International Association of Child and Adolescent Psychiatry and Allied Professions

IACAPAP Bulletin

Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées

No. XIV August 2004

www.iacapap.org

16th International Congress Bulletin Issue
Berlin, Germany - August 22-26, 2004

Table of Contents

Editors' Column

It is time for us to convene our next IACAPAP World Congress. Never has a Congress been so anticipated and so welcome as our coming 16th Congress in Berlin! It is important for representatives of all member countries to attend. Current world issues make this a necessity so that we have a major forum to discuss the effects of extensive world challenges on children.

We currently live in a world filled with unrest and war. We in IACAPAP must take an assertive approach to increase communication about means to develop a more secure world for our children and the next generations. This issue of the *IACAPAP Bulletin* is devoted to these tasks.

Living in peaceful conditions is essential for healthy child development. The 16th IACAPAP Congress's Declaration, as contained in this issue of the *Bulletin*, puts forth these ideas. The articles in this *Bulletin* issue have a common theme of describing ways to help children and adolescents experience productive lives that can benefit humanity.

Unfortunately and unexpectedly, our past two planned IACAPAP Congresses had to be cancelled shortly prior to being convened. World events interfered with our coming together as professionals to consider how to improve the lives of children.

(continued on page 3.)

President's Message

We are looking forward to our 16th World Congress in Berlin and I hope I will be able to welcome a lot of colleagues and friends from many countries all over the world.

Currently, we have more than 2,000 registered delegates from 70 countries. I am very pleased about the attendance from all over the world. I am optimistic that our 16th World Congress will be a remarkable event scientifically, culturally and socially.

The main theme of our 16th Congress is:

Facilitating Pathways:

Care, Treatment and Prevention in Child and Adolescent Mental Health.

According to this theme we will have lectures, symposia, workshops and many other types of sessions specifically devoted to treatment and prevention and evaluation. Highlights of the Congress will be:

1. Main Lectures given by leading experts addressing important topics of Child and Adolescent Mental Health
2. State of the Art Lectures reviewing the current status of a specific field or a disorder
3. Ten CME courses addressing important topics such as ADHD, Depression, Tics, Eating Disorders, Pervasive Developmental Disorders,

(continued on page 2.)

President's Message

(continued from page 1)

Psychopharmacology, Brain Imaging, Dyslexia and Elimination Disorders.

4. The Donald Cohen Fellowship Program which enables us to invite 50 young scientists from all over the world to our Congress.

5. The WPA Presidential Global Program on Child and Adolescent Mental Health in cooperation with WHO and IACAPAP. This world wide program will be introduced at the Congress and there will be three symposia organized by the three task forces of this initiative.

6. The WPA ATLAS Project which is a project of WHO in cooperation with IACAPAP and other organisations aiming at the documentation of available resources for mental health care in most countries of the world.

The Congress will also present a rich cultural and social program with many possibilities to experience the lively city of Berlin with its rich tradition and cultural life.

The Executive Committee of IACAPAP has decided to hold the next, the Seventeenth, Congress in Melbourne, Australia and our Australian colleagues will raise the attention among all participants for this Congress and invite all of us in 2006 to Melbourne.

The last year was an extremely busy year and the IACAPAP Bureau (Secretary-General, Treasurer and President) as well as other members of the Executive Committee have been working hard in order to promote IACAPAP as an international organisation carrying out different activities according to our constitution and to make IACAPAP's activities visible.

Several major actions could be carried out during the last 12 months:

1. IACAPAP is now recognized as an NGO by the World Health Organisation. This was a long and difficult process and there are two people who deserve special thanks for getting through a very complicated and bureaucratic procedure: our Treasurer, Myron Belfer, and my secretary, Elisabeth Le Guillarme.

As we are now an officially acknowledged NGO of WHO, we are invited to all major meetings and are allowed to actively participate in relevant mental health programs and mental health activities for Children and Adolescents.

2. IACAPAP was co-sponsor of the Fourth Congress of Autism–Europe held in Lisbon from November 14-16, 2003. This was a successful Congress attended by approximately 1200 people (specialists as well as parents). Autism–Europe is planning also to organize the next Congress 2006 in Norway in cooperation with IACAPAP.

3. An important step forward is the WPA Global Program for Child and Adolescent Mental Health carried out as a joint activity between WPA, WHO and IACAPAP. This program, with the aim of improving child mental health all over the world, has formed three task forces, all chaired by members of the IACAPAP executive committee:

a) Task Force on Awareness (Chair: Sam Tyano)

b) Task Force on Primary Prevention (Chair: Helmut Remschmidt)

c) Task Force on Services and Implementation (Chair: Peter Jensen)

There will be model projects in different sites, mainly in developing countries. The Awareness Task Force will inform about the program as such and will carry out a campaign for more awareness in the whole field of child and adolescent mental health. The Task Force on Prevention will focus on school drop-out and will introduce studies in three sites: Nishnji Novgorod, Russia, Egypt, Alexandria, and Porto Alegre, Brazil. The Services Task Force will focus on the implementation of services on ADHD and depression.

As already mentioned there will be symposia at the Berlin Congress organized by these three task forces.

4. First research seminar of the Eastern Mediterranean Association (EMACAPAP) in Sharm El-Sheikh, Egypt. This very successful seminar on "Depression and Related Disorders" was held from February 26 to March 5, 2004 and was attended by approximately 40 colleagues from nearly all Arab countries. The structure was the same as in the European research seminars: In the morning there were talks given by experienced experts on different aspects of depression and related disorders and in the afternoon proposals for research projects of the participants were discussed in smaller groups under the direction of an experienced researcher. Participants and the members of the EMACAPAP executive committee agreed that these research seminars should be continued in the future. Again, this was a joint activity of EMACAPAP, IACAPAP and the Foundation Child chaired by Ernesto Caffo who is a member of the IACAPAP executive committee.

5. Fourth European Research Seminar in Camposampiero (Italy). This seminar was a joint activity of ESCAP, IACAPAP and the Foundation Child represented by Ernesto Caffo (Modena, Italy). The major topic of this seminar was "Treatment Evaluation in Child and Adolescent Psychiatry" and it was attended by 30 colleagues from different European countries and also

(continued on page 3.)

President's Message

(continued from page 2)

from Turkey and Israel. This seminar was again a great success and the speakers as well as the participants expressed the wish to continue these seminars on a yearly basis.

Let me end by thanking all members of the IACAPAP executive committee and all others who have contributed substantially to the success of our organisation.

I would like to thank especially the IACAPAP Bureau, our Secretary-General, Ian Goodyer and our Treasurer, Myron Belfer, for their excellent cooperation, support and friendship which was essential for me with regard to all activities and decisions.

My thanks go also to Kari Schleimer who has been holding the IACAPAP Permanent Secretariat for several months and has been a great help with regard to all kinds of membership issues.

We are living in hard times and are not always able to achieve the goal in front of us. However, I feel that our work for children and adolescents with mental health problems and their families is worthwhile and satisfying in spite of many obstacles we have to face.

Let us continue our activities and let us discuss about the future of our organisation at this 16th IACAPAP World Congress in Berlin. Welcome to Berlin.

Helmut Remschmidt, MD, PhD, FRCPsych
President, IACAPAP
16th Congress President
Dept. of Child and Adolescent Psychiatry Philipps-University Marburg
Hans-Sachs-Str. 6
D-35037 Marburg
Tel. +49/6421-2866260
Fax +49/6421-2868975
remschm@med.unimarburg.de

Editors' Column

(continued from page 1)

Now, we are enthusiastic about experiencing presentations and discussions with those who are attending our 16th International Congress in Berlin, Germany.

Throughout its history, IACAPAP has been concerned about the welfare of children in countries where they are at risk because of poverty, war, or natural disasters. IACAPAP also has been active in assisting developing countries to plan social policy to benefit children, adolescents and their families.

Germany is an important example of a country that has faced and dealt with its catastophies.. Therefore, the symbolism of the setting for this Congress should not be lost on us. More than an invitation, it is a duty for child and adolescent mental health professionals to participate actively in this congress and address the various issues to be dealt with during these days.

The Congress, whose theme is "***Facilitating Pathways: Care, Treatment, and Prevention in Child and Adolescent Mental Health***," offers a spectrum of topics.

Helmut Remschmidt, M.D., Ph.D., President of IACAPAP, will deliver the first Donald Cohen Lecture named in honor of Donald J. Cohen, former President, whose death at an early age was such a great loss for IACAPAP and the profession. Dr. Remschmidt is Professor and Chair of the Department of Child and Adolescent Psychiatry at Philipps University in Marburg, Germany who has served as IACAPAP President for the past six years. The topic of Dr. Remschmidt's talk will be "The Place of Development in Child and Adolescent Psychiatry."

Articles in this issue of the Bulletin emphasize the need for more active approaches to decrease strife worldwide and develop ways to help children and adolescents to live in more peaceful and supportive settings.

Meeting together in reunified Berlin, from all parts of the world, is our message to our politicians, to international organizations, and to humanity that people can overcome conflict and focus on building a society to supports the wellbeing of children and adolescents. Attendees will be able to focus on topics of their primary interest or be stimulated to think in new ways.

See you in Berlin!

Cynthia R. Pfeffer, M.D.
New York Presbyterian Hospital Westchester
Weill Medical College of Cornell University
21 Bloomingdale Road
White Plains, New York 10605
Tel: 914-997-5849
Fax: 914-997-8685
email: cpfeffer@med.cornell.edu

Jocelyn, Yosse, Hattab M.D.
Child, Adolescent & Adult Psychiatrist, Psychoanalyst
Director, Donald Cohen's Department of Child & Adolescent Psychiatry
Jerusalem Mental Health Center
Chairman, Faculty of Psychiatry, Hebrew University Medical School
Secretary, Israel Psychoanalytic Society
D.N. Tsfon Yehuda - 90952 ISRAEL
Tele Fax: +972 2 5705243
E.Mail: jocelyn@vms.huji.ac.il

Symposium on Ethics in Child and Adolescent Psychiatry

by Jocelyn Yosse Hattab, MD

It is noteworthy that in this time of various international dilemmas, ethics are of utmost importance in developing policies to help children and their families. We wish to invite others to our symposium on the ethics of care for children. It focuses on children who may be perceived as

(continued on page 4.)

Symposium on Ethics

(continued from page 3.)

because of their racial/ethnic identities, their behaviors, or their socioeconomic backgrounds.

This symposium on ethics of caring for such children reflects our deep concern for those who are worthy of extensive consideration rather than rejection and prejudice.

16th IACAPAP International Congress

Facilitating Pathways: Care, Treatment and Prevention in Child and Adolescent Mental Health

This theme was chosen because the time seems ripe for a thorough review of what is currently known about care, treatment and prevention in an international perspective.

