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THE SCIENTIFIC SOCIETY OF NEUROLOGISTS,
PSYCHIATRISTS AND NARCOLOGISTS OF UKRAINE (p. 5)



Rich countries letting poorest children fall behind.

UNICEF Report (p. 12)

"It is possible to reduce risk for anxiety by targeting very young children who demonstrate high levels of shyness and inhibition."

(p. 18)



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Front Cover: (from left) Igor Martsenkovsky (Section of Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine), John Sikorski (USA), and Per-Anders Rydelius (Sweden) at the IACAPAP Istanbul Congress.

Children playing around "Sitting Hen", a sculpture by Tae-Geun Yang. Sculpture by the Sea, Bondi, Australia 2010.



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**Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with news, ideas and reports of activities of your association or in your region.**



President's Column

The Child's Right to be Heard: Getting Child Mental Health onto the Agenda

For me, the beginning of a new year always brings with it a mixed bag of emotions. I feel anxious about being able to achieve a new set of goals before me; thankfully, I also experience the happy expectation of the progress to be made. This year, much of that expectation is for the International Association for Child and Adolescent Psychiatrists and Allied Professions (IACAPAP). As I agonized over what to write about, a theme kept popping up in my mind: "the child's right to be heard." I mentioned this in the final paragraph of the President's Column in the November 2010 issue of the IACAPAP bulletin. There I wrote about the importance of listening to the perspectives of children in drawing up child and adolescent mental health (CAMH) plans. This theme has become even more important to me especially since I began preparing for a presentation that I delivered about the United Nations (UN) Convention of the Rights of the Child¹ in November 2010.

A couple of months ago I received an invitation from Tuula Tamminen, Professor and Head of the Department of Child Psychiatry in Tampere University, Finland and President of the European Society for Child and Adolescent Psychiatry, to an event in her university organized in appreciation of her service to promote the cause of child mental health. A number of years ago, Tuula started the tradition of celebrating the International Day for Children² on November 20 and using this occasion to draw attention to the importance of child mental health in communities around the world. It is on this date that the UN Assembly adopted the Declaration of the Rights of the Child, in 1959, as well as the Convention on the Rights of the Child, in 1989. November 20, 2010 marked the 21st anniversary of this universal Children's Day. In tune with the celebration theme, the title I selected for the lecture that I delivered was "The child's right to be heard: getting child mental health onto the agenda." My preparation for this presentation entailed a detailed study of the Convention of the Rights of the Child. At the end of this fruitful exercise, I realized more than ever before that the UN Convention of the Rights of the Child is a tremendous vehicle for the promotion of the mental health of children and adolescents, as well as the adults they would eventually become.

The UN Convention on the Rights of the Child is a human rights treaty ratified by 194 countries and set out in 54 articles. Article 12 is as follows:

"States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."

Reading this article immediately dropped the following question in my mind: are we listening to our children? Children communicate to us in different ways; some do so quietly while others are quite vocal about how they feel. When we take the time to look into their eyes, many times we can see *chains that bind them* and pain that they feel. In homes and in schools, on streets and in fields across the globe we can hear the sounds of children. Some speak through acts of anger and violence. I see a strong link between the "right of the child to be heard" and "getting child mental health onto the agenda." If article 12 becomes a reality in all the countries of the world, not only will this improve child mental health but it will also be an indicator to the import of the convention as a whole. Child mental health is the capacity of children to achieve and maintain optimal psychological functioning and well-being, and factors that would bring this about are found within the articles of the Convention and can be readily classed into mental health promotion and the prevention, treatment and rehabilitation of children with mental disorders and disabilities. Most of the articles in the Convention not only have direct implications for the development of mental health services, research and training for CAMH care around the world but also align with the mission of IACAPAP — a mission to promote the mental health and development of children and adolescents through policy, practice and research; to advocate for access to quality child and adolescent mental health care globally; to promote the study and prevention of mental disorders and disabilities as well as the treatment, care and rehabilitation of children, adolescents and their families.

Among the several mental-health-promoting articles, article 3 of the Convention is about safe, healthy institutions for children with adequate and suitable staff; article 27 is about the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development; and article 28 states that every child has a right to education and that primary education should be compulsory and available to all.

Polices to prevent mental disorders in children were found in several articles including:

- "...protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual

abuse...” (article 19)

- “...right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development” (article 32); and
- “...all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances [...] and to prevent the use of children in the illicit production and trafficking of such substances” (article 33).

Articles 24 and 25 state that the child has a right to mental health facilities and services for the treatment of mental disorders. Rehabilitating children with mental disorders and disabilities is clearly outlined in articles 23 and 39:

- “...a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community” (article 23), and
- “...take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts” (article 39).

One hundred and ninety eight countries in the world have signed this legally binding document and each of them has a monitoring and evaluating committee to ensure each of the articles is being implemented within each country. Child and adolescent mental health professionals need to find these committees in our different countries and work closely with them to improve the mental health of children.

There is a great difference in the reports from different parts of the world. While the better-resourced countries report on concerns that psychostimulants for attention deficit hyperactivity disorder are overprescribed, that the disorder is being misdiagnosed, and of welcoming measures to combat bullying in schools; resource-poor regions report on girl-child marriages, a shortage of resources, unclear definitions of the child, corporal punishment such as flogging and whipping, applicability of the death penalty to persons below 18, and even incidents of stoning and amputation involving children. There are also traditional and discriminatory attitudes and behavior towards children as well as an abundance of children with disabilities that were preventable. There is much to be done in both settings. CAMH professionals should take advantage of the UN Convention of the Rights of the Child in promoting mental health in our respective countries. Policymakers need to be aware of the mental-health-promoting strengths of this convention.

My dear colleagues, I would like to share the words of a child from a resource-poor country. They reveal the urgency of the need to ensure the “child’s right to be heard”.

*I wish to be the very best
But the situation I am in allows no sort of rest
I have cried and wept and begged for change
But it seems so far out and out of range
I wish people would be serious
Before the situation would become perilous
But how can we think
In this terrible din*

Anuluwahan, 2007

I wish you a Happy New Year!

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2. Universal Children’s Day http://www.hrea.org/index.php?doc_id=919



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Ukraine is a sovereign country similar in size to metropolitan France and with a population of 46 million, 14 million of which live in rural areas. The territory of modern Ukraine has been inhabited since ancient times. It was initially established by East Slavic tribes living in that area in the VIII-IX centuries. The Ukraine became an independent nation in the XVI century in lands along the Dnieper river and Galicia. It has most recently risen from the ruins of the Soviet empire following a 350 year struggle for independence.

The Ukraine's health system

Ukraine inherited its health system from the USSR. The Soviet system was conceived as part of a massively expensive socialist planning economy that was generally delivering poor value for money. Some aspects of the Soviet health system were, however, undoubtedly sound and certain public health indicators were superior to those in the West. For example, infant mortality, despite possible underreporting, was probably lower in the USSR than in many Western countries. The health system became increasingly corrupt and inefficient during the final years of the USSR's existence. Since independence, the health

system has not been a state priority and has been chronically under-funded. In the past few years, in spite of rapid economic development, the share of the state's budget allocated to health has remained static, leaving Ukraine in a disadvantaged situation compared with other European countries.

The basis of Ukrainian service provision is a system of highly specialized secondary care. There is also a network of general practitioners (called district physicians and pediatricians) responsible for a given urban catchment area. Regional authorities fund the local health services and so the system is largely decentralized and relies on local budgets.

Ukraine has a large population of minors: 8 million children and adolescents, or almost one in 5 inhabitants. With estimates showing that 5% of children require psychiatric help, the needs of our country are enormous. By contrast, children's mental health services in 2010 only treated 228,000 children.

Children's psychiatric care in Ukraine is archaic. Even though Ukraine has 526 official child psychiatric positions, 126 of these remain vacant, there are practically no well-trained children and adolescent psychotherapists and clinical psychologists, and there are no graduates in cognitive

behavior therapy. Neither are there trained social workers in the child psychiatric service structure. Clinical psychiatric practice unfortunately continues to be mired in the old soviet authoritarian traditions. It is not surprising then that during the past ten years, not a single monograph or handbook appeared that was devoted to child psychiatric practice. At medical schools, child psychiatry departments are simply non-existent.

In primary care, the needs of children with mental disorders are not served. Medical care for children with mental disorders predominantly occurs in the pediatric wards of psychiatric hospitals, currently occupying 1,914 beds. At the same time, there is a network of special schools and boarding schools for children with mental retardation and special needs. 239 subsidiary schools are now functioning (214 of them boarding schools) for children with mental retardation. Thirty-four of these schools are for children with "psychological development retardation" and provide intensive remedial classes. There are 14 schools for children with severe speech and language disorders; six for children with organic brain disorders; 20 for children with movement disorders; 11 schools and three technical training colleges for teenagers 14–18 years of age with behavior or conduct disorders; 29 schools for visually impaired children; 27 for children with reduced hearing; 32 for deaf children; and six for blind children. In this way, a relatively advanced boarding school system absorbs a significant part of the budgetary resources available for child psychiatric care. This further promotes the isolation of mentally retarded children and those with special needs from the rest of society. The level of social functioning and adaptation among students of these schools is typically much lower than that of children with similar problems in other countries throughout Europe.

According to official statistics, Ukraine still





Hillary Clinton, US Secretary of State, meets with Ukrainian intellectuals in Kiev, July 2, 2010. Semyon Gluzman (first from right) represented Ukrainian Psychiatrists.

In 1964, Pytor Grigorenko, a Soviet army general and World War II hero, was committed to psychiatric hospitalization by Soviet psychiatrists in the wake of Grigorenko's vigorous criticism of human rights abuses in the Soviet Union. Semyon Gluzman, a young Kiev child psychiatrist, read Grigorenko's medical file and came to the conclusion that the man was not suffering from a mental disorder and that his incarceration had been for political reasons. Gluzman's report found its way to the KGB and he was subsequently arrested and sentenced to 10 years in labor camps and exile. In 1977 the American Psychiatric Association (APA) recognized Gluzman's courage by making him a distinguished fellow of the APA.

practices widely the committal of mentally retarded children to long-term evaluation and treatment (i.e. to institutionalization and education outside the mainstream). Prevalence of autism in Ukraine is low relative to the rest of the world. However, instead of pervasive developmental disorders, these children are frequently diagnosed with mental retardation or schizophrenia. This practice skews statistics and provides a practical reason to formally refuse proper rehabilitation and education services, and to administer at times unjustified neuroleptic

therapy. Thus, there is no government-supported system for the medical and social rehabilitation of children with disorders in the autistic spectrum. There are some non-governmental organizations and one private medical center in Kiev that do provide such care for these children and their families, but it is not available for the majority of patients. Child psychiatrists educated abroad are still not part of the governmental health care system. Children with ADHD are, in practice, deprived of specialized medical and psychological care. In general, psychiatrists

in Ukraine do not diagnose ADHD. Children with ADHD are usually diagnosed with behavioral disorders and are treated with neuroleptics and sedatives. Teachers are not trained in special education and work skills to assist children with ADHD, who are usually excluded from mainstream schooling.

