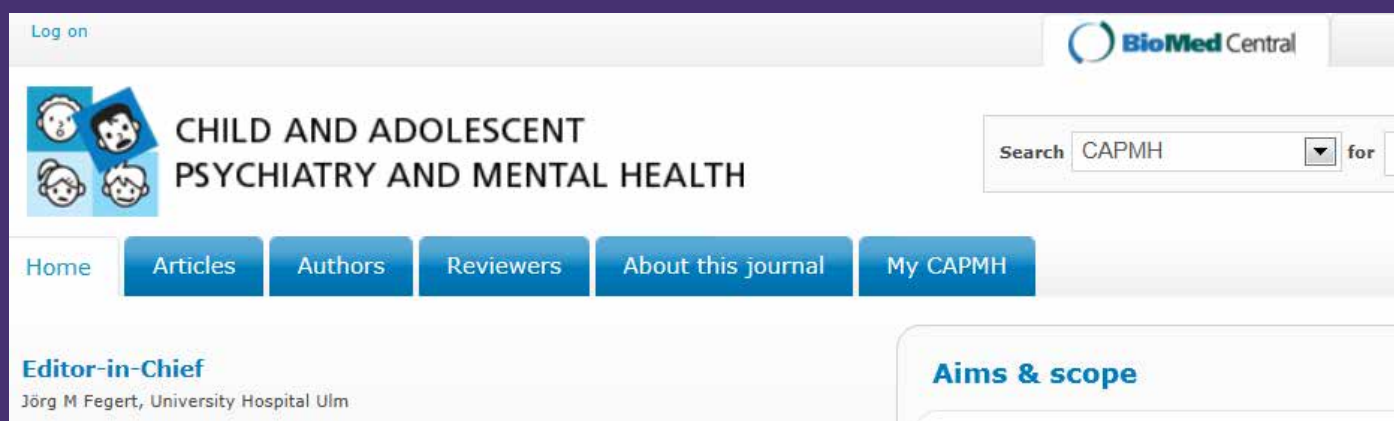




IACAPAP

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'CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH' IACAPAP'S OFFICIAL SCIENTIFIC JOURNAL

GIANT LEAP FORWARD IN MOROCCO



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President's Column

CHANGING THE LANDSCAPE OF CHILD AND ADOLESCENT MENTAL HEALTH

Two months of the year have already gone by but as this is the first Bulletin for 2013, I send all IACAPAP's full and affiliate member organisations best wishes for the year. I send a special greeting to each individual member and hope that this year will be a very productive one for you.

Individual membership

Individual membership is open to child and adolescent mental health (CAMH) professionals in countries where no national organisation for child and adolescent psychiatry and allied professions exist. I started off as an individual member of IACAPAP in 2005. Two years later in 2007, I was privileged to be a part of the birth of a regional CAMH organisation, the African Association for Child and Adolescent Mental Health (AACAMH). Seven years later in 2012, a group of over 30 CAMH professionals working in different parts of a country of 160 million people (Nigeria) came together to establish a CAMH organisation. I hope that individuals in many more countries will unite as a creative force for CAMH. I seize this opportunity to welcome the Kuwait Association for Child and Adolescent Mental Health (KACAMH), IACAPAP's newest full member.

My transition from individual membership to belonging to a member organisation within IACAPAP symbolizes just one of several changes in the landscape of CAMH around the world. The IACAPAP study groups, fellowship and research training programmes during and between congresses are part of the evolution of CAMH. Naturally, our activities are made more effective through the excellent partnerships and friendships we enjoy with sister CAMH organisations, and other country, regional and international organisations who share our vision for *"A world in which all children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society"*. Last year ended with too many reports of pain, suffering and turmoil specifically directed at children around the world and our resolve is to do more to protect the children we have offered to serve.

Challenges and opportunities of the digital age

Ironically, many difficulties seem to have emerged with technological advances. Several CAMH professionals report their concerns about the impact of the digital age, along with globalization and mass communication, on the mental health of infants, children, adolescents and their families.

On March 15, 2012, following an invitation from Dr Patrick Haemmerle, at that time the Medical Director of the Department for Child and Adolescent Psychiatry and Psychotherapy in the Fribourg Network for Mental Health in Switzerland, I spoke at a symposium titled: "To be a child in the digital age". I mentioned in my



talk that the topic was timely for every community in the world. I also stressed the two extremes of exposure to digital technologies: *“The excessive use, distorted use, appropriate use or the absence of use of the technologies that have emerged in the digital age, all have implications for the mental health of the child’.* While the focus has remained on the extreme use of digital technologies in better resourced parts of the world, it is important to be reminded that at the other extreme, there are children who are left out of the digital age, with mental health consequences.”

IACAPAP e-textbook

IACAPAP’s e-textbook was launched a few months after the symposium. Over a hundred CAMH professionals working in various contexts around the globe contributed to the book. At the symposium, I had said the following in anticipation of this momentous resource: *“With partnerships for child and adolescent psychiatry in the digital age, CAMH and child and adolescent psychiatry training will spread throughout the world. This is feasible through the use of mobile phones and other technologies. We enthusiastically await the IACAPAP e-textbook, which will be available free of charge on IACAPAP’s webpage following its launch at IACAPAP’s Paris Congress. This will be an excellent resource for CAMH professionals.”*

Since the launch of IACAPAP’s e-textbook, the impact of this resource on the world of CAMH has been clearly observed through Google analytics used to keep track of visits to IACAPAP’s website. Thanks to our webmasters who have set this up. In July 2011, the world map showing activity on IACAPAP’s website revealed that virtually all 260 visits were from North America and Europe. In August 2012, after the e-book launch 2,654 people visited this site and all the world’s continents were represented. This momentum has been sustained with 2,477 visits in January 2013. The degree of activity generated from the regions of the world is indicated with shades of green, with white corresponding to no activity and dark green too much activity. I have observed my continent, Africa, becoming light green in many regions while others remain white, pointing to lingering challenges such as a language barrier or little or absent CAMH activities.

In January of this year, as I started in the role of coordinator of an 18-month Master of Science program in CAMH funded by the John D and Catherine T MacArthur Foundation in the University of Ibadan, Nigeria, I noticed that several of the multidisciplinary faculty had cited the IACAPAP textbook as a resource and reading material for students. The comprehensive nature of the book makes it pertinent to courses on assessment, developmental considerations, psychological and social treatment methods, interface between mental health and physical health, child protection and legal considerations.