The Congress is co-sponsored by many international associations, including the European Society for Child and Adolescent Psychiatry (ESCAP), the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP), the South American Association for Child and Adolescent Psychiatry (FLAPIA), the Wor1d Association for Infant Mental Health (WAIMH), the World Health Organization (WHO) and the World Psychiatric Association (WPA).

The Congress will offer main lectures, state-of-the-art lectures, symposia, workshops, video sessions and poster symposia, covering the whole field of child and adolescent mental health, but with a special focus on care, treatment and prevention.

There will be courses of four hours duration devoted to the following topics: ADHD (Eric Taylor, UK), Depression, Tics and Tourette's Syndrome (Jim Leckman, USA), Eating Disorders (Beate Herpertz-Dahlmann and Johannes Hebebrand, Germany), Autism and Related Disorders (Joaquin Fuentes, Spain), Psychopharmacology I (Jan Buitelaar, Netherlands), Psychopharmacology II (Stan Kutcher, Canada), Brain Imaging (Alexander McFarlane, Australia), Dyslexia (Andreas Warnke and Gerd Schulte-Korne, Germany), and Elimination Disorders (Alexander von Gontard, Germany).

In addition, the Congress will highlight:

1. Introduction of the WHO Mental Health Atlas Project (a project in collaboration with IACAPAP and other organizations)
2. the WPA Global Program on Child and Adolescent Mental Health carried out in cooperation with IACAPAP and WHO
3. the Donald Cohen Fellowship Program; a program to support the participation of young researchers from all over the world.

Myron L. Belfer, M.D.
Social Medicine
Harvard Medical School
641 Huntington Avenue
Boston, MA 02115, USA
Tel +1-617-432-2114
Fax +1-617-432-2565
myron_belfer@hms.harvard.edu

This *IACAPAP Bulletin* is your voice as child and adolescent mental health professionals. Let us know about your work, activities in your country, and your scientific activities.

Use this *Bulletin* to foster international and regional collaborations, and articulate positions on policy and practice. The announcement of opportunities and events that may be of interest to readers are most welcome. We hope to establish a calendar of events that will highlight international child and adolescent mental health activities.

Advertisements and contributions are also welcome in the *Bulletin*.

Email articles or inquiries to:
Cynthia R. Pfeffer, M.D.
cpfeffer@med.cornell.edu
or
Jocelyn, Yosse, Hattab M.D.
jocelyn@vms.huji.ac.il

The Necessity for Peace Education

by Cynthia R. Pfeffer, M.D.

I have just read the book, ***Learning to Live Together: Preventing Hatred and Violence in Child and Adolescent Development*** (Oxford University Press Inc., New York, NY, 2004, number of pages: 416).

I strongly recommend it to all members of IACAPAP. It is written by David A. Hamburg, M.D. and Beartix A. Hamburg, M.D. This husband–wife team of authors is renowned for their work on human development and international relations regarding conflict resolution. They provide us with a notable and profound text that should be read by all IACAPAP professionals.

This book offers significant insights into a model of "peace education." They propose that it is essential to foster child development that yields prosocial attitudes and behaviors that involve generosity and reciprocity, social responsibility to assist those more vulnerable, and empathy. They propose that application of such concepts can reduce those developmental processes that lead to ethnocentrism, prejudice, and hatred in the next generation. In dedicating their book to their children and grandchildren they remarked that their "qualities deserve a more humane, democratic, and prosocial world than the one they have inherited." These wishes concur with the intense efforts of IACAPAP members who work diligently to improve the health and mental health of children worldwide.

In this issue of the *IACAPAP Bulletin*, Dr. David A. Hamburg has written a brief overview of this outstanding book. Dr Hamburg is President Emeritus of the Carnegie Corporation of New York. He was its President from 1983 to 1997.

The Necessity for Peace Education

(continued from page 4.)

Dr. Hamburg is a Distinguished Presidential Fellow for the International Activities of the National Academies of Sciences and has co-chaired the Carnegie Commission on Preventing Deadly Conflict.

He received the National Academy of Sciences Public Welfare Medal and the Presidential Medal of Freedom, the highest civilian award of the United States. He has had wide research interests including factors related to stressful experiences, adolescent development, human aggression, conflict resolution, and violence prevention.

Dr. Beatrix A. Hamburg is the immediate past president of the William T. Grant Foundation.

She is currently Distinguished Visiting Scholar in the Department of Psychiatry at Weill Medical College of Cornell University and had been professor of psychiatry and pediatrics at the Mount Sinai School of Medicine and Director of the Division of Child and Adolescent Psychiatry.

Her research focused on aspects of adolescent development involving peer counseling, diabetic children and adolescents, and health and mental health status of minority populations.

The preface of this book offers important concepts that are explicated in the body of this book. The Hamburgs indicate that "we can develop the unused potential for prosocial behavior" *(page vii)*.

They wisely indicate that "even if we start this year, it will take decades or generations to overcome the bloody legacy of our ancient and recent bad habits. It will take a massive, world-wide effort – involving leaders in many sectors of society – with a powerful stimulus from young people, today's students, as they mature and take on increasing responsibility" *(page vii)*.

There are many important principles discussed in this book. The Hamburgs stated that "one crucial and fundamental requirement is a change in our attitudes and behavior toward other groups….a kind of 'us versus them' stance…..In the modern world, this belief system will not work anymore….It will, in fact, lead to catastrophe on an ever-growing scale…..The most basic way of moving in a better direction….is through education….. at every level from that of preschool children to that of political leaders – and through modalities: schools, universities, religious institutions, community organizations, the public health system, and all manner of media" *(page viii)*.

The Hamburgs prescribe that "such formidable learning involves decent concern for others; readiness and ability to cooperate for mutual benefit; and helping, sharing, and respecting others while maintaining integrity as an individual with basic self-respect and lifelong inclinations to expand horizons" *(page vii)*. They suggest that "the deepest challenge is to find ways of enhancing prosocial behavior and learn mutual accommodation with previously adversarial groups….This is the essence of peace education." *(page viii)*.

In this book, the Hamburgs distinctly state "we especially pay tribute to children and youth….the attitudes they develop, the knowledge and skills they acquire, the constructive problem solving they learn in relation to other people–all this is fascinating, valuable, and in the long run, crucial to human survival" *(page ix)*. They clearly stated that "in the aggregate, there is a strong basis for hope" *(page viii)*. The Hamburgs conclude their book's preface with a very clear directive, "we strongly urge governments and societies everywhere to give children the education and vision to pursue the ideals of our common humanity" *(page ix)*.

The Hamburgs propose fundamental concepts to assist the young in development of orientations away from hatred and violence: provide conditions for development of self-esteem, for intimate and enduring interpersonal relationships, for teaching internalization of norms of behavior that restrain violence and provide strategies for other modes of coping and problem solving.

This book highlights in great detail how programs for "peace education" can be implemented for children, adolescents, college students, communities, and nations. They provide examples of programs aimed to foster children's prosocial behavior and educate them about peaceful conflict resolution.

Many of these programs have been implemented and empirically studied. In reviewing these, it is evident that it is essential for corporations, foundations, governments, and communities to collaborate in this most important effort for humanity.

The Hamburgs emphasize that national and multinational levels are needed where governments create values of tolerance, mutual respect for differences, and ways of integrating varied orientations. Educational programs to teach future generations are essential in accomplishing this.

The authors conclude "the pervasive dangers of the world of the twenty-first century make the subject of this book more than an interesting, well-meaning luxury for education" *(page 361)*.

The guidance of this book should be heeded. It should invigorate IACAPAP to be decisive in planning new initiatives to bring child and adolescent psychiatrists and allied professionals together to discuss benefits for children's

The Necessity for Peace Education

(continued from page 5.)

welfare, education, and psychological and physical development. Many of these efforts have been started in IACAPAP. We should continue these endeavors energetically, and with enthusiasm, hope, and effectiveness.

Learning to Live Together: Preventing Hatred and Violence in Child and Adolescent Development

David A. Hamburg, M.D.
and
Beatrix A. Hamburg, M.D.
Oxford University Press, New York 2004

The aim of the book is to enhance understanding of the great danger and sources of animosity between human groups, examining the violent experience of our species in evolutionary and historical perspective; to recognize some of the psychological obstacles to peaceful relations between groups; and to focus on developmental processes by which it should be possible to diminish orientations of ethnocentrism, prejudice and hatred.

There has long been complacency all over the world about prejudice and ethnocentrism – taken for granted like the air we breathe. Teaching such attitudes and beliefs to children has, all too often in so many places, been virtually automatic as it is conveyed by parents, reinforced by clergy, enshrined in textbooks and inflamed by political leaders. All this has been conducive to terrible harm in the past. Yet the dangers of hateful outlooks are likely to be much greater as the twenty-first century unfolds.

We must face the emerging realities of the exceedingly interdependent world, which throws humans together more extensively and vividly than ever before, for example, in highly valued economic transactions, thereby generating friction. Moreover, the capacity for incitement of hatred and violence is much more powerful than ever before. Not only does radio cover even the most remote areas of the world, with its handy capacity to become "hate radio," the Internet provides more opportunities to impugn the putative menace of outgroups and offer ways of making weapons of all kinds for their destruction; the capacity for harm through the pervasive spread of deadly "small arms and light weapons" is increasing sharply; and so too a growing capacity to buy, steal, make and use weapons of mass destruction.

Thus, we are coming to a situation in which ancient harsh attitudes and hateful beliefs acquire powers to destroy that dwarf those of our ancestors. This is one of the central challenges of our time. There must be many responses, involving many sectors of society, and many governments, institutions, and organizations. But scholarship and practice in international relations, including war and peace issues, have gravely neglected the crucial psychological aspects of these terrible problems as well as the educational opportunities.

There is a fruitful conjunction of developmental and social psychology, as well as child and adolescent psychiatry, in understanding and working toward a more humane, democratic and safe course of child and adolescent development that can in turn ultimately help to protect humanity.

In this context, it is interesting to note that the mainstream efforts to reform education largely neglect these topics. Still, there is an intellectual and moral ferment stirring in and around education that gives a basis for hope – and many intriguing examples of research, educational innovations, and visionary leadership in several countries.

This book takes an ambitious approach and draws on many fields. It examines the serious obstacles of humanity's all-too-often horrendous past and offers useful paths toward overcoming these obstacles. This means paying careful attention, insofar as possible, *to all the major influences that shape the attitudes and beliefs of children and adolescents toward other groups*.

From a lifespan perspective, this involves potential prosocial influences from infancy to adulthood. From an institutional perspective, it means addressing developmentally appropriate education starting with families, on to preschool through elementary and secondary schools into universities. It also considers media, information technology, religious institutions, and community organizations. All of which have underutilized educational potentials for prosocial behavior.

Most of the book is devoted to promising lines of inquiry and the innovation that foster a more humane and less violent development in childhood and adolescence.