The Section of Child Psychiatry

Ukraine has been represented in IACAPAP since the 16th IACAPAP Congress in Berlin. Two representatives from Ukraine, Igor Martsenkovsky and Liliya Butenko,



Ukrainian child psychiatrists and teachers from London's King's College and the Institute of Psychiatry (Maudsley Hospital) during the introductory course to CBT in Kiev, October 6-7, 2008.



October 12, 2008. Press Conference in Kiev about “Hyperactive children: a test of the maturity of the Ukrainian Society.” From left: Igor Martsenkovsky (Ukraine), Emily Simonoff (UK), Dennis Ougrin (UK), and Eric Taylor (UK).

were delighted to attend as members of the “Eastern European Fellowship” and were treated as fully-fledged members of the Donald J Cohen Fellowship. It was indeed a privilege to be part of this exciting group of international colleagues and mentors. This was possible due to the thoughtfulness of the organisers and of Helmut Remschmidt, congress president, who kindly supported us as Eastern European fellows with key membership, travel, and financial assistance. Six years later, at the 19th Congress in Beijing, the Section on Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine (SSNPNU) was awarded full membership of IACAPAP.

The president of the SSNPNU is

Professor Peter Voloshin. The Section of Child Psychiatry is led by Professor Valery Podkorytov (pid-vs@ukr.net). His assistant, Igor Martsenkovsky (i.martsenkovsky@ukrnet.net), Executive Secretary of the Section of Child Psychiatry, was appointed Head of the Department of Child and Adolescent Psychiatry and Medical-Social Rehabilitation of Ukrainian Research Institutes Social Psychiatry and Drug Abuse. The Section of Child Psychiatry of the SSNPNU has assumed responsibility for the reform of child mental health care in Ukraine.

We plan to reform the children’s mental health system in Ukraine together with colleagues from Britain, Poland and the USA. Building on a previous successful cooperation between the UK and Ukraine in the area of

psychiatry, this program aims to facilitate information transfer in the area of psychiatry between these countries. The program includes three main priorities: child psychiatry, child cognitive behavioural therapy, and mental health services in primary care. King’s College London, the Institute of Psychiatry at the Maudsley and Imperial College are the British institutions that will take part in this partnership. This collaboration began in 2007 by holding annual training seminars on topical issues in child psychiatry for Ukrainian child psychiatrists, psychiatrists, general practitioners, and psychologists. Initially, 10 Ukrainian professionals were trained. CBT-related teaching materials, outcome measures and treatment manuals were also translated and prepared for publication. Yearly conferences, translation of textbooks and other activities were also planned. Other projects include workshops for family doctors, to train a cohort of Ukrainian family doctors at the Imperial College mental health in primary care program, and to provide health economic evaluation and consultation for the proposed reforms in the delivery of mental health services in primary care. The Section of Child Psychiatry aims to coordinate research work in Ukraine with international research projects. Ukrainian scientific teams participate in project execution: PSYCH-CNVs. This project is supported through Coordination of the European Community FP7.

Medical care for children with autism spectrum disorders (ASD) is very archaic. As a result of lobbying by the Section of Child Psychiatry of the SSNPNU, ASDs were recognized in 2008 by the Ministry of Health



Ukrainian child psychiatrists and child neurologists during the 9th European Congress of Epileptology, Rhodes, Greece, June 27th – July 1st, 2010.

as a priority of child psychiatry services. In 2009, a Clinical Protocol of Medical and Social Care for Children with ASDs was approved by the Ministry of Health. New ASD policies include: early intervention (2 to 3 years); careful and prudent use of drug therapy; active participation of the family; delivery of interventions only in the outpatient setting.

Having been accepted into IACAPAP as a full member society makes us hopeful for the future and will support a more productive role for child psychiatry in the Ukraine. We hope that the growing links between professionals from Ukraine, Germany, Poland, USA and the rest of the world will help us achieve our goals. We are especially grateful to Professors Ricky Banarsee, Eric Taylor, Emily Simonoff, Derek Bolton, Patrick Bolton, Irena Namyslovska, Michal Wronishevsky and Doctors Dennis Ougrin, Stirling Moorey, Freda McManus, Joanna Wanek for their practical contributions to the development of child psychiatry in Ukraine.

Igor Martsenkovsky MD, PhD



NICE appraisal recommends no revision of depression guideline

The UK's National Institute for Health and Clinical Excellence (NICE) produced in 2005 a clinical guideline for the management of depression in children and young people. A review is being undertaken to decide whether the guideline should be updated. An appraisal of the research literature on the topic from 2005 to now is part of that review. This appraisal did not identify additional areas not covered in the original guideline scope or that would indicate a significant change in clinical practice, concluding that the depression in children guideline should not be updated at this time. This decision is provisional and may change after consultation.

THE SCIENTIFIC SOCIETY OF NEUROLOGISTS, PSYCHIATRISTS AND NARCOLOGISTS OF UKRAINE (SSNPNU)

The SSNPNU was established at the 1st Congress of Neurologists and Psychiatrists of Ukraine in 1934.

The aims of the Society were to:

- Improve the knowledge of specialists in neurology, psychiatry and narcology;
- Improve the legislative basis for narcological, psychiatric and neurological care;
- Implement innovative diagnostic, treatment and rehabilitative technologies;
- Promote research in the fields of neurology, psychiatry and narcology;
- Defend the rights of consumers, their families and specialists who take part in the care provision;
- Identify and implement ways of improving neurological, psychiatric and narcological health care.

Specialists in neurology, psychiatry and narcology from all the regions of Ukraine can become members of the SSNPNU. Professor Petro V Voloshyn, an internationally recognized scientist, has been the President of SSNPNU since 1984.

The Society consists of three divisions with several sections, namely:

- Vascular brain disorders
- Demyelinating nervous disorders
- Affective disorders
- Cognitive disorders in psychiatry, neurology and narcology
- Schizophrenia
- Psychotherapy
- Suicidology

- Child and adolescent psychiatry
- Child and adolescent neurology
- Ethical and legal issues in neurology, psychiatry and narcology.

The SSNPNU has held eight Congresses since 1934, as well as three National Congresses of Neurologists, Psychiatrists, and Narcologists of Ukraine and annual Plenums of the Society. To achieve its aims, the SSNPNU works together with government, non-government and public organizations in Ukraine and abroad. The Society participates in the work of international professional organizations, is a member of the World Psychiatric Association, the Psychiatric Association of Eastern Europe and the Balkans, and the European Federation of Neurological Societies. The SSNPNU publishes the "Ukrainian Bulletin of Psychoneurology", journal edited by Professor Voloshyn.

The Section of Child and Adolescent Psychiatry was established within the Society in 2007. Chairs of this Section are Professor Valeriy S Pidkorytov MD, PhD, DMSc, and Dr Igor A Martsenkovsky MD, PhD.

Officers of the SSNPNU (2007-2012)

President: Professor Petro V Voloshyn MD, PhD, DMSc
Secretary General: Professor Nataliya O Maruta MD, PhD, DMSc

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20TH WORLD CONGRESS
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IACAPAP 2012 Congress in Paris

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First Topics and Speakers

Claude Bursztejn, Colette Chiland, David Cohen



The theme we have chosen for the 20th World Congress of IACAPAP, "Brain, Mind and Development", is an invitation to explore the consequences of the advances made by the neurosciences in understanding the functioning of the mind and in treating its disorders.



From top: Rachel Klein, Stanislas Dehaene, and François Ansermet.

The past few decades have seen significant developments in how we conceive the interactions between our biological background and the environment. We no longer think in terms of a direct and linear causality between a gene and a given disorder, nor in terms of innate and acquired. Account is taken of the genomic material and the environment as a whole; development is thought of as an epigenesis, and, in the case of psychopathological disorders, a distinction is drawn between several kinds of factors: risk, prognostic, protective and those that maintain the pathological condition.

Of course, nothing can take place in psychological life without something occurring in the brain; neuro-functional imaging techniques have made this abundantly clear. That said, the brain

structure that any given baby has at birth is activated and shaped by his or her subsequent life-experiences. Mankind does not have a primordial language, the language that we speak is the one that is spoken to us; although the same brain area is activated when we read, our reading of the Roman alphabet or Chinese characters depends on cultural learning factors.

Some of the keynote speakers who already agreed to participate will review the literature and present their own research in fundamental fields related to our theme. Stan Dehaene (Paris, France), will lecture on how culture can shape the brain. His work in the field of numeration and reading is now recognized worldwide but its implications may not yet be well understood in our field. The IACAPAP congress will provide him with a large audience. In summary, regarding numeration, Dehaene et al. (2008) compared the Mundurucu, an indigenous Amazonian group with a reduced numerical lexicon and little or no formal education, to Western-educated participants. They showed that the ability to map numbers onto space is a universal phenomenon and that this initial intuition of numbers is logarithmic. The concept of a "Base 10" linear number line that dominates Western nations appears to be a cultural invention that fails to develop in the absence of formal education. In the field of reading, by comparing illiterates, literates who learned to read as adults and, literates in childhood, Dehaene et al. (2010) showed how learning to read changes the cortical networks for vision and language, even when literacy was acquired in adulthood.

DATES TO REMEMBER

- SYMPOSIUM SUBMISSION opens April 1, 201
- ABSTRACT SUBMISSION opens September 1, 2011
- DEADLINE FOR ABSTRACT SUBMISSION: January 15, 2012

REGISTRATION

- Online registration opens September 1, 2011
- Early reduced registration deadline: March 21, 2012

ACCOMMODATION

- Online registration opens September 1, 2011

How environment impacts on biological structures will be another area of interest. Despite the pioneering efforts of Victor Denenberg, who first showed the non-genomic transmission of behavioural traits in animals in the 1960s (Denenberg and Whimby, 1963; Denenberg and Rosenberg, 1967), the swing towards genetic studies in the 1980s made understanding the importance of stress difficult until the recent work of Michael Meaney from Montreal and Francis Champagne from New York. Using rodent models, these authors showed that early stress, maternal care and stress during gestation affected the development of future generations of rats through the hypothalamic-pituitary-adrenal (HPA) axis and epigenetic modifications. These modifications could be transferred from generation to generation and were independent of an animal's genetic inheritance. Gustavo Turecki, from Montreal, Canada, will give a lecture on how early life experiences can mediate risk of suicide at the biological level. As animal models of stress predict, his group showed that markers of epigenetic regulation in the glucocorticoid receptors were present in the brains of suicide victims with a history of child abuse compared to either suicide victims with no history of child abuse or controls (McGowan et al., 2009).

