



# IACAPAP

NOVEMBER 2011 • **BULLETIN** • NUMBER 30  
[www.iacapap.org](http://www.iacapap.org)



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## President's Column

### IACAPAP AND THE LIFE CYCLE

Over the past several months I have had the unique privilege of interacting with several child and adolescent mental health (CAMH) professionals from around the world. Discussions with them have enriched my perspective and have also led me to ask more questions about the best way forward for CAMH. Meeting a diverse group of CAMH professionals who are working with infants, children, adolescents, or young adults has been an amazing experience. Many of these professionals work with a focus on one of the aforementioned groups and a number of them have asked me if I am an infant, child or adolescent psychiatrist. In response I typically say, "I work with infants, children, adolescents, families and communities". As a mental health professional in a resource-poor setting, I work with adolescent girls who are or are likely to become pregnant, infants and their parents, children and adolescents who are unable to go to school regularly or even at all, as well as parents and grandparents who are responsible for these children; I interact with every stage of the life cycle. Interestingly, my experience in my role with IACAPAP typifies my day-to-day routine of working through the life cycle as I have moved through congresses and participated as speaker on different aspects of CAMH this year.

In March 2011, I looked in-depth at the mental health of the adolescent with a spotlight on the adolescent girl as I delivered a keynote address at the 4<sup>th</sup> Congress of the International Association for Women's Mental Health. The close connections of mental health, adolescent behavior and sexual health were revealed by the facts that 75% of HIV-infected individuals are adolescent girls and that in many parts of the world 40% of adolescent girls are married and 50% of these adolescents have babies. The mental health consequences of early marriage, sex trafficking, genital mutilation, early pregnancy and sexual violence were outlined. The fact that adolescent girls who give birth before the age of 15 are 5 times more likely to die in childbirth than women in their 20s gave me even more concern for the mental health of the babies of adolescent mothers.

These issues were still heavy in my thoughts as I participated in a symposium at the 14<sup>th</sup> International Congress of the European Society for Child and Adolescent Psychiatry (ESCAP) in June 2011. A workshop titled the *Future of Child and Adolescent Psychiatry*, chaired by the then president of ESCAP, Tuula Tamminen, brought together the World Association for Infant Mental Health's (WAIMH) perspective presented by the WAIMH president, Miri Keren, the child and adolescent psychiatry division of the World Psychiatric Association's vision, shared by the division's chair, Dimitris Anagnostopoulos, and IACAPAP's perspective given by me. Miri Keren highlighted the importance of CAMH, which has the life cycle in view, as she illustrated the large proportion of mental health problems in infants that continue into adulthood. The walk towards IACAPAP's vision for a world in which children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society was highlighted through advocacy and educational initiatives, service and research development programs targeted especially at resource-poor settings.

Another key message I took away from the ESCAP meeting was in a speech given by a Finnish government official who spoke about her early childhood in Finland in the 1940s. What she shared gave me fresh hope for the children living in presently resource-poor countries and I believe that government officials, especially in resource-poor settings, need to hear this message. She mentioned that in her early childhood she did not have shoes to wear and depended on UNICEF for donations of food but that by this time, the Finnish government had introduced a social welfare system even while the country was still very poor. She emphasized that this brought rapid relief and positive change as children then had access to education, health and ultimately mental health. I have extended

this message in different forums where I have had the opportunity to speak. Resource-poor regions need to introduce social welfare systems so that a majority of the people in these places can have access to holistic healthcare where mental healthcare has its place.

I represented IACAPAP at the 8<sup>th</sup> congress of the International Society for Adolescent Psychiatry and Psychology in September 2011. IACAPAP hosted a symposium titled: *'Adolescent Mental Health Around The World: Policy And Practices In Primary Care'* and three members of the IACAPAP executive committee spoke. Myron Belfer looked at *'Primary Care and Mental Health Policy Concerns,'* Fusun Cetin described a *'A Model for Adolescent Mental Health in Primary Care'* in Turkey and I identified ways for *'Supporting the Development of Adolescent Mental Health Services in Primary Care in Low Resource Settings.'*

Adolescent mental health has received much needed attention this year. Two key publications were launched in an attempt to draw attention to the import of the mental health of the adolescent: the UNICEF State of the World's Children 2011 publication, *Adolescence: An Age of Opportunity*, and a World Health Organization and United Nations Population Fund review, *Adolescent Mental Health in Resource-Constrained Settings: A Review of the Evidence* (Fisher et al, 2011). These publications provide key facts every CAMH professional should know irrespective of where in the human life cycle we place our focus. The director of UNICEF, Anthony Lake, in the foreword of the State of the World's Children 2011, draws our attention to the fact that in a global effort to save more children's lives, there has been a focus on the under-5 age group. Despite the evidence of marked reductions in infant mortality, this focus remains to the neglect of other vital age groups requiring attention. He then proceeds to give harrowing information, *"In Brazil, decreases in infant mortality between 1998 and 2008 added up to over 26,000 children's lives saved – but in that same decade, 81,000 Brazilian adolescents, 15 -19 years old, were murdered. Surely we do not want to save children in their first decade of life only to lose them in the second"*.

There are 1.2 billion adolescents aged 10 to 19 years worldwide and 9 out of 10 live in the developing world. With nearly half of the adolescent girls in this region with infants, we cannot afford to restrict our attention to one stage of the life cycle. This is comparable to the mission statement of IACAPAP and ultimately my experience in carrying out missions for IACAPAP. It is therefore with much enthusiasm that I look forward to the IACAPAP 2012 congress in Paris where issues pertaining to the life cycle will be discussed in scientific sessions and CAMH professionals working in varied contexts will have opportunities to present their work. At this Congress, I also look forward to the launch of IACAPAP's 19<sup>th</sup> Monograph series, which has been edited by Elena Garralda and Jean-Phillippe Raynaud, entitled: *'Brain, Mind and Developmental Psychopathology in Childhood'*, an innovation, IACAPAP's e-book: *'IACAPAP Companion to Child and Adolescent Mental Health'*, which will be available gratis at our website edited by Joseph Rey as well as a book *'IACAPAP's 75-Year History'*, which is being put together by Kari Schleimer.

*Bienvenue à Paris!*

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- Fisher J, Cabral de Mello M, Izutsu T et al. Adolescent mental health in resource-constrained settings: A review of the evidence of the nature, prevalence and determinants of common mental health problems and their management in primary health care. *International Journal of Social Psychiatry*. 2011; 57(1 Suppl):v-vii, 9-116.
- United Nations Children's Fund. *The State of the World's Children 2011. Adolescence: an Age of Opportunity*. UNICEF, New York, 2011.



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

President



**iacapap**  
Paris 2012



## IACAPAP EXECUTIVE MEETS IN HELSINKI

Sigita Lesinskiene (Vilnius, Lithuania)

The venue of the meeting — The Children’s Castle Hospital — was very nice and symbolical, with a history that goes back to 1917-1920, times when concerns about child and maternal health were taken into greater consideration by both Finnish and Swedish societies. The Past President of IACAPAP, Per-Anders Rydelius (Sweden), gave a captivating historical description of the venue and the development of the children’s hospital.

For me, as a member that has newly joined the work of the executive committee (EC), the deepest impression was to witness EC members — although from a wide variety of countries and cultures — working as one family of talented and devoted colleagues. It was nice to see longstanding traditions and enthusiastic veterans that have worked for the organization for many years being innovative and creatively looking for and finding relevant new ways and possibilities.

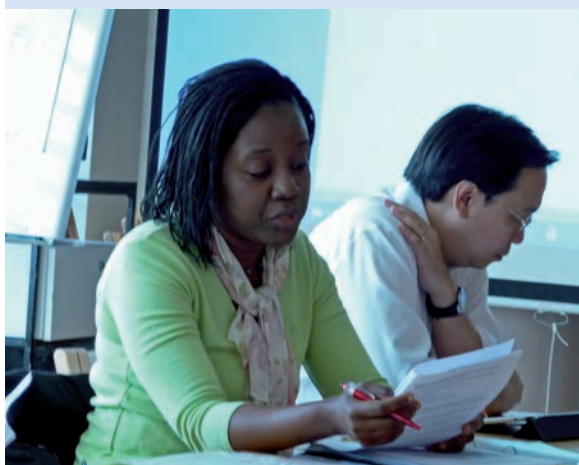
The agenda of the meeting was intense and long. It began with Olayinka Omigbodun (Nigeria) reporting on her

first 12 months as president of IACAPAP. Gordon Harper (USA) presented the financial report and the advisability of establishing an IACAPAP foundation was discussed. Much time was dedicated to the 2012 World IACAPAP Congress in Paris with detailed presentations by Colette Chiland (France). The congress is expected to showcase IACAPAP’s activities.

Other issues discussed included the new IACAPAP website and Facebook page and ways to increase their relevance for practitioners and their use. We can all play a role in achieving this by making friends and colleagues aware of them. In relation to publications, a special mention was made of Elena Garralda (UK) who will cease in 2012 as editor of the IACAPAP monograph series, which she has edited since 2004. Matthew Hodes and Susan Gau were named assistant editors to work with Jean-Philippe Raynaud after 2012.

Many other topics were dealt with but it would be too cumbersome to list all of them. Other important resolutions include:

- An IACAPAP Study Group is planned for Bangladesh. Daniel Fung (Singapore) and Gordon Harper (USA) are working to bring this to fruition.
- Naoufel Graddour (Tunisia) and Ayesha Mian (USA/Pakistan) were appointed to assist Andres Martin (USA) and Joaquin Fuentes (Spain) in the organization of the DJ Cohen Fellowship Program. These appointments are to be reviewed at the Paris meeting.
- Myron Belfer (USA), IACAPAP’s external relations chair, is to explore ways of intensifying the relationships between IACAPAP, WHO, WPA, and regional associations.
- The Taiwanese Society of Child and Adolescent Psychiatry was admitted as full member.
- Progressing with the review of the constitution (Kari Schleimer, Sweden) and with other projects such as selecting a professional conference organizer (Helmut Remsmidt, Germany) and completing the conference handbook (Suzie Dean, Australia).





<http://iacapap.org/>

## IACAPAP WEBPAGE

New Design  
Renewed Commitment

# ASSISTANT COORDINATORS SELECTED FOR THE 2012 DONALD J. COHEN FELLOWSHIP PROGRAM IN PARIS

With the goal of sharing responsibilities with younger colleagues, IACAPAP opened early in 2011 a search process for assigning two new positions as assistant coordinators to the Donald J. Cohen Fellowship Program (DJCFP) in Paris. The designated persons will work in close collaboration with the current coordinators of this treasured IACAPAP activity: Andrés Martin, from New Haven, USA, and Joaquín Fuentes, from San Sebastian, Spain. All the previous DJCFP fellows were asked to consider submitting an application and an international panel, chaired by Luis Rohde (Brazil), that also included Suzanne Dean (Australia), John Fayaad (Lebanon), Füsün Cuhadaroglu Cetin (Turkey) as well as the two present Coordinators, rated the 24 proposals submitted. The two persons selected were Ayesha Mian and Nauffel Gaddour. IACAPAP warmly welcomes these two colleagues and looks forward to their contribution in Paris 2012 – and beyond.