Editors Comments: Currently we are living in a world of much strife and uncertainty. This book is an important addition to emphasize that there are ways of improving our social, cultural, and personal interactions worldwide and to develop a more peaceful atmosphere in which to raise our children.

What We Can Learn from Animal Models of Peace Education

by Cynthia R. Pfeffer, MD

In our current issue of the IACAPAP *Bulletin*, we have highlighted the significance of education to develop perceptions and behavior that will ensure peaceful behaviors and security for the development of children. I recently read a revealing scientific paper, "A Pacific Culture among Wild Baboons: Its Emergence and Transmission" by Robert M. Sapolsky and Lisa J Share (published on the Internet: www.plosbiology.org). I recommend this paper to others.

It highlights the transmission of a peaceful culture among nonhuman primates who were a troop of savanna baboons in which in the mid-1980s, half of the males died from tuberculosis. The conditions of the tuberculosis outbreak were unique which resulted in a cohort of predominantly females, with a ratio of females to males of 2:1. Those males who were survivors were unaggressive males.

The significant finding of the study was that a decade later, the unaggressive traits persisted in the troop.

Since no aggressive males remained in the troop after the tuberculosis outbreak, the troop's culture of nonaggression was adopted by new males who joined the troop after they left other troops in mid-adolescence. These new males adopted the pacific culture of the troop. This resulted in a relaxed dominance hierarchy and less stress.

The cultural transmission of these pacific characteristics appeared to be related to observational models in which the newly admitted males assimilated the pacific troop culture.

Living in a more relaxed dominance structure and in close proximity to the unaggressive females facilitated males becoming more affiliative and less aggressive. This transmission of social behavioral characteristics through observational processes resulted in the more relaxed and less aggressive culture of the entire troop.

Can humans learn from these observations of nonhuman primates? Our world direly needs new methods of developing permanent more "pacific" behaviors and means of solving conflicts.

The work must begin with our children to educate them to perceive and support others' needs and to be tolerant and to cope with variations among cultures.

IACAPAP has an important potential to ensure a worldwide culture that adheres to processes of educating and caring for children and the development of a permanent, more peaceful world.

Un itinéraire

by Colette Chiland,
IACAPAP Honorary President

On m'a confié la « Caplan Lecture » au prochain Congrès de la IACAPAP à Berlin et je lui ai donné pour titre « Et les filles ? psychopathologie différen-tielle des sexes. What's about girls ? Sex differences in psychopathology ».

Ce thème a été abordé par moi après avoir fait un travail sur l'école et l'échec scolaire (une étude longitudinale poursuivie pendant vingt ans) et avoir constaté que les garçons étaient en plus grande difficulté que les filles pour apprendre à lire et réussir à l'école. Puis j'avais dirigé pendant plusieurs années un séminaire sur « La femme, la psychanalyse et le monde moderne ». J'avais cerné les limites des positions de Freud sur la femme, ce que d'autres psychanalystes avaient fait avant moi. Au passage, j'avais remarqué que Freud, comme paradigme de l'étude du développement psychosexuel, prenait toujours le garçon et supposait que, mutatis mutandis, ce qu'il avait dit pour le garçon valait pour la fille.

Une étude empirique de la cohorte des enfants ayant consulté au Centre Alfred-Binet pendant 16 ans (7 532 patients) me montra que le nombre des garçons consultants était supérieur à celui des filles (Sex Ratio = 1,62). C'est un fait internationalement connu, mais qu'on a rarement abordé comme tel. On le mentionne de même qu'on mentionne pour toute une série de symptômes qu'il y a plus de garçons que de filles (troubles du langage, bégaiement, hyperkinésie, énurésie, encoprésie, autisme, etc.), mais on ne s'est guère interrogé jusqu'ici sur ce problème dans son ensemble.

Une première hypothèse a été avancée : on porterait plus d'attention au développement et à la scolarité des garçons qu'à ceux des filles ; elle est vite balayée. Il s'agit d'une faiblesse psychobiologique des garçons. Car la mortalité périnatale des garçons est plus élevée que celle des filles ; la morbidité et la mortalité des garçons sont plus grandes que celles des filles ; et, à l'autre extrémité de la chaîne, la longévité des hommes est moindre que celle des femmes. Bref le sexe mâle est le sexe faible. Je me suis aperçue plus tard que Michael Rutter avait écrit la même chose que moi.

Tout reste à investiguer dans ce domaine. Pour chaque symptôme, ce sont probablement par des mécanismes différents qu'on aboutit à un excédent de garçons, même si on peut supposer que la formule chromosomique et le fonctionnement hormonal sont en cause.

C'est par hasard, qu'ayant beaucoup réfléchi sur la masculinité et la féminité à la suite de ces

Un itinéraire . . .

(continued from page 7)

différents travaux, j'ai été amenée à voir des transsexuels et, depuis vingt ans, à écrire des articles et des livres (dont deux livres en anglais) sur le transsexualisme et la Gender Identity.

L'ensemble de mes travaux s'inscrit dans le contexte de la psychiatrie de l'enfant et de l'adolescent française, qui a été très marquée par l'orientation psychanalytique. Mes collègues et moi n'avons jamais méconnu l'importance du corps et de l'équipement génétique, mais nous l'avons toujours pensé dans une interaction avec l'environnement. Sur ce point, nous sommes heureux de voir que, aujourd'hui, nous sommes rejoints par des collègues qui jusque-là présentait la causalité comme linéaire.

J'ai en plus la particularité, que je partage avec une poignée de collègues français, d'avoir fait des études de philosophie avant les études de médecine, ce qui m'a amenée à placer mes études empiriques dans un contexte de réflexion sur l'homme, la société, la culture. Quand j'ai fait des présentations devant des collègues américains aux Etats-Unis, on m'a dit : « Very French ! » ce qui visait ma pensée plus que mon accent, que vous n'entendrez pas à travers cet article…

Un itinéraire

by Colette Chiland,
IACAPAP Honorary President

I was asked to give the "Caplan Lecture" at the upcoming IACAPAP Congress in Berlin and I have given my talk the title, "What About Girls? Sex Differences in Psychopathology."

I became involved in this subject after having written a paper on schooling and its failures, a study made over a period of 20 years, and having noted that boys experience many more difficulties than girls in learning to read and to succeed at school. Moreover, for many years I led a study group on the subject of "Women, psychoanalysis and the modern world."

I had noted the limits of Freud's opinions regarding women as had been observed by other psychoanalysts before me. In doing so I had noticed that Freud, as paradigm in the study of psychosexual development, always used the male child and took it for granted mutatis mutandis that whatever was true for the boy was also true for the girl.

An empirical study of the many children who were treated at the Alfred Binet Centre over a period of 16 years (7,532 patients) proved to me that the number of boys treated was higher than the number of girls (sex ratio 1:1.62). This is an internationally known fact but one which is rarely talked about. It is acknowledged in the same way that for a whole series of symptoms (language difficulties, stammering, hyperactivity, enuresy, encopresy, autism, etc.), boys are affected more than girls. However until now the problem has never been addressed as a whole.

A first hypothesis was proposed: People pay more attention to the development and scholastic achievement of boys than girls. This can be discarded quickly. We are describing a psychobiological weakness of boys due to the fact that the perinatal death rate of boys is greater than that of girls; morbidity and death rate of boys is greater than that of girls. At the other extremity, the longevity of men is less than that of women. In other words the male sex is the weaker sex. I noticed later on that Michael Ritter has written the same thing as me.

Everything in this domain remains to be investigated. A different type of study most probably indicated to us that there are a majority of boy sufferers from each symptom even if we are led to suppose that the chromosomic formula and hormonal functions are the cause. It was completely by chance, that after thinking a great deal about masculinity and femininity described in my papers, I came across transsexuals and for the past 20 years have written articles and books (two books amongst them in English) on the subject of transexuality and gender identity.

All of my work is within the context of child psychiatry and the French adolescent, which has been greatly influenced by psychoanalysis. My colleagues and I have never ignored the importance of the body and its genetic composition, but we always believed that it interacted with the environment.

On this point, we are pleased to note that other researchers who previously believed in linear causality today share our opinions. In addition, a handful of other French colleagues and I share the advantage of having studied philosophy before we learned medicine. This has enabled me to place my empirical research within the context of the contemplation of mankind, society and culture.

When I made a presentation to American colleagues I was told, "How very French!" which referred to my thoughts rather than my accent, which you will not hear in this article.

Read more about IACAPAP and its history on our website

www.iacapap.org

Report on the Fourth European Research Seminar in Child and Adolescent Psychiatry

Camposampiero, Italy
March 15–20, 2004

Louise Gallagher, M.D.
David H. Bendor, M.D.
Leonie Boeing, M.D.

We traveled from as far afield as Tel Aviv, Dublin and Stockholm to north of Padova, for the Fourth European Research Seminar in Child and Adolescent Psychiatry in March 2004. In a week that began with deep snow in northern Italy and ended in glorious sunshine, we enjoyed the wonderful hospitality of Casa De Spiritulita in Camposampiero, Italia.

The seminar, generously sponsored by ESCAP, IACAPAP and Foundation CHILD (Fondazione per lo Studio e la Ricerca sull'Infanza e l'Adolescenza), brought together senior academics from Europe and North America and trainees in child and adolescent psychiatry with an interest in research from across Europe.

The seminar continued the legacy of Professor Donald Cohen, of international collaboration, intellectual rigor and sharing of expertise with trainees. The tremendous milieu was set by Professor Ernesto Caffo, President of ESCAP, who coordinated and hosted the seminar, and Professor Helmut Remschmidt, President of IACAPAP, who encouraged and supported the delegates with great humility and humour. Professor Richard Harrington, who contributed so much to the organisation of the seminar was sadly unable to attend, but was in our thoughts throughout the week.

This year's topic of *Treatment Evaluation in Child and Adolescent Psychiatry* is central to the work of all child and adolescent psychiatrists. In the mornings, the professors lead lectures and discussions on methodology, drawing on examples from the international literature and their own considerable experience and research. A clear message of the importance of a creative interaction between both research and clinical work in child psychiatry ran throughout the lectures.

Professor Remschmidt spoke of his commitment to international collaboration and implementing evidence into clinical practice. Professor Paul Lombroso from the Yale Child Study Center presented cutting edge neurobiological research in learning. He described his own career and the importance of being open to new ideas and opportunities. Professor Panos Vostanis from Leicester spoke of his work in establishing a new clinical service for homeless people and how needs assessment and ongoing evaluation influences service planning and provision.

Through presentation of the practical issues and the need for intellectual integrity, Professor Naegele from Connecticut made the daunting process of writing papers for publication clear and accessible.

The dark side of research publication was highlighted by Professor Fava (Bologna and New York) and Professor Jonathan Green (Manchester) gave valuable insight into the challenges of researching complex treatment interventions, such as inpatient care.