Brain plasticity, another key theme in our congress, will be evoked through a promising dialogue between Pierre Magistretti, a leader in neurosciences related to neuroenergetics, and François Ansermet, a child and adolescent psychiatrist with a psychodynamic background. This has already started and is summarized in a book that has been translated into six languages (Ansermet and Magistretti, 2007). Other keynote lectures will be devoted to recent research in the field of empathy (Jean Decety,



Chicago) and adolescent brain development and functioning (Monique Ernst, Bethesda), among others.

The program will also give us the opportunity to visit some of the controversies that have been debated in the last few years in child and adolescent psychiatry. Some of these relate to the importance given to development in our nosography and/or psychopathology. Among others, the following topics will be debated by key experts: pediatric bipolar disorders (Boris Birmaher, from Pittsburg, Gabriele Carlson, from New York, and David Coghill, from Manchester); controversies in psychopharmacology (Gordon Harper, from Chestnut Hill, Ian Goodyer, from Cambridge, and David Cohen, from Paris); outcome of externalized disorders (Rachel Klein, from New York, Richard Tremblay, from Montreal, and Helmut Remschmidt, from Marburg); autism: narrow or broad phenotype (Catherine Barthelemy, from Tours, Ami Klin, from New Heaven, and Tony Charman, from London).

Of course, traditional aspects of particular interest to IACAPAP such as the influence of poverty and effects of culture on psychopathology, won't be forgotten with lectures by Dan Robertson, from Cape Town

and Marie Rose Moro, from Paris. Similarly, given our theme, infant development, bonding, and adolescence will not be ignored either, with lectures by Ruth Feldman from Tel Aviv, Philippe Rochat from Atlanta, and James Leckman from New Heaven.

Finally, the congress program will be enriched by all the proposals we will receive in the next few months (see table for important dates). In all branches of activity in the mental health field, the challenge we face is how to combine scientific rigour with humanity. Recent discoveries of neuronal plasticity and epigenesis shed new light on the relationship between risk factors, biological or social aspects, and child development on psychotherapeutic methods and brain functioning, and on traumatic experiences and the manner in which they are transmitted to the child.

Accordingly, in relation to major psychopathological disorders, sharing clinical experience from many different countries will undoubtedly be one of the objectives of this Congress.

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IACAPAP BOOK SERIES

The International Association of Child and Adolescent Psychiatry and Allied Disciplines (IACAPAP) aims to promote the study, treatment, care and prevention of mental and emotional disorders and problems of children, adolescents and their families. The emphasis is on practice and research through effective collaboration among professionals from child psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant professions.

IACAPAP organises highly successful international congresses, and alongside each congress it publishes a scientific book: these books are unique by virtue of their consistent emphasis on issues that have broad, worldwide significance.

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

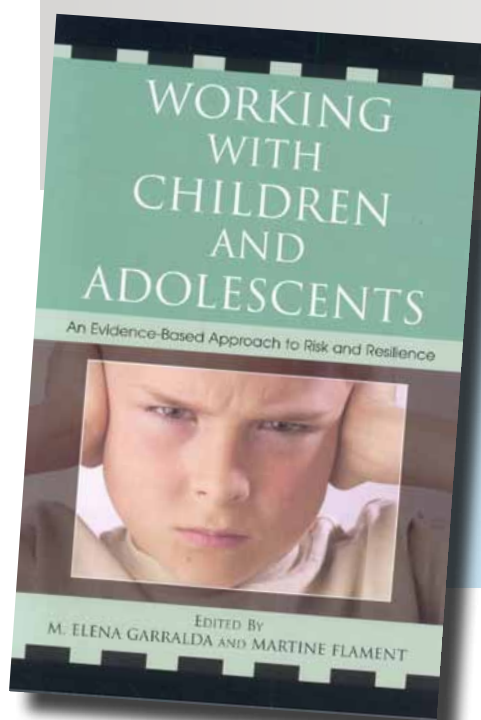
M. ELENA GARRALDA AND
JEAN-PHILIPPE RAYNAUD

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

The books for the last three congresses (Melbourne 2006, Istanbul 2008 and Beijing 2010) can be obtained from the publishers (Rowan & Littlefield; <http://www.rowmanlittlefield.com/Catalog/>)



Rich countries letting poorest children fall behind

Sigita Lesinskiene (Vilnius, Lithuania)



“The fact that some countries are doing better than others shows that the pattern of inequality can be broken, and that when exclusion is identified early, action can be taken to prevent a deep fall.”

*Gordon Alexander,
UNICEF Innocenti’s
Director*



Sigita Lesinskiene

A landmark report* by the UNICEF Innocenti Research Centre has found that children in many wealthy European nations and the US suffer greater inequality than children in other industrialized countries. The report examines ways of preventing children from unnecessarily falling behind in three dimensions of their lives: health, education, and material well-being. The report seeks to stimulate debate on critical questions – how far behind, and is there a point beyond which falling behind is not unavoidable but unacceptable – by introducing measures of “bottom-end inequality”. These measures may not represent the best that may be aspired to in theory but in practice it suggests a level below which “falling behind” is not acceptable. The metric used is not the distance between the top and the bottom but between the median and the bottom. The median level of child well-being – whether in material goods, educational outcomes, or health – represents what is considered normal in a given society and falling behind that median by more than a certain degree carries a risk of social exclusion. The “gap between the bottom and the middle” is the focus of the report.

Part 1 draws on the analysis carried out by C Currie et al (published in the Innocenti Working Paper 2010-19, available at www.unicef-irc.org). It presents an overview of inequalities in child well-being for 24 of the world's richest countries based on data obtained before the 2008 economic crisis. A small group of countries – Denmark, Finland, the Netherlands, and Switzerland – led the way in promoting equality in children's well-being. Greece, Italy and the US, on the other hand, are allowing children to fall furthest behind.

Material well-being

It was measured by three indicators: household income, access to basic educational resources, and housing living space. Switzerland has the least inequality in this indicator, closely followed by Iceland and the Netherlands. A table allows countries to see their strengths and weaknesses. Countries such as Germany, Belgium, the UK, Greece and Slovakia are let down by a

higher than average inequality in access to basic educational resources. Spain, Canada, Portugal and Greece lose ranking places by virtue of higher than average levels of household income inequality.

Educational achievement

Data for this were drawn from the Program of International Student Assessment (PISA) which regularly tests a nationally representative sample of 15-year-old students in more than 40 countries (testing and comparing proficiency in reading, maths and science). This allows each country's performance to be measured in relation to both the average and the degree of variability for OECD countries as a whole. This data shows that the lower-achieving students in Finland, Ireland and Canada are far less likely to fall a long way behind their peers than students in Austria, France or Belgium. The two countries with the lowest inequality in literacy – Finland and South Korea – are also the two countries with the highest median levels of educational achievement.

Health

Three health indications were used: children's self-reported health complaints, healthy eating, and frequency of vigorous physical activity. The data are derived from the 2005-2006 round of the Health Behavior in School-aged Children, a WHO collaborative study which regularly surveys the health behaviors of schoolchildren at ages 11, 13 and 15 in 41 European and North American countries. Combining data from all three measures into a standardized common scale shows the Netherlands has the best results by far (with the lowest inequality in all three indicators) (see Figure). The US, Italy and Hungary show the highest levels of inequality in children's health. Examining the contribution of individual indicators allows us to see that the position in the bottom half of the table of countries like France and Poland is brought about by high levels of inequality in “vigorous physical activity”. Ireland and Finland, on the other hand, would both be closer to the top of the table if it were not for high levels of inequality in “healthy eating”.

Conclusion

The true measure of a nation's standing

is how well it attends to its children – their health and safety, their material security, their education and socialization, and their sense of being loved, valued, and included in the families and societies into which they are born.

In drawing attention to the depth of disparities revealed and in summarizing what is known about the consequences, it is argued that “falling behind” is a critical issue not only for millions of children today but for the economic and social future of their nations tomorrow.

The report argues that international comparisons set each nation's performance not against an abstract concept of equality but against the practical benchmark of what other countries with similar levels of economic development have already achieved. It therefore provides a realistic measure of the scope for improvement. This is a work in progress but the clear message is that children are falling significantly further behind in some countries than in others. Denmark,

*“In hard times,
the poorest
children should
be the first to be
protected, not
the last to be
considered”*

Finland, the Netherlands, and Switzerland, in particular, are leading the way in limiting how far behind the least advantaged children are allowed to fall.

Children who fall behind begin to do so in the earliest stages of their lives. Deficiencies in early childhood put at risk subsequent stages of growth and development. Disadvantage in the early phases of life

can begin to shape the neurobiology of the developing child and initiate a process that, once begun, has a tendency to become self-reinforcing: early experiences can cast a long shadow.

The countries measured and compared were: Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, the Netherlands, Norway, Poland, Portugal, Slovakia, Spain, Sweden, Switzerland, the UK and the US. Seven other OECD countries - Australia, Chile, Japan, Mexico, New Zealand, Republic of Korea and Turkey – are also included in the Report, but are not given a group ranking as they did not have enough data for at least one of the three dimensions measured.

*Adamson P. *Innocenti Report Card 9: The children left behind. A league table of inequality in child well-being in the world's rich countries.* Florence: UNICEF Innocenti Research Centre, 2010; pp 36.

The full report is available at

<http://www.unicef-irc.org/publications/619>

Home delivery: Recognizing editorial excellence

Andrés Martin, MD, MPH
New Haven, Connecticut, US

During a recent visit to the Land Down Under, I had the privilege of extending in person a plaque “in appreciation of your outstanding contributions as editor of the IACAPAP Bulletin” to Professor Joseph Rey. On behalf of the Executive Committee, President Per-Ander Rydelius had presented this recognition during the Beijing 2010 Congress, which Joe could sadly not attend. The energy, vision, global reach and many innovations that Joe has brought to these pages since taking over in 2008 are palpable in each issue, and the best is yet to come, as I gathered on learning of the lively pipeline and many plans he has in store for us. Editing is hard work, and it was particularly gratifying to present this award to a respected mentor and teacher at the Sydney home of fellow editor Garry Walter. My seven-year old son provided an additional and all-too fitting note by delivering the plaque: in so doing he not only served as ambassador for the children we all strive to help, but as the grandson of former IACAPAP President Donald Cohen –after whom he is named– Jacob Donald provided a sense of the historical continuity that has nurtured IACAPAP throughout its existence.



Garry Walter (left, Editor of *Australasian Psychiatry*), Andrés Martin (right, Editor of the *Journal of the American Academy of Child and Adolescent Psychiatry*) and young ambassador Jacob Donald Martin salute the editorial excellence of their friend and mentor, IACAPAP *Bulletin* Editor Joe Rey. Photo: Ariela Martin.



Robert Spitzer architect of DSM-III retires

By the middle of last century, psychiatry and psychiatric classification was in a parlous state. Spitzer, through his stewardship of DSM-III, is credited with the renewal of psychiatry as a scientific medical discipline. He replaced idiosyncratic, impressionistic, unreliable diagnoses with systematic, operationalized, quite reliable criteria sets. This facilitated clinical work, was essential for research, improved education, and gave respectability to forensics. DSM-III became a blockbuster –selling by the millions– and an unlikely cultural phenomenon, which to some extent defined the last quarter of the 20th century. He acknowledged that, like in many great advances, misunderstanding and misuse of the DSM III categories has been rife.