Comments by the students from different parts of West Africa reveal the relief this resource has brought: *“Promotional items on the internet often feature a ‘free trial’ period. This must be one of them. Or perhaps there were only abstracts? Those were my thoughts the first time I happened on the IACAPAP Textbook of Child and Adolescent Mental Health. I had been looking around for some authoritative information on some mental health conditions in adolescence and had found several articles, but nothing close to a ‘textbook’.* My location in a resource-poor region of the world had also somewhat restricted my search for materials to resources which were free of the internet, and so I expected I would have to make the best of whatever I found” (Olurotimi Adejumo, Ibadan, Nigeria); *“My first impression on receiving this book online for free was that this was a benevolent act from deep thinking, determined, missionary minded and purposeful individuals. I also sensed a strong passion by those involved for urgent perpetuation of knowledge in order to fill what must have been perceived as an unacceptable gap in child and adolescent mental health services. I perceive zeal to develop the third world capacity in CAMHS despite our dearth of resources and manpower and a determination to painstakingly bring this development to our doorstep”* (Grace Ijarogbe, Lagos, Nigeria); *“Written in a user friendly way to serve as a guide for clinicians, counsellors, social workers to provide adequate care to patients!”* (Augustus Quiah, Suakoko, Liberia)



With a free reference book for every student, each of them will train in CAMH. Training is a powerful tool for change; therefore change has come for CAMH! The students also had suggestions for ways in which the e-book would be easier to read or even more relevant to their needs: *"I occasionally am disappointed not to find some topics with some exclusive focus on psychological forms of therapy"* (Rotimi, Ibadan); *"... it describes the best treatments and practices for mental illness but left out HIV/AIDS"* (Massah Mambu, Freetown, Sierra Leone); *"the book and its various chapters are made in a way that it must be downloaded piecemeal and that takes time. In the various chapters, there are video clips that must be viewed while on the internet and this is not feasible in third world countries with poor infrastructural development and bad internet connections"* (Friday Tungchama, Jos, Northcentral Nigeria). Despite these frustrations Mary Akpobi-Madu (Zaria, Northwest Nigeria) wrote: *"This is of immense importance especially in third world countries where psychiatry textbooks are much more scarce and difficult to get than other medical and related fields textbooks due to the fact that psychiatry in the third world is still in its infancy and the marketers in these regions believe it is not cost-effective for them to stock the books"*. We need to discover and develop partnerships that will pave the way for CAMH resources in regions where language barriers present a challenge.

Child and Adolescent Psychiatry and Mental Health journal

In line with IACAPAP's passion to continue to shape the landscape for CAMH through the provision of free access to information for better practices, I am extremely pleased to announce that from February 2013, the official Journal of IACAPAP is *Child and Adolescent Psychiatry and Mental Health* (CAPMH, www.capmh.com). A partnership that was first proposed in 2006 has now crystallised. More information about this partnership will be released in subsequent bulletins but I will highlight the unique benefit of this arrangement to authors in developing regions. Not only will CAMH professionals in all parts of the world read our work in this first-rate journal but authors in resource-poor regions will have an excellent opportunity to get their work published as CAPMH offers waivers to authors from developing countries. *"The developed world has much to give and receive from working with partners from the developing world. If each child mental health service in the developed world established a partnership with a similar organization in the developing world much would be gained on both sides from this process. These links would provide training and educational support to the developing world. Simultaneously, professionals and the community could work together to develop child mental health services in the developing world, using creativity and innovation. Who is to say that these same innovations cannot be applied in the developed world? This relationship would also provide reality checks, especially for those working in better resourced areas, and may question whether resources are really the issue"* (Dogra & Omigbodun, 2005).

Finally, as IACAPAP comes to Africa for the first time, let us participate in the Durban Congress in August 11-15, 2014 and be a part of a landmark event I envisage will further transform the landscape of CAMH globally.

Reference

Dogra N, Omigbodun OO (2004). Learning from low-income countries: what are the lessons? Partnerships in mental health are possible without multidisciplinary teams. *British Medical Journal* 329:1184-1185.



Olayinka Omigbodun MBBS, MPH, FMCPsych, FWACP
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Aims & scope

Child and Adolescent Psychiatry and Mental Health is an open access, online journal that provides an international platform for rapid and comprehensive scientific communication on child and adolescent mental health across different cultural backgrounds. The journal is aimed at clinicians and researchers focused on improving the knowledge base for the diagnosis, prognosis and treatment of mental health conditions in children and adolescents. In addition, aspects which are still underrepresented in the traditional journals such as neurobiology and neuropsychology of psychiatric disorders in childhood and adolescence are considered as well. CAPMH aims to help integrate basic science, clinical research and practical implementation of research findings.

'CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH'

AN OPEN ACCESS, ONLINE JOURNAL IS NOW IACAPAP'S OFFICIAL SCIENTIFIC JOURNAL

Following negotiations between IACAPAP and BioMed Central, it was agreed that "Child and Adolescent Psychiatry and Mental Health" (CAPMH) would become the official scientific journal of IACAPAP. The fact CAPMH is an open access online journal as well as its shared objectives with IACAPAP were important considerations in this decision. All articles published by CAPMH are made freely and permanently accessible online immediately upon publication, without subscription charges or registration barriers.

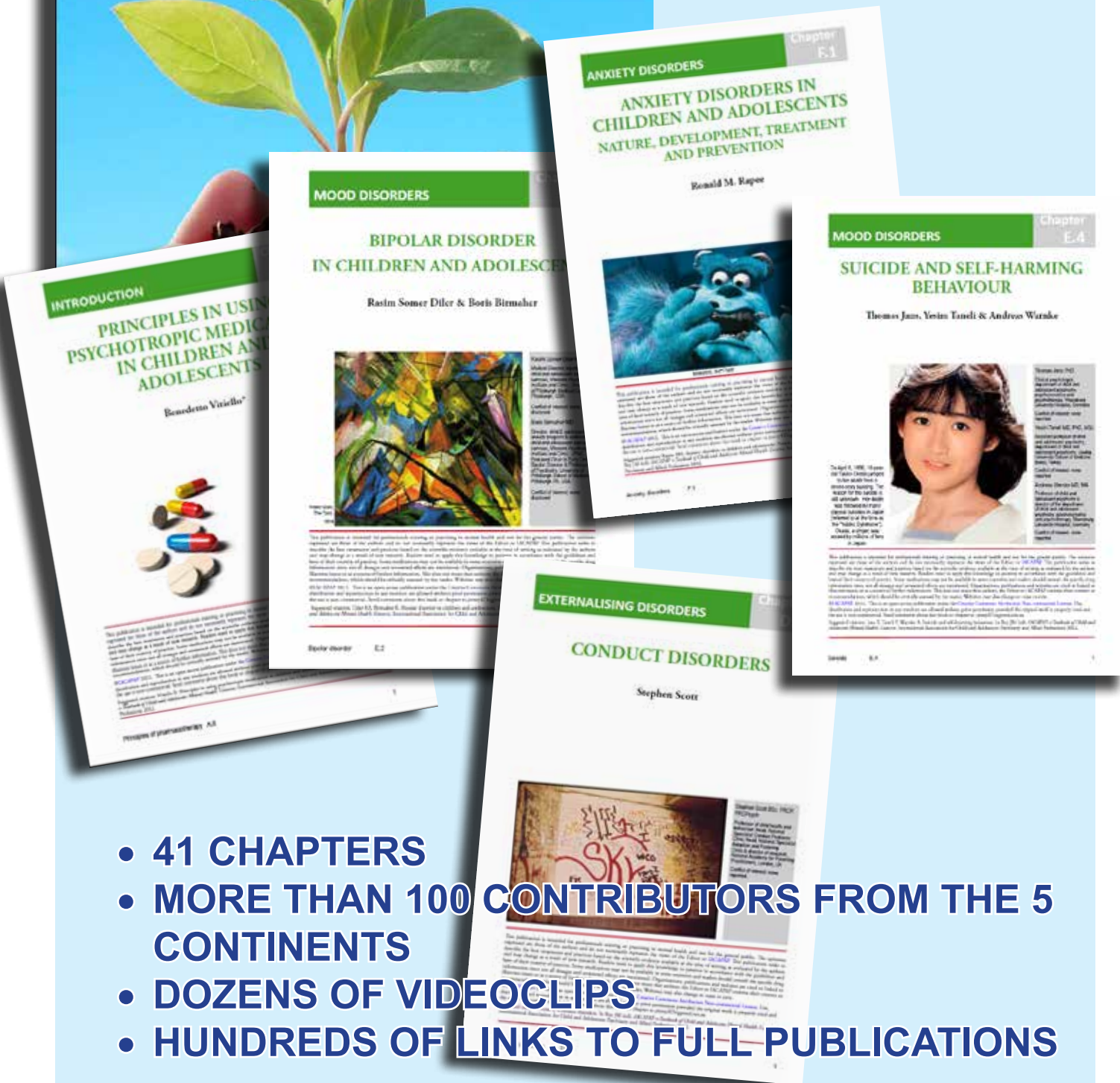
This journal serves as a scientifically rigorous and broadly open forum for both interdisciplinary and cross-cultural exchange of research information, involving child and adolescent psychiatrists, paediatricians, psychologists, neuroscientists, and allied disciplines. CAPMH is aimed at clinicians and researchers focused on improving the knowledge base for the diagnosis, prognosis and treatment of mental health conditions in children and adolescents. In addition, aspects which are still underrepresented in the traditional journals such as neurobiology and neuropsychology of psychiatric disorders in childhood and adolescence are considered as well. CAPMH aims to help integrate basic science, clinical research and practical implementation of research findings.