Developmental issues relating to psychopharmacology were addressed by Professor Buitelaar (Utrecht) and in addition, he discussed gene-environment interaction and research publication. Professor Bruno Falissard (Paris) gave a thought-provoking discussion on the relationship between objectivity and subjectivity and encouraged us to see the person behind the outcome scales and research.

Throughout the programme of lectures we were challenged to make our research of high quality but accessible, to be specific but to remember the broad humanistic view, and above all, make it interesting and of value to scientific and clinical progress.

In the afternoons, smaller group workshops were facilitated by senior academics and delegates who took turns to present their own research. This provided the opportunity for discussion, advice and sharing of experience and approaches from across Europe, supporting an atmosphere where we were encouraged to think with clarity in formulating hypotheses and considering the appropriate methodology.

Group One was facilitated by Professors Lombroso and Buitelaar. Delegates presented their research on the genetics of autism and OCD, molecular biology, the epidemiology of autism and psychopathology.

Professors Naegele and Falissard facilitated Group Two where delegates discussed their research on assessing adolescents at risk, the role of serotonin in autism, lamotrigine treatment trial of ADHD and BPD, social role-play in CD and the epidemiology of postnatal depression.

In Group Three, Professors Remschmidt,Volstanis and Green facilitated sessions on validation of scales for adolescent depression and assertiveness; treatment trials for adolescent depression, homosexuality, borderline patients, ADHD and suicide; epidemiological study of sexual risk taking, PTSD after elective surgery, psychiatric co-morbidity in autism and aggression in early onset psychosis.

During intervals the corridors and central piazza of the Casa de Spiritualita rang with animated discussion as we shared our experience of clinical and research work.. New collaborations and friendships were formed.

Trips to Padova, Venezia and the local gellateria allowed us to sample the wonders of our host country. We enjoyed a meal where the professors and the local dignitaries of

(continued on page 10.)

Report on the Fourth . . .

(continued from page 9)

Camposampiero were thanked for their support and facilitation of the seminar.

On the last morning, a group of us attended the ESCAP meeting, which gave us the opportunity to extend our thanks for the seminar, hear of the state of child psychiatry around Europe and receive certificates of attendance.

The founding aim of this research seminar was to facilitate and help develop excellent research in child psychiatry in Europe. It was our impression that this Fourth Seminar was not far removed from this lofty ambition.

It was particularly impressive to see such complex themes from neurodevelopment to statistics to psychotherapies discussed in great detail and with great understanding. The English speakers among us were particularly impressed by the ability of the non-English speakers to hold forth in a second language.

The basis of many future collaborations were established. Cultural diversity and differing work practices were celebrated while we enjoyed the common unifying experience of being child psychiatrists.

We were delighted to have had the opportunity to participate in this research seminar and look forward to meeting with each other again.

As Professor Remschmidt told us, "Memories are the only paradise we cannot be expelled out of."

We carry with us beautiful memories, knowledge and commitment to try to make our world and society closer to paradise.

Seminar in Child and Adolescent Mental Health in the Eastern Mediterranean Region from February 28 – March 4, 2004, in Sharm-El-Sheikh, Egypt

By Helmut Remschmidt, MD, PhD and Amira Seif El-Din, MD

This research seminar was a joint venture of IACAPAP, the Foundation CHILD (chaired by Ernesto Caffo, Modena, Italy), the Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions (EMACAPAP), the Child Mental Health Association of Egypt and supported by the Eastern Mediterranean Regional Office and Headquarters Office of WHO.

The theme of the seminar was:

"Depression from Infancy to Early Adulthood"

The structure followed the model of the European Research Seminars so far held in Heidelberg, Germany and Camposampiero, Italy during recent years. There were lectures in the morning, given by distinguished experts in the field, followed by a discussion with the participants. In the afternoon, three groups were formed who discussed under the supervision of a group leader their own research plans which they had brought to the meeting.

The research seminar was attended by colleagues (mainly child psychiatrists, adult psychiatrists, and clinical psychologists) from 12 Arab countries (Egypt, Lebanon, Tunisia, Morocco, Jordan, Iraq, Yemen, Sudan, Qatar, Palestine, Emirates, and Saudi Arabia). The lecturers came from the United States (Jim Leckman, Myron Belfer), Sweden (Kari Schleimer), Italy (Ernesto Caffo), the United Kingdom (Paramala Santosh), India (Srinivasa Murthy), and Germany (Helmut Remschmidt and Andreas Warnke).

The meeting was opened on Saturday, February 28, by introductory talks by Prof. Ahmed Okasha (President of WPA), Prof. Helmut Remschmidt (President of IACAPAP), Dr. Srinivasa Murthy (Regional Representative of WHO), Prof. Akabaoui (President of EMACAPAP), Prof. Amira Seif El-Din (Secretary-General of EMACAPAP) and Dr. Mary Azer (Bureau of EMACAPAP). These talks were followed by an introductory lecture by Professor Okasha on "Worldwide needs in child and adolescent mental health."

In this talk, he pointed out the huge worldwide differences in child and adolescent mental health with special focus on developing countries. He also introduced to the participants the WPA Global Program on Child and Adolescent Mental Health, carried out by WPA in cooperation with IACAPAP and WHO.

The successive talks were all focussed on the main theme of the seminar, namely depression in children and adolescents. After two review papers given by Helmut Remschmidt (Marburg, Germany) and Kari Schleimer (Malmø, Sweden) on general aspects and prevention of depressive disorders in children and adolescents, Srinivasa Murthy (Cairo, Egypt) talked about child psychiatric research in the Eastern Mediterranean region.

Other talks in the following days were devoted to depressive disorders in different age groups (Myron Belfer, Geneva, Switzerland), differential diagnosis of depression in children and adolescents (John Fayyad, Beirut, Lebanon), depression and co-morbidity (James Leckman, New Haven, USA), etiology of depressive disorders in children and adolescents (James Leckman, New Haven, USA), depression and trauma (Ernesto Caffo, Modena, Italy), psycho-therapy (James Leckman, New Haven, USA), and cognitive behavior therapy (Andreas Warnke,

Seminar in Child and ...

(continued from page 10.)

Wuerzburg, Germany). Finally, Paramala Santosh (London, U.K.) talked on psychopharmacological treatment of depression and related disorders in children and adolescents.

All talks were followed by a very lively discussion, and in the afternoon the group discussions of projects were extremely satisfying for the participants as well as for the group leaders. There was an agreement to exchange information between the participants on research methodology and forthcoming meetings. Participants and speakers felt that these kinds of seminars should be continued not only in the Eastern Mediterranean region, but also worldwide.

The four best research proposals were given a special certificate and an award:

1. Dr. Doaa Habib, Egypt
2. Dr. Eyad Zaqout, Palestine
3. Dr. Soraya Douhmi, Morocco
4. Dr. Noafal Gaddour, Tunisia

During the meeting, EMACAPAP held a meeting where new officers were elected and recommendations for future activities were made. The new officers are:

Honorary Presidents
Prof. A. Okasha
Prof. H. Remschmidt
Prof. M. Belfer
Prof. E. Caffo

Past President
Dr. Ahmed Akabawi, Egypt

President
Dr Amira Seif El Din, Egypt

Vice President
Dr. Abdullah Abdel Rahman, Sudan

Secretary General
Dr. John Fayyad, Lebanon

Treasurer
Dr. Mary Azer, Egypt

Members
Dr. Saida Douki, Tunisia
Dr. Nadia Kadri, Morocco
Dr. Abdelmajid Al Gadri, Iraq
Dr. Amjad Adnan, Jordon
Dr. Vally Merheg, Lebanon

Editor of the Web Site
Eyad Zaqout, Palestine

Assistant Editor
Noafal Gaddour, Tunisia

Active Members
Abdulrahman Sallam, Asmaa Amin
Asma Bouden, Sana Hamza
Suzanne Jabbour, Doaa Habib
Dorhim Soraya, Elie El Bacha
Kahzan Kadir, Linda Rachidi
Nariman Naji, Mohamed Ramadan
Mona Assal, Rawheya Ahmed
Shadi Jaber

The following recommendations for future activities were:

1. Development of a web site for the EMACAPAP. Prof Douki will help to develop this site with the support of the Pan Arab Psychiatric Association.

2. Providing the Arabic translation of several instruments through the EMACAPAP web site where Dr. Valley Merheg will take over this responsibility.

3. Planning to develop the first Congress for the EMACAPAP in Alexandria, Egypt in 2006.

At the end of the meeting, special thanks were given to Ernesto Caffo who, through his Foundation CHILD, made this meeting possible, to Helmut Remschmidt who was responsible for the program, to Amira Seif El-Din for the local organization and to Myron Belfer and Srinivasa Murthy for their special support on behalf of WHO.

IACAPAP Permanent Secretariat and Archivist Established

By: Kari Schleimer, MD, PhD
Permanent secretariat and archivist

In June 2002 the Executive Committee of IACAPAP decided there should be instituted a permanent Secretariat of the Association to coordinate its activities and contacts with other organizations. Since then I have tried to keep this secretariat and to fulfill the position of a secretary, helping the Bureau of IACAPAP with different special requirements.

The first important task was to update the member list of IACAPAP, to get the names, etc., of the current presidents of the national organizations. Regarding the 16th International Congress in Berlin in August 2004, this was very essential.

Besides, at last after many recurrent discussions, we now have the Association's archives, housed at the Karolinska Institute in Stockholm by Professor Per-Anders Rydelius. The two of us try to bring these archives into a clear condition. The main objective is to gather plain facts about the Association such as history, constitution, member nations, officers of IACAPAP, minutes of executive committees and general assemblies, material about world congresses of the Association, etc.

However, we strongly need material and files from the years before 1982. Would any reader be able to help us with this? Maybe there are still files on the shelves in clinics and departments, where former officers were active?

It is great fun to organize archives like these – you simply have to read all the files to know where to put them – and by reading, you get to know all the former officers and friends, involved in IACAPAP over the years.

Please contact me via email at kari.schleimer@telia.com if you have any materials suitable for the archives.

16th IACAPAP Congress Declaration

"Assuring Mental Health for Children and Adolescents"

Berlin, Germany – August 22–26, 2004

In a time when the world is flooded with images of violence and brutal acts of aggression, we must be more concerned than ever with the impact of multiple adversities on the normal psychological development of children. In this era of globalization, the mental health of children is at risk in new ways that are difficult to fully appreciate.

The exploitation of children and adolescents and their use as combatants in war-affected regions of the world is a human tragedy. It is a challenge to all to better understand and to facilitate the possible pathways to healthy mental development for children and adolescents in the current world situation.

Children and adolescents develop in a dynamic fashion, interacting throughout their formative years with parents, caregivers, peers and their community. Among the earliest of life events, we now know that intrauterine stressors and genetic factors influence the pattern of temperament with enduring consequences for personality and social relationships.

