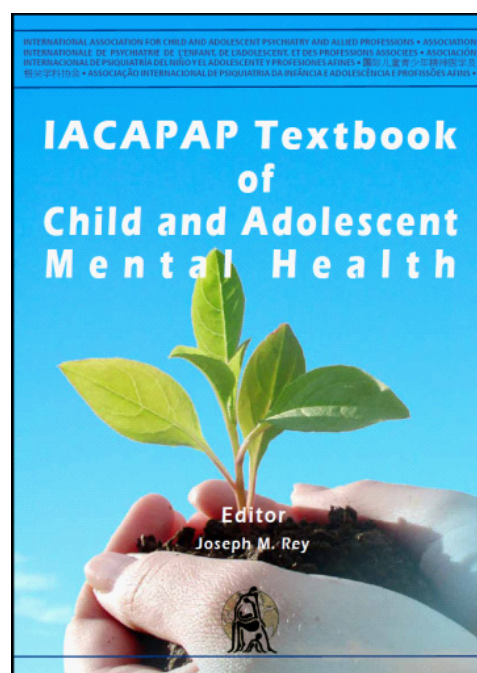
There will be a conference on the 19<sup>th</sup> and 20<sup>th</sup> of November 2012 to celebrate the 50<sup>th</sup> anniversary of the inauguration in Moscow of the Psychiatric Clinic #6. The program includes topics on prevention, services and treatment of mental disorders in childhood. The history of psychiatric care in Russia will also be discussed. For more information email [pvb-clinic@yandex.ru](mailto:pvb-clinic@yandex.ru)

## FEEDBACK SOUGHT

Have you read any of the chapters of the IACAPAP Textbook of Child and Adolescent Mental Health?

If yes, your feedback would be appreciated very much.

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## TAIWANESE SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY MEETING

活動訊息

The 14<sup>th</sup> annual meeting of the Taiwanese Society of Child and Adolescent Psychiatry (TSCAP) was held on June 3, 2012 in Taipei, with the theme 'Culture, Social Changes and Child Mental Health'. Around 150 child psychiatrists and allied professionals nationwide participated in this event – currently there are 159 board-certificated child psychiatrists in Taiwan. There were three keynote speeches, one section of English oral presentations, one section of Chinese oral presentations, and 32 poster presentations. As is traditional at the annual meeting of TSCAP, both keynote speakers rated and commented on the performance of the six English oral presentations by young child psychiatrists.

The president of IACAPAP, Professor Olayinka Omigbodun (University of Ibadan, Ibadan, Nigeria) presented an excellent speech on the 'Social Determinates of Child Mental Health', which addressed the key social determinants impacting child mental health, such as socioeconomic status, race/ethnicity, family size, structure/systems, cultural influences and child rearing practices. Her presentation also tackled the issue of how identification of children with multiple social risks for mental illness would reinforce the need for comprehensive childhood programs and service delivery systems that directly impact children.

Professor Melissa DelBello (University of Cincinnati College of Medicine, United States), a well-known child psychiatrist and researcher in neurodevelopment and neuropharmacology, particularly in bipolar disorder, gave a keynote address on 'Bipolar Disorder in Youths: Recent Research and Advances'.

The lecture by Professor Chin-Chun Yi (伊慶春) Institute of Sociology, Academia Sinica, Taiwan) comprehensively reviewed the most recent studies of developmental outcome of Taiwanese youth, focusing on structural and relational effects.

The day before the conference, the President of IACAPAP and Professor DelBello were invited to share their personal experiences in the development of their career at a pre-congress workshop. Professor Omigbodun described her journey into the world of child and adolescent mental health. As a Nigerian woman born into a male-dominated society, she was raised to feel just as important as boys by her wise mother, who was a constant role model, who helped to build up her self-esteem and support her to become the first female professor of psychiatry in Nigeria. Professor Omigbodun extended and helped to establish services for children's mental health in her own country. Her involvement with the World Health Organization commenced in 2000. She joined the Executive Committee of the

Professors Omigbodun (2<sup>nd</sup> row 4<sup>th</sup> from right) and DelBello (2<sup>nd</sup> row 5<sup>th</sup> from right) with members of TSCAP at the pre-congress meeting.