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IACAPAP Textbook of Child and Adolescent Mental Health

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- MORE THAN 100 CONTRIBUTORS FROM THE 5 CONTINENTS
- DOZENS OF VIDEOCLIPS
- HUNDREDS OF LINKS TO FULL PUBLICATIONS



FIRST ANNOUNCEMENT

Fly to South Africa for the 21st World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

11-15 August 2014

Durban International Convention Centre
South Africa



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Non-Profit Organization
The International Association for Child & Adolescent Psychiatry and Allied Professions

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**JOIN IN!
WE ALREADY HAVE MORE
THAN 700 "FRIENDS"**

BANGLADESH



The new Executive Council at the Annual General Meeting. From left: Dr Avra Das Bhowmik, Dr Md Faruq Alam, Professor M A Salam, Dr Nafia Farzana Chowdhury, Professor Mohammad S I Mullick, Professor Jhunu Shamsun Nahar, Mr Kamal UA Chowdhury, Dr Zillur Rahman Khan.

5th Annual Conference and General Meeting of BACAMH

*A symbol of
continuous
achievement*

The Bangladesh Association for Child and Adolescent Mental Health (BACAMH) has crowned five splendid years with a three-day conference (20-22 November 2012) at the Nuclear Medicine auditorium of Bangabandhu Sheikh Mujib Medical University, Dhaka. The theme of this year's conference was "Child and Adolescent Mental Health: Service Development."

BACAMH is a multi-disciplinary association in which psychiatrists, pediatricians, clinical psychologists, social workers, special education teachers and pediatric neurologists work hand in hand. Therefore emphasis is given to service provision and to the development of comprehensive health care services.

National Professor M R Khan inaugurated the scientific program and Professor Mohammad S I Mullick, Professor of Child and Adolescent Psychiatry and Chairman, Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University (BSMMU), delivered the keynote speech. Around 200 delegates from Bangladesh and other countries attended the conference, which started with a welcome address by Professor Jhunu Shamsun Nahar, Head of the Division of Psychotherapy, Department of Psychiatry, BSMMU, Dhaka. Professor Hidayetul Islam, one of Bangladesh's pioneer psychiatrists and Professor Md Golam Rabbani, former director of the National Institute of Mental Health (NIMH) and President of the Bangladesh





National Professor M R Khan (right) delivering his speech during the opening ceremony.

Association of Psychiatrist, were present at the opening ceremony as special guests.

Delegates expressed their views on how to improve child mental health services in Bangladesh using the available resources rather than waiting for the opportunity to put into practice models of child and adolescent mental health services from elsewhere. Presenters also shared their views on how to integrate child mental health services with primary health care services. Delivering child mental health services along with primary maternal and child health care services will widen service provision and thus will reduce the stigma associated with mental disorders. BACAMH believes in early detection and early intervention, which ultimately reduces disease burden. Dr Murad Bakht, Consultant of Child and Adolescent Psychiatry at Brampton Civic Hospital, Ontario, Canada, described child health care service provision in a developed country like Canada and compared that with the services in a developing country. It became obvious from his presentation that Bangladesh is relatively ahead of countries like Laos and Vietnam in child mental health service that hardly have any mental health care services. Better times are ahead should BACAMH continue its training efforts including the annual conference and supporting research and service delivery. The issue of how to train general physicians in child and adolescent psychiatry received much attention as well as whether to start a short course on child and adolescent mental health. Both were seen as important steps to improve service provision.

Dr Narayan Chandra Shaha, Child Neurologist of Dhaka Medical College

IACAPAP Bulletin, February 2013

Hospital, delivered a 3-hour workshop on "Epilepsy" on the first day of the conference. The workshop was very informative and genuinely interactive. Two symposiums were conducted on "ADHD" and "Conduct disorder", both vibrantly run by young psychiatrists. Two theme papers: "Capacity building in child and adolescent psychiatry in Bangladesh" by Dr Md Faruq Alam, Associate Professor of Child, Adolescent & Family Psychiatry, NIMH, and "Child and adolescent mental health services in Bangladesh: current scenario and future prospects" by Dr Muhammad Zillur Rahman Khan, Assistant Professor, Department of Child Adolescent & Family Psychiatry, NIMH.

There were four plenary sessions in the last two days. Eight papers were presented by delegates from both Bangladesh and abroad. The annual general meeting, chaired by Professor Mohammad S I Mullick, followed the scientific sessions. The Secretary General, Treasurer and Academic Secretary presented their reports that were endorsed. The President of the Association, Professor Mohammad S I Mullick, and a newly elected Executive Council for the year 2012-2014 were appointed. The Meeting ended after lively discussion of different organizational issues. The conference was closed with a brief session chaired by Professor Mohammad S I Mullick, Professor Monimul Haque, Professor Jhunu Shamsun Nahar and Professor M ASalam. Dr Md Faruq Alam, Dr Md Mustafizur Rahman and Dr Zillur Rahman Khan, thanking the program committee and organizing committee of BACAMH for such a successful and lively conference.