Failures in the ability to achieve secure attachment to a caregiver leads to consequences for relationships in early childhood and later life. Neglect and maltreatment in early life may lead to depression, substance abuse, conduct disorder and suicide in adolescence as well as in adult life. Children with handicapping conditions are at particular risk. The precise mental health consequences of long-term exposure to the violence now being experienced in the world remains to be determined.

In contrast, we know that consistency in caregivers, stability in life situations, the freedom to enjoy play, and the ability to learn are all important parts of healthy development and lead to resilience in the face of life adversities. All of these essential conditions for healthy development are supported in the framework of the U.N. Convention on the Rights of the Child.

In situations of war, displacement, continuing threat, exploitation, starvation, and physical violence, all of the essential ingredients for normal development are severely compromised.

It is wrong to assume that nothing can be done to support healthy trajectories for mental development in these difficult circumstances. In conditions of continuing threat, interventions are possible to moderate the impact of adverse events on children:

❖ Regardless of the exposure to traumatic events, the provision of education to mothers and other primary cares about normal emotional development, reactions to be expected under stress, and ways in which mothers and fathers can support their children are important normalizing interventions.

❖ Providing a secure environment pregnant women and new mothers so that they can focus on the wellbeing of their child and have positive expectations.

❖ Providing opportunities for very young children to engage in play and interact with peers.

❖ Continuing or initiating attendance at school provides stability and structure supporting children during conflict and in post conflict situations.

❖ Ensuring the intactness of families and fostering family reunification supports children and adolescents.

❖ Providing training and education for future lives to adolescents offers hope and a vision of a better future.

❖ Intervening to treat depression and anxiety removes a burden that keeps children and adolescents from being full participants in the future of a society and reduces the likelihood of suicide.

When efforts to prevent or ameliorate the negative impact of events fail, it must be recognized that remediation, therapeutic intervention and rehabilitation can bring children back to a more normal developmental path. The resiliency shown by children and adolescents is often remarkable if they are given appropriate help and support. Therapy of many types can free up the psychological capacities to regain a mentally healthy life trajectory.

❖ Cognitive behavioural therapy can reduce post traumatic maladaptive psychological responses.

❖ Proper child psychiatric diagnostic procedures can facilitate the provision of appropriate care for seriously disturbed children and adolescents in post-conflict refugee camps to reduce the likelihood of communal disruptions and the persistence of impairment in the individual.

❖ Individual psychotherapies of many types can ameliorate stress, resolve disorders, and enhance family functioning.

❖ Appropriate use of medications, if possible with a psychotherapeutic intervention, can reduce psychoses and ameliorate significant anxiety and depressive disorders.

❖ The provision of a safe and secure base enables the rehabilitation of vulnerable children and enhances the efficacy of all interventions.

The knowledge now exists to help governments, non-governmental organizations, communities, schools and others to put in place appropriate diagnostic and treatment services that are culturally and financially appropriate for low-income developing countries and countries continuously impacted by strife. Models for policy development to be incorporated in governmental and legal structures now exist.

Governments, communities, professionals, and families have an obligation to do whatever they can to preserve and strengthen the generation to come. The U.N. Convention on the Rights of the Child, ratified by nearly all the countries of the world, provides a powerful tool to advocate for and implement those initiatives to support children and adolescents to achieve healthy mental lives. A failure to ensure healthy mental development detracts from the capacity of societies to be productive, to avoid conflicts, and to advance in the modern era.

As articulated by the member societies of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), the concerns and suggestions for action contained in this declaration can:

❖ inform governments developing post conflict programs,

❖ support national policies to foster mental health independent of political philosophies to ensure continuity in programs,

❖ be included in treaties of reconciliation as part of essential guarantees at the cessation of hostilities,

❖ inform the efforts of non-governmental organizations in efforts to build and sustain mental health programs for children and adolescents.

Juvenile Delinquency in Japan

by Kosuke Yamazaki, M.D., Ph.D.

In the year 2003, the total population was 127,435,00 of Japan, of which 33,308,000 were youth aged 0–24, comprising 26.1% of the overall population. Starting in 1955, the number of youth has undergone steady decline. In 1996, the total fertility rate fell to 1.43. According to estimates by a research agency, supposing that the natality sex ratio and death rate continue at the present rate, the population of Japan will be approxi-mately 49,000,000 in 100 years, 300,000 in 500 years, down to approximately one person in 1,500 years. In 2003, the total fertility rate declined even further to 1.32, accelerating the decline in number of offspring.

Within this framework of drastic reduction in the number of children, psychological problems affecting the child such as school inattendance, bullying, violence in the school, disintegration of the class unit (school), intrafamilial violence, eating disorders, drug abuse, "subsidized" dating (child prostitution), child abuse, and suicide have risen drastically – with issues becoming more varied and complex, affecting increasingly younger age groups.

The number of young adults (age 14–19) arrested for criminal offenses declined after peaking in 1998. However incidence increased over two consecutive years, 2001 and 2002 and 40% of all criminal arrests are now juvenile cases. The rise in heinous crime starting in 1997 is particularly disturbing, and although the incidence fell somewhat in 2002, the situation remains critical.

1. There has been a tendency for an increase in the number of youth snared into crime since 1995. Victimi-zation in sex crimes has been gaining in prominence since the year 2000.

2. As a recent trend, victimization in crimes associated with dating sites on cellular networks has become a serious issue, incurring a 2.1-fold increase in cases of child prostitution in 2002 compared to the year before.

3. Juvenile crime has become a social issue in recent years. The case of a first year junior high school student kidnapping a four-year-old boy and shoving him off the top floor of a multi-story car park. The case of a second year junior high school student killed in a cemetery by four boys and girls aged 13 to 16. The confinement of four sixth-grade girls in an apartment building in central Tokyo, and their rescue by po1ice after four days. Such are the incidents appearing daily in the news.

A number of characteristics become visible through analysis of the backdrop to these crimes involving youth. The crimes do not appear as being either inevitable or as reasonable consequences given the growth history, regional character-istics, or school life of the children.

As in the "Sakakibara Seito" incident, a striking sense of imbalance is felt in the abstruse wording employed by the children and their abrupt, caricatured mode of behavior. It is as if they are attempting to mask their inexperience and immature state of mind with the abstruse and sensational wording learned through videos, games, and comic strips.

The criminal behavior of such youth is often totally beyond the comprehension of adults. However, from the standpoint of their culture (which can be labeled an alien culture in certain respects), the acts may be regarded as natural consequences. Children in the same age group comment they can "sort of empathize" with such criminals, to the point of harboring a sense of longing and aspiration for the deviant behavior of their cohorts.

The children are perennially anxious (with a primordial anxiety they are unconscious of), making them extremely sensitive to the external world. They may appear gentle and kind at first glance, but harbor imagined traumatic experiences. They appear to hold a sense of persecution that can be considered delusional.

Many children complain of loneliness, or wanting someone to talk to. Interacting with others via cellular phones and e-mail, they resort to sexual relationships or sales of used underwear for easy money, and group suicides, with total lack of the sense of guilt.

Although happiness for children is the wish of all, present-day society abounds with environmental factors which overwhelm the children in crime. Recently, the government announced "Countermeasures against juvenile delinquency" while the city of Tokyo came up with "Methods for preventing the involvement of children in crime," both as emergency proposals.

The active participation of child psychiatrists in such emergency countermeasure commissions to present our views from an academic standpoint is a change of considerable note. What is at stake are the children bearing the future of Japan, and maximizing efficacy in promoting their sound education and cultivation is the unequivocal and exigent quest.

Child and Adolescent Psychiatry in Germany

by Professor Beabe Herpertz-Dahlmann, President, Germany Society for Child and Adolescent Psychiatry

The roots of German child and adolescent psychiatry go back to several other disciplines, especially pediatrics and psychiatry, but also to psychology, sociology, education and the law.

Today it is an independent speciality that has integrated all these influences in order to give psychiatrically ill and disturbed children and adolescents and their

(continued on page 15.)

Child and...

(continued from page 14.)

families the best possible support. An important milestone was the publication of the first textbook of child psychiatry in 1887 by Herrmann Emminghaus entitled, "Psychiatric Disturbances in Childhood." Another book by August Homburger, "Vorlesungen Ober die Psychopathologle des Kindesalters" (Lectures on psychopathology of childhood) published in 1926 also became very influential in the German speaking countries.

In 1940 the German Association for Child and Adolescent Psychiatry and Remedial Pedagogics was founded in Vienna.

The darkest chapter in the history of German child and adolescent psychiatry came with the Nazi regime between 1939 and 1945, when approximately 5000 mentally handicapped children were killed in the context of the so-called euthanasia program.

In 1950, the German Society of Child and Adolescent Psychiatry was refounded and since 1968, child and adolescent psychiatry has become a speciality in its own right in West Germany.

After the reunification in 1990, East German colleagues joined our society. Now, our scientific society has 700 members.

Since 1968, when child and adolescent psychiatry became an independent speciality, 26 chairs and independent departments of child and adolescent psychiatry were founded at German universities.

During this time there was also an important rise of the number of child and adolescent psychiatrists in private practice (currently more than 500).

During the last years guidelines for diagnosis and treatment of psychiatric disorders in infants, children and adolescents have been published (2nd edition, 2003) as well a memorandum on "Child and Adolescent Psychiatry in the Federal Republic of Germany" (3rd edition 2003).

Today, our scientific society is often asked by politicians or other important representatives of society to answer requests concerning welfare and mental health of children and adolescents.

Before and After 9/11: Pediatric Victims of War and Terrorism

Keith Cheng, MD
(Adjunctive Assistant Professor, OHSU)

Jenny Tsai, MD
(Assistant Professor, OHSU)

Ruth Kizza, MD
(Fulbright Scholar from Uganda)

Child Traumatic Stress Clinic of Oregon
Oregon Health & Science University

During the past three years, much has been written about the victims of the 9/11 disaster. Newspapers, magazines, television programs, and internet websites show pictures of those who died on 9/11 at the World Trade Center, and report on how surviving children whose parents were killed on 9/11 are affected by this event. While these child victims and their families and friends deserve all the help and support from the community for their suffering, it continues to be ironic that the attention and support for the traumatized children of 9/11 far outweighs the attention paid to those youth who have been traumatized by multiple other wars and acts of terrorism during the past couple of decades

According to the United Nations website, the numbers of these other victims are many times greater than the total of 9/11 victims. Overall, more than two million children have died as a direct result of armed conflict over the last decade. More than three times that number, at least six million children, have been permanently disabled or seriously injured. Greater than one million have been orphaned or separated from their families. Between 8,000 and 10,000 children are killed or maimed by landmines every year.

Currently, an estimated 300,000 child soldiers, boys and girls, under the age of 18 years are involved in more than 30 conflicts worldwide. These child soldiers are forced to serve as combatants, messengers, porters, cooks and prostitutes. Some are forcibly recruited or abducted, others are driven to join by poverty, abuse and discrimination, or to seek revenge for violence enacted against themselves and their families. Overall, an estimated 20 million children have been forced to flee their homes because of conflict and human rights violations and are living as refugees in neighboring countries or are internally displaced within their own national borders.