IACAPAP as the first presidential fellow in 2005 and was involved in the establishment of the African Association for Children and Adolescent Mental Health (AACAMH) in 2007. Professor DelBello lectured on 'Exploring the Uncharted Territory of Research in Child and Adolescent Psychiatry' in the pre-congress workshop. She described the development of her academic career and how to balance her multiple roles as a mother, wife, clinician, teacher, and researcher. In her presentation, she generously shared her experience and gave suggestions about finding a mentor, being a good mentee, focusing on a research topic, obtaining funding, and establishing immediate, short-term, and long-term goals. Both presentations were inspiring.

During her stay in Taiwan, Professor Omigbodun also spent half a day at the Children's Mental Health Center, Department of Psychiatry, National Taiwan University Hospital, in order to understand the current situation and development in child and adolescent mental health in Taiwan, and also to interact with our young generation of child psychiatrists.

It was a wonderful experience to have the President of IACAPAP visit Taiwan. She gave us a global and international view on child mental health. TSCAP would like to take this opportunity to express our appreciation to Professor Omigbodun for making time to visit

Taiwan. We hope that we can continue this treasured relationship and extend our links and contribution to IACAPAP in the future.

Sophie Liang  
Secretary General of TSCAP



Professors Susan Shur-Fen Gau (left) and Omigbodun during the visit to the Children's Mental Health Center, Department of Psychiatry, National Taiwan University Hospital.

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## INAUGURAL AUSTRALASIAN CONFERENCE OF CHILD TRAUMA

Do you think it may be difficult to remain optimistic when it comes to treatment improving the after effects of child trauma? The Inaugural Australasian Conference of Child Trauma with the theme “Connected by Trauma: Research, Response, Recovery” held at the Goldcoast in Queensland from 4 to 6 July 2012 gave rise to plenty of thought and numerous exits for a troubled or hurt mind. I was impressed with the implied optimism, the strong will to persevere in case of adversity, the recent evidence and that established over decades, the extremely good turnout and the many explicit and implied messages that mental health makes a difference to those with a history of trauma.

The conference organisers showed their thoughtfulness in several ways: the conference bags – made by women who had abandoned prostitution – the choice of venue, the speakers or the high-powered timetable. Topics and presentations went through the different disciplines involved in the field.

The most impressive talk in my view was the presentation by a colleague – who now works as a general practitioner – who, after having experienced trauma during her childhood, said that she actually started in her forties to recognise better her emotions. The implied message in many of the posters was “recovery”. Further, another speaker reminded us that nerve cells keep their plasticity and ability to grow and recover until the last moments of life.

There were speakers from Australia, New Zealand and other countries including Japan, the USA and Canada. All relevant child mental health disciplines were represented. Eminent speakers typically presented to the collected audience at the start and end of each day. At other times there were multiple streams and a selection had to be made by delegates of which talks to attend. Those who think they have missed a lecture or stream have access to audio recordings on CD for several months after the conference.

There was consumer participation with discussions and comments, but also sessions with consumers presenting their experiences and views. Workshops about treatments such as trauma-focused CBT were held and attuned to several levels, from beginner to advanced.

To give a snapshot of the numerous topics raised during the three days, some included consumer-advocacy, others described research and follow-up studies, surveys and case histories. While there were specific links to Australia and New Zealand, multicultural and ethnic issues from other countries were also discussed. There were talks on epidemiology and basic sciences. Other trauma-related topics covered were homelessness, refugee mental health, service models, liaison amongst the different disciplines and services, experiences shared by charities and non-government organisations working with this client group, clinical neurosciences,

brain imaging, prevention, intervention, infant mental health, recovery, resilience and vulnerability, spectrum of severity and impairment, plus views and perspectives from the diverse medical and allied medical disciplines. Furthermore there were lectures giving credit to life time achievements to pioneers in the field.

I feel it is important to continue this work and share findings from this conference with those who provide ongoing service and are encouraged “to keep going”, but also to share clinical experiences and research findings with those who are responsible for the longer term funding of services for trauma survivors. I heard that initial feedback strongly suggest that a repeat would be welcome.

**K M Beckmann**

Evolve Therapeutic Services & Griffith University, School of Medicine, Queensland, Australia.

Professor Rachel Yehuda (USA)



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