Mohammad S I Mullick

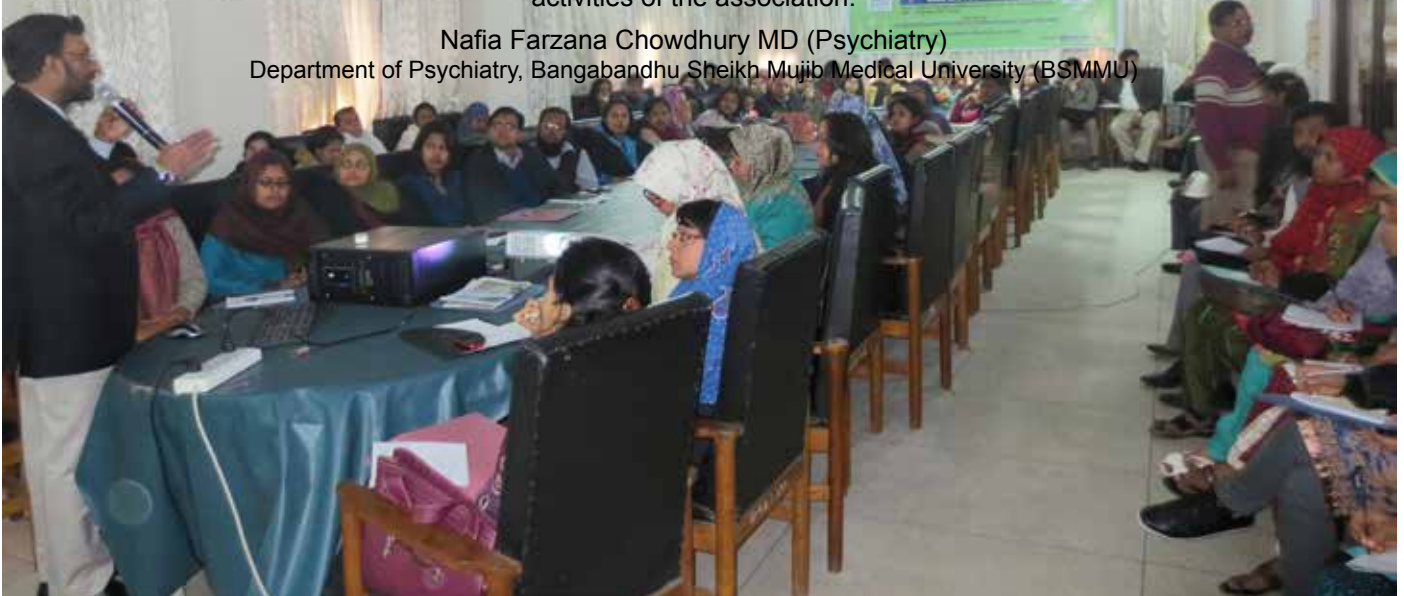
 A vertical banner for the Bangladesh Association for Child & Adolescent Mental Health (BACAMH). The banner features a collage of children's faces on the right side. The text on the banner includes:

- Bangladesh Association for Child & Adolescent Mental Health (BACAMH)** (written vertically in pink)
- The national organization for professional working in the area of child & adolescent mental health** (written vertically in black)
- No child health without mental health** (written vertically in black)
- Bangladesh Association for Child and Adolescent Mental Health BACAMH** (with a logo of a green apple and pink leaves)

TRAINING IN CHILD AND ADOLESCENT MENTAL HEALTH ON THE MOVE IN BANGLADESH

A one day workshop on child and adolescent Psychiatry organized by BACAMH took place in Dhaka in December 27th 2012 at the National Institute of Mental Health (NIMH). There were 76 participants—psychiatrists and allied health practitioners. Speakers included Professor MSI Mullick, Chairman, Department of Psychiatry BSMMU, who spoke about “Basic Understanding and Classification of Child Psychiatric Disorders”; Professor Md Waziul Alam Chowdhury, Director of NIMH, who discussed the “Need for Child and Adolescent Mental Health Services in Bangladesh”. He focused mainly on the resources available in Bangladesh, emphasizing how to best use them. This triggered a lively discussion and generated innovative ideas about how to improve services. Dr Md Faruq Alam, Associate Professor, Department of Child Adolescent and Family Psychiatry, NIMH, described the “Development, Management and Prevention of Childhood Disruptive Disorders and Autism”. This presentation was followed by interviews with six parents and their respective children who suffered from these conditions, concluding with a summary and discussion of their clinical cases by Dr Alam. Dr Muhammad Zillur Rahman Khan, Assistant Professor Department of Child Adolescent and Family Psychiatry, NIMH, coordinated the program. At the end, participants received a certificate. Dr Muhammad Zillur Rahman Khan, Scientific Secretary of the BACAMH said that more interactive workshops of this type are to be organized by BACAMH in 2013 as a part of the academic activities of the association.

Nafia Farzana Chowdhury MD (Psychiatry)
Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University (BSMMU)



RUSSIA BANS ADOPTIONS BY AMERICANS

This law came into effect on the 1st of January 2013 (<http://eng.kremlin.ru/acts/4810>). The fourth article bans citizens of the United States from adopting children from Russia and prohibits the activity of organizations and agencies looking for Russian orphan children for adoption in the US. The law is informally named after a Russian orphan, Dima Yakovlev, adopted by a family from Virginia who died of heat stroke in 2008 after being left in a parked car. The United States Ambassador to Russia, Michael McFaul, said that the law will “link the fate of orphaned children to unrelated political issues” (<http://www.foxnews.com/us/2012/12/28/russia-putin-says-intends-to-sign-anti-us-adoptions-bill-into-law/>).

Reaction to the Law in Russia has been ambiguous. A public opinion poll in December 2012 found that 21% of Russians were against the ban, 56% supported it and 23% did not have an opinion (<http://fom.ru/Bezopasnost-i-pravo/10749>). On January 13, 2013 there was a march (picture) in Moscow against the law, but the slogans were more about politics than about adoption.

Olga Rusakovskaya (Moscow, Russia)