Spitzer was also instrumental in eliminating homosexuality from the psychiatric classification. Psychiatry's acknowledgement that homosexuality is not an illness played a key role in the subsequent expansion of civil rights and lessening discrimination in many countries. The architect of DSM-III, dubbed by some as the most important psychiatrist of our time, has retired on December 17, 2010 at a conference in his honor at Columbia University.



3rd Annual Conference & General Meeting of BACAMH

A Story of Evidence-Based Success

The Bangladesh Association for Child & Adolescent Mental Health (BACAMH) was formed on 17th May, 2008 through a national convention following the initiative of Professor Mohammad S I Mullick, child and adolescent psychiatrist, and other eminent persons in related fields. The mission of the organization is to promote the welfare of mentally ill children, adolescents, and families through training, services, research, advocacy, prevention, peer support, and collaboration. BACAMH membership has grown from 35 in the beginning in 2008 to 175 in 2010, including psychiatrists, pediatricians, psychologists, psychiatric social workers, internists, sociologists and personnel from social welfare.

A distinguished team from BACAMH attended at the 19th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professionals (IACAPAP) and 6th Congress of Asian Society for Child and Adolescent Psychiatry and Allied Professionals (ASCAPAP) held on June 2-6, 2010 in Beijing, China. BACAMH was formally received as a new member of the IACAPAP at the Conference. Professor Mohammad S I Mullick also attended the 30th Annual Conference of the Canadian Academy of Child & Adolescent Psychiatry and Royal College of Psychiatrists Child & Adolescent Faculty Conference, 2010.

The 3rd Annual Conference and General Meeting was held the 23-25 November, 2010 at Bangabandhu Sheikh Mujib Medical University, Dhaka. It provided an excellent learning platform for child and adolescent mental health professionals through the participation of scholars from abroad and presentations by local speakers. A total of 263 participants

took part in the 3-day interaction, including psychiatrists, psychologists, clinical psychologists, paediatricians, social welfare and child development workers.

The theme of the conference was "Child Mental Health and Family". Professor Md Golam Rabbani, President of BACAMH and Director-cum-Professor National Institute of Mental Health, Dhaka presided over the opening. Professor Pran Gopal Dutta, vice-chancellor of BSMMU was the Chief Guest. The ceremony started with a welcome address by Professor Mohammad S I Mullick, Secretary General, BACAMH and Professor of Child & Adolescent Psychiatry and Chairman, Department of Psychiatry, BSMMU, Dhaka. National Professor M R Khan inaugurated the Scientific Programme. The business session started with a keynote presentation by Dr Anula Nikapota on "Child mental health and family". The presentation introduced the topic by looking at the child in the family from both the historical and cultural standpoint, with mention of the ways in which knowledge in the area has been gathered.

There were 14 delegates from India, Nepal, Australia, UK, Singapore, and Canada. These included Dr Anula Nikapota, Senior Tutor, Institute of Psychiatry, Emeritus Consultant in Child and Adolescent Psychiatry to the South London & Maudsley NHS Foundation Trust, UK attended as part of the Association for Child and Adolescent Mental health-BACAMH Collaboration; Dr Daniel Fung, Vice Chairman, Medical Board (Clinical Quality), Institute of Mental Health, Singapore & Secretary General, IACAPAP; and Dr Aman U Shaikh, Consultant, Child and Adolescent Psychiatry, Essex, UK. Local and foreign speakers presented 31 Papers.



Conference opening. Professor Mohammad S I Mullick, Secretary General of BACAMH, delivering his welcome speech. From left, Professor Jhunu S Nahar, Chair, Organizing Committee, Professor M Moazzem Hossain, Treasurer, Bangabandhu Sheikh Mujib Medical University, Professor M Golam Rabbani, President BACAMH, Professor Pran Gopal Datta, Vice Chancellor, Bangabandhu Sheikh Mujib Medical University, Professor Hidayetul Islam, Advisor, BACAMH, and Professor M Shahidullah, Pro-Vice Chancellor, Bangabandhu Sheikh Mujib Medical University.

Three special interactive workshops were conducted on the first day: "Parenthood management training" by Professor Jhunu S Nahar; "Child abuse – clinical and management issues" by Dr Anula Nikapota; and "Family approach to problem solving in child & adolescent psychiatry" by Dr Aman U Shaikh.

There were four theme papers in two sessions: "Relationship of chronic physical illness and psychiatric disorders in children and adolescents: role of family in reinforcement and remission" by Professor Monimul Haque, Professor of Paediatrics; "Behavioural problem in children and family risk factors" by Dr Mad Faruq Alam; "Prediction for treatment outcome of anxiety disorders in children and adolescents: family as a determinant" by Professor Md Rezaul Karim; and "Parental participation in child and adolescent mental health services: prospects and possibilities in Bangladesh" by Professor Mohammad S I Mullick. The conference had six plenary papers in three sessions during the last two days. The papers were on "New challenges to parenthood with a changing environment", "Early detection of children with developmental disorders by parents: need for a multi-sectoral approach", "Cooling hot heads and mending broken hearts: Developing evidence based delivery systems in child and adolescent mental health in Singapore" by Dr Daniel Fung of the Institute of Mental Health, Singapore; "Helping your children to cope with stress", "Prevalence of mental disorders, mental retardation, epilepsy and substance abuse in children: a community based epidemiological survey" by Professor Md Golam Rabbani; "Psychosocial intervention in child and adolescent psychiatric disorders" by Kamal U A Chowdhury of Dhaka University.

The scientific session was followed by the Annual General Meeting under the chairmanship of Professor Md Golam Rabbani. The reports of the Secretary General and Treasurer were presented and endorsed in the meeting. The meeting ended after a lively discussion about different organisational issues. The conference was closed by a brief session chaired by Professor Golam Rabbani. Professor Md Sharfuddin Ahmed, Secretary General of the Bangladesh Medical Association, present as the chief guest, congratulated the BACAMH for organizing such a successful conference, the impact of which would go a long way in the development of child and adolescent psychiatry in the country.

Special Feature

The President of IACAPAP, Olayinka Omigbodun, wrote a stimulating message in which she expressed appreciation for the work of the BACAMH and supported having an IACAPAP Study Group in

Dhaka. This would be a 3 to 5 day course with 15 to 20 participants. The faculty would have a mixture of local and international experts. IACAPAP also offered to support the 4th Annual Conference of BACAMH. Dr Daniel Fung, Secretary General of IACAPAP, discussed with the BACAMH officers some of the practical issues involved in implementing these proposals

Future Conference

4th Annual Conference and General Meeting will be held on 22-24 November 2011 in partnership with IACAPAP. The theme of the Conference is "Child and Adolescent Mental Health: Increasing Awareness and Care."

Mohammad S I Mullick



Clockwise from top right: National Assembly Building; Bangabandhu Sheikh Mujib Medical University; Dhaka street



Above: Jim Wilson's (UK) playful lecture "Expanding the Therapist's Repertoire in Practice with Children and Young People."

Below: Ice hole in Jurmala, Latvia. Photo: Rronis, courtesy of Iv Wikipedia, Latvia-Wikipedia.

Impressions from the NBO Conference "Reaching the Child"

Jurmala, Latvia, September 22-24, 2010

One of the most important events for the Lithuanian Society CAP for 2010 was joining the Nordic-Baltic Organization (NBO) for professionals working with children and adolescents. NBO consists of the multidisciplinary member organizations representing professionals working in the fields of child mental health from Nordic and Baltic countries, and has an actively working board under the leadership of Lars R Lund from Norway. NBO has an excellent tradition of organizing international conferences where high professional standards are combined with interactive discussions of the participants together with emotive cultural entertainment and a traditional closing song.

The conference topic for 2010 was "Reaching the child". There were few child psychiatrists attending the conference and we were happy to complement the multidisciplinary group of colleagues working with children in the field of mental health. Every one of us who is in clinical practice has developed our own pattern and "personal style" of how to reach the child and engage family members. In memorable lectures and workshops, Jim Wilson and Elspeth McAdam from the UK, shared their experience of how to expand therapists' repertoire in building an alliance and finding individual emotional contact with the child. Patric L DeChello (USA) gave a comprehensive overview about treating trauma in children and dealing with self-harm behavior in adolescents. There were several other invited lecturers that generously shared their clinical expertise. Participating in NBO activities allowed Lithuanian child psychiatrists to develop closer links with colleagues from Nordic and Baltic countries, and discuss similarities and differences in the patterns in clinical practice and organization of services. These 3 days in Jurmala stimulated personal and professional growth and new discoveries. More information: <http://www.nordicbaltic.org/the-2010-conference/>



Sigita Lesinskiene (Vilnius, Lithuania)

SPAIN

Save the date!

Spanish Association of Child & Adolescent Psychiatry

56th Annual Meeting

Alicante, June 2-4, 2011

This will be the 56 Annual Meeting of the “Asociación Española de Psiquiatría del Niño y el Adolescente” (AEPNYA).

The scientific program will focus on novel and current themes such as:

- New developments in DSM-V
- The frontiers between mood dysregulation, conduct disorder and bipolar disorder
- The use of virtual reality in eating disorders
- The use of technology in the diagnosis of ADHD, and
- The impact of early trauma on brain development and possible treatments to prevent it.

The program is still in a preliminary stage. The President of the Organizing Committee, Tomás J Cantó MD, is interested in receiving advice from interested individuals to design a program that meets the needs and concerns of all participants. You may e-mail your suggestions to: administrador@aepnya.org.

Everyone is welcomed and encouraged to participate. The deadlines are: 13th February 2011 for symposium proposals, and 27th February 2011, for posters and oral communications.

AEPNYA, the Spanish Association of Child and Adolescent Psychiatry (*Asociación Española de Psiquiatría del Niño y el Adolescente*) was founded in 1952 in Barcelona. Since then, AEPNYA has grown considerably, counting with more than 400 members today. AEPNYA places special emphasis on young child psychiatrists in the early stages of their careers who are willing to make a difference in their regions. AEPNYA aims to promote continued medical education among professionals, advocate for families on mental health issues, achieve excellence in the care provided to children, and promote rigorous research in Spain. AEPNYA is a member of IACAPAP.

Alicante, where this year’s Annual Meeting will take place, is a city on the east coast of Spain, on the Mediterranean. The city was founded in the IV Century BC by the Iberian and the Greeks. The Romans changed the Greek name “Akra Leuka” (White Hill) to “Leukanto” (White Stone) to “Lucentum”. In 718 the Arabs called it “Al-Iaqant”. In 1248 it was re-named Alicante.