In honor of IACAPAP past-president Donald Cohen, the Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored the development of the National Child Traumatic Stress Network (NCTSN) in 2001, in recognition of the profound negative and widespread impact of trauma in the lives of children. The network is made up of 54 centers across the United States and is funded through the Donald J. Cohen National Child Traumatic Stress Congressional Initiative. The purpose of this initiative is to improve the overall availability, quality, and effectiveness of treatment interventions delivered to youth who have experienced emotional and psychic trauma.

Initially, this network consisted of a cohort of over 30 university and clinic centers across the United States, which have been mandated through the grants to serve children who have been traumatized. These programs

(continued on page 16.)

Before and After 9/11:

(continued from page 15.)

serve several different populations, yet are united in vision and effort to assist children who have undergone trauma. Some of the centers are funded to focus on children who have suffered sexual abuse, while other clinics are mandated for the treatment of children with medical trauma. Still other centers were focused on assisting traumatized immigrant and refugee children.

Pre-9/11 NCTSN had funding sufficient for over 30 sites. After 9/11, the NCTSN received further funding to enable a greater number of treatment centers. Of the current 54 NCTSN sponsored centers, five are specialized in taking care of refugee children from other countries, such as the Child Traumatic Stress Clinic (CTSC) based in the Intercultural Psychiatric Program (IPP) at Oregon Health & Sciences University (OHSU).

The IPP has a staff of 20 mental health counselors and 10 psychiatrists providing treatment in 17 languages to adult patients and their families who speak languages other than English. As part of the IPP, the CTSC treats children who have been traumatized by war experiences or have experienced severe neglect and abuse. The majority of youth seen in the CTSC are refugees or immigrants. Many suffer from severe PTSD other trauma related illnesses. Others have psychiatric disorders unrelated to their refugee status. The CTSC has encountered many families that are newly immigrated to the United States for a variety of reasons, including political asylum, escape from war violence, and the search for greater economic security. Many of the children entering the clinic have sustained significant, albeit varied types of trauma, such as shrapnel wounds, limb dismemberment, sexual abuse, domestic violence, and familial dissolution or separations.

In general, immigrant and refugee children who present to the CTSC have struggles obtaining basic needs such as food, shelter, and transportation, reflecting the families' struggles to overcome barriers such as language and job opportunities within a new country. The children themselves not only have past pre-migration traumatic experiences, but also continue to face daunting challenges and not infrequently, continued traumas in the United States. In congruence with current research, a significant number of traumatized children present with PTSD, major depression, and adjustment disorders.

The diagnosis and treatment of traumatized children of immigrant and refugee background frequently is not a straightforward one because of complex psychosocial challenges. Immigrant parents must solve the problem of procuring food, clothing, and shelter for their children before considering the need for mental health services. Even with experienced interpreters, obtaining an accurate and useful developmental history from non-English speaking parents who lack any formal education can be extremely difficult.

Many parents of immigrant children have mental health problems of their own. These psychiatric problems also make it more difficult for them to tend to the mental health needs of their children. As reported in previous literature, parents who suffer from psychiatric conditions such as PTSD appear to have children with a greater chance of developing PTSD or other psychiatric conditions as well. Overall, after children suffer severe, acute trauma, such as war violence, in their country of origin, the continued stressful circumstances in their new country of residence often poses just as great of a challenge in overcoming their initial trauma-related sequelae.

For example, an 11 year-old boy named Abdul had escaped Afghanistan with his mother and two siblings after the Taliban killed his father. After living for a year in Pakistan, Abdul and his family were finally able to come to the United States, their "refuge" from oppression. Ironically, when Abdul entered fifth grade, his school peers immediately assumed that since he was from Afghanistan, he and his family must be members of the Taliban, and started to tease and bully him about this. Little did his schoolmates know, nor appear to care, that Abdul was not only not a Taliban, but that members of this religious sect actually murdered his father. Although a school intervention was completed, and the teasing stopped, Abdul started middle school the next year, electing to tell his new schoolmates that he is from India.

Oftentimes, children of immigrant backgrounds suffer from immediate categorization by well meaning institutions. For example, a seven year-old Albanian girl, Shama, presenting to the CTSC clinic was brought in by her mother, for a chief complaint of disruptive behaviors at school. On the surface, it appeared obvious to schoolteachers that the reasons for her misbehavior were a lack of English language and social skills. It was assumed that since Shama had spent several years living in a refugee camp that it was only natural that she was so ill behaved and had related mental health problems because of this. However, on psychiatric assessment, it was determined that Shama's primary difficulties were related to developmental delays from early on, with concomitant compromised cognitive ability to pick up language and social skills.

The recommendation that Shama receive special education commensurate to her level of functioning served as a much more effective intervention than placing her in a social skills group for new immigrant children at school, or a trauma treatment group.

With regard to cultural issues, it continues to be a large challenge in developing therapeutic alliance with many families of immigrant and ethnic backgrounds. The family's reluctance to accept mental health treatment is a

(continued on page 17)

Before and After 9/11:

(continued from page 16.)

major challenge for providing psychiatric care.

Despite the challenges that refugee and immigrant children experience, both in their home countries, and in the States, it appears that traumatized children are resilient, and often can and do respond to assistance and the right treatment.

Maria is another child treated at the CTSC with PTSD symptoms who responded to a course of CBT and pharmacotherapy. This 14 year-old Guatemalan adolescent witnessed guerrilla terrorists trying to kill her father. She was highly motivated to work in treatment, which contributed to her rapid recovery.

Oftentimes, as noted the case vignettes above, treatment involves coordination among multiple services providers. In addition to clinicians providing pharmacotherapy, individual and family therapy when appropriate, other members critical to a treatment team include representatives from the school, parents, and at times social services. At all levels, attention to cultural issues is key.

In short, through a multimodal approach, the CTSC attempts to fill a much-needed niche for assisting the often-overlooked needs of traumatized immigrant and refugee children. The CTSC experience has shown that for every immigrant and refugee child doing poorly secondary to trauma and psychiatric illness, there is also a child who is adjusting well in their new community. It is said that the world is now a more hostile and dangerous place post 9/11. No matter how well intentioned individuals and government policies may be, these children with interpersonal trauma occurring in their home countries often continue to sustain further traumas and hardships in their country of refuge, which can contribute to further psychic trauma

To meet the needs of this unique population, the CTSC and other NCTSN child immigrant/refugee programs continue their work to create effective ways to assist with not only individual psychiatric needs, but to the best of their abilities support, collaborate with, and educate both the communities of new child immigrants and refugee families and their local American communities.

References

www.unicef.org/protection/index_armedconflict.html

www.nctsnet.org/nccts/nav.do?pid=abt_main

www.ohsu.edu/psychiatry/clinics/

Greetings from Iceland

The Present Status of Child and Adolescent Psychiatry in Iceland

by Helga Hannesdóttir M.D., Ph.D., Dagbjörg Sigurðardóttir M.D.

Child and adolescent psychiatry has been a specialty in medicine with specific requirements for training since 1970 in Iceland. The speciality requirements have since then twice been modified in 1986 and in 1997. In 1997 the speciality was named "Child and Adolescent Psychiatry," but earlier was "Child Psychiatry."

The Icelandic Association for Child and Adolescent Psychiatry was established May 3rd, 1980 to promote the evolution and development of the speciality in Iceland, and to organize its official annual meetings.

The Icelandic University Hospital was reorganized in the year 2000 with a coalition between the two main hospitals in Reykjavik. The management model was mainly that of a business concern. The aim was to get more control over resources and hopefully to get the health system to be more effective. No changes were made within the administration of child and adolescent pPsychiatry (CAP) but major changes within the Department of Pediatrics where they moved into a new Children's Hospital. However it has been a political goal to increase the clinical resources in CAP in Iceland with governmental funds being designated to mental health of children and adolescents.

CAP's specialty training in Iceland includes four years of training within the field of child and adolescent psychiatry. One of the years may be designated to research within the field. In addition one year of adult psychiatry and half a year of pediatrics are also required. The total minimum number of years in training is five and a half years. Final written exams or clinical examination have not been required at the end of training. Use of the UEMS logbook has been established but the book has not yet been translated to Icelandic.

Still there is no professor, docent or lector positions within the only Medical Faculty of the University of Iceland and therefore, Iceland continues to be the only country in Europe without a professorship in the speciality in spite of the declaration of the independence of the speciality in Europe in 1993. This has seriously affected the evolution of the speciality and its training in Iceland.

The Icelandic Association of CAP has been providing education for professionals in Iceland with annual meetings being held where leading experts in the field have given lectures and seminars.

Despite a relatively small number of Icelandic child and adolescent psychiatrists, major contributions have been made in research within the field in the last years and in 2002, one Icelandic child and adolescent psychiatrist finished her Ph.D. in child and adolescent psychiatry at the University of Turku, Finland, "Studies on Child and Adolescent Mental Health in Iceland."

(continued on page 18)

Greetings from Iceland

(continued from page 17)

There are ongoing studies being done in conjunction with DeCode Genetics both in ADHD genetics where NIMH funding was recently granted, and in autism genetics where major funding also was granted from private sources in the USA. There is also a large epidemiological study being done at the present time.

Iceland has almost 300,000 inhabitants. There are ten specialists actively working in the field of child and adolescent psychiatry. There is only one now in training in child and adolescent psychiatry in Iceland. Totally there are seven positions available within the University Hospital in Child and Adolescent psychiatry. No CAP advisor or consultant is within the Ministry of Health in Iceland.

Greetings from Korea

by K. Michael Hong, M.D., Ph.D.
Professor of Child Psychiatry
Seoul National University
College of Medicine

I am very much delighted to have this opportunity to introduce the Korean Academy of Child and Adolescent Psychiatry to members of IACAPAP. I would like to share with you some of the historical development and the current status of Korean child psychiatry, and its role in Asian child psychiatry

The origin of child and adolescent psychiatry and the child mental heath service in Korea can be traced back to the Korean Conflict of 1950-53, during which period, the U.S. Military Medical Service introduced modern western medicine to Korea. Psychiatry was a beneficiary and the needs of child psychiatry were advocated by a group of military psychiatrists.

In 1958, the Seoul Child Guidance Center, the first one of its kind, was opened and a group of psychiatrists, psychologists, educators and social workers were involved in this center's activities. However, formal child psychiatry services did not begin until 1979 when I returned from the United States after finishing my general and child psychiatry training at the University of Washington, being board certified both in general and child and adolescent psychiatry, and having served on the faculty at the University of Minnesota for six years.