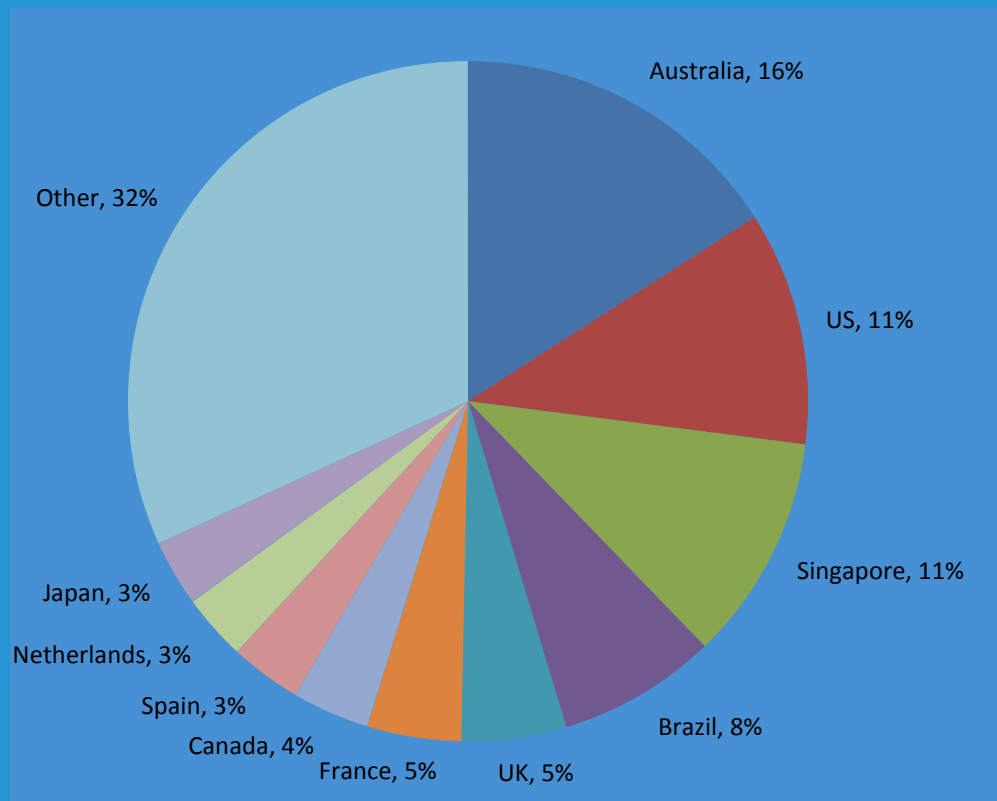
25,000 HITS

IACAPAP Textbook of Child and Adolescent Mental Health

In the first six months after its publication (July-December 2012) there have been 24,937 visits to the e-textbook.

The pie chart summarises the 10 countries where most of these visits originated.

The expanded 2013 edition of the textbook is currently under preparation. It will contain several new chapters.



European Society for Child
ESCAP
and Adolescent Psychiatry



College of
Psychiatrists
of Ireland

15th International

ESCAP Congress

2013



6 – 10 July 2013

Convention Centre

Dublin, Ireland

Keynote Speakers confirmed to date:

Dr Kathleen Merikangas, USA

Prof Matthew State, USA

Prof Susan Shur- Fen Gau, Taiwan

Prof Jan Buitelaar, The Netherlands

Prof Louise Gallagher, Ireland

Prof Tobias Banaschewski, Germany

ADOLESCENT MENTAL HEALTH SYMPOSIUM

The Adolescent Psychiatry Committee of the Turkish Association for Child and Adolescent Psychiatry has been gathering annually since 1996 during on occasion of its annual symposium. This year the symposium was held in Samsun—a northern city in Turkey’s Black Sea coast—from 6 to 8 of December, 2012. The theme was “Is it Adolescence or Psychopathology”. It was a great opportunity, especially for young child and adolescent psychiatry specialists and residents, to attend panels and lectures presented by leading child and adolescent psychiatrists. In addition, Jay Giedd from the National Institute of Mental

Health (USA), lectured on “Adolescent Brain Development in Health and Illness: Insights from Neuroimaging”. There were panels discussing the difficulties in differentiating “normal” from “abnormal” in terms of adolescent mental health, including “Self-Regulation in Adolescence”, “Neurodevelopment and Psychopathology”, “Self-Harm in Adolescence”, “Developmental Phenomenology”, and others (www.ergengunleri2012.com). In 2013, the national symposium of adolescent mental health will be held jointly with the regional ISAPP congress in Ankara, November 21-24, 2013.

Füsün Çuhadaroğlu Çetin MD



Dear Colleagues,

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

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

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

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

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


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

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

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

Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie,
Psychosomatik und Psychotherapie e. V.

German Society for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP) XXXIII Congress Rostock, March 6–9, 2013



July 17, 19 Jahre, 2. Platz des Zeichenwettbewerb Rostock, das Meer und ich

CME
zertifiziert

XXXII. DGKJP KONGRESS

mit Fort- und Weiterbildungsprogramm
6. – 9. März 2013 // StadtHalle Rostock

Transition – gelingende Übergänge für psychisch
und neurologisch kranke Kinder und Jugendliche

EINLADUNGSPROGRAMM
www.dgkjp-kongress.de

dgkjp
Deutsche Gesellschaft für
Kinder- und Jugendpsychiatrie,
Psychosomatik und Psychotherapie e. V.

Click on the
picture to
view the
detailed
program

The DGKJP Congress is the main scientific meeting of German-speaking professionals working in child and adolescent mental health—child and adolescent psychiatrists, psychotherapists, psychologists and allied health staff. In 2013, the Congress will focus on the treatment of children and adolescents with psychiatric and neurological disorders, particularly their multidisciplinary aspects. The emphasis will be not only on specific disorders but also on developmental trajectories, access to and delivery of services, and on how patients can be helped to successfully navigate the transition between in-patient, outpatient and day-care settings.

Among other activities, the group of Young Child and Adolescent Psychiatrists (YICAP)—previously known as the Young Investigators in Biological Child and Adolescent Psychiatry (YIBcap, www.yibcap.com)—aims to provide “Meet the Expert” sessions. There will be an arts exhibition entitled “*KidKunst & Krankheit*” at the *Rostocker Kunsthalle*, an exhibition about a school attached to a child and adolescent psychiatry department and a social event on March 8 at the *Kurhaus Warnemünde*. There will also be pre-congress symposia about recent developments in the school education sector, which may be of particular interest for teachers and allied professionals, and pre-congress talks on developmental disorders for physiotherapists, speech therapists and other related professionals. For more information please go to www.dgkjp-kongress.de

Looking forward to seeing you in Rostock!

Florian Zepf, MD, Germany

UKRAINE

AUTISM SPECTRUM DISORDERS AND ADHD CAN NOW BE DIAGNOSED IN ADULTS



From top. The president of "Child with a Future" Foundation Larisa Rybchenko (with the loudspeaker). Participants in the demonstration. The Minister of Health, Raisa Bogatyrova, with children with autism spectrum disorders.

In spite of ICD-10 being the official classification used in Ukraine, diagnoses of mental and behavioural disorders differ significantly from those in the rest of the

world. Very often diagnoses are not based on ICD-10, rather on the Soviet psychiatric classification. As a result, autism spectrum disorders were diagnoses practically not used in Ukraine until 2007. Following AV Snejnevskyi's theories, schizophrenia was diagnosed instead of autism. In some cases a diagnosis of autism was made but the child was still treated following the protocols for schizophrenia. Instead of autism, psychiatrists also used the diagnoses of mental retardation and organic brain damage.

There have been significant changes in Ukrainian psychiatry since then. From 2006 to 2011, diagnoses of autism spectrum disorders have increased 2.5 times. For example, in 2011 autism spectrum disorders were diagnosed in 342 children. Since 2006, the number of diagnosed cases has increasing annually by up to 30%. However, the quality of the diagnostic evaluations remains low.