Currently Alicante has 450.000 inhabitants, a modern city with an international airport and easy connection to other European cities. The city’s main industries are tourism, shoe and toy manufacturing, and agriculture (fruits and vegetables). The port of Alicante is busy and expanding. Alicante is known for its seafront sandy beaches (“Playa de San Juan”), saffron rice (“paella”), excellent seafood, and the favorable year-round mild climate (mean temperature 17.8°C, 64°F).

Come and join old friends, meet new colleagues and share your research projects with us.

For more information, visit the meeting’s official web site. <http://alicante2011.aepnya.org/>

Ana Figueroa-Quintana (Las Palmas, Spain) &
Cesar A Soutullo (Pamplona, Spain)



AUSTRALIA

Preventing Anxiety Disorders

A Conversation with Ron Rapee

A recent editorial in the *American Journal of Psychiatry* qualified as “remarkable” the results of a trial* conducted by Ron Rapee PhD and co-workers seeking to prevent the development of anxiety disorders in children. Bruce Cuthbert PhD, from the US National Institute of Mental Health and author of the editorial, continued explaining that this was so “particularly given the relatively brief intervention and the lack of any ‘booster’ sessions after the initial parental sessions. Moreover, the intervention was delivered entirely through the parents, with no direct contact between clinicians and children.”

This study sought to evaluate the medium-term (3-year) effects of a parent-focused intervention for anxiety in “inhibited” preschool-age children following a randomized controlled trial design. The intervention consisted of six 90-minute sessions administered to groups of around six sets of parents compared with a monitoring-only condition. While both fathers and mothers were urged to attend, mothers attended more often. The first four sessions were held weekly, the fifth was 2 weeks later, and the final session 1 month later. Session 1 began with a discussion of the nature of anxiety and its development. Session 2 covered basic principles of parent management, especially the importance of overprotection in maintaining anxiety. Sessions 3 to 5 covered the principles and application of exposure hierarchies as well as the application of cognitive restructuring to the parents’ own worries. In session 6, continued application was discussed together with the importance of high-risk periods, such as the commencement of school. Parents were also encouraged to apply cognitive techniques to their children as they matured. The sessions were conducted by clinical psychologists with experience in treating anxious children. Participants included 146 “inhibited” preschool-age children and their parents. Inhibition is a temperamental style characterised by behavioural reticence, social withdrawal and shyness, which is

closely associated with the development of anxiety disorders. Children whose parents received the intervention showed lower frequency and severity of anxiety disorders and lower levels of anxiety symptoms.

“This is the first study that targets a major known risk factor for anxiety disorders, an inhibited temperament, and also intervenes at a very early age (around 4 years). So it provides the first evidence that it is possible to reduce risk for anxiety by targeting very young children who demonstrate high levels of shyness and inhibition” said Professor Rapee. Dr Cuthbert in his editorial commented that “an intriguing observation was that the treatment effects were relatively modest at 1 year but more robust at 2 and 3 years—the reverse of the usual pattern for extended follow-ups. Also, the mean illness severity differences appear to be due largely to an exacerbation of symptoms in the control group, inviting a replication to ensure that this result is reliable.”

“In our trial, an experienced clinical psychologist conducted the program. However, it is likely that less experienced and less qualified personnel may be able to run the program without significant loss in efficacy. There is a workbook for parents to provide the information and exercises to help learn the anxiety management techniques and this is supported by a detailed manual for therapists to implement the program. This will shortly be available from our centre (<http://www.psy.mq.edu.au/CEH/index.html>)”, said Professor Rapee.

Given the limited resources required, it would appear that such a program could be implemented in less developed countries. However Professor Rapee warns that “our study was conducted on a highly educated, Caucasian, middle class sample. Therefore we do not know about the parameters or limits of its applicability. In addition, various cultures differ quite dramatically in how they react to withdrawal and shyness in their children. Therefore some societies may not deem it important to intervene



Professor Ron Rapee (top) and, below, two members of the research team, Michelle Ingram and Susan Edwards



with inhibited children. However, there is no theoretical reason that we are aware of that the same principles would not apply across countries and therefore the program should work across all societies if there is a desire to implement it.”

Professor Rapee completed a bachelor of science majoring in psychology and an honours degree in psychology. At that time he had equivalent interests in clinical psychology and psychophysiology, so his honours thesis was aimed at identifying pain pathways in the rat posterior medulla. Having got this interest out of his system, he moved into clinical psychology. For his PhD he worked on an understanding of distinctions between panic attacks and chronic anxiety in adults. Subsequently,

he moved to Albany, New York, in 1986 to begin a 3-year postdoctoral position with Professor David Barlow. He returned to Australia in 1989, having developed a much better understanding of clinical work and clinical trials. Currently, Ron Rapee is Professor of Psychology at Macquarie University in Sydney, Australia and has an impressive research track record. “Following my postdoctoral work, I began my first academic role at the University of Queensland, Australia, and continued my work into adult anxiety disorders. A friend and colleague, Professor Mark Dadds, was in the same department working in the field of childhood externalising disorders. Over several long lunches we began to merge our interests and moved toward an

interest in childhood anxiety.”

“Assessing inhibited behaviour in young children typically involves a laboratory observation in which the children are observed under various socially threatening situations. In one such situation, the child is playing quietly in a room and a researcher wearing a cloak and mask enters and silently beckons the child to join them. When we first began our research the researcher wore a black cloak and dark mask and looked like the ‘grim reaper.’ The children did not seem to mind too much, but after several terrified comments from their mothers, we changed to a yellow cloak and cartoon mask. Conducting research in this area is not easy,” Professor Rapee said”, relative to several other mental disorders, there is comparatively little known about the key risk factors for childhood anxiety, and the ability to predict which children are at significant risk is still not very strong. Improvements to prevention programs will continue to grow as our understanding of the development of anxiety increases.”

Joseph M Rey (Sydney, Australia)

*Rapee RM *et al.* Altering the trajectory of anxiety in at-risk young children. *American Journal of Psychiatry* 2010; 167:1518-1525.

Left: Elizabeth Lau running a parent group.



RUSSIA

XV Congress of Psychiatrists

Olga Rusakovskaya (Moscow, Russia)

The XV Congress of Psychiatrists took place from 9th to 12th of November 2010 in Moscow with the participation of the country’s top researchers and practitioners. The scientific program included the clinical, psychological and treatment aspects of various mental diseases. Particular sessions were devoted to the bipolar affective disorders, schizophrenia, somatoform and anxiety disorders, personality disorders, sexology and sexual pathology. Professor A Tiganov in his summary review discussed the contemporary problems of psychopathology. S Mosolov made an interesting report about the diagnosis and treatment of anxiety disorders. Standards for diagnosis and treatment, not only psychopharmacological but also psychotherapeutic and social rehabilitation were the main subject of reports by V N Krasnov, U Alexandrovskij, B Karvasarskij, A Bobrov and others, giving rise to spirited discussion. The revision of the International Classification of Diseases (ICD-11) received particular attention.

The sessions devoted to child psychiatry focused mainly on prevention and on integrative approaches to treatment, that were discussed in the reports of Professor E Makushkin, N Vostroknutov, A Severnij, B Mendelevich and others. The presentation of U Shevchenko was devoted to problems in postgraduate education in child psychiatry in Russia, very topical for us.

Professor Nikolai Grigorievich Neznanov, Director of the VM Bekhterev Psychoneurological Research Institute in St Petersburg, was elected chairman of the board of the Russian Society of Psychiatrists.



Olga Rusakovskaya (left) and Olayinka Omigbodun during the Beijing 2010 Congress

SOUTH AFRICA



WORLD CONGRESS OF THE
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The following keynote speakers have been confirmed:

- **Dr Shekhar Saxena**, Director, Department of Mental Health and Substance Abuse, WHO Geneva: The Alan Flisher Memorial Lecture "Scaling up services for people with mental disorders in low resource settings"
- **Professor Vikram Patel**, Professor of International Mental Health, Centre for Global Mental Health, London School of Hygiene & Tropical Medicine, UK : The George Albee Lecture on Primary Prevention "Poverty and Mental Health: Breaking the Vicious Cycle"
- **Professor Kamaldeep Bhui**, Wolfson Institute of Preventive Medicine, London: The Margaret Mead Lecture (Culture and Mental Health)
- **Dr Marianne Farkas**, Center for Psychiatric Rehabilitation, Boston University: "The Recovery Model in Mental Health Care"
- **Ms Janet Amegatcher**, Pan-African Network of Users and Survivors of Psychiatry, Ghana: The Consumers' Lecture
- **Ms Vuyiseka Dubula**, General Secretary, Treatment Action Campaign, South Africa: "Mental Health and HIV & AIDS"
- **Professor Pumla Gobodo-Madikizela**, Department of Psychology, University of Cape Town: The Mary Hemingway-Rees Lecture (Spirituality and Mental Health)

In addition, the following world leaders in mental health will be speaking at the congress:

- Tsuyoshi Akiyama, Kanto Medical Centre, Tokyo
- Preston Garrison, Former CEO, World Federation for Mental Health
- Oye Gureje, African Association of Psychiatrists and Allied Professionals, Nigeria
- Helen Herrmann, ORYGEN Youth Health Centre, Melbourne
- Rachel Jenkins, King's College, London
- Norman Sartorius, Association for the Improvement of Mental Health Programmes, Geneva
- Deborah Wan, President Elect, World Federation for Mental Health, Hong Kong

UNITED STATES

THE LARGEST EVER!

THE 57th AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY ANNUAL MEETING NEW YORK

From October 26-31, 2010, the American Academy of Child and Adolescent Psychiatry (AACAP) held its 57th Annual Meeting in New York City. With well over 5,000 attendees, and an unparalleled international presence, the meeting was the largest ever in our field. The meeting witnessed a palpable international presence, with 1,355 participants from 58 countries from Australia to the United Arab Emirates. All international participants were identified as such on their ID badges to encourage recognition by other attendees and to promote networking. International participants contributed to numerous activities during the meeting as evident by 639 international colleagues as co-authors on a wide array of topics, of which almost 200 were also speakers at the meeting.

For the last five years the number of international attendees and countries represented has been generally increasing (see Table). Thus, in the last few years, the Academy has materialized its effort to become truly global and its meetings and courses have a significant international impact.

Additionally, the Journal of the AACAP participates in the Program for Access to Health Research. Organized by the World Health Organization and major publishers, the program provides free or very low cost online access to the major journals in biomedical and related social sciences to local, not-for-profit institutions in developing countries. Sadly, this extraordinary initiative is under-utilized and frequently unknown by many potential users. Further, AACAP shares a meeting periodically with its child and adolescent psychiatry colleagues in Mexico and Canada. There has also been one joint meeting with the Australian and New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry in 2001. The next AACAP meeting will be held in Toronto, Canada, on the 18-23rd of October, 2011 jointly organized with the Canadian Academy of Child and Adolescent Psychiatry.



A group of participants at the international reception.

Now, some important dates to save: all program submissions should be uploaded online at www.aacap.org. The call for papers submission deadline is February 15, 2011 and the New Research Poster Submission deadline is June 15, 2011. Registration for the meeting will open in August 2011.