I immediately opened the first Child Psychiatry Clinic and Day Treatment Center for Autistic Children and established the first Division of Child Psychiatry at the Seoul National University Hospital. I also started the Child Psychiatry Fellowship training program in 1981. Since then, many Korean child psychiatrists have been trained in the country and some qualified child psychiatrists trained in the United States have returned to run child psychiatric clinics at several university hospitals in Korea.

The Korean Academy of Child and Adolescent Psychiatry was organized in 1983 and Korean Academy holds scientific meeting twice a year. Currently, there are six child psychiatry fellowship-training centers at major university hospitals. In 1996, the Korean Academy of Child and Adolescent Psychiatry set up the board certification system. Now there are about 90 board certified child psychiatrists, and 40 board eligible, and 15 fellows in training every year. It seems that child psychiatry in Korea is flourishing, most likely due to the availability of formal training centers as well as a board certification system.

The Korean Journal of Child and Adolescent Psychiatry began publishing its journal twice a year in 1990. Quite an impressive amount of clinical and experimental research has been carried out in the field of child psychiatry. Let me assure you that most of child psychiatric disorders in DSM-IV and ICD-10 can be found in Korea and they are not different from those of the western hemisphere, although I have observed that there are strong reactive components in any psychopathology. I firmly believe that this is related to massive and rapid social changes that have been occurring in Korea for the past 30 years. Korea has gone through phenomenal economic growth, socio-political changes, and various forms of 'westernization' (including industrialization, urbaniza-tion, democratization and family nuclearization). These drastic socio-cultural changes have affected every aspect of the Korean society and appear to be responsible for many reactive, developmental, emotional and behavioral disorders.

Korean child psychiatry has done a great job to promote the awareness of child mental health problems, has conducted numerous public lectures, and has stimulated other professions to emerge and develop during the last 20 years. Special education, child psychology, medical social work, speech therapy, and other professions have grown a lot. Korean child psychiatry has been active and supportive in establishing the Korean Society of Autism and the Korean Association of Child Abuse and Neglect, which has contributed significantly to revise the Child Protection Act in 1999 and set up a nationwide child abuse and neglect prevention centers.

The Korean Academy of Child and Adolescent Psychiatry has also contributed significantly to the foundation of The Asian Society of Child and Adolescent Psychiatry and Allied Profession (ASCAPAP) and the First Congress was held successfully in Tokyo in 1996. Many child psychiatrists from more than a dozen Asian countries including China,

(continued on page 19.)

Greetings from Korea

(continued from page 18)

India, Japan, Korea, the Philippines, Taiwan and Singapore participated in the Congress. Professor Nishizono was elected as the first President.

The Second Congress was held in Seoul in 1999 and I became the second President. The Third Congress was held in Taipei in 2003 under the leadership of Prof. Wei-Tsuen Soong. The Fourth Congress is scheduled in Manila, Philippines in 2006 and Prof. Cornelio Banaag will be in charge of organizing it. Other significant contributors are Prof. Yamazaki (Japan), Prof. Mahlhotra (India), and Dr. Wong (Singapore)

Many countries in the Asian region are at the beginning of child psychiatry and only a few countries have taken the initiative and have established the service system rather successfully. It seems critically important to have a child psychiatry professional organization and some form of training program in order to develop and meet the challenges and growing problems of child and adolescent psychiatry.

In order to start a child mental health service program in any country, it is of utmost importance to secure qualified child psychiatrists who will be the pioneers for the development of child psychiatry. This means that a training center is needed for every country if possible, although this is rather difficult for many countries.

Training people abroad, e.g., in the USA or the UK, is very costly in time and money and it is also limited in terms of the number of trainees and the contents of training, which may not be culturally appropriate since most training centers are located in the Western Hemisphere.

Therefore, I would like to propose that The Asian Regional Training Center for Child Psychiatry / Child Mental Health be established. This center will be able to produce competent child psychiatrists as well as child mental health workers needed for the development of a child psychiatry service in any developing country.

I hope international societies such as IACAPAP and the American Academy of Child & Adolescent Psychiatry can help the Regional Center by providing lecturers and faculties, if this project is materialized in the near future.

Considering the fact that not many countries are as fortunate as Korea in terms of the development of child psychiatry, I would like to conclude my article with a plea to all members of IACAPAP that the leading international organizations like WHO, IACAPAP and AACAP should feel responsible to assist the establishment of child psychiatry/ child mental health services in developing/underdeveloped countries and that international scientific meetings are to allocate time and programs to discuss many relevant issues in establishing child psychiatry service and clinical problems of those developing countries without adequate child mental health/child psychiatry services.

A Sad Message from Our IACAPAP President

Dear colleagues,

This morning, May 23rd, I received the sad message from our Secretary-General, Ian Goodyer, that our friend and colleague, Richard Harrington, passed away. He had been operated on lately for a tumor of the biliary ductus and died from postoperative complications.

This is a tragedy and a great loss not only for his wife and his three children, but also for European and international child and adolescent psychiatry.

Richard was one of the most promising and original researchers and clinicians and many tasks and positions were waiting for him. We will miss his energy, his intelligence and also his humour, his friendship and his warmhearted personality enormously.

Our heartfelt sympathies are with his wife and his children and his whole family.

With kind regards,

Helmut Remschmidt, MD, PhD

IACAPAP Mourns the Death of Richard C. Harrington, MD

22 October 1956 – 23 May 2004

By Ian Goodyer, MD

Richard Charles Harrington, Professor of Child and Adolescent Psychiatry at the University of Manchester, England, lost his fight against cancer and, following major surgery, died suddenly from post operative complications.

Richard had bravely chosen surgery in consultation with his family knowing the risks but also the potential benefits. His premature death cuts short and leaves unfinished an outstanding medical career in the field of child and adolescent mental health. He had already established an international reputation for his leadership, research and clinical practise and was known and admired world-wide for his sunny disposition and positive outlook on life. He had an indefatigable desire to further our understanding and treatment of young people with mental illness in general, and depression in particular. He worked tirelessly for nearly 20 years to achieve this goal.

Richard Charles Harrington was born in Birmingham and educated at Bedford School. Like his father, a Consultant Psychiatrist, he aspired to

(continued on page 20.)

Richard C. Harrington, MD

(continued from page 20.)

read medicine and entered Birmingham Medical School in 1975. He showed his academic potential early winning undergraduate honours in anatomy, physiology and biochemistry and receiving a distinction in psychiatry. Following full registration as a clinical practitioner, he began post-graduate education and training in Psychiatry at the Maudsley Hospital. He completed his professional examinations in clinical psychiatry, gained a Master of Philosophy degree and chose to work in the sub speciality of child and adolescent psychiatry.

He joined the world renowned child psychiatry research unit directed by Sir Michael Rutter and began his first major research investigations into familial aspects and the longitudinal outcomes of children and adolescents with depressive illness. He presented his thesis on this work to Birmingham University and was accorded the rare accolade of being awarded Doctorate of Medicine with Honours. This prestigious achievement recognised the meticulous scholarship and clarity of his work which characterised, more definitively than ever before, the nature and outcome of early onset depressions.

Dick Harrington had by his mid thirties set out his stall as a clinical academic scholar with an outstanding ability to write clearly and concisely about mental illness.

In 1991 he left the Institute of Psychiatry to take up a post as Senior Lecturer in Child and Adolescent Psychiatry at Birmingham University, his old Almer Mater. He was very looking forward to this and to continuing the family tradition in his home town where, by now, his younger brother, also medically qualified, had established himself in general practise. It was here that his interests in the treatment of adolescent depressive disorders took off in earnest. He came to the notice of many universities looking for leadership and clinical research skills and it was no surprise that by 1994 he had accepted the Chair in Child and Adolescent Psychiatry at Manchester University.

For the next 10 years he established one of the most active and productive child and adolescent psychia-try research groups worldwide. He continued to carry out studies into clinical treatments for depression but expanding his interests to include examining interventions for early onset behavioural disorders. Over this time he established detailed protocols for 'model' treatments of depression. These included not only his particular interest in cognitive behavioural therapy for depression but also group treatment for adolescents presenting to clinics with repeated self harm and parent skills training groups for families with behaviourally disturbed children.

He became chairman of the British Child Psychiatry Research Society and Secretary and Vice President of the European Society of Child and Adolescent Psychiatry. He undertook committee work with the same care and dedication he gave to his research and clinical practise. He increased the standing of child and adolescent psychiatry within the clinical curriculum in the Manchester Medical School, served on scientific committees at Wellcome Trust, the Health Foundation Trust and the UK Department of Health.

Over the course of his career he published 150 articles and three authored books. His scientific contribution was recognised by the American Academy of Child and Adolescent Psychiatry which, in 1998, presented him with the Nathan Cummings Foundation Award for best original research in the field of depression in young people. At the time of his death he was completing with colleagues in Manchester and Cambridge the largest randomised controlled trial of anti-depressant medication with and without cognitive behaviour therapy, to have been conducted to date. The publication of this work will be fitting tribute to Richard Harrington, the child and adolescent psychiatrist and clinical researcher.

He is survived by his wife, Lesley and their three children.

The Master's Flight:

Professor Emeritus

Luis Enrique Prego Silva

By: Miguel A. Cherro Aguerre, M.D.

Professor Emeritus Luis Enrique Prego Silva has just said good-bye. I am writing these lines for this sorrowful reason while I feel upon my shoulders his intelligent reading with mischievous eyes. With an ironic and tender smile, he imperceptibly assents and accompanies me in this nostalgic as well as joyful and painful evocation.

Joyful due to the variety of indelible shared moments, painful for the unavoidable feeling of loss.

I am sure that his presence will never be extinguished and, like a torch, will always accompany us. In this moment of affliction and sorrow this certainty is an ember of consolation

He completed his training in the U:S.A. with Professor Leo Kanner during the 50s. Upon his return, encouraged by Pediatrics Professor Julio Marcos, he created in Uruguay the discipline of Child and Adolescent Psychiatry;. Later on, backed by a group of pioneer collaborators, he succeeded in creating the Postgraduate Course of the speciality at the School of Medicine in 1973. At the same time

(continued on page 21.)

The Master's Flight

(continued from page 20.)

he completed his psychoanalytical formation and became Formative Psychoanalyst.

Prof. Prego was the forceful drive of the two local associations that are members of IACAPAP: the "Asociación de Psiquiatría y Psicopatología de la Infancia y la Adolescencia (APPIA)" and the "Sociedad Uruguaya de Psiquiatría de la Infancia y la Adolescencia (SUPIA)."

Maybe he was a Winnicottian by nature even before he knew what this meant, as he was a guide, well known to promote and stimulate with bold emphasis among his pupils, the strict passage from absolute dependency to independence and the discovery of the spontaneous gesture in all of them. As a Master, he generated among his students strong and unquestionable identifications. Nevertheless he always took care of granting the pupil his margin to state his own convictions and unfold his authentic iniciative.

Furthermore, he had an inveterate gregarious capacity to form groups, both at public as well as private environments. He had the unique accomplishment of creating a Clinic able to achieve among its members an intense familiar and cohesive link, despite the unavoidable conflicts involving the long term work in teams of people.