### Ayesha Mian

Born in Pakistan, Dr. Mian is currently an assistant professor at the Menninger Department of Psychiatry of the Baylor Medical College, Houston, Texas. She has always been involved in mentoring and has received several awards as outstanding mentor by the American Academy of Child and Adolescent Psychiatry; the Association for Academic Psychiatry, and the University of Texas. She is director of training and education for pediatric psychiatry at the Texas Children's Hospital in Houston, and has been recognized for her interest in culture and ethnic diversity issues. She was a DJCFP fellow in Istanbul (2008).



### Nauffel Gaddour

A native of Tunisia, Dr. Gaddour runs the child and adolescent psychiatry unit at the University of Monastir. He has played a pioneering role in developing psychiatric and special educational services for children in central Tunisia. He is involved in training and maintains an active role in the African continent, both as adjunct secretary of the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP), and as secretary general of the African Association of Child and Adolescent Mental Health. He was a DJCFP fellow in Berlin (2004), and served as a Junior Mentor in the Florence meeting of ESCAP (2007).

# FINLAND



From left: Dimitris Anagnostopoulos, Olayinka Omigbodun, Miri Keren and Tuula Tamminen.

## ESCAP 14th International Congress Helsinki, 11-15 June 2011

Helsinki's Finlandia Hall became the gathering point for child psychiatrists and allied child and adolescent mental health (CAMH) professionals. Organised by the European Society for Child and Adolescent Psychiatry (ESCAP) and the Finish Society for Child and Adolescent Psychiatry, the congress attracted 1260 participants from 54 countries. Ours Finish colleagues succeeded in providing attendees with the opportunity to become acquainted with Finish history and with the current situation of child psychiatry in their country and beyond. Tuula Tamminen, the congress chair and President of ESCAP, Kirsti Kumpulainen and Jorma Piha, congress co-chairs, and Ruud Minderaa, chair of the Program Committee, made the congress a distinctive professional and cultural event. The abstracts of oral and poster presentations were published in a supplement of the journal *European Child and Adolescent Psychiatry*.

It made sense to start the program focusing on infant mental health through the pre-congress 4-hour World Association of Infant Mental Health (WAIMH) Training Institute. There is much new knowledge about the continuities of psychopathology from infancy to childhood and into adulthood. Describing the advances in assessing parent-infant relationship disorders illustrated nicely that infant psychiatry has a longstanding tradition

in Finland. There were also separate sessions on perinatal psychiatry during the congress.

Lectures, communications sessions, and symposiums throughout the congress gave balanced attention to policy, research, genetics and clinical practice as well as to public health issues. Tragic events such as school shootings, the emerging clinical problem of pathological internet use, animal-assisted interventions, sleep and circadian rhythm disturbances, and the challenges and dilemmas in the classification of psychiatric disorders were some of the topical issues discussed, although more traditional subjects (e.g., ADHD, OCD, autism, etc.) were not ignored. Finland's Andre Sourander delivered a very interesting and informative lecture describing the longitudinal findings of the Finish 1981 birth cohort study, where typical pathways from childhood to adulthood could be seen and analyzed. An IACAPAP-sponsored symposium focused on CAMH care systems and possibilities for developing multisectorial health, social and educational services. There was also considerable discussion in the sessions devoted to global perspectives on postgraduate child psychiatry training.

The ESCAP General Assembly took place on the 13<sup>th</sup> of June. Professor Ruud Mindera from the Netherlands was elected ESCAP President 2011-2015. Board members were elected and a review of the

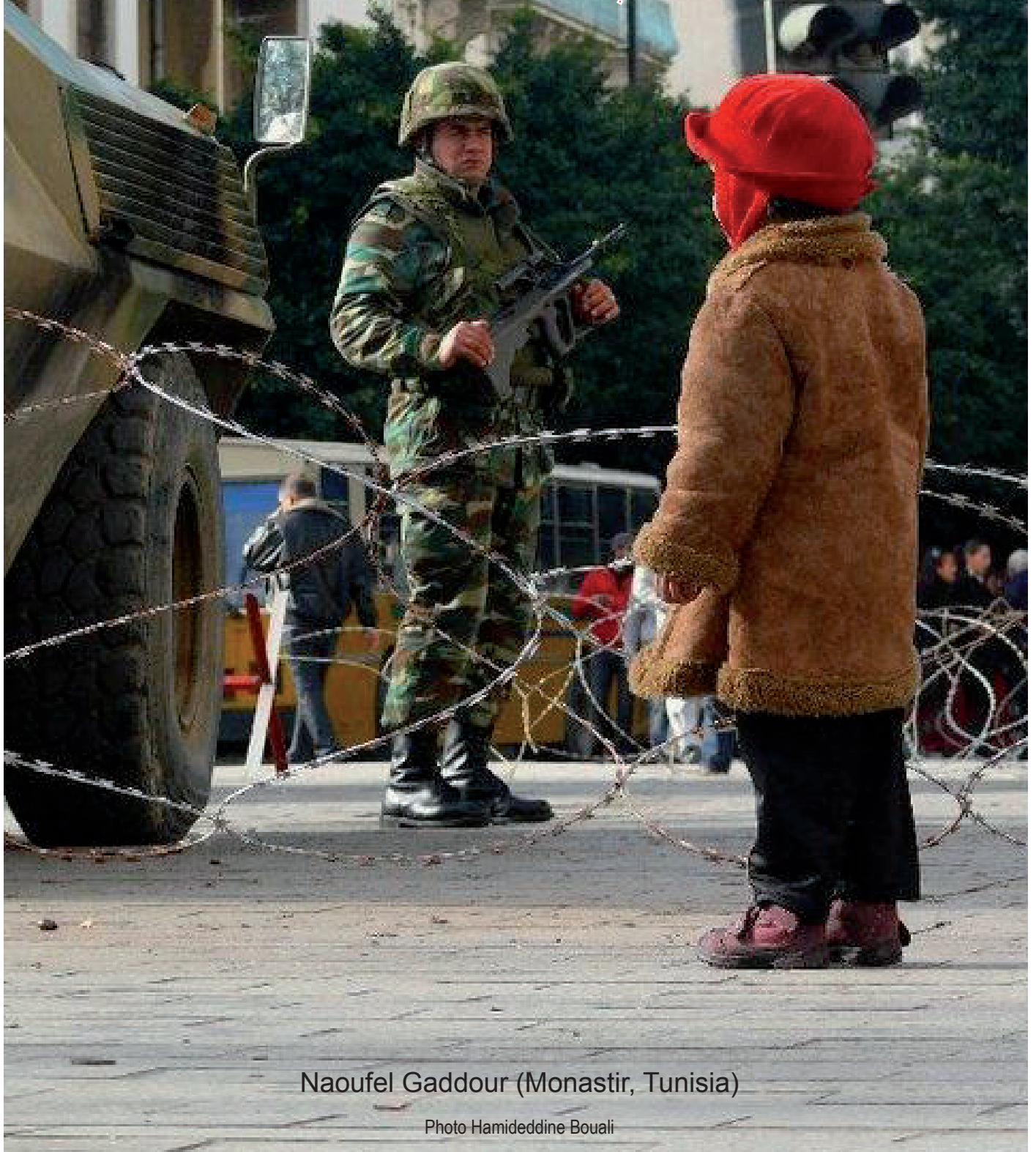
bylaws was approved. For more information see [www.escap](http://www.escap).

The most interesting session for me was the one presented by the leaders of ESCAP (Tuula Tamminen), IACAPAP (Olayinka Omigbodun), WAIMH (Miri Keren), and WPA/CAP (Dimitris Anagnostopoulos). They offered their views about the issues confronting child psychiatry in various parts of the world and their organizations: the need of build better prevention systems and promote the importance of CAMH by developing closer ties with primary health care providers, assuring the continuity of interventions, building better research structures and influencing public policy by a more active participation in the decision making processes of the various countries and regions of the World, especially developing countries. Issues about the role and identity of child and adolescent psychiatrists in different countries were also discussed. Child and adolescent psychiatry has more than 50 years of history, a tradition of international cooperation and organization of training and congresses together with a number of strong and active organizations that need to work together to produce a strong and unified voice to speak on behalf of children and families.

**Sigita Lesinskienė**  
Vilnius, Lithuania

# TUNISIA

## THE REVOLUTION IN TUNISIA IMPACT ON CHILDREN



Naoufel Gaddour (Monastir, Tunisia)

Photo Hamideddine Bouali



Tunisia is the first Arab country to have experienced a “democratic revolution”. Growing protests and unrest from mid-December 2010 forced president Ben Ali to leave the country in January 14, 2011, with the whole political system undergoing major changes. It was a surprise for foreigners, who probably thought that Tunisia was one of the most socially and economically advanced countries in that region, to learn about the magnitude of corruption and despotism that had taken root in the previous two decades.

There are over 200 psychiatrists and around 30 child and adolescent psychiatrists for the more than 10 million inhabitants of Tunisia. The National Congress of Research in Psychiatry (March 12, 2011) was the first psychiatric conference after these events. Despite the short time elapsed, nearly one third of the 200 presentations dealt with the mental health impact of the revolution. Most of the studies in child and adolescent mental health used a descriptive, cross sectional design, relying on checklists and questionnaires, either internationally used (like the Impact of Events Scale), PTSD-related scales, or questionnaires specifically developed for the studies. Study populations were generally drawn from schools or community settings but some researchers used samples from pediatric clinics, child psychiatry services, or children living in institutional care.

What came out of these pilot studies may be summarized as follows:

- Direct exposure of children to traumatic events and situations was rare. Incidents occurred mostly during the winter holidays that were prolonged to prevent harm to children. Initially some 200 people were killed mainly in disadvantaged inner-city areas. Later on protests extended to the political situation and economic corruption and generalized to the whole country leading to the departure of the president. Some children witnessed scenes of destruction like the burning of public administration buildings, stores and, especially, police stations and cars.
- Some vulnerable children displayed psychological symptoms such as avoidance, repetitive thoughts and nightmares, separation anxiety and generalized anxiety. The traumatic events more often reported related to the sound of helicopters and to violent scenes spread through social networks on the Internet.
- The impact of the Internet was considerable and brought a new kind of challenge for practitioners. Access to the web is relatively widespread in Tunisia and one could be forgiven to think that broadcasting the event often became more important than the event itself. Many children and adolescents became front line reporters thanks to their cell phones and there was a rush to record incidents, even in dangerous situations. Some observers were surprised to find that many young people considered of higher priority to record assaults than to assist the victims. This “mirror” phenomenon led young people to perform heroic exploits knowing that their actions would be broadcast everywhere. As access to the normal channels of information was very difficult, television news relied on YouTube and Facebook. It was exciting for children to see themselves on Aljazeera or other news channels. For children who had some symptoms, the traumatic factor was often related to the Internet: children obsessed with a particularly “gory” image (e.g., in a Facebook account) or auditory hallucinations related to imagined pirating of home Wi-Fi networks.
- One factor associated with resiliency was belonging to a large popular movement and seeing the traumatic incidents through the prism of a positive symbol: revolution against corruption and dictatorship. The excitement of taking part in a historic change, even if children did not completely understand its magnitude, has clearly been a protective factor.
- The Tunisian revolution was made by young people and children participated in the demonstrations. The French cry *Dégage!* (Go away!) – referring to the president and his corrupted relatives – became its symbol. As a consequence Tunisia is undergoing a power shift, from adults to young people: “You could not do it; we did it!” This situation has been particularly serious in some high schools where pupils confronted some of their unpopular teachers with the symbolic *Dégage!*
- The revolution in Tunisia restored some moral values that had been undermined. For many children, confused by witnessing rule-breaking and paradoxes (e.g., to see their father bribing a policeman to avoid a fine, to



Naoufel Gaddour

*‘The excitement of taking part in a historic change, even if children did not completely understand its magnitude, has clearly been a protective factor’*





receive a bad mark in an exam just because not attending teachers' private tuition), revolution meant the restoration of moral values and the value of belonging to a group. Many were spontaneously leading civic actions like cleaning the streets and rebuilding.