Finally, let us highlight three exciting opportunities for young child and adolescent psychiatrists and psychiatry residents from around the world, in the annual meetings:

- **The Educational Outreach Program**, open to non-US citizens (although they must be enrolled in residency training programs in the US). This program provides the opportunity for 40 child and adolescent psychiatry residents (supported by the AACAP) and 20 general psychiatry residents (sponsored by Eli Lilly and Co.) to experience the annual meeting in Toronto. The award entails partial reimbursement of travel expenses, participation in special events for residents including a mentorship program, a breakfast program, networking sessions, an awards luncheon and focus groups.
- **The Monitor Program**, where international trainees are encouraged to serve, while having registration fees waived (as an incentive for young members, the AACAP members receive priority scheduling).
- **The Mentorship Program** where international attendees are welcome to participate (they will enjoy small daily group tutoring meetings and group forums with established mentors from the Academy). The topics discussed in these meetings vary depending on the interest of each group, but usually cover areas such as research projects; balancing career and personal needs; presentation skills; making career choices; networking and the functioning of the AACAP.



Dinner in honor of Dr Hongyun Gao. From left, standing, Dr Paramjit T Joshi (US, India), Dr Richard Shaw (US), Dr Hongyun Gao (China). Sitting, Dr and Mrs Carl Feinstein (US) and Dr Maryland Pao (US).

Full information and deadlines for these awards are available at the AACAP web page. The AACAP Program Committee has two "ad hoc" international members, in order to encourage active involvement and scientific contribution of international participants. We expect that the impact of this increasing international attendance will transcend borders and reflect in the practice and policies in many countries around the world, informed by participation at the AACAP scientific events.

The program committee welcomes international submissions and look forward to welcoming colleagues from around the world in Toronto 2011.

Gregory L Carter (Australia) and **Joaquin Fuentes** (Spain); International Members of the Program Committee; **Gabrielle A Carlson** (US) Chair, Program Committee.



Table. International presence at the AACAP annual meeting					
Year	2006	2007	2008	2009	2010
Place	San Diego	Boston	Chicago	Honolulu	New York
International attendees	700	650	800	625	1335
N of Countries	48	49	54	55	58



International Relations Committee Summary

New York City, long recognized as one of the leading 'international' cities of the world was the ideal location to host the 57th annual meeting of the American Academy of Child and Adolescent Psychiatry (AACAP). The meeting boosted an 'international focus' with presentations incorporating experts spanning the seven continents of the world. The one thousand three hundred and fifty-five international attendees from fifty-eight countries were formally welcomed by AACAP at the 'Networking for International Guests' event held on Tuesday, October 26th in the Trianon Ballroom of the Hilton New York. International attendees were personally greeted by AACAP's leaders and the co-chairs of the International Relations Committee (IRC) of AACAP (Shirley Alleyne and Paramjit Joshi). A rolling display was mounted with the names of each international guest and the flag of their countries. Candle lit cocktail tables displaying the flags of the fifty-eight countries represented, lively jazz music and the laughter of old and new friends provided the ideal atmosphere for the networking of child and adolescent psychiatrists separated in their daily work by distance and language barriers, united by a common goal; to improve the status of child and adolescent mental health.

The 'Networking for International Attendees' event was preceded by the International Symposium. In light of the devastating



Reception for international participants. From left, Ms Stephanie Joshi (US), a participant from Japan, Dr Tejas Golhar (India), Dr Shruti Tewari (US), Dr Ayesha Mian (US, Pakistan), and Dr Paramjit T Joshi (US).

earthquakes that the world has experienced in 2010 'Integrated Psychosocial and Mental Health Services for Children in Emergency Situations' was selected as the 'International Symposium' for the 57th annual meeting of the Academy. The symposium was chaired by Siham Muntasser, with presentations by Amanda Melville, Gerald Martone, Paramjit Joshi, Fernando Jiovani Arias Morales and the discussion lead by Mendy Marsh. The presenters covered the 'Role of the International Rescue Committee's Relentless Humanitarianism and Children's Mental Health' (Gerald Martone, International Rescue Committee, New York), 'The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (Paramjit Joshi for Michael Wessells, Mailman School of Public Health, Columbia University, New York), 'Implementing the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings' (Amanda Melville, United Nations Children's Fund, New York), 'Psychosocial Care and Mental Health as a Multi-level Intervention Working with Demobilized Child Soldiers in Colombia' (Fernando Jiovani Arias Morales).

Within the meeting, the following presentations were noted for their international focus and as such received sponsorship by the IRC:

'Mental Health, Child Protection, and Human Rights of Vulnerable Youth in the U.S. and Worldwide'. Siham Muntasser, Jan KF Grauls,

Panos Vostanis, Irene Intebi, Gerald Martone, Gary B Melton (Symposium 3).

'Violence against Children and Adolescents: International Perspectives on Causes and Interventions'. Siham Muntasser, Amira Seif Eldin, Marie Rose Moro, Milica Pejovic Milovancevic, Adib Essali, Alan Apter, Irene Intebi (Clinical Perspectives 3).

'Crossing Borders to Protect Children of the World: International Perspectives on Child Abuse and Maltreatment'. Siham Muntasser, Paramjit T Joshi, Norbert Skokauskas, Norazlin Kamal Nor, Michael Daubney, Ernesto Caffo, Barry Nurcombe (Clinical Perspectives 10).

'When a Child Chooses Death: Examining Youth Suicide and Prevention Programs II'. Shirley Alleyne, Stan Kutcher, Norbert Skokauskas, Annette L Beautrais, Robert A King (Clinical Perspectives 21).

'Youth Mental Health Services in Iraq'. Siham Muntasser, Shalan Joodah Rehman, Mohammed R. Lafta, Sabah Sadik, Sabah H Al Hussaini, Waile HS Alani (Clinical Perspectives 30).

The IRC of AACAP welcomed international guests to its open component meeting held on Thursday, October, 28th. Attendees shared developments in the practice of child and adolescent psychiatry in their respective countries along with their concerns as professionals in the field. Although resources varied from country to country, all attendees echoed the immense need in the area of child mental health and for the support of professionals in the field. Opportunities for the AACAP to support the development of child and adolescent psychiatry in their respective countries were proposed for further discussion within the Academy.

On Saturday, October 30th, the unusually warm weather that characterized the spirit and energy of the meeting gave way to the chilly northern winds of late fall signally the ending of another successful meeting and simultaneously welcoming another 'international' city for AACAP's 58th annual meeting. Toronto welcomes AACAP for its 58th annual meeting to be held jointly with the Canadian Academy of Child and Adolescent Psychiatry; October 18-23, 2011

Toronto, Canada Sheraton Centre Toronto. Further details of 57th Annual Meeting and the AACAP are available on AACAP's website: <http://aacap.org/>

Shirley Alleyne
Co-Chair, International Relations Committee, AACAP



From left: Daniel Pine, Lenore Terr, Richard J Shaw, Andrew T Russell, Guilherme Polanczyk, Albert Zachik, and Patricia Lester.

International Physicians for the Prevention of Nuclear War (IPPNW)

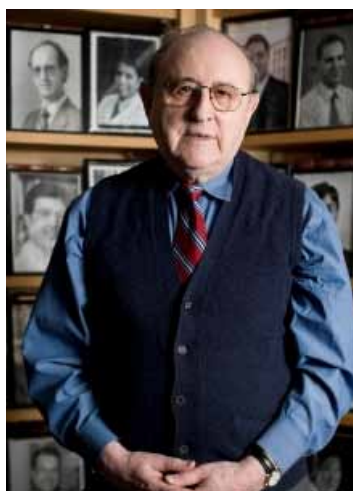
A child psychiatrist at the 19th IPPNW World Congress in Basel/Switzerland

Patrick Haemmerle (Fribourg, Switzerland)

International Physicians for the Prevention of Nuclear War (IPPNW) is a non-partisan federation of national organizations in 62 countries representing tens of thousands of medical doctors, medical students, health workers etc. who are united behind the goal of creating a more peaceful and secure world, freed from the threat of nuclear annihilation. Founded in 1980 and recipient of the 1985 Nobel Peace Prize, IPPNW is the only international medical organization dedicated to preventing nuclear war and abolishing nuclear weapons. IPPNW recognizes that the catastrophic health and environmental consequences of a nuclear war are the extreme end of a continuum of armed violence that undermines health and security. IPPNW is committed to ending war and advancing understanding of the causes of armed conflict from a public health perspective.

As child and adolescent psychiatrists, we are particularly committed to help children and families to live their life in as healthy conditions as possible by fostering a supportive familiar and social environment. Widening our professional and civic interests and engaging in this endeavor – contributing to a livable future – is consistent with our mission; reason why a non-negligible number of our colleagues have for years been active members of IPPNW. In that spirit I took part in the 19th IPPNW World Congress, “Nuclear Abolition: for a Future”, that took place from 25th to 30th August 2010 in Basel, Switzerland.

I was particularly interested in the pre-congress symposium on post-traumatic stress disorder (PTSD) in children having suffered civil and military trauma, discussing “the (im-) possibilities of treatment”. By broadening the initial, purely preventive, mission of IPPNW, this symposium tried to contribute



From top: Drs. Bernard Lown and Evgeny Ivanovich Chazov

also to some aspects of treating traumatic sequels of the so called “conventional wars” and extreme situations (seeking refuge, migration etc.). The speakers – I had the privilege of contributing to the concluding panel discussion – provided information about the clinical foundations of PTSD in adults and children; discussed the risk of over- and under-diagnosis ; presented current therapeutic approaches and their application in youngsters; confronted the audience with the therapeutic challenges and powerlessness in situations like the Afghanistan war and, finally, invited attendees to reflect about the current sociopolitical context marked by an increase in violent conflict and, simultaneously, a tendency for public lack of concern.

The three days of the congress covered a large number of issues about and around civil and military nuclear power, including, without being exhaustive, the history of nuclear abolition activities, the voice and the responsibility of nuclear weapon states, nuclear power plants and the effects of radiation on health, globalization, war and nuclear abolition. During the plenary session on “Violence prevention and promotion of health and development – a medical imperative” and the IPPNW “Aiming for Prevention” program, the participants had the opportunity to hear and see (in video-conference) Bernard Lown and Eugene Chazov. The latter, co-founder of IPPNW, was present at the congress. In an extremely lively and encouraging statement Eugene Chazov congratulated the participants and invited them to continue their efforts for a better and peaceful world for us and our children – a message that we can, without hesitation, incorporate into our professional activities.



i can imagine a world without nuclear weapons

Views and perceptions of young people on binge drinking

Haruna Nyanzi, Senior Registered Mental Health Practitioner
St. Andrews Healthcare, Northampton, UK.