Another problem is diagnosing autism in adults (and ADHD). Children with autism

whose symptoms persist by the age of 18 were not diagnosed with autism but with mental retardation or schizophrenia. In April 2012 there was a demonstration of parents and patients with autism spectrum disorders ("Mother, I do not have schizophrenia, I have autism") near the Ministry of Health. The demonstration was organized by the "Child with a Future" Foundation (President: Larisa Rybchenko) and supported by the Association of Psychiatrists of Ukraine (President: Semyon Gluzman). This resulted in a change in the diagnostic system, although the decision was not easy—it took the personal intervention of the Minister of Health (Raisa Bogatyrova) and the First Deputy of Minister Raisa Moiseenko. Now autism, autism spectrum disorders (and ADHD) can be diagnosed in people older than 18. Pervasive developmental disorders are included in a list of causes of intellectual disability in adults.

These decisions will not be easy to implement. The main problems are the retraining of specialists, the use of new diagnostic procedures and improving standards of care. Modern diagnostic tools and rating scales do not have Ukrainian—or Russian—versions, so their use in our country is limited. There are also difficulties in the training of specialists in behavioral analysis and the lack of standards of care for patients with autism after the age of 18.

Martsenkovskiy Dmytro

PSYCHOLOGICAL MEASUREMENT IN CHILDREN WITH MENTAL HEALTH PROBLEMS

The Ukrainian reality and first steps to its improvement

The poor quality of measuring instruments (intelligence and achievement tests, questionnaires, rating scales, structured diagnostic interviews) and standards of psychological care for children with mental and behavioral disorders is a serious problem in Ukraine. Like in many other areas of psychology and psychiatry, psychological measurement is not sufficiently developed. Today, there are no measurement instruments that have been validated in a Ukrainian population—most are used according to norms obtained in other countries or cultures.

This situation is largely the result of a long period during which research in these areas was forbidden in the Soviet Union (from 1936 all diagnostic tools were banned for ideological reasons). Although the situation began to change in the 1970s, it is still problematic.

Lack of copyright protection for psychodiagnostic tests may be one of the reasons why international publishing groups do not seek to work in Ukraine. At

present only one publisher of psychological tests – “OS Ukraine” that works according to International Test Commission norms in adapting and standardizing tests – is registered in Ukraine and is part of the European Test Publishers Group. This publishing house is adapting and preparing for distribution in Ukraine the Autism Diagnostic Observation Schedule (ADOS); Autism Diagnostic Interview, Revised (ADI-R); Wechsler Intelligence Scale for Children, 4th version (WISC-IV); the Vineland Adaptive Behavior Scales, 2nd version (Vineland-II) and other tests.

Long-term contracts with publishers around the world can provide access to virtually any diagnostic tool. However, supplying Ukrainian psychiatrists, clinical psychologists and professionals working in the field of special education with up to date, appropriately adapted diagnostic tools is prevented by the country’s lack of a market. State medical and educational institutions do not possess sufficient funds to purchase diagnostic tools and to certify professionals to use them.



Click on the pictures above to watch the proceedings of the round table (in Russian). The top video clip is 1 hour 52 minutes long, the other is 1 hour 59 minutes.

“Psychological measurement in the care of children with autism spectrum disorders” was the topic of a round table at the 4th International Psychological Conference that took place in Kiev (Ukraine), November 30 to December 2, 2012. The round table was attended by representatives of various organizations caring for children with autism spectrum disorders: child psychiatrists, social workers, special education professionals and psychologists. The proceedings of the round table can be accessed by clicking the pictures above. Round table participants discussed the experience acquired during the certification of the first users, clinical use of English-language versions of diagnostic tools in research, and follow-up plans for the widespread adoption of contemporary psychodiagnostic procedures.

Oleg Burlachuk MD, PhD, OS Ukraine, Kiev



Participants in the round table discussion on psychological measurement in child psychiatry

International Meeting for Autism Research (IMFAR)

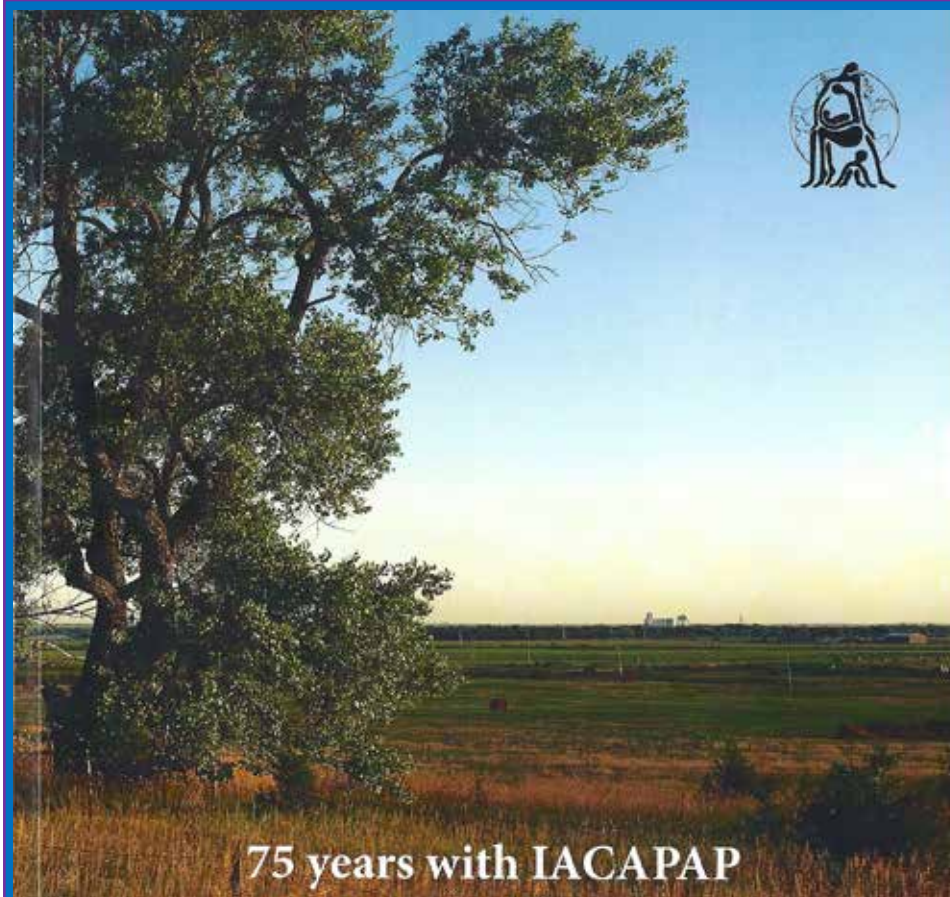
May 2-4, 2013

Donostia / San Sebastián



The IMFAR meeting will take place in continental Europe for the first time in its history. This coming May the town of Donostia/San Sebastian, in the Spanish Basque Country—recognized internationally for its human and physical appeal, and one of the two European Capitals of Culture for 2016—will host this global summit on Autism Spectrum Disorders. The 2012 IMFAR meeting in Toronto welcomed more than 1,800 scientists and delegates from 40 countries. This time, the plenary sessions held in English will have simultaneous translation to Basque, French and Spanish, thus facilitating accessibility to an international audience. The daylong preconference update course will be videotaped and made freely available at the INSAR webpage, as well as the keynote lectures in the four languages. The conference will be chaired by Joaquin Fuentes, one of the Vice Presidents of IACAPAP.