- District protection committees, which were organized in the days that followed the departure of the president to fight vandalism in the context of a lack of police presence (accused of being allied to the old regime), provided a particularly positive experience for many children. Many participated holding rudimentary weapons such as sticks and sitting together with adults all night long at the entry to districts, checking identity papers and collaborating with the army to catch thieves and escaped prisoners.

In conclusion, exposure to the revolution in Tunisia was a major experience for children and adolescents, and despite some psychopathology related to traumas, the positive symbol of this transition was important and played a probable role in resiliency and positive identity formation.

# SPAIN

## The Spanish ADHD Guidelines

Cesar A. Soutullo MD, PhD (Pamplona, Spain) & Ana Figueroa-Quintana MD (Las Palmas de Gran Canaria, Spain)

We interviewed José-Angel Alda, MD, Chief of the ADHD Section of the Sant Joan de Déu Hospital in Barcelona (Spain), and coordinator of the Spanish ADHD national guidelines.

**- Dr. Alda, could you summarize the main objectives of these guidelines?**

The Spanish Ministry of Health noted that there was considerable variability across Spain in the management of ADHD and other highly prevalent disorders. Thus, a Quality Plan was produced that included developing evidence-based clinical practice guidelines for different disorders. The objectives were to help clinicians make clinical decisions offering the best treatment and to lessen differences in the management of these disorders across the country.

**- Could you describe how the ADHD guidelines were developed?**

The Ministry of Health approached several Spanish quality agencies, including The Agency of Information, Evaluation and Quality in Health (Agencia de Información, Evaluación y Calidad en Salud: AIAQS). This agency worked together with the Sant Joan de Déu Foundation (of which I am a member) to develop the ADHD guidelines.

As coordinator I had to ensure we complied with the methodological requirements established in the Quality Plan. They included first of all organizing a working group that comprised representatives from the different specialties involved in the management of ADHD in Spain: child & adolescent psychiatry (Drs. Jon Izaguirre, Juan Ortiz and myself); clinical psychology (Mónica Fernández, Eduardo Serrano and Anna Torres); neuropsychiatry (Drs. Rosa Gassió and Anna Sans); neuropsychology (Cristina Boix and Roser Colomé); and educationalists/pedagogues (Beatriz Mena). We also received advice from methodological, ethics and legal consultants (Dolors Estrada, Antoni Parada, Dr. Sabel Gabaldón, and Núria Terribas).

Guía de Práctica Clínica  
sobre el Trastorno  
por Déficit de Atención  
con Hiperactividad  
(TDAH) en Niños  
y Adolescentes

GUÍAS DE PRÁCTICA CLÍNICA EN EL SNS  
MINISTERIO DE SANIDAD POLÍTICA SOCIAL E IGUALDAD





Spanish ADHD Guidelines Working Group. From left: Beatriz Mena (pedagogue), Rosa Gassió MD (neuropsychiatrist), Monica Fernández (clinical psychologist), Anna Torres (clinical psychologist), Juan Ortiz MD (psychiatrist), José A. Alda MD (psychiatrist, coordinator), Eduardo Serrano (clinical psychologist), Cristina Boix (neuropsychologist), and Roser Colome (neuropsychologist).

## A resource for the management of ADHD available in Spanish

The next step was to set the parameters for the guidelines; we decided to focus on children and adolescents 6 to 18 years of age, excluding pre-school children and adults to simplify the use of the guidelines.

### **- In addition to the working group, were there other professionals involved?**

We also sought advice from an Advisory Board made up of experts in ADHD from different fields across Spain including child & adolescent psychiatry: Drs. Josefina Castro (Barcelona), Marta García (Barcelona), Oscar Herreros (Tenerife), Amaia Hervás (Barcelona), María Jesús Mardomingo (Madrid), Javier San Sebastián (Madrid), and Cesar Soutullo (Navarra); pediatrics: Dr. Lefa S. Eddy (Barcelona); neuropsychiatry: Dr. Jesús Eiris (A Coruña); and clinical psychology: Juan Antonio Amador (Barcelona) y Rosa Nicolau (Barcelona).

We also designated a group of external reviewers, including professionals from child & adolescent psychiatry: Drs. Pedro Benjumea (Sevilla), Anna Bielsa (Barcelona), Maria Dolores Domínguez (A Coruña) and Joaquín Fuentes (San Sebastian); Clinical Psychology: Mateu Servera (Mallorca), and a representative from the parents of children with ADHD associations, the lawyer Fulgencio Madrid (Murcia).

The objective for these two groups of experts was to review and advice on the different versions of the guidelines written by the working group, in order to achieve the highest evidence-based quality, and the highest possible agreement.

### **- Once experts were chosen, how did you develop the guidelines?**

We first reviewed the scientific literature, including original articles, review papers, and other international guidelines. The working group wrote a first draft that was discussed in meetings with the experts from the Advisory Board. Subsequently a second draft was written and revised by the advisory board, leading to the final draft, which was reviewed

by the external experts, who offered suggestions that were also reviewed by the Advisory Board.

### **- How do these guidelines compare with other international guidelines? What are the main similarities and differences with the most widely known such as those from NICE, the CADDRA or the AACAP Guidelines?**

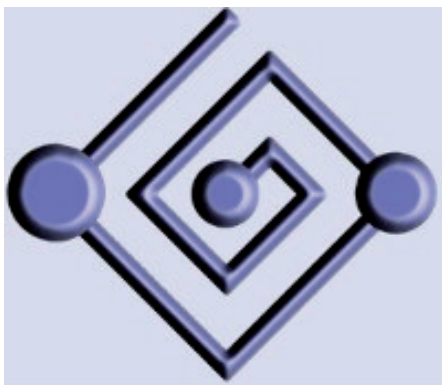
To develop the Spanish guidelines we reviewed all the published guidelines using the Appraisal of Guidelines for Research & Evaluation (AGREE) scale (<http://www.agreecollaboration.org/>), designed to evaluate the quality of guidelines. The guidelines that obtained the best scores were: NICE, SIGN, AACAP and American Academy of Pediatrics. Thus, we used these as model for our guidelines, focusing on the medications and psychosocial treatments available in Spain. Our guidelines were also evaluated independently using the AGREE scale, obtaining a score similar to NICE and SIGN guidelines. The Spanish guidelines recommend psychoeducation, parent training and academic support as the first line treatment for mild to moderate ADHD. For severe cases we recommend medication as the first line treatment.

The main difference with other guidelines is that we consider both stimulants and atomoxetine as first line medications due to the fact that in Spain the cost is similar and we found no evidence of differences in effectiveness. Atomoxetine has a lower effect size compared to stimulants but the number needed to treat for both group of agents is quite good.

### **- Finally, how are these guidelines going to be distributed across Spain and other Spanish-speaking countries?**

The guidelines are available free on the Internet at: [http://aunets.isciii.es/ficherosproductos/61/AATRM\\_GUIA%20TDAH%20v\\_completa.pdf](http://aunets.isciii.es/ficherosproductos/61/AATRM_GUIA%20TDAH%20v_completa.pdf) We are developing a summarised version, which will be published in 2011, and an English version. We plan to update the Guidelines in 4-5 years, as recommended.

- Grupo de trabajo de la Guía de Práctica Clínica sobre el Trastorno por Déficit de Atención con Hiperactividad (TDAH) en Niños y Adolescentes. Fundació Sant Joan de Déu, coordinador. *Guía de Práctica Clínica sobre el Trastorno por Déficit de Atención con Hiperactividad (TDAH) en Niños y Adolescentes*. Plan de Calidad para el Sistema Nacional de Salud del Ministerio de Sanidad, Política Social e Igualdad. Agència d'Informació, Avaluació i Qualitat (AIAQS) de Catalunya; 2010. Guías de Práctica Clínica en el SNS: AATRM N° 2007/18.



# Spanish Association of Child & Adolescent Psychiatry (AEPNYA)

## 56<sup>th</sup> Annual Congress

2-4 June 2011, Alicante, Spain

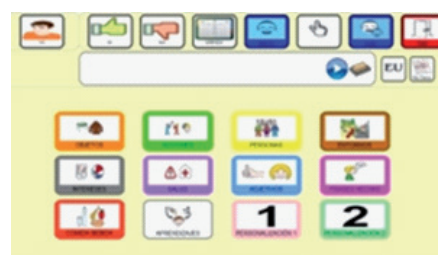
Ana Figueroa-Quintana MD (Las Palmas de Gran Canaria, Spain) and

Cesar A Soutullo MD, PhD (Pamplona, Spain)

Alicante, capital of the 4<sup>th</sup> most populated province in Spain (1.92 million inhabitants), hosted the 56<sup>th</sup> Congress of AEPNYA. More than 360 professionals, including child & adolescent psychiatrists, psychologists, pediatricians, nurses, and medical students participated

The 56<sup>th</sup> Annual Congress of the Spanish Association of Child & Adolescent Psychiatry was a great success this year. It hosted over 360 delegates from Spain, and speakers from Spain, the rest of Europe, Latin America, and the USA. The congress motto *Designing the Future*, chosen by Dr Tomás J Cantó and his team, focused on the use of new technologies—in diagnosis and treatment and in teaching and training child and adolescent psychiatrists—and in the future of child psychiatry as a medical specialty in Spain.

Several speakers talked on the use of new technologies in child and adolescent psychiatry, such as virtual reality in the treatment of phobias and anxiety disorders (Dr Bretón-López), the use of the [Etiobe system for the treatment of obesity](#) by Dr Guillén-Botella, and the recently developed *e-Mintza* (electronic tongue), an iPad-like system, presented by IACAPAP's Vice-President, Dr Joaquín Fuentes. The *e-Mintza* is a dynamic interactive communication system for children



In the *e-Mintza* system, the patient selects an icon, hits "listen", and the device "speaks" the words.

with autistic spectrum disorders. He also focused on empowering patients to live better lives in a very well attended lecture. Dr Piqueras-Rodríguez presented *Detect@web*, a web-based system to screen for psychiatric problems in the school setting.

Several symposia focused on conduct disorders, the prevention of antisocial behavior, and treatment of children in foster care. Dr Victor Carrion (director of the Early Life Stress Research Program, Stanford Department of Psychiatry and Behavioral Science, Palo Alto,

Sir Joe Sergeant (back on the right) reviews his lecture with the translators during breakfast, while IACAPAP Bulletin's correspondent Ana Figueroa (center) talks with members of her team, psychologists Sonia Reyes and Ana Ramírez.



California), presented research on the phenomenology of PTSD in children. He described a new manual-based psychotherapy for children and adolescents who have suffered trauma, the Stanford Cue-Centered Therapy, which is a short-term, multimodal therapy focusing primarily on exposure to trauma-related cues. He described different patterns of cortisol secretion across the day in children with PTSD vs. controls. Traumatized youth showed wider daily fluctuations in cortisol levels, with sharper morning declines and relatively higher evening levels than controls. Also, the time elapsed since the most recent trauma moderated the association between cortisol and PTSD symptoms.

Drs Soutullo and Figueroa, clinical psychologists A Ramirez and D Montoya, and Registered Nurse K Machiñena ran a seminar on the use of multidisciplinary teams in the treatment of ADHD comorbid with oppositional defiant disorder. They showed how to coordinate psychoeducation, behavioral management training, social skills training, and medication. Dr Figueroa lectured on diagnosis and baseline evaluation, Dr Soutullo showed videos—available on the web—from Dr Ross Greene’s Collaborative Problem Solving Program, K Machiñena described Webster Stratton’s “Incredible Years” program, A Ramirez showed practical social skills training sessions, and D

Montoya lectured on the interaction with schools.

Sir Joe Sergeant (Honorary Professor of Psychology, Free University, Amsterdam) lectured on the biology of emotional regulation in ADHD. He focused on the ADHD-oppositional defiant disorder comorbidity: hot temper, low frustration tolerance, difficulty with delayed rewards and emotional dysregulation. He described the brain circuits of cognition and emotion and focused on the importance of recognising emotional dysregulation in children with ADHD.

Christoph U Correll MD (Zucker Hillside Hospital and Albert Einstein College of Medicine, New York), emphasized the fact that the use of antipsychotic agents in children is associated with more adverse effects (AE) than in adults, such as extrapyramidal symptoms, hyperprolactinemia, sedation, weight gain, and metabolic changes. AE profiles differ among commonly used antipsychotics due to different neuroreceptor binding. Dr Correll concluded that aripiprazole is currently the antipsychotic with the best benefit/AE ratio, especially

metabolic AEs. Regardless of the antipsychotic agent chosen, AEs should always be monitored routinely. To optimize treatment, patients and families should always be informed of possible AEs and given dietary, exercise and lifestyle recommendations to prevent metabolic AEs.

There were interesting oral and poster presentations, where junior doctors and trainees could interact with more senior clinicians, and plenty of opportunities for networking during the breaks and at the formal reception at Alicante Castle, overlooking the bay and marina. Alicia Koplowitz Foundation Fellows from different parts of Spain, USA and UK also met with each other and with their supervisors. The meeting ended with a speech by the Minister of Health, Ms Leyre Pajín, who promised the future creation of the specialty of child psychiatry in Spain, long overdue. The next AEPNYA Congress will be held in Barcelona 10-12 May 2012 under the theme “Biology and environment in child & adolescent mental health” (click on the picture below to access the website).

AEPNYA 2012  BARCELONA  
57 CONGRESO 10-12 MAYO



IACAPAP Bulletin’s correspondent Cesar Soutullo with Alicia Koplowitz Foundation’s Fellows training at St Mary’s Hospital/ Imperial College, London. From left: Elisabeth Sánchez-Cao, Cesar Soutullo, María Domínguez and Azul Forti

# GLOBAL PERSPECTIVES ON POSTGRADUATE CHILD PSYCHIATRY TRAINING

## CHALLENGES, CHOICES AND SOLUTIONS

The symposium “Global Perspectives on Postgraduate Child Psychiatry Training: Challenges, Choices and Solutions” organized by the International Group on Problem Based Learning in Child and Adolescent Psychiatry (“the Group”) was held on the 13th of June at the European Society for Child and Adolescent Psychiatry (ESCAP) 2011 Congress in Helsinki, Finland.

The Group was established in Birmingham (UK) in 2008 and has grown very quickly. In 2009 the Group’s proposal for a Special Interest Study Group (SISG) was approved by the AACAP for presentation at its 56<sup>th</sup> Annual Meeting in Honolulu, where the Group’s SISG was the highest rated in its category. The events in 2009 included: an invited symposium on PBL at The Association for Academic Psychiatry (AAP)’s Annual Meeting in Washington, DC, and a presentation by Xavier Coll (“An insight into a deliberately different approach to learning and teaching undergraduate psychiatry. Expert-led problem based learning in mental health: a waste of money or a cunning investment?”) at the 2009 ESCAP Congress in Budapest.

In 2010, the Group organized a very well attended workshop, “Problem based learning (PBL) in child and adolescent psychiatry” at

the IACAPAP Congress in Beijing (see the July 2010 issue of the Bulletin). Following this workshop many professionals from Asia joined the Group. The Group also proposed and conducted a successful SISG session at the 57<sup>th</sup> Annual Meeting of the AACAP in New York.

Currently the Group has more than 90 child and adolescent psychiatrists, representing 29 countries and all continents. In keeping with its overall aim to optimize child and adolescent psychiatry (CAP) education through teaching innovation and responsiveness to international contexts and concerns, the Group’s symposium at the ESCAP Helsinki Congress aimed to provide a global perspective on contemporary challenges, choices, and solutions in postgraduate CAP training.

The ESCAP 2011 symposium was chaired by Norbert Skokauskas (Department of Psychiatry, Trinity College Dublin and The Children’s University Hospital). He introduced the participants and presented the Group’s educational and research activities in North America, Europe, Asia and Australia. Dr Skokauskas also emphasized the importance of having a global perspective on postgraduate CAP training in order to improve

education for future doctors throughout the world.

Enrico Mezzacappa (Training Director in child and adolescent psychiatry from the Children’s Hospital Boston, Harvard Medical School) presented findings from an ongoing project designed to promote scholarship during residency training. The project is rooted in a developmental, competency-based model analogous to the way core clinical competencies are promoted and taught. The Boston Children’s Hospital’s experience to date suggests that through careful conceptual and logistical planning and the marshaling of basic resources, it is possible to sustain the scholarly activity of academically experienced residents during CAP training and to promote the initial development of new CAP scholars, despite the relatively short 2-year duration of the program and the numerous training requirements that must be fulfilled for certification.

Ólafur Guðmundsson (Department of Child and Adolescent Psychiatry, National University Hospital, Reykjavik, Iceland) spoke about the challenges that all small countries face while training child and adolescent psychiatrists. Dr. Guðmundsson emphasized



that while it may be difficult due to limited resources for smaller countries to fulfill international standards of CAP specialist training, these standards can and should be used as a reference. The European Union of Medical Specialists Log Book has been a valuable frame of reference in Iceland. As for teaching techniques, PBL has become a highly valued addition to clinical education.

Tanveer Sandhu (Department of Child and Adolescent Psychiatry Birmingham Children's Hospital, UK) gave an overview of training programmes in CAP in Finland and the UK. It is of note that Dr. Sandhu, originally from Pakistan, trained as a child and adolescent psychiatrist in Finland and currently practices in the UK. The training programme in the UK lasts six years: three years in core training across key psychiatric sub-specialties and three years of higher training in CAP. The key element of the UK programme is a series of very structured workplace-based assessments. Limitations are inadequate exposure to paediatrics, to the pre-school age group and no exit exam. Child psychiatry has been recognized as a subspecialty in Finland earlier than in most European nations. Finnish specialty training lasts six years; four spent in child psychiatry and two in general psychiatry or paediatrics. There is an exit exam and good exposure to infant psychiatry as well as an emphasis on research and psychotherapy training and a robust clinical experience in a strong multidisciplinary team

culture.

Ong Say How (Department of Child and Adolescent Psychiatry, Institute of Mental Health, Singapore) spoke about the development of CAP training in his country where formal training does not exist: specialist training mainly involves a period of study at a reputable foreign child psychiatric center. However, with the local adult psychiatry training adopting the standards of ACGME-I in recent years, child psychiatry in Singapore is looking toward a more structured and comprehensive training programme.

The final presentation was delivered by Daniel Gorman (Department of Psychiatry, SickKids Hospital and University of Toronto). Dr. Gorman discussed a model for postgraduate training in child psychopharmacology that is used at the University of Toronto. The curriculum was developed in response to a needs assessment that revealed gaps in child psychopharmacology knowledge and skills, especially in residents specializing in CAP. A series of seminars on this topic were developed in 2006 and in July 2007 they became a 6-month "Advanced Child Psychopharmacology" course that all University of Toronto Psychiatry residents attend during their third year of training. Resident evaluations suggest this course is very effective and Dr. Gorman plans to evaluate it rigorously. He also invited

members of the audience to make use of the course materials and to consider scholarly collaborations with him.

While the symposium was attended by child and adolescent psychiatrists from Canada, Romania, Croatia, Ireland, Finland, the UK, the Netherlands, Estonia, Germany, Iran, Sweden, Denmark, Iceland, Japan, and Singapore, many others were unable to do so. If you would like to receive more information about the Group's activities or the general topics of global perspectives on CAP training and PBL in CAP please email Norbert Skokauskas at N\_Skokauskas@yahoo.com or Anthony Guerrero at GuerreroA@dop.hawaii.edu. We also invite professionals who are interested or involved in teaching students or junior doctors to attend our Special Interested Study Group session on the 21<sup>st</sup> of October 2011 at 5pm at the Joint Annual Meeting of the AACAP and the Canadian Academy of Child and Adolescent Psychiatry (CACAP) in Toronto, Canada.

Norbert Skokauskas, Enrico Mezzacappa, Daniel Gorman, Ólafur Guðmundsson, Tanveer Sandhu, Ong Say How, Anthony P. Guerrero

*The organizers are grateful to Daniel Fung, IACAPAP Secretary General, for his support and assistance in organizing the symposium.*



## EUNETHYDIS

2<sup>nd</sup> INTERNATIONAL  
ADHD CONFERENCE

*The Eunethydis 2012 conference programme is based on key themes which provide a coherent progression from basic science (genetics, environmental influence, neurobiology) through to sharing best clinical practice (assessment, comorbidities and treatments).*

23<sup>rd</sup>-25<sup>th</sup> May 2012  
Barcelona, Spain

[www.eunethydisconference.com](http://www.eunethydisconference.com)

A global faculty of leading experts in ADHD will host a scientifically challenging programme of plenary sessions, workshops and short-courses...relevant to daily clinical practice.

**Our confirmed key note speakers are:**

Professor Jeffrey Halperin (USA)  
Dr Max Muenke (USA)  
Professor Trevor Robbins (UK)  
Professor Sir Michael Rutter (UK)  
Professor Rosemary Tannock (Canada)

For further information, please email the Congress Organiser, ChoiceLive, at [pal@eunethydisconference.com](mailto:pal@eunethydisconference.com) or [info@eunethydisconference.com](mailto:info@eunethydisconference.com)

Or alternatively visit [www.eunethydisconference.com](http://www.eunethydisconference.com) to see the latest information and details of how to register.

# IACAPAP BOOK SERIES

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

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

## INCREASING AWARENESS OF CHILD AND ADOLESCENT MENTAL HEALTH

edited by

M. ELENA GARRALDA AND  
JEAN-PHILIPPE RAYNAUD

### Increasing Awareness of Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

### Culture and Conflict in Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

## CULTURE AND CONFLICT IN CHILD AND ADOLESCENT MENTAL HEALTH

Edited By

M. ELENA GARRALDA AND  
JEAN-PHILIPPE RAYNAUD

## WORKING WITH CHILDREN AND ADOLESCENTS

An Evidence-Based Approach to Risk and Resilience



EDITED BY  
M. ELENA GARRALDA AND MARTINE FLAMENT

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

Edited by M. Elena Garralda and Martine Flament

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

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





20<sup>TH</sup> WORLD CONGRESS  
Palais  
des congrès **PARIS**

JULY 21-25  
21-25 JUILLET  
**2012**

**THE CHILD &  
ADOLESCENT  
MENTAL  
HEALTH  
EVENT OF  
2012**

**NOT TO BE  
MISSED!**

**Welcome to  
IACAPAP Paris  
July 2012**

David Cohen<sup>1</sup>, Arnaud Crochette<sup>2</sup> and Jean-Philippe Raynaud<sup>3</sup>

The 20<sup>th</sup> World IACAPAP Congress will be held in Paris from July 21<sup>st</sup> to 25<sup>th</sup> 2012. The very first IACAPAP congress was hosted in Paris in 1937 with Georges Heuyer as congress President. Seventy five years later, the theme of this congress will be *Brain, Mind and Development*. This is an invitation to explore the progress and new opportunities provided by neuroscience, clinical practices and innovations in understanding the functioning of the mind and in treating its disorders.

On the congress [website](#) you will find all the information about registration, submission of symposia or communications, the preliminary scientific preprogram and much more.

Having mentioned in previous issues of the *Bulletin* the contributions of French speakers we highlight here some of international speakers participating in key-note lectures, presentations and debates. The list is not exhaustive and in future issues of the Bulletin other key speakers will be mentioned. Albert Jacquard, French scientist, geneticist and essayist, wrote that meeting others is like saying: "If they are not like me, so they will help me build myself and I will help them to build themselves". As member of IACAPAP, SFPEADA (French Society for Child and Adolescent Psychiatry and Allied Professions) is very proud to host this conference and thus promote exchanges between clinicians, caregivers and researchers worldwide. We hope many of you will

come to Paris. Feel free to contact us, to propose contributions and we will build together this 20<sup>th</sup> Congress.

**DATES TO REMEMBER**

- **DEADLINE FOR SYMPOSIUM ABSTRACT SUBMISSION: November 30, 2011**
- **DEADLINE FOR ABSTRACT SUBMISSION: January 15, 2012**

**REGISTRATION**

- **Online registration is open**
- **Early reduced registration deadline: March 21, 2012**

**ACCOMMODATION**

- **Online registration is open**

<sup>1</sup>Organizing Committee president, professor of child and adolescent psychiatry, Institute of Intelligence System and Robotics, Université Pierre et Marie Curie, Hôpital Pitié-Salpêtrière, Paris, France

<sup>2</sup>Secretary General of SFPEADA (French Society for Child and Adolescent Psychiatry and Allied Professions), correspondent of the IACAPAP Bulletin for France, head of department in child and adolescent psychiatry, Dinan, France

<sup>3</sup>Vice-president of IACAPAP, president of the scientific committee of SFPEADA, professor of child and adolescent psychiatry, Toulouse, France

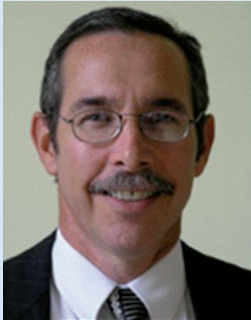


**ia capap**  
Paris 2012

20TH WORLD CONGRESS  
Palais  
des congrès **PARIS**

JULY 21-25  
21-25 JUILLET  
**2012**

# SOME OF THE INTERNATIONAL SPEAKERS



## **Boris Birmaher MD**

Director of the child and adolescent anxiety program and co-director of the child and adolescent bipolar services at Western Psychiatric Institute and Clinic of UPMC. He also serves as Endowed Chair in Early Onset Bipolar Disease and professor of psychiatry at the University of Pittsburgh School of Medicine. Dr Birmaher is a widely recognized expert in pharmacological and biological studies of children and adolescents with mood and anxiety disorders. He has been quoted in the Wall Street Journal, Washington Post, USA Today and was featured on the PBS Frontline special "The Medicated Child."



## **Gabrielle Carlson MD**

Professor of child and adolescent psychiatry at Stony Brook University, School of Medicine. Dr Carlson has been an active researcher in child and adolescent psychiatry focusing on mood disorders, ADHD, Asperger syndrome among others. Her studies on early onset bipolar disorder are cited worldwide. She was selected for inclusion in New York Magazine's "Best Doctors" 2010 listing.



## **David Coghill MD**

Senior lecturer in child and adolescent psychiatry at the University of Dundee School of Medicine and leads the developmental research group. Dr Coghill has been an active researcher in child psychiatry and focuses on developmental psychiatric disorders. Whilst the main focus of his group is on understanding the complexities that surround attention deficit hyperactivity disorder, they are also interested in a range of other disorders: conduct disorder, depression and autism spectrum disorders.



## **Ruth Feldman PhD**

Professor of psychology and neuroscience at Bar-Ilan University, Israel with a joint appointment at Yale University Medical School, Child Study Center. She is the director of the community-based infancy clinic at Bar-Ilan and the head of the Irving B Harris internship program in early childhood clinical psychology. Her research focuses on the biological basis of bonding, parent-infant relationship, bio-behavioral processes of emotion regulation, the development of infants and young children at high risk stemming from biological (e.g., prematurity), maternal (e.g., postpartum depression), and contextual (e.g., war-related trauma) risk conditions, and the effects of touch intervention for premature infants. For over a decade she has been involved in conducting developmental research and intervention programs for Israeli and Palestinian children exposed to repeated war, terror, and violence.

# THE CHILD & ADOLESCENT MENTAL HEALTH EVENT OF 2012

## NOT TO BE MISSED!



### **Rachel G Klein PhD**

Fascitelli Family professor of child and adolescent psychiatry at the New York University (NYU) School of Medicine and director of the Anita Saltz Institute for Anxiety and Mood Disorders at the NYU Child Study Center. Dr Klein has been an active researcher in child psychiatry and was continuously funded by the NIMH for several decades. Her research has spanned rigorous investigations of interventions in attention deficit hyperactivity disorder, learning disorders, anxiety disorders, and depression. Her longitudinal studies of childhood psychiatric disorders document specificity of outcomes – results that point to the need for tailored approaches to prevention and long-term care.



### **James F Leckman MD**

Neison Harris professor of child psychiatry, psychiatry, psychology and pediatrics at Yale. He serves as the director of research for the Yale Child Study Center. Dr Leckman is a well-known child psychiatrist and patient-oriented clinical investigator. His peers have regularly selected him as one of the "Best Doctors" in America. He is the author or co-author of over 300 original articles in peer-reviewed journals, seven books, and 120 book chapters. In 2002, he was identified by the American Society for Information, Science and Technology as a "Highly Cited Researcher". Dr Leckman's research has focused on psychopathology, brain mechanisms and treatment of Tourette syndrome and obsessive compulsive disorders. In 1999, he edited a successful volume with Donald J Cohen (*Tourette's Syndrome: Tics, Obsessions, Compulsions - Developmental Psychopathology and Clinical Care*), published by John Wiley & Sons. He always stresses a developmental approach of child psychopathology and is now also involved in studying the mechanisms of bonding and early infant/caregiver interactions.



### **Helmut E Remschmidt**

Professor emeritus for child and adolescent psychiatry and former head of the department of child and adolescent psychiatry, Philipps University, Marburg (Germany) from 1980-2006. He received many awards during his career and published more than 600 articles in scientific journals and book chapters in several languages. He was also editor and co-editor of several scientific journals including *European Child and Adolescent Psychiatry*, *Journal of Child and Adolescent Psychopharmacology*, *Current Opinion in Psychiatry*, and *Cambridge Monographs in Child and Adolescent Psychiatry*. His main research interests have included forensic child and adolescent psychiatry, developmental psychopathology, eating disorders, early onset schizophrenia, psychiatric genetics, therapy and evaluation research. He was president of IACAPAP from August 1998 to August 2004.



### **Gustavo Turecki MD, PhD**

Vice-chair, research and academic affairs, department of psychiatry, McGill University; director, McGill group for suicide studies; head, depressive disorders program Douglas Institute; and associate professor, McGill University, departments of psychiatry, human genetics, and neurology & neurosurgery. Attempted and completed suicides are major problems in our society, making the understanding, prevention, and treatment of suicidal behaviors a top priority. Individuals who suffer from major depression are especially at risk. Dr Turecki is conducting studies to better understand the characteristics of these individuals through multidisciplinary research, including the study of biological, behavioral, clinical and psychosocial risk factors. Typically, his studies address questions such as: "Why do some people who become depressed commit suicide while others who have the same illness do not?"



20<sup>TH</sup> WORLD CONGRESS  
Palais des congrès **PARIS**

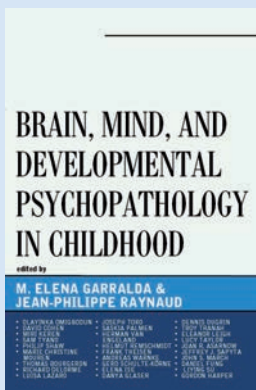
JULY 21-25  
21-25 JUILLET  
**2012**

# BRAIN, MIND, AND DEVELOPMENTAL PSYCHOPATHOLOGY IN CHILDHOOD

## IACAPAP 2012 Paris Congress Book

IACAPAP Book Series in Child and Adolescent Mental Health 2005-2012

Editors: M Elena Garralda and Jean-Philippe Raynaud



From top: book cover, M Elena Garralda and Jean-Philippe Raynaud

The IACAPAP book series will mark the 2012 IACAPAP Paris Congress with the publication of this volume along the lines of the congress theme: "Brain, Mind and Development". As previous books in the series, this volume aims to reflect emerging evidence to support clinical work in the field of child and adolescent mental health worldwide.

The first IACAPAP congress was hosted in Paris in 1937 with Georges Heuyer as congress president. Seventy five years later, it is fitting for a congress focusing on links between brain and mind to be based in Paris, as French thinking has left a legacy which is central to our understanding in this field of enquiry. This book should contribute to increasing our understanding of the bodily, brain and mental processes that underlie developmental and psychiatric disorders in children and young people.

Authors are expert in their field and contributions will help open perspectives for clinical practice in child and adolescent mental health. There are background conceptual and empirical chapters on biological and psychological influences on developmental psychopathology in childhood, clinical updates with a main focus on the biological underpinnings of individual child neuropsychiatric disorders, and a chapter on how to integrate biological and psychological therapies in child mental health. In addition there is discussion of broader psychological/social problems with chapters on the effects of child maltreatment in the developing brain, an update on understanding and management of self-harm, and advocacy papers on learning disorders and child and adolescent mental health.

The first four chapters will address biological models for understanding child development and psychopathology and the

*The book will be distributed free of charge with the congress registration*

interplay between biological and psychological processes as antecedents in infancy of personality disorders. They will outline new insights into childhood psychiatric disorders derived from the use of neuro-imaging techniques which are helping map out changes in brain structure throughout childhood and adolescence, and from the rare genetic variants recently identified as risk factors for autism spectrum disorder.

The clinical chapters address obsessive compulsive disorder (OCD), autism and child schizophrenia, and developmental dyslexia as well as contributions on the effects of traumatic and abusive experiences on brain development and on deliberate self-harm.

Contributions in the last section make the case for combined targeted medication and psychosocial therapies for children with a variety of major mental disorders and for the implementation of evidence based child psychiatry, they discuss the concept of learning disabilities as it applies to the field of child and adolescent mental health and address the past and present of child and adolescent mental health advocacy.

The editors are very grateful to all the authors and trust that this new IACAPAP book, by the diversity and richness of its contributions, will contribute to a 20th World Congress of IACAPAP full of exchanges and forged links between researchers and clinicians from all countries.

# IACAPAP

## A Brief History

Kari Schleimer MD, PhD

IACAPAP is the professional organization that serves as umbrella for child and adolescent mental health associations and societies throughout the world—and their individual members. IACAPAP advocates for the needs of troubled children and their families at the national and international level through its member associations and via links with the World Health Organisation and World Psychiatric Association, among others.