Although alcohol use is an accepted part of social interactions in many cultures, its misuse can result in problems for the individual and society as a whole. It is widely believed that there is a link between alcohol consumption and criminal and disorderly behaviour, especially in the young adult population. However, relatively little is known about the social context of such behaviour. In the UK, people aged between 16- 24 are more likely to binge drink with 36% of men and 27% of women reporting binge drinking at least once a week. The statistics further show that between 1998 and 2001, the proportion of young women binge drinking in this age group has increased from 23% to 27%. Hobbs et al. (2000) suggests that drinking to intoxication has become normalised amongst the majority of young men – and women – as an integral part of a “good night out” with public drunkenness, including urinating and vomiting in the street, increasingly common and as a socially acceptable form of behaviour – at least in young men.

Methods

Thirty young people aged between 18 and 24 years were recruited amongst work colleagues and university students in the Northampton area (UK). Participation in the research study was on a voluntary basis and gender and ethnic mix were taken into account during the selection of participants,

which included 15 males and 15 females: 15 white British, 10 black British of Caribbean origin and five Asian. Primary consideration was given to those who drink alcohol and frequently go out socialising in night clubs, pubs and bars. Participants' views were examined using a qualitative methodology.

Results and discussion

There is no universally agreed definition of binge drinking or standardised way of measuring its occurrence. Likewise the definition of binge drinking varied for each young person interviewed. A common theme was that binge drinking was perceived as drinking large quantities of alcohol in short periods of time, e.g. drinking many bottles of wine or several pints of lager in one evening or night, or in a couple of hours. The quantities of alcohol consumed varied from person to person and it was perceived by many that binge drinking took place mainly in the evening or night especially on the weekend. In addition, some participants suggested a desire to push their limits in terms of how drunk they got, and often described an inability to judge or control how much they drunk.

One of the significant findings of this research was that most participants reported that they were fully aware of the effects of binge drinking on their health, safety and the dangers posed from risky behaviours associated to it. Indeed all participants

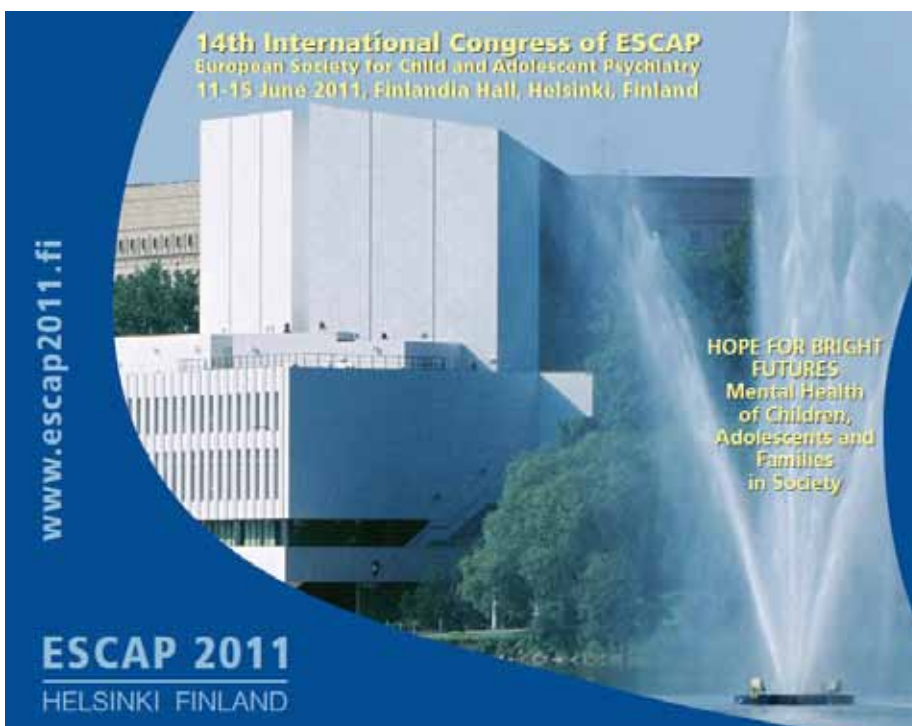
described binge drinking as a health hazard linked to a variety of diseases, such as liver and kidney damage, heart disease, depression and others. Despite awareness of these risks, respondents didn't seem to be deterred from engaging in binge drinking. Recent research (NHS, 2008) suggests that drinking a large amount of alcohol over a short period can lead to significantly more harm to health than drinking frequent small amounts.

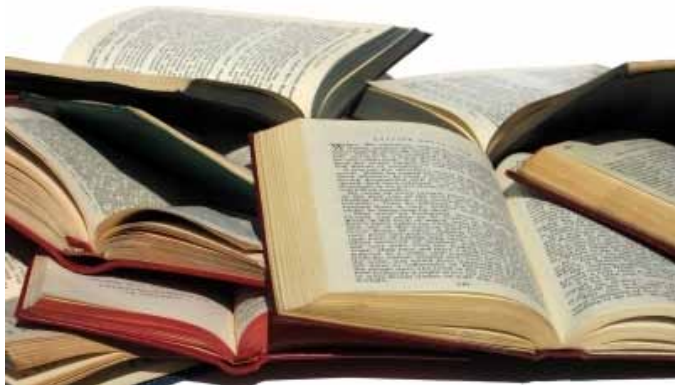
Some of the young people interviewed said they were unlikely to change their drinking habits despite the possibility of getting into risky situations. In spite of this belief amongst some participants, there was general consensus that provision of more education on the effects of binge drinking in order to create more awareness among young people would have a positive impact in reducing the levels of binge drinking.

Desire for excitement may also play a part in risk-taking behaviours associated with drinking alcohol, such as those that lead to disorderly or criminal behaviour. Participants described “drunkenness” as a factor in their risk taking. They suggested that their judgement was affected by alcohol thereby encouraging reckless behaviour and a feeling of invulnerability. Participants further suggested that excessive drinking before sex was strongly associated with unprotected sex. This argument is supported by Murgraff et al. (1999) who suggest that, “a third variable such as arousal-seeking mediates between these two risky behaviours”. It must be noted however that there were only a few participants who saw illness, memory loss and loss of control as part of the fun of a night out, as well as few who claimed that they never lost control no matter how much they drank.

References

- Hobbs et al. (2000) Receiving shadows: governance, liminality in the night time economy, *British journal of Sociology*, 51: 701-717
- Murgraff V, Parrot A, Bennet O. Risky single-occasion drinking among young people – Definition, correlates, policy and intervention: A broad overview of the research findings. *Alcohol and Alcoholism*, 1999; 34:3-14.
- NHS choices (2009) Alcohol misuse [online] <http://www.nursingtimes.net/alcohol-misuse/5001670.article> [Accessed 25th december 2010]





FROM THE INTERNATIONAL LITERATURE

Postpartum depression not reduced by fish oil supplements

There has been much interest in recent years about the potential benefits of omega-3 fatty acids in preventing and treating a variety of psychiatric conditions and in enhancing children's cognitive abilities. However, empirical evidence is largely lacking. In a double-blind, multicentre, randomized controlled trial, a group of researchers from the University of Adelaide, Australia, sought to determine whether increasing dietary docosahexaenoic acid (DHA) during the last half of pregnancy would result in fewer depressive symptoms and better neurodevelopmental outcome in their children. The trial included 2399 women who were less than 21 weeks' gestation in five Australian maternity hospitals. The intervention consisted of the administration of docosahexaenoic acid-rich fish oil capsules (providing 800 mg/d of DHA) or (for the controls) matched vegetable oil capsules without DHA from study entry to birth. Results showed that DHA supplementation during pregnancy did not result in lower levels of postpartum depression in mothers or improved cognitive and language development in their offspring during early childhood.

- Makrides M *et al.* Effect of DHA supplementation during pregnancy on maternal depression and neurodevelopment of young children. A randomized controlled trial. *JAMA* 2010; 304(15):1675-1683.



Off-label promotion of quetiapine costs AstraZeneca half-billion dollars in the US

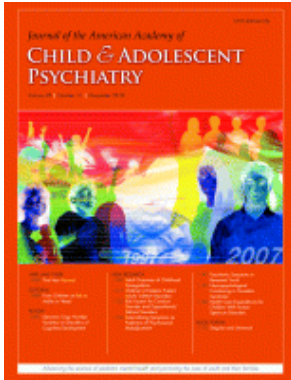
Psychiatric News (2010; 45:13) reported that in recent years there has been a string of pharmaceutical companies convicted of illegally marketing psychiatric drugs for off-label uses. According to the US Department of Justice, in many of these cases, promotion of off-label use was directed to primary care practitioners (family doctors, paediatricians, geriatricians). For example, in autumn 2009, Pfizer paid a record \$2.3 billion to settle cases involving illegal promotion of four drugs, including ziprasidone (Geodon) and pregabalin (Lyrica).



Quetiapine is one of AstraZeneca's leading products, accounting for more than \$4.8 billion in worldwide sales in 2009. In December 2009, the FDA approved quetiapine as an adjunctive treatment for depression (in adults) but rejected the company's application for its use in depression as a monotherapy. However, prosecutors from the US Department of Justice alleged that from 2001 through 2006 AstraZeneca had promoted quetiapine for treating unapproved conditions, including aggression, agitation, dementia, attention-deficit/hyperactivity disorder, depression, posttraumatic stress disorder, and insomnia. In the settlement of the federal suit, AstraZeneca denied any wrongdoing. The company continues to face more than 10,000 civil suits filed by individuals alleging personal injuries, primarily development of diabetes, due to taking quetiapine.

Another study (by *Public Citizen*, an independent US watchdog organization) that examined trends in penalties when companies are forced to settle with the federal and state governments from 1991 to November 2010, found that four companies— GSK (Glaxo Smith Kline), Pfizer, Eli Lilly, and Schering-Plough— accounted for more than half of all financial penalties imposed over the past 20 years (\$19.8bn), three quarters of which occurred in the past five years, and were largely related to pharmaceutical companies illegal marketing practices. The full report is available at www.citizen.org/hrg1924.

Many adolescents with mental health problems do not receive the help they need



The US National Comorbidity Survey–Adolescent Supplement (NCS-A) was designed to provide the first nationally representative estimates of the prevalence, correlates, and patterns of service use for mental disorders among US adolescents and to lay the groundwork for follow-up studies of risk and protective factors, consequences, and early expressions of adult mental disorders. The core NCS-A diagnostic interview was the World Health Organization Composite International Diagnostic Interview administered by lay interviewers.

The authors report on service use in a nationally representative sample of 6,483 adolescents aged 13 to 18 years for whom information on service use was available from the adolescent and a parent. Only one third of adolescents with a mental disorder had received services for their illness, although rates increased with increasing severity. However, half of adolescents with severely impairing mental disorders had never received mental health treatment. Service rates were highest in those with attention-deficit/hyperactivity disorder (60%) and behaviour disorders (45%), but fewer than one in five affected adolescents received services for anxiety, eating, or substance use disorders. Hispanic and non-Hispanic Black adolescents were less likely than their White counterparts to receive services for mood and anxiety disorders, even when such disorders were associated with severe impairment.