For further information and registration click on the pictures.



The History of IACAPAP

By Kari Schleimer MD,
PhD

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

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

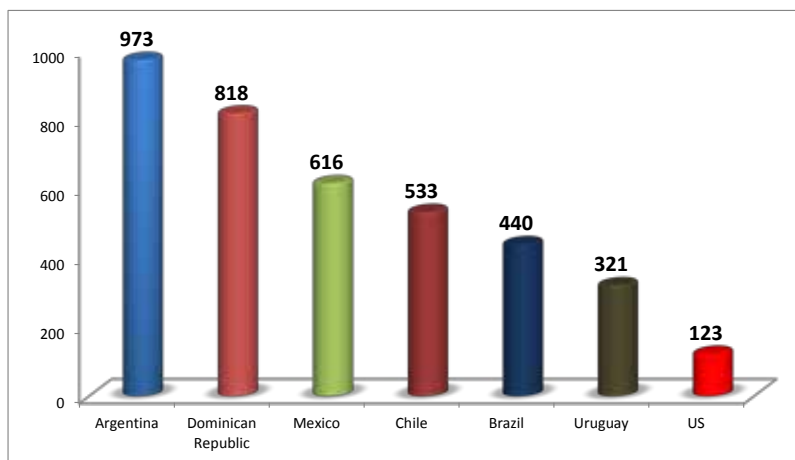
ARGENTINIAN CHILDREN ARE AFRAID

For several years in Argentina, as in several other Latin American countries, violence has regrettably become a daily problem (see Figure). Robberies and deaths in the context of delinquent episodes make daily headlines in newspapers and television. Against this background, children and families try to maintain some sense of normality and autonomy necessary for healthy development. Parents try to teach children protective behaviors to help them avoid dangerous situations but that do not result in children becoming inhibited, preventing them from becoming independent. However, the risk of developing extreme anxiety and depression in this environment is high.

When I evaluate children referred because of anxiety, I find in the majority of cases that they or a close family member have been victims of robbery or assault. How do you explain to children that their fears are exaggerated or a product of their imagination when home, school or the streets are truly unsafe and they can be killed?

The neurobiological bases of anxiety are well known—we also know the contexts

which allow the expression of an anxiety disorder. We have learned to challenge these children's distorted ideas but do we know what to do when the environment is unsafe, uncertain, when parents are realistically afraid of allowing children go out alone for fear that something may happen to them?



Robberies per 100,000 population recorded by the police in 2008. Source: OAS Hemispheric Security Observatory, 2012.

In Argentina many victims of crime in large and small cities die every day and consultations for symptoms consistent with an anxiety disorder are increasing daily in our clinics. The most common reason for consultation is fear that something may happens to parents in the street: separation anxiety disorder or an accurate evaluation of reality?

This note does not seek to ascertain anything new, only to highlight clinical ambiguities beyond the discussions of DSM, or ICD, that we must keep in mind when evaluating children, at least in social contexts in which violence is the seasoning of everyday life. This and many other issues

that concern clinicians will be discussed at the Congress of the Latin American Federation of Child Psychiatry (FLAPIA) in November 2013 in Colonia, Uruguay. Many Latin American colleagues have already confirmed their attendance and we will work together to share experiences. The 5th meeting of ADHD will take place concurrently. The latter is organized by the Latin American League for the study of ADHD.

Professor Laura Viola will preside.

In June 2013, in Buenos Aires, we will meet in the Argentine Congress of Child Psychiatry (organized by AAPI), where we will try to find solutions to the psychiatric and psychological difficulties that our social context is generated for children. Dr Andrea Abadi will chair this meeting. You are all most welcome to participate.

Andrea Abadi

Click on the picture to access the website



XIX CONGRESO LATINOAMERICANO DE FLAPIA



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

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



GIANT LEAP FORWARD IN MOROCCO

Interview with Drs Rajae Sbihi and Ghizlane Benjelloun

The child and adolescent psychiatry landscape in North Africa has changed dramatically in recent years. This is exemplified by a giant leap forward in Morocco. In a very short time, services have been created, the specialty has been recognized and two national conferences have been held. To learn more about this success story I interviewed Dr Rajae Sbihi, President of the Moroccan Society for Child and Adolescent Psychiatry and Allied Professions (SMPPA) and Dr Ghizlane Benjelloun, Secretary General of SMPPA and Head of Department of Child and Adolescent Psychiatry at Casablanca University Hospital.

- Dr Sbihi, what is the picture of child and adolescent mental health (CAMH) in Morocco?

It is not easy to describe the overall CAMH situation in our country because many data are lacking, including prevalence of mental disorders, and there is no inventory to accurately identify all the mental health activities. However, it is clear that we are facing needs that are growing exponentially. We see many children with a variety of conditions, often severe, and which are diagnosed late: developmental disorders, autism, depression, anxiety, learning disabilities and school failure, addictive disorders, disruptive behavior disorders and psychosis. We also see children with disabilities related to perinatal problems, organic diseases and situations of violence and abuse. Specialized services, education and child protection are scarce and concentrated in a few large cities. Cost of care is very high in private practice—beyond the reach of the vast majority of families. CAMH professionals are very few; waiting time for consultation is often very long; prevention and early detection are not common; school health is not yet sufficiently developed.

Considering all this, the overall conclusion may seem negative, yet we have seen real progress during these last few years. To mention only the most important ones: there is a new legal status of children enshrined in new laws; there is a recognition of children's rights and needs; a specific national prevention strategy; recognition of child mental health as a priority; enhanced training for CAMH professionals; care and education activities initiated by NGOs all around the country (especially for children with autism and intellectual disabilities); creation of child protection services; establishment of child psychiatry outpatient clinics in two university hospitals and an acute care unit in Casablanca; and implementation of a child and adolescent psychiatry curriculum at university.

CAMH prevention and the promotion activities have also been increased, such as national awareness campaigns on topics previously considered taboo (e.g., drug use, child abuse, child labor) and NGO neighborhood projects focused on needs (such as fighting school dropout and substance abuse, promoting literacy and learning, sport, cultural activities, facilitating access to basic social services, child friendly environment—parks, playgrounds).

In summary, we are witnessing a big leap forward for all those who are involved in CAMH: professionals, parents, civil society, and decision makers. All are motivated and dedicated. The heightened interest in child physical and mental health is evident and there is real hope for quick change.

- Dr Sbihi, what are the main barriers to work in the CAMH in Morocco?

I just mention a few: lack of human resources and facilities, although several successful initiatives have emerged. There is also a clear lack of communication between relevant professionals, mainly between psychiatrists, psychologists, pediatricians, primary care practitioners, general and vocational educators that hinders early detection and diagnosis. Awareness of mental health problems in children remains inadequate. These problems are often ignored, trivialized or explained by false beliefs, and this often delays seeking help. Use of traditional treatment is still common. Access to care is uneven and difficult. However, to my mind the main obstacle is the fact that there is no global vision of the situation in our country. There is an urgent need to draw an inventory of existing resources and to establish a national CAMH policy, with close and intelligent collaboration of all stakeholders. It will be hard work but is a very exciting challenge in order to prioritize actions and propose locally relevant strategies.



Top, Dr Rajae Sbihi, President of the Moroccan Society for Child and Adolescent Psychiatry and Allied Professions (SMPPA). Bottom, Dr Ghizlane Benjelloun, Secretary General of SMPPA and Head of Department of Child and Adolescent Psychiatry at Casablanca University Hospital

- How was SMPPA born and who is eligible to belong?

Immediately after the recognition of child and adolescent psychiatry as a distinct specialty in our country in July 2008, the idea of an association became evident. We started with six child and adolescent psychiatrists and one pediatrician when SMPPA was set up. This initiative was warmly welcomed by CAMH professionals and our constituent assembly subsequently comprised psychiatrists, pediatricians, pediatric surgeons, teachers, researchers, psychologists, speech therapists, physiotherapists etc. They came from university departments, public and private practice from several cities; all wanted to support the project. The name chosen reflected our strong intention to link all professionals involved in the protection and promotion of mental health of infants, children and adolescents. SMPPA is composed of full members (child and adolescent psychiatrists and other medical practitioners involved in CAMH), associate members comprising all allied professionals and honorary members.

- What are the vision and the objectives?

The objectives of the SMPPA are cited in the bylaws:

- To promote training in child and adolescent psychiatry and psychology
- To encourage development and dissemination of good clinical and therapeutic practice
- To promote the mental health of the infant, child and adolescent
- To strengthen cooperation and coordination through promotion of inter-professional contacts and exchanges between different caregivers, professionals and researchers working in the CAMH field, whatever their area of practice (public, university, private or military) or their field of practice (medical, research, psychological, educational, rehabilitation, legal, social).
- To participate in the development and promotion of national and international projects for research, clinical practice and epidemiology
- To develop relationships with national and international associations and NGO's as well as with government departments and agencies working for the same goals.

It is a large program but I am sure that we will gradually progress towards its realization. Our vision is of course enthusiastic and ambitious: we want to provide a dynamic and efficient space for exchange and training, and to ensure that communication becomes efficient. We also want to adapt scales and diagnostic tools to our cultural context. We want to develop guidelines, assist in conducting epidemiological studies and participate in research. I think we are on track as more and more professionals are joining us. Our goal is also to become an effective partner for decision makers for the implementation of plans and

strategies for CAMH in our country, especially regarding training and prevention.

- Dr Benjelloun, what have been the main activities of the SMPPA since its inception?

Since its start, in June 2009, the Moroccan Society of Child and Adolescent Psychiatry and Associated Professions (SMPPA) has carried out several activities:

- Continuing education of various professionals involved in CAMH
- Two conferences have been conducted and the third is in preparation
- Networking CAMH professionals
- Participation in national mental health policy committees
- Creation and maintenance of a website
- Development of international relationships (in particular with IACAPAP)

- Dr Benjelloun, specialists in child and adolescent psychiatry are still few in Morocco but attendance has been impressively large in the two conferences you have organized. How do you attract the interest of so many allied professionals?

Since the creation of the society we aimed at multidisciplinary and complementary approaches. Thus, the various professional groups felt recognized and valued for their specific contributions. I also think that it met an important need for exchange of ideas between CAMH professionals.

- Could you tell us about the creation of the child and adolescent psychiatry unit in Casablanca? What was your support and how did you manage to fund this unit over many other health priorities?

A small number of trainees in adult psychiatry became interested in child and adolescent psychiatry and received specialist training in France. Once back in Morocco, they were supported by Dr Sbihi, SMPPA President and already working as child and adolescent psychiatrist. She mobilized influential people in the fields of health and education to help this young team build and develop the specialty.

Dr Sbihi provided a very dynamic leadership, steering us through important activities to promote CAMH in Morocco. She has a very clear vision and long-term plans for CAMH. We are lucky that she combined her vision and love for our specialty. She offered us, young professionals, an exceptional opportunity to be at the forefront of the development of new services and to educate future generations. But she has done more. She has conducted seminars for four years (2007-2012). She started and completed the procedures for the recognition of child and adolescent psychiatry as a distinct medical specialty (July 2008). Subsequently, a child and adolescent psychiatry curriculum was established at the Casablanca Faculty of Medicine and a training program for child and adolescent psychiatry residency has been developed. Thanks to the creation of a child psychiatry unit at the Children's Hospital (February 2008) outpatient consultations

and liaison psychiatry in different pediatric departments were provided. Partnerships have been established with child protection services, the departments of forensic medicine and genetics.

The team organized the Child Psychiatry Meetings (2008-2012) inviting respected scholars, mostly from other countries, to lecture on current topics. The team also delivered child and adolescent psychiatry teaching for student nurses, psychologists, educators, speech and language therapists and physiotherapists.

Construction of the child and adolescent psychiatry unit began in 2009 thanks to the support of several patrons. The first stone was laid in May 2010 in the presence of the Minister of Health, Mrs. Yasmina Baddou. Our department was inaugurated by His Majesty the King in December 2011. It includes five units (infancy, childhood, adolescence, outpatient clinic with consultation-liaison, teaching and research) and provides day care services. In summary, the key to the success of this project was writing many letters, holding many meetings with officials, the determination and unwavering perseverance of a child psychiatrist (Dr Sbihi), a young, dynamic and motivated team, ready to face all challenges, the Support of the Minister of Health, the Minister of Higher Education, the Foundation Amine Kabbaj, the directors of Ibn Rushd Hospital and Children's Hospital.

- What about research in the field of child and adolescent psychiatry?

Several team members are enrolled in a master or doctorate in neuroscience; several research projects have been conducted; papers have been published or presented in congresses, both nationally and internationally. The team is actively present in national and international congresses of psychiatry but also pediatrics, genetics, pediatric surgery, among others.

- What is the way forward for child and adolescent psychiatry in Morocco and what do you need to achieve your objectives?

We need to develop further university education with more professors (currently there is only one), and to train more child and adolescent psychiatrists, and more resources. In addition, there is a need to recognize and support allied professionals (special educators, psychologists, speech therapists etc). Their work is crucial and very often done on a volunteer basis. Finally, we need more child and adolescent psychiatry departments in university hospitals—one has already opened in Rabat but provides only outpatient services. There is a need to develop mental health services in general; prevention is also very important and has to be promoted.

- Dr Benjelloun, any final words?

It has been a long struggle; sometimes we experienced moments of discouragement, but the result has been worth it!

Naoufel Gaddour

IACAPAP BOOK SERIES

Brain, Mind, and Developmental Psychopathology in Childhood

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

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M. ELENA GARRALDA AND JEAN-PHILIPPE RAYNAUD

Increasing Awareness of Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

Culture and Conflict in Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

CULTURE AND CONFLICT IN CHILD AND ADOLESCENT MENTAL HEALTH

Edited By