In 1935 a group of European child psychiatrists started work to establish and expand contacts between psychiatrists working in the new medical field of child psychiatry. These pioneers were Georges Heuyer (France), Moritz Tramer (Switzerland), Hermann Stutte (Germany), Carlos de Sanctis (Italy), Nic Waal (Norway) and Emanuel Miller (UK).

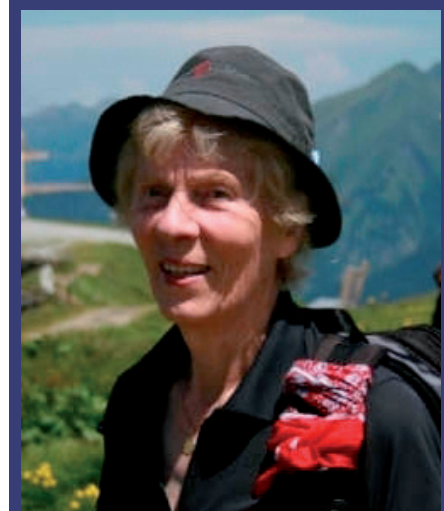
What we call IACAPAP today started in 1937 as *The International Committee for Child Psychiatry*. Georges Heuyer, the then head of the *Clinique Annexe de Neuropsychiatrie Infantile* in Paris, organized and chaired the first congress in Paris in 1937—officially called the *First International Conference on Child Psychiatry*. Together with Heuyer, Moritz Tramer (Switzerland) was involved in the organization of this congress where delegates from 26 countries—mostly European—participated.

Heuyer was appointed to the first European chair of child psychiatry in 1940 in Paris. World-wide, the first chair of child psychiatry was held by Lanfranco Ciampi in Rosario, Argentina, in 1920.

Ten years and a world war later, the second international congress took place in London in 1948. During this meeting *The International Committee* was renamed *The International Association for Child Psychiatry* (IACP) with about 30 national societies as members. All countries were to have access to IACP, however a credentials committee was set up to verify the qualifications of each applicant.

The name of the Association was changed again during the Lisbon congress of 1958, this time into *The International Association for Child Psychiatry and Allied Professions* (IACP&AP). It was not until the 9<sup>th</sup> Congress (Melbourne, Australia, 1978) that adolescents were incorporated in the official name: *The International Association for Child and Adolescent Psychiatry and Allied Professions* (IACAPAP). Years later separate international organizations for adolescent psychiatry (ISAP in 1984 and ISAPP today) and infant psychiatry (WAIMH, in 1992) were created.

Thus, the movement towards international child mental health began in Europe among medical specialists in child psychiatry. However, expedited by the migration of child mental health professionals to the United States before



Kari Schleimer is a Swedish child and adolescent psychiatrist who has been serving IACAPAP since 1989, initially as secretary general 1989-1994, vice president 1994-1998, counsellor 1998-2006 and since then she has been the permanent secretary and archivist.



## Georges Heuyer (1884-1977)

Heuyer can be considered the founder of child psychiatry in France. He became an international advocate for this new health field and left behind a large body of work—at least ten books and more than 800 articles.

Having lost his father when he was 18 months old, Heuyer was placed in a boarding school in Pacy, then in Évreux, where his supervisor was the director of the psychiatric asylum—perhaps the origin of his interest in psychiatry. In spite of his poverty he studied medicine in Paris where he mixed with influential medical practitioners, writers and politicians such as Georges Duhamel, Henri Queuille, Paul Chevalier, and Henri Mondor. After continuing his studies in pediatrics, neurology, and psychiatry, he became a doctor in the Paris

hospital system in 1923. Two years later he was made director of the clinic of child neuropsychiatry and in 1948 was appointed to the first chair of child psychiatry in France.

The great majority of Heuyer's work was devoted to child neuropsychiatry, maladjusted children, and criminology. Heuyer introduced the use of trained psychoanalysts in public hospitals. In 1925 he created a laboratory of psychoanalysis in his clinic, run by Sophie Morgenstern, with whom he published several articles but he was far from an uncritical supporter of psychoanalysis and showed an eclectic approach to treatment. For example, he was a pioneer in the use of ECT in the young. Serge Levovici, later president of IACAPAP from 1966 to 1970, was one of his assistants.

Source : Jean-Louis Lang, <http://www.answers.com/topic/heuyer-georges>. Photographs courtesy of Jean-Philippe Raynaud.



Staff of Heuyer's Clinic of Child Psychiatry at the Hospital de la Salpêtrière 1954-55. Heuyer is in the middle of the front row

and during the Second World War, North America became involved in this international association at an early stage. From the 1970s professionals from other parts of the world began to be elected to the executive of IACAPAP: Krynski (1970) and Prego-Silva (1974) from South America; Thebaud (1974) and Jegede (1978) from Africa; Makita (1974) from Asia; Marcus (1970) from the Middle East; and Rickards (1974) from Oceania. Today all parts of the world are represented in the Executive Committee of IACAPAP reflecting the global distribution of member organizations.

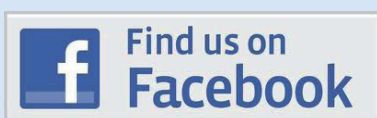
In 1954 the Association was officially incorporated in Massachusetts as a tax-exempt organization. Currently IACAPAP is registered in Geneva, Switzerland, as a non-government organization (NGO) structured as a corporation and empowered as a juridical entity according to articles 60 ss of the Swiss Civil Code and the Constitution.

If networking with like-minded professionals was the initial driving force for the association, the emphasis soon evolved into what it is today: "To advocate for the promotion of mental health and development of children and adolescents through policy, practice and research. To promote the study, treatment, care and prevention of mental and emotional disorders and disabilities involving children, adolescents and their families through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant disciplines".

To achieve these aims one of the main activities of IACAPAP has been to organise international congresses for its members to meet with colleagues, to learn from each other, and to promote ethical child and adolescent mental health services and practices. From the beginning the constitution stipulated that congresses were to be held every four years. In 2008 the decision was taken that a world congress would be organised every two to four years. Besides this, regional conferences devoted to specific topics have been organised regularly. During the last decade, activities such as study groups (seminars) in low income countries, international research seminars for young scientists, and the Donald Cohen Fellowship Programme have broadened the services that IACAPAP offers to mental health professionals. Publications like the Bulletin, the IACAPAP book series, and declarations complete the picture. The IACAPAP website is the portal to access much of this material. More details about IACAPAP's history can be found in the 1<sup>st</sup> issue of the Bulletin, available at [http://iacapap.org/wp-content/uploads/IAAPAP\\_Bulletin\\_January1994.pdf](http://iacapap.org/wp-content/uploads/IAAPAP_Bulletin_January1994.pdf)



Lanfranco Ciampi (1885-1968), an Italian psychoanalyst, held the first chair of child psychiatry in the world in Rosario, Argentina, in 1920.



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**Do you want to receive information on meetings all over the world?**

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# SOUTH AMERICA

## Child Psychiatry Activities in the South American Cone

Andrea Abadi (Argentina) & Laura Viola (Uruguay)

**XVIII** CONGRESO  
LATINOAMERICANO DE  
**FLAPIA**  
FEDERACION LATINOAMERICANA DE PSIQUIATRIA  
DE LA INFANCIA, LA ADOLESCENCIA, LA FAMILIA Y  
PROFESIONES AFINES



**XV** CONGRESO  
DE  
**AAPI**  
Asociación Argentina de Psiquiatría  
Infanto Juvenil y Profesionales Afines



**2 y 3 de Junio de 2011**

Buenos Aires - Argentina

Asociación Médica Argentina (AMA) (Av. Santa Fe 1171)

**"Revisando nuestra práctica: Nuevos Desafíos"**

The last few months have witnessed much academic activity in South American countries and several associations have chosen countries of our region to organize their meetings. The congress of the Argentinean Association of Child Psychiatry (AAPI) took place in Buenos Aires in June of 2011—on this occasion a joint meeting with the Latin-American Federation of Child Psychiatry (FLAPIA). The congress was very successful. Attendees, about 500, included child psychiatrists, psychologists and teachers from Argentina, Brazil, Chile, the

Dominican Republic and Uruguay. The goal of the meeting was to discuss child psychiatry practice in Latin-America. Some symposia were about neurobiological problems while others dealt with specific disorders in the South American context. Issues of prevention, psychotherapeutic approaches and community treatment received particular attention. For example Dr Bernardo Kerman run a course about approaches focused on childhood disorders, Dr Jose Capece gave a talk about the characteristic of substance use disorders in Argentina, and staff from the Anxiety Disorders Clinic of the Hospital Italiano of Buenos Aires presented the results of their study of group therapy in children with anxiety disorders.

The training and professional development of colleagues beginning their professional journey was a specific focus. This included an examination of ways of improving training programs and differences in training experiences in the various post-graduate training centers.

The APPI is composed of psychiatrists, psychologists and other mental health professionals. Every two years APPI organizes a congress in which professionals from all over the country participate. As already noted, this year's congress was a joint FLAPIA-AAPI effort. Uruguay will be the next host country for the FLAPIA congress in 2013. Laura Viola (Uruguay) was



From left: Norberto Garrote, Fernando Zan and Roberto Pallia at the opening ceremony of the AAPI-FLAPIA congress, Buenos Aires, June 2011.





Members of the consensus group of experts at the ADHD Conference, Rio de Janeiro, August 2011



elected the incoming FLAPIA president.

Rio de Janeiro was the city selected by the League for the Latin American Study of ADHD (LILAPETDAH), which took place in August 2011. Since 2007, ADHD experts from 20 Latin American countries have been meeting regularly to discuss this syndrome. The first meeting was in Mexico City in 2007, the second in Mendoza (Argentina) in 2008, and the third in Cartagena de Indias (Colombia) in 2009. The League includes child neurologists, child psychiatrists and adult psychiatrists because the goal is the study of ADHD throughout the lifespan. Each year during the congress, experts from the various Latin American countries discuss the treatment of ADHD to produce consensus guidelines for diagnosis and treatment. The League has already published several articles, consensus statements and treatment algorithms in local journals. Since 2008 the League has fostered research in areas such as comorbidity, pharmacological treatment, and assessment.

IACAPAP Bulletin. November 2011

At the 3rd International Congress on ADHD Berlin (Germany) 26-29 May 2011, the League—through Dr Eduardo Barragán—participated in a round table discussion with experts from around the world who presented their treatment guidelines. This was an important event because it introduced LILAPETDAH to the global scientific community. Dr Eduardo Barragán (Mexico) was the League's president from 2007 to 2011. Dr Juan David Palacios (Colombia) was elected president for the period 2011 to 2015 with Dr Adrea Abadi (Argentina) as vice president at the recent Rio de Janeiro meeting.

The League is not just a group of scientists; it has been transformed into a group of great friends who enjoy meeting every two years to exchange views and experiences in this field. The next meeting of LILAPETDAH will be in 2013, in conjunction with FLAPIA's congress in Uruguay. Dr. Laura Viola will be the meeting president. Everyone is invited.



From left: Andrea Abadi (Argentina), Ianne Kestelman (Brazil), Eduardo Barragan (México), Hector Santiés (México), Matilde Ruiz (México) and Carlos Felipe (Brazil) at the 3rd International Congress on ADHD, Berlin, May, 2011



From left: Laura Viola (Uruguay), Rodrigo Chamorro (Chile), Eduardo Barragan (México) and Andrea Abadi (Argentina) during the ADHD Rio de Janeiro meeting of August 2011

# NIGERIA

## COMMEMORATING THE INTERNATIONAL DAY OF THE AFRICAN CHILD IN NIGERIA

Tolulope Bella-Awusah and Jibril Abdulmalik (Ibadan, Nigeria)

The 16<sup>th</sup> of June of every year is observed as the *International Day of the African Child*. The day was set aside by the African Union (formerly known as the Organisation of African Unity) to commemorate the events which took place in 1976, when thousands of black school children took to the streets in Soweto, South Africa. These children were protesting against the inferior quality of their education and demanding the right to be taught in their own language. Hundreds of young boys and girls were shot down by security forces in the days that followed and thousands were injured. The *Day* has evolved to serve the purpose of promoting the cause of African children and drawing attention to the most pressing issues affecting their well being. Stakeholders including government agencies, the mass media, international institutions and non-government organizations utilize the opportunity to generate awareness and mobilize political support through the organization of activities and lectures to mark the day. This year's theme was *All Together for Urgent Action in favour of Street Children*.

One of the activities to mark the *Day* was a community outreach program by the Child and Adolescent Psychiatry Department of the University College Hospital, Ibadan (Nigeria) to the SOS village in Owu Ijebu, near Abeokuta, in Ogun State. This is one of the villages within the SOS organization — an independent, non-governmental, non-political, social development organization, which offers orphaned, abandoned and needy children long term family-based care regardless of race or religion. It was established in 1993, became fully functional in 1996, and consists

of 12 homes, a kindergarten, one primary school and one clinic.

The Child and Adolescent Psychiatry Department, under the leadership of Professor Olayinka Omigbodun, had established a partnership with the SOS Village in 1999, which involves the provision mental and other health services to children who may need them.

The *Day of The African Child* provided an opportunity to engage with the SOS community and other relevant stakeholders such as government officials, religious leaders and community elders, to highlight the problems of the African child with a focus on street children. The outreach programme started at 12 noon in the multipurpose hall within the village. In attendance were 'village mothers', children from the village, and school students from neighboring elementary and secondary schools. A multidisciplinary team from the University College Hospital and the University of Ibadan (child and adolescent psychiatrists, trainees in child and adolescent psychiatry, a public health nurse, social workers, an occupational therapist, a lawyer with special interest in the rights of the child) and representatives from the state's child welfare department. The programme commenced with a welcome address by the village father and this was followed by two interactive sessions on children's rights. These sessions were facilitated by Mrs Funke Ekundayo, a lawyer who spoke on *The African Charter on the Rights of the Child* and Professor Olayinka Omigbodun who spoke about *Mental Health and Child Rights*. These sessions drew attention to the plight of street children. The

audience had opportunities to ask questions and make comments. Many of the children asked for further clarification on their rights and inquired about mental health and mental disorders. These sessions were interspersed with cultural displays, poem recitations and a dance drama depicting the plight of children who live on the street by the school and village children. At the end of the program, those who had personal questions or who wanted to consult with mental health personnel were given the opportunity to do so.

The program was very well received by the community and the children in the village also expressed that this was very beneficial in several ways. The local media, including television stations, covered this event.

This was a great opportunity to increase awareness about mental health issues and the plight of the African Child, especially street children.

For further information:  
<http://www.hrea.org> (Human Rights Education Associates)  
<http://sosvillages-nigeria.org>



Top, Olayinka Omigbodun during an interactive session. Above, members of the multidisciplinary team (from left, Jibril Abdulmalik, Mr Atanda, Wale Ojedian, Mrs Alonge).

# GERMANY



3<sup>rd</sup> International Congress on ADHD  
From Childhood to Adult Disease

26 – 29 May 2011 Berlin | Germany



## ADHD EXPERTS FROM ALL OVER THE WORLD MEET IN BERLIN

With the motto “from childhood to adult disease”, the World Federation of ADHD organized this congress in Berlin. Through the first two congresses (Würzburg, Germany and Viena, Austria) this congress has experienced constant growth, an indication of the relevance and importance of ADHD in psychiatric practice,

whether children, adolescents or adults are concerned.

The Berlin congress drew 2100 participants from 79 countries with similar interest for the scientific program. As an example, 200 abstracts were submitted for the “Young Scientists Award”. Presentation formats included plenary sessions, “hot topic”

symposia, educational seminars, video sessions, workshops and guided poster tours. Margaret Weiss (Canada), David Coghill (UK), and Rachel Klein (USA) were keynote speakers.

practice and legislation related to ADHD, in particular because German authorities (*Bundesinstitut für Arzneimittel und Medizinprodukte, BfArM*) have now approved for the first time the use of a stimulant medication to treat ADHD in adult patients. Until this point, prescribing stimulant medication to patients with ADHD over 18 years of age was only possible off-label.

The next International Congress on ADHD, the 4<sup>th</sup>, will take place in Milan, June 6<sup>th</sup> to June 9<sup>th</sup>, 2013, with more information to be published soon on the Website of the World Federation of ADHD ([www.adhd-federation.org](http://www.adhd-federation.org)).

Overall, the 3<sup>rd</sup> International Congress on ADHD in Berlin was a vibrant and scientifically remarkable experience. Looking forward to seeing you in Milan in 2013!

Prof. Dr. med. F.D. Zepf,  
Aachen/Germany



Poster area. Photo CPOHanser

symposia, educational seminars, video sessions, workshops and guided poster tours. Margaret Weiss (Canada), David Coghill (UK), and Rachel Klein (USA) were keynote speakers.

The congress topic “from childhood to adult disease” relates to current developments in research, clinical

### American Academy of Child & Adolescent Psychiatry Upcoming Events

For more information, visit [www.aacap.org](http://www.aacap.org)

- **Psychopharmacology Update Institute: Child and Adolescent Psychopharmacology**  
*Integrating Current Data into Clinical Practice*  
January 20-21, 2012  
Laurence L. Greenhill, M.D. and Barbara J. Coffey, M.D., Chairs  
New York, NY
- **Lifelong Learning Institute: Clinical Practice Update and Lifelong Learning Module 8**  
*Modalities of Non-Pharmacological Treatments and Updates on Relevant Topics for Child and Adolescent Psychiatrists*  
February 10-11, 2012  
Sandra B. Sexson, M.D. and Andrew T. Russell, M.D., Chairs  
San Diego, CA
- **Douglas B. Hansen, M.D. 37th Annual Review Course and Training Session for the Oral Exams**  
March 21-24, 2012  
Boris Birmaher, M.D., Chair  
Pittsburgh, PA

# NEW ZEALAND



Living in a city rocked by over 8000 earthquakes since September 2010 we are now reluctant experts in local geology and seismology. Christchurch has changed beyond recognition and locals can only stare in silence at the changing skyline as bulldozers and wrecking balls demolish around half of the buildings in the inner city business district.

The central business district has been out of bounds in the 'red zone' ever since the rupture of a previously unknown fault directly under the city in February 2011. It has been cordoned off and security was provided by the army for many weeks. Initial sights of light armoured vehicles on the streets and around the hospital gave way to soldiers in tents at every city intersection. Early concerns about safety were well justified when the

large aftershocks of June 2011 brought more damage but no loss of life. Pretty much all that could come down has done so with the aftershocks. Restaurants have either moved or reopened in temporary accommodation. Cafes that are still standing are so busy that one has to wait for a table (almost unheard of in Christchurch a year ago) and some have relocated into unusual accommodation including renovated shipping containers. Few venues have been left standing for the several art cinemas and theatres and the Town Hall and Conference Centre are awaiting what is expected to be a severe verdict. The recent arts festival bravely placed orchestras in sporting arenas and bands and actors in school halls and marquees. The worst snow storm in living memory made the Festival memorable... if a little chilly. The lack of night life and city buzz has been the reason for some of the young and mobile to relocate to other cities in New Zealand and Australia. Employment opportunities in the service and entertainment sector have critically fallen, with many hotels no longer open for business. The 'new normal' pervades every aspect of life here. Driving around means navigating massive humps in the road caused by drainage grills being thrust upwards by liquefaction (a phenomenon whereby soil loses strength and stiffness in

response to an applied stress, usually an earthquake, causing it to behave like a liquid). Builders' vans are the commonest vehicle on the road as the city is besieged by tradesman.

In the education sector, many high schools had to share their intact school facilities with dislocated schools, with each school being restricted to either a morning or afternoon session. This has involved students and teachers being transported across town, increasing the pressure as exams (held in New Zealand in November) approach. Interestingly this has led to some rethinking about the delivery of education which may have innovative spin-offs for the future. Primary school teachers comment on pupil's poorer attention spans and on the need to change expectations about curriculum delivery—shorter lessons and greater need for physical activity. Parents complain about children's sleeping patterns being disrupted with lighter sleeping and needing to sleep with parents. How and when to get the child back into their own bedroom is a common query for family doctors. Anxiety, new phobias, irritability with siblings, irritability and aggression in the playground, sleeping problems, financial worries, uncertainty about housing and jobs loom large. PTSD is coming through



services now and we are watching referrals with interest.

Following the June 2011 pair of earthquakes (Richter scale 6.0) there was a noticeable demoralisation in community attitude with many feeling-- 'What's the point? It will never stop?' There is a limit to how many times one wants to pick up the pieces of one's crockery and glassware mixed with oil, chutney, wine and jam off the kitchen floor and spread through every cupboard. Sorting papers and books from filing cabinets that have once again fallen over, ejecting files and papers in random piles despite being locked, is disheartening. However, once one has decided to 'downsize', it is amazing how much 'stuff' one doesn't need. Many houses have been shored up with marine grade plywood bolted onto the walls to keep the house structurally sound and less 'flabby' when the earth moves. There are few brick structures standing and no brick chimneys anymore. Portable toilets are less prominent but there are still areas without sewerage and little chance that this infrastructure will be reinstated any time soon as these areas have been declared 'red zones' or areas where land repair is not economically viable. In these areas the

*How and when to get children back into their own bedroom is a common query for family doctors*

residents are required to take a cash settlement and move out by April 2013.

On the positive side the city is now undergoing a period of consultation about what the new city should look like. High on the list is sustainable housing with a reinvigorated inner city with green areas, cycle ways, public transport, and community-promoting spaces. We certainly have rediscovered through adversity the importance of community and it is now normal to smile and acknowledge people as you pass by on the street in a way we had lost.

The support and help we have had from colleagues has been amazing. Our New Zealand child psychiatry colleagues have rallied around with special thanks

to Associate Professor Sally Merry and Professor Shanthi Ameratunga for their very hands on assistance and advice.

Our Australian colleagues, whilst still managing their own disaster response following the floods in Queensland, came to Christchurch early on and provided trauma training and general disaster response advice—thank you Professor Brett McDermott. We have also had many heartfelt letters of concern from colleagues all around the world which has been humbling.

However, as a community we are moving forward. Christchurch is going to be better and we have a chance to make it so. We have had the opportunity to admire the resilience of children and hope that we are growing children with better affect regulation and better problem solving skills than before. For an example of teen resilience have a look at this example of youthful creativity on YouTube (click here)

Your earthquake correspondent

### **Steph Moor**

Senior Lecturer in Child and Adolescent Psychiatry, University of Otago, Christchurch, New Zealand

For an example of teen resilience have a look at this video on YouTube (click on the picture)





## IACAMCON 2011

The XI Biennial National Conference of the Indian Association for Child and Adolescent Mental Health - Bangalore,



## IACAMCON 2011

The XI Biennial National Conference of the  
Indian Association for Child and Adolescent Mental Health



The Indian Association for Child and Adolescent Mental Health and the organising committee at the St. John's National Academy of Health Sciences, invite you to **IACAMCON – 2011**, the 11<sup>th</sup> Biennial National Conference of the Indian Association for Child and Adolescent Mental Health, to be held at the St. John's National Academy of Health Sciences, Bengaluru, India, on the 17<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup> November 2011.

The conference theme is **Parents: Parenting and Partnering**. The theme-based talks focus on genetics of parenting, assessment of parenting skills and partnering parents in difficult contexts. The following speakers have confirmed their participation:

- Dr. Savita Malhotra, Professor of Psychiatry, PGIMER, Chandigarh.
- Dr. Shoba Srinath, Professor and Head, Department of Child Psychiatry, NIMHANS, Bangalore.
- Dr. Sanjiv Jain, Professor and Head, Department of Psychiatry, NIMHANS, Bangalore.
- Dr. Manju Mehta, Professor of Clinical psychology, AIIMS, New Delhi.
- Dr. Matthew Belmonte, Fulbright Nehru Scholar, Presidency College, Kolkata,
- Dr. Anindyarana Sinha, Professor, Natural Sciences, National Institute for Advanced Studies, Bangalore, India.
- Dr. Ajit Bhide, Consultant Psychiatrist, Bangalore.
- Dr. Kasiannan Porpavai, Consultant Child psychiatrist, Australia.
- Dr. Amit Sen, Child First, New Delhi.
- Dr. Shelja sen, Child First, New Delhi.
- Dr. Jairanjan Ram, Consultant Psychiatrist, Mental Health Foundation, Kolkata.
- Dr. Alok Bajpai, Consultant Psychiatrist, Kanpur.

Registration for International delegates (based on place of work): 250\$US, by cheque in the name of 'IACAMCON 2011' Payable at Bank of Baroda, Johnnnagar Branch, Bangalore, 560034, India. Spot registration will be 300\$US. Please contact [iacamstjohns@gmail.com](mailto:iacamstjohns@gmail.com) for further information.

## Global Autism Convention

May 2011, Bangalore, India

A Global Autism Convention, the first of its type in India, was held at the Bangalore NIMHANS convention center from the 19<sup>th</sup> to 21<sup>st</sup> of May 2011. This was jointly organised by Rotary Club, Bangalore West, the Department of Psychiatry, St. John's Medical College Hospital ([www.stjohns.in](http://www.stjohns.in)) Bangalore, the Academy for Severe Handicap and Autism ([www.ashaforautism.com](http://www.ashaforautism.com)) and many other autism-related organisations in Bangalore.

Nearly 300 delegates attended. There were six presentations by international experts and 32 from experts around India. A major focus was on interventions as they are happening on the ground, showcasing many diverse and innovative approaches. These initiatives provide research opportunities to understand this group of disorders. Among other outcomes of the convention it is worth highlighting the proposed formation of an Indian group of professionals involved with autism and the plans to conduct the second such convention in December 2012.

A book of proceedings will be available shortly. A copy of the book of abstracts and other details may be obtained from [autismseminar2011@gmail.com](mailto:autismseminar2011@gmail.com).

Ashok MV  
Professor of Psychiatry,  
St. John's Medical College Hospital  
Bangalore

## PER-ANDERS RYDELIUS AND GORDON HARPER AT THE SCHOOL FOR YOUNG PSYCHIATRISTS

SUZDAL, RUSSIA

From September 27 to October 1, IACAPAP's Past President Per-Anders Rydelius and IACAPAP's Treasurer Gordon Harper attended the School for Young Psychiatrists sponsored by the Russian Association of Psychiatry, held in Suzdal, Russia.

This School, held every two years, offers about 150 young psychiatrists and psychologists up-to-date information about a broad range of topics in psychiatry and mental health.

Suzdal, the site of the conference, is a historic Russian city where a citadel and cathedral, both noteworthy sites to visit, were first built in 1190. Interest in Russian history has led to many 19th-century wooden buildings being re-located to a Museum of Russian Wooden Buildings.

At the conference, Per-Anders Rydelius presented a plenary session on the bio-psycho-social approach in child psychiatry. Gordon Harper presented workshops on attachment in human development and on treatment planning. In addition to the formal sessions, the conference offered opportunity for informal conversations with young psychiatrists and researchers, and with one regional ombudsman.

While in Suzdal, Rydelius and Harper also visited a children's home, hearing about the work there and providing consultation on several children. The children performed vigorous dancing and singing for the visitors. They also visited an "intermittent-care" hospital, beautifully equipped, where children aged 2 to 8 with a variety of special needs stay for an average of months. They may repeat such episodes of care two or three times per year. In both these visits, we appreciated that Russians place a high value on good care for children.

We hope that this visit will lead to new ways for the IACAPAP to support the developing field of child and adolescent mental health in Russia.

**Gordon Harper MD**

Below, house of poor peasant, Museum of Wooden Architecture and Peasant Life in Suzdal, Russia. Bottom: Gordon Harper (left) and Per-Anders Rydelius with four Russian colleagues.





# Marcos Tomanik Mercadante (1960-2011)

On July 2, 2011, Brazil lost Professor Marcos Mercadante, one of its leaders in child and adolescent psychiatry. He was diagnosed with pancreatic cancer right after returning to Brazil from the IACAPAP Congress in Beijing. During the last year he fought really hard against the disease and in many moments he seemed more energetic than ever. Marcos belongs to a most prestigious group of clinicians, teachers and researchers who have contributed enormously to the development of child psychiatry in Brazil and to the knowledge of childhood disorders worldwide.

His professional career was unique. He graduated from medical school in 1983, at the University of São Paulo. Immediately after, he decided to do his psychiatry training at a therapeutic community called *Enfance*, which focused on social psychiatry. In 1988 he started working with Stanislaw Krinsky, one of the first child psychiatrists in Brazil and who had trained with Leo Kanner. At the time he created and coordinated the child and adolescent psychiatry unit at *Santa Casa* Medical Hospital, which became a reference center for the diagnosis and treatment of autism in the state of São Paulo.

The first time I met Marcos was in 1988, when I was still a medical student. I was present at a lecture he gave during an autism congress in Brasília. After his lecture I was certain that I wanted to become a child psychiatrist. Some years later I started my residency training at *Santa Casa* Medical Hospital and it was IACAPAP Bulletin. November 2011

a wonderful surprise and an honor to have him as my supervisor.

In 1994 we went together to the IACAPAP congress in San Francisco. During the congress we met Yanki Yazgan, a brilliant child psychiatrist from Turkey who was doing a post-doctoral fellowship at the Yale Child Study Center at the time. Marcos was fascinated by his descriptions of the work developed at Yale combining biological and psychological perspectives in child mental health. Following Yanki's advice we attended a lecture by James Leckman, one of the most prominent child psychiatrists in the world. After this lecture Marcos told me: "I have to spend some time at Yale".

Interestingly, at the end of 1994 Euripedes Miguel returned to Brazil from a "post-doc" at Harvard University, where he had become a friend of Leckman. Then, Marcos decided to do a PhD and to have Euripedes as his mentor. His thesis described for the first time the increased frequency of tics and obsessive compulsive disorder (OCD) in rheumatic fever patients without Sydenham's chorea (Mercadante et al, 2000).

His partnership with Euripedes was truly heuristic: together they created the "OCD Spectrum Disorders Program" and organized many symposiums and courses. These events brought to Brazil some of the key researchers on OCD and Tourette syndrome (TS), like Thomas Insel, Scott Rauch, David Pauls, Barbara Coffey and James Leckman. In 1995, they helped to create the "Brazilian

Association of Patients and Families with TS and OCD" (ASTOC). This non-profit non-government organization has helped thousands of patients all over Brazil.

At the beginning of 2000 he moved with his family to New Haven to do a 2-year post-doctoral research fellowship at the Yale Child Study Center under the mentorship of James Leckman and Paul Lombroso. When coming back to Brazil in 2002 he decided to focus his research efforts on autism spectrum disorders and their impact on social cognition. He got an assistant professor position at Mackenzie University (2002 -2006) and in 2006 he became an associate professor at the Federal University of Sao Paulo (UNIFESP).

In the same year we created together the Child and Adolescent Psychiatry Unit (UPIA) at UNIFESP. UPIA was set up with the goal of becoming a center of excellence in patient care, teaching and research on child psychiatry. We started UPIA with only 6 people and one outpatient clinic. Currently, UPIA has six outpatient clinics and 59 professionals, including 5 child psychiatry residents every year. Every month around 450 children and adolescents are evaluated and treated.

What Marcos enjoyed most in research was to raise "important questions." More recently he was fascinated by translational medicine and the many possibilities it could offer to the search for endophenotypes. For instance, one of the papers which he was really proud of was published at



the *Journal Medical Hypothesis*. This paper hypothesized neurogenesis in the amygdala as an etiologic hypothesis of autism (Mercadante et al, 2008). In 2008, together with Euripedes Miguel and Luis Rohde he initiated an innovative project focused on developmental psychiatry and the need for early recognition and treatment of childhood psychiatric symptoms (Miguel et al, 2009).

In addition to his academic achievements, Marcos was an excellent clinician, with a special way of interacting with children and a unique ability to uncover the hidden potential of each child. In July, 2010 he helped to create the association “Autism and Reality” (*Autismo & Realidade, A&R*). A&R is a NGO which tries to increase the knowledge about autism spectrum disorders in Brazil and to improve the quality of life and the adaptation skills of people with autism and their families. Their main goals are to create awareness campaigns on autism spectrum disorders, to support the training of professionals, and to support new research projects. In June 2011, A&R announced the creation of the “Prof. Dr. Marcos Tomanik Mercadante Award” on research about autism. Some of the links for A&R are listed below. Marcos was very excited with his work at A&R.

In summary, Marcos had a most special way of finding pleasure in everything he decided to do. He married twice and had three enchanting children.

The youngest, a 14 year old boy, said at his burial ceremony: “...I never liked or needed to play with hero figures, because I knew that I had a big hero right beside me, at the kitchen table...”

Since I started my residency training under his supervision it has been 20 years working together with Marcos. During this time I had the honor of being his student, colleague and friend. It is with overwhelming sadness that I write this memorial. This is the first time I write something with the profound desire that I did not have to write it. The only relief in the grief is the certainty that his achievements will be present and guide us forever.

**Maria Conceição do Rosario MD, PhD**  
Associate Professor, Department of Psychiatry, Federal University of Sao Paulo (EPM/UNIFESP)

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## CONGRESSES, CONFERENCES AND MEETINGS

### IACAPAP

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

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

# MEMBER ORGANIZATIONS

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- American Academy of Child and Adolescent Psychiatry (AACAP)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología de la Infancia y la Adolescencia (ASAPPIA)
- Asociación de Psiquiatría y Psicopatológica de la Infancia y la Adolescencia, Uruguay (APPIA)
- Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)
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- Association for Child and Adolescent Mental Health, United Kingdom (ACAMH)
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- Bangladesh Association For Child & Adolescent Mental Health (BACAMH)
- Bulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)
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- Child Mental Health Association of Egypt
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- Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie
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- Israel Society of Child and Adolescent Psychiatry
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- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
- Romanian Society of Neurology and Psychiatry for Children and Adolescents (SNPCAR)
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- Association for Child Psychoanalysis, USA
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