- Merikangas KR *et al.* Service utilization for lifetime mental disorders in US adolescents: Results of the National Comorbidity Survey–Adolescent Supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 2011; 50:32-45.

Study questions the value of adding CBT to antidepressant treatment

The Treatment for Adolescents with Depression Study (TADS) showed that combined treatment with an SSRI (fluoxetine) and cognitive behavioural therapy (CBT) was superior to fluoxetine alone. Results in depressed adults also suggest that adding CBT to antidepressant medication results in better improvement rates. As a consequence, many treatment guidelines recommend the use of an SSRI combined with psychosocial treatment as the treatment of choice for severe depression in the young.

A group of British researchers conducted a meta-analysis to address the question of whether CBT confers additional benefit to antidepressant treatment alone in adolescents with unipolar depression. Results showed no evidence of a statistically significant advantage of combining antidepressants and CBT over medication alone for depressive symptoms, suicidality and global improvement after acute treatment or at follow-up. The combined treatment did result in a greater reduction in impairment in the short-term (at 12 weeks).

Although the data has limitations, particularly related to the scarcity and quality of trials, the authors suggest that adding CBT may not be necessary for all depressed adolescents treated with antidepressants. Ascertaining who would benefit from the combination is a research priority because administering CBT is time and resource intensive.

- Dubicka B *et al.* Combined treatment with cognitive behavioural therapy in adolescent depression: meta-analysis. *The British Journal of Psychiatry* 2010 197: 433-440.



**Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with news, ideas and reports of
activities of your association or in your region.**

Is a PhD worth the effort?



An article in *The Economist* (“The disposable academic,” December 16, 2010) highlights that “many of those who embark on a PhD are the smartest in their class and will have been the best at everything they have done. They will have amassed awards and prizes. As this year’s new crop of graduate students bounce into their research, few will be willing to accept that the system they are entering could be designed for the benefit of others, that even hard work and brilliance may well not be enough to succeed, and that they would be better off doing something else.”

A PhD or “doctorate” is usually the first step for a career in academia, although requirements vary from country to country and even between universities. The stark reality is that most countries rely on this mass of underpaid, overworked PhD students to boost research and do much of the undergraduate teaching, saving universities a lot of money. Professional academics also rely on PhD students for grants and to lift their publication rate.

It is not surprising that most PhD students are dissatisfied with their lot. According to *The Economist*: “Some describe their work as ‘slave labour’. Seven-day weeks, ten-hour days, low pay and uncertain prospects are widespread.” In developed countries, PhD students are among the lowest paid of all workers. This is made worse because they often rely on fickle grant money, which may or may not be renewed, adding another grade of uncertainty to their lives.

Although a doctorate is supposed to train people for an academic job, the number of PhD positions is unrelated to the number of academic jobs available. There has been a rapid growth in PhDs in recent years. For example, the number of doctorates in OECD countries grew 40% between 1998 and 2006 but there has been no parallel increase in the number of academic positions. *The Economist* quotes that the US “produced more than 100,000 doctoral degrees between 2005 and 2009. In the same period there were just 16,000 new professorships.” Only fast-developing countries such as China and Brazil seem to still have a shortage of PhD graduates.

The Economist argues that having a PhD does not offer much financial advantage over having a master’s degree although, on average, PhD graduates earn more than those with a bachelor’s degree — 26% more in the UK but not more than those with a master’s. It cannot be that money is the main motivation for most PhD students; love of teaching or research, lack of employment opportunities elsewhere, wish to continue “being a student” or plain inertia may be the reasons. Further, many PhDs find it difficult to transfer their skills into the non-academic job market.



Managing adverse effects of ADHD medications

This article, signed by 22 experts from seven European countries and Canada, reviews the literature on side effects and potential harms of medication treatment of ADHD and its management, a most worthwhile endeavour. Particular attention is paid to cardiac effects (e.g., sudden death, hypertension, heart rate increases), suicidality, growth retardation, sleep problems, tics, substance misuse, psychotic phenomena, and the issue of drug holidays.

This is an excellent summary of the side effects of ADHD medications. The credibility of the recommendations may be undermined in some people’s estimation by the fact that the pharmaceutical industry covered the meeting costs and that most of the experts have links with pharmaceutical companies. This article is available free of charge at the link below.

- J. Graham J *et al.* European guidelines on managing adverse effects of medication for ADHD. *European Child and Adolescent Psychiatry*, 2011; 20:17–37. <http://www.springerlink.com/content/y667034856017253/fulltext.pdf>

SSRIs not helpful for autism spectrum disorders

A Cochrane review sought to examine whether SSRI treatment improved (a) the core features of autism (social interaction, communication and behavioral problems); (b) other behaviors such as self-injury; (c) the quality of life of children and their carers; (e) outcome; and whether it causes harms. Seven randomized controlled trials with a total of 271 participants were included. The authors concluded there was no evidence of benefit of SSRIs in children with autism spectrum disorders and emerging evidence of harm, as such SSRIs cannot be recommended as a treatment for children with autism at this time.

- Williams K *et al.* Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorders (ASD). *Cochrane Database of Systematic Reviews* 2010, Issue 8. Art. No.: CD004677. DOI: 10.1002/14651858.CD004677.pub2.



“No to anorexia” campaigner dies

“I thought this could be a chance to use my suffering to get a message across, and finally put an image on what thinness represents and the danger it leads to — which is death”, said Isabelle Caro, a French actress and model who died of complications of anorexia nervosa on 17 November 2010 in Tokyo, Japan. She was 28 years old.

Caro, who had suffered from anorexia since she was 13, used the last years of her life to campaign against the fashion industry using skinny models. The high point of this campaign was when Caro posed nude to be photographed for an anti-anorexia campaign for a clothing company. Images in newspapers and billboards under the headline “No Anorexia” were released during Milan’s 2007 fashion week. At the time she weighed just 32 kg for a height of 1.65 m (a body mass index, BMI, of 11.8). The campaign took place when the fashion industry was under the spotlight about anorexia after a 21-year-old Brazilian model had died from the disorder. Caro’s pictures caused a stir, sparking much debate in the fashion industry. Although the campaign was initially approved by Italy’s Health Department, it was subsequently banned by the advertising watchdog while France’s authority told French companies not to use it. Some groups working with anorexia patients also believed that this campaign was not helpful.

Caro spoke often about her anorexia, her efforts to overcome it, and the menace of eating disorders on the fashion industry. Caro had received a variety of unsuccessful treatments. She was hospitalized for the first time when she was 20. At her worst, in 2006, she went into a coma weighing just 25 kg (BMI = 9.2). The doctor said she would not survive but she did. She was working to pass a law in the French parliament that would prohibit models from working if they are too thin.



CONGRESSES, CONFERENCES AND MEETINGS

IACAPAP

- | | |
|------|---|
| 2012 | 2012 International Congress “Brain, Mind and Development” 21-25 July, Paris, France.
http://www.iacapap2012.org/congres/12IACAPAP/homepage.html |
| 2014 | 2014 International Congress, South Africa. |
| 2016 | 2016 International Congress, Calgary, Canada.
http://www.iacapap2016.org/ |

OTHER

2011

- 12-14 May, 2011
- Annual Meeting Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists and the Australian association for Infant Mental Health, Perth, Western Australia, Australia.
<http://www.sapmea.asn.au/conventions/aaimhi&fcap2011/>
- 2-4 June, 2011
- Annual Congress, Asociación Española de Psiquiatría del Niño y el Adolescente (AEPNYA), Alicante, Spain.
<http://alicante2011.aepnya.org/>
- 11-15 June, 2011
- International Congress of ESCAP: European Society for Child and Adolescent Psychiatry, Helsinki, Finland.
<http://www.escap2011.fi/>

11 – 12 July, 2011

- 6th International Conference on Child and Adolescent Psychopathology, Roehampton University, London, UK.
<http://www.roehampton.ac.uk/childandadolescentpsychopathology/index.html>

17-21 October, 2011

- World Congress of the World Federation for Mental Health “African Footprint in Global Mental Health”, Cape Town, South Africa.
www.wmhc2011.com

2012

17-21 April, 2012

- 13th World Congress of the World Association for Infant Mental Health, Cape Town, South Africa.
<http://www.waimh.org/>

MEMBER ORGANIZATIONS

Full members

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología de la Infancia y la Adolescencia (ASAPPIA)
- Asociación de Psiquiatría y Psicopatológica de la Infancia y la Adolescencia, Uruguay (APPIA)
- Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)
- Asociación Mexicana de Psiquiatría Infantil AC (AMPI)
- Association for Child and Adolescent Mental Health, United Kingdom (ACAMH)
- Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS)
- Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)
- Bangladesh Association For Child & Adolescent Mental Health (BACAMH)
- Bulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)
- Canadian Academy of Child and Adolescent Psychiatry (CACAP)
- Child Mental Health Association of Egypt
- Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA)
- Chinese Association for Child Mental Health (CACMH)
- Chinese Society of Child and Adolescent Psychiatry (CSCAP)
- Croatian Society of Child and Adolescent Psychiatry (CROSIPAP)
- Czech Association of Child and Adolescent Psychiatry
- Danish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)
- Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie
- Dutch Association of Psychiatry – Department of Child and Adolescent Psychiatry
- Estonian Child and Adolescent Psychiatry Section of the Estonian Psychiatric Association
- Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Finnish Society for Child and Adolescent Psychiatry
- Flemish Association of Child and Adolescent Psychiatry
- Hellenic Society of Child and Adolescent Psychiatry (HSCAP)
- Hungarian Association for Paediatric Neurology and Child and Adolescent Psychiatry
- Icelandic Association for Child and Adolescent Psychiatry
- Indian Association for Child and Adolescent Mental Health
- Iranian Academy of Child and Adolescent Psychiatry (IACAP)
- Iraqi Association for Child Mental Health (IACMH)
- Israel Society of Child and Adolescent Psychiatry
- Japanese Society of Child and Adolescent Psychiatry
- Korean Academy of Child and Adolescent Psychiatry (KACAP)
- Latvian Association for Child and Adolescent Psychiatry (LACAP)
- Lithuanian Society of Child and Adolescent Psychiatry
- Norwegian Association for Child and Adolescent Psychiatric Institutions
- Österreichische Gesellschaft für Kinder- und Jugendneuropsychiatrie
- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
- Romanian Society of Neurology and Psychiatry for Children and Adolescents (SNPCAR)
- Russian Association for Child Psychiatrists and Psychologists (ACPP)
- Section of Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine
- Slovenian Association for Child and Adolescent Psychiatry
- Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (SEPYNA)
- Sociedad Mexicana de Paidopsiquiatría y Profesiones Afines AC
- Sociedad Uruguaya de Psiquiatría de la Infancia y de la Adolescencia (SUPIA)
- Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)
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- Société Française de Psychiatrie de l'Enfant et de l'Adolescent & Disciplines Associées (SFPEADA)
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