An avid reader, he was always restless, rummaging, reflexive and lavish at the time of sharing novelties. Tireless explorer of scientific news, promoting questionings and encouraging investigations, he was ready to divulge conceptual news, sometimes running the risk of contravening with his contributions to most admitted truths.

At the hospital he promoted the formation of study groups to discuss different authors and themes. One of his last worries was the creation of a multidisciplinary team in order to approach autism.

He always had an open and generous spirit, sharing knowledge with students and at the same time, understanding the difficulties of those who were training in the discipline. Excellent and sensible clinician, he kept learning as he was teaching us, postgraduate students, boldly searching for the theoretical background that supports daily praxis.

But, it is necessary to stress the fact that all this ensemble of virtues, is woven and upheld by what surely is the greatest of his qualities: his ethic sense, which we must highlight as a paradigm. But not ethic as something emerging from a super-ego, punitive and rigid, but as coming from the achievement of mature moral development, updated and incarnated naturally with every professional act, solitary and distant from judging eyes as it may be.

He had widespread international connections and prestige. He was an active member of IACAPAP, where he was Regional Vice-President for eight years. In 1998, at the Karolinska Institute in Stockholm, where the Nobel Prizes are delivered, with an audience of one hundred people, IACAPAP paid him a warm homage, granting him a gold medal.

As a human being Prof. Prego was many-sided, energetic, dynamic and covered a broad range of subjects. He was an excellent travel companion; he generated and stimulated plenty of initiatives, always attentively hearing personal problems; tireless worker, amusing and non-reiterative storyteller, enthusiast and stimulating theatre fan, great photographer, family man, hosting together with his wife, Vida, unforgettable evening events. All in all, a flooding creative torrent of humanity.

In this moment of affliction it is a comfort and a relief to acknowledge in our innermost soul, the permanence of the loved one, who is kept alive beyond death, by intense and vivid remembrances tied to the emotional past shared with him. Because Prego is there, intact, vital as always, familiar and loved.

This is why, maybe, the flight mentioned at the beginning in connection with his departure deserves an explanation. Partly because he set out, as towards one of those congresses or seminaries he was always going to, and from which, knowing his desire to do so, we knew undoubtedly that he would return quickly to transmit to us the news and let us enjoy his experience.

But, on the other hand, because of his great level as a human being, as a husband, as a father, as a professional, as a teacher, as a leader, as a Master, as a friend, let him be worthy of the unquestionable category that only the great ones are able to reach.

One Voice, that maybe paraphrased what he used to say with enjoyable humour when he wanted somebody to get out of some place, today asked him: "Professor, please, close the door behind you." But, of course, Prego may go away, may exit the scene in a most worthy exit, because he is dieable, as we all are, but, in spite of this, he will always remain there, among us, because, as with great sense of humour, he once replied to a colleague: Prego is unkillable.And because he is unkillable he will remain alive and his occasional flight will awake in us the firm confidence of a renewed meeting because when he returns, we will recover him, with his intelligent and impish eyes, with his ironic and tender smile, showing us the way without suggesting it and amusing us while he teaches us, as an affectionate example deserving to be followed and a continuous invitation to enjoy intensely our commitment to life.

Thank you, Prego, thanks to the Master and the friend. Have a good trip, hope to see you again.

Germany – Facts and Sights

A hospitable country, Germany is situated in the middle of Europe and its capital, Berlin, is easily accessible, particularly for participants from Eastern countries.

Today, Germany has over 80 million inhabitants and is part of the European Union. Germany is a modern industrial country with a long scientific tradition. Germany has for many years offered price stability, is free from general diseases and no vaccinations are required. Germany is not prone to natural disasters or social unrest.

Berlin – one of the most exciting cities in the world. "Berlin is worth the trip." This comment is truer than ever. The fall of the Berlin Wall triggered an explosion in city development which is still unequalled in Europe. No fewer than 270 major building projects have been set in motion.

With an area of 889 square kilometres and a population of approximately 4 million, Berlin is Germany's largest city. Its inhabitants of many nationalities, languages and cultures give Berlin its cosmopolitan flair and flavour. Central Berlin is a fascinating mix of old historical Berlin and the former socialist city which is rapidly developing a new face. West Berlin, long famous for its diverse cultural and political life, has retained its brash, lively character.

Berlin is one of Europe's leading cultural centres, offering a wide range of cultural pursuits: First class music, museums, movies, monuments, theatre and leisure.

Congress participants may also be surprised to discover how green the city is, set in an environment of expansive lakes and forests, offering many recreational opportunities. Berlin is value for money.

This is why the Berlin of today is a fascinating, dynamic city with plenty of things to do; and a fantastic variety of cafes where you can contemplate your choices.

Ultra-modern architecture, the work of 150 internationally-renowned architects, combines with the classicism of Schinkel in a contrast of irresistible charm. Criss-crossed with waterways, Berlin has more bridges than Venice and the banks are longer than the coastline of the French Riviera. With its wealth of waterways and lakes, Berlin is perfect for boating. On the other hand, Berlin has 800 km of cycle trails and it is possible to hire bikes.

There is no "one" Berlin scene at "one" central location. Very many districts have plenty going on and offer a whole variety of different bars, cafes and taverns. There is something for everyone. Shops are open from 9 a.m. to 8 p.m. on weekdays and 9 a.m. to 4 p.m. on Saturdays.

Beside the museums there are more than 300 galleries in Berlin. Yet the city is incomparable: bursting with youth at Prenzlauer Berg, exotic at Kreuzberg, sumptuous at Charlottenburg Castle, breathtaking in its world-famous museums.

A number of buildings and rundown areas have been carefully restored and new elements have been added. After being divided for forty years, the city has once again become a coherent whole, while preserving its sensibility and its hospitality.

Two suggestions for walks in central Berlin: The first walk takes you from Brandenburger Tor to Alexander-platz (about 6 km – 4 miles – including the detours) via the famous Avenue Unter den Linden. Make a slight detour to see the handsome square, Gendarmenmarkt, before returning to Unter den Linden near Neue Wache and Zeughaus.

If time is tight when crossing Museumsinsel, the Pergamonmuseum is a must. Tum right onto Spandauer Damm to reach Nikolaiviertel and discover the maze of narrow cobbled streets. Then make for the vast expanse of Alexanderplatz beyond the television tower, Femsehturm.

A second walk takes in Friedrich-strasse and its vicinity. The Friedrich-strasse station is a good starting point. Follow the street of the same name and finish your walk at the Potsdamer Platz and have a look on the Gropius-Bau nearby, a neo-Renaissance brick building, inspired by Schinkel's Academy of Architecture.

Berlin Wall
Niederkircherstrasse &
Bernauerstrasse, Berlin

160 kilometres of mainly fossil remains mark the end of the 28-year division of East and West. Parts of the wall have been preserved near the Hauptbahnof and the Reichstag. The East Side Gallery is the largest open-air gallery in the world where the longest remaining section has been painted in bright, optimistic colors.

Brandenburg Gate
Unter den Linden/Strasse des 17, Juni, Berlin

Commissioned by Friedrich Wilhelm II to represent peace, the gate was ironically embedded in the Berlin Wall and firmly locked for the duration of Communist rule. The gate now symbolises reunification and stands majestically in the centre of Berlin physically joining the two sides of the city.

Pergamon Museum
Museum Isalnd, Berlin D-10178

One of the most significant museums of ancient history in the world holding the acquisitions of nineteenth-century German archaeologists including the spectacular Pergamon Altar of Zeus (180 BC).

Another alternative is to rent a bicycle in the Europa-Center. Cycle past that well-known landmark, the truncated tower of Kaiser Wilhelm **G**

(continued on page 23.)

Germany – Facts and Sights

(continued from page 20.)

Gedachtnis-Kirche to reach the Zoological Gardens, then continue across Tiergarten to reach Kultur-forum. With woodland, animals, prestigious museums, including the new Gemaldesammulung. the itinerary has something for everyone.

The 16th World Congress of the IACAPAP will take place in summer. From the meteorological point of view, Berlin has ideal weather conditions throughout the year. The city and its surrounding area are situated in a moderately cool west-wind zone between the Atlantic Ocean and the continental climate to the east. The average temperature in August is 24 degrees Celsius during the day and 14 degrees Celsius at night.

Public Transportation
The use of the public transport system is in the name badge included.

Lastly, at the gates of Berlin, don't miss another jewel: Potsdam, the residence of Frederick the Great, and his Sanssouci Castle.

Quelle: The Green Guide Berlin, Michelin Travel Publications 2003

16th International Congress

Berlin, Germany

August 22-26, 2004

17th International IACAPAP Congress

The 17th International IACAPAP Congress will be held in Melbourne, Australia in 2006. Further information will be published. Plan to attend and continue the good work of the 16th IACAPAP Congress in Berlin, Germany.

Melbourne, Australia

Melbourne is frequently touted as one of the world's most "livable" cities – which is certainly true – but it's also one of the most international places on Earth. A quarter of the three million people who call Melbourne home were born overseas, and successive waves of immigration from Europe, the Middle East and Asia have helped to create the cosmopolitan metropolis that exists today.

Affable and affordable, the city also boasts a thriving arts and music scene. There are festivals, screenings and gigs catering to every taste the whole year round, and Melbourne is without a doubt the spiritual home of Australia's legendary pub-rock scene. More recently, the city has embraced dance music whole heartedly and now offers the most diverse club scene in Australia, as well as a bevy of hip designer bars around the CBD and inner suburbs.

World Psychiatric Association
INTERNATIONAL CONGRESS

Treatments in Psychiatry: an update

November 10–13, 2004
Florence, Italy

- **A comprehensive update on all evidence-based treatments available for the various mental disorders, provided by the most prominent international experts.**
- **More than 5,000 delegates from all regions of the world.**
- **All abstracts published in a supplement to *World Psychiatry*, the official WPA Journal.**
- **Accreditation expected from the WPA, the American Medical Association and the relevant European and Italian bodies.**
- **An extremely attractive social programme.**

- **16 Update Lectures**
- **36 Interactive Symposia**
- **More than 50 Workshops**
- **More than 50 WPA Section and Zonal Symposia**
- **Sponsored Events**
- **14 Advanced Courses**
- **Six Forums**
- **Poster Sessions**
- **New Research Sessions**

Official Sponsors: Abbott, Angelini, AstraZeneca, Bristol-Myers & Orsuka, Eli-Lilly, Glaxo-SmithKline, Innova Pharma, Janssen Cilag, Lundbeck, Novaris, Pfizer, Sanofi-Synthelabo, Servier, Wyeth

Please visit the website of the Congress:

www.wpa2004florence.org

Scientific Secretariat: **secretariat@wpa2004florence.org**

Organizing Secretariat: **info@wpa2004florence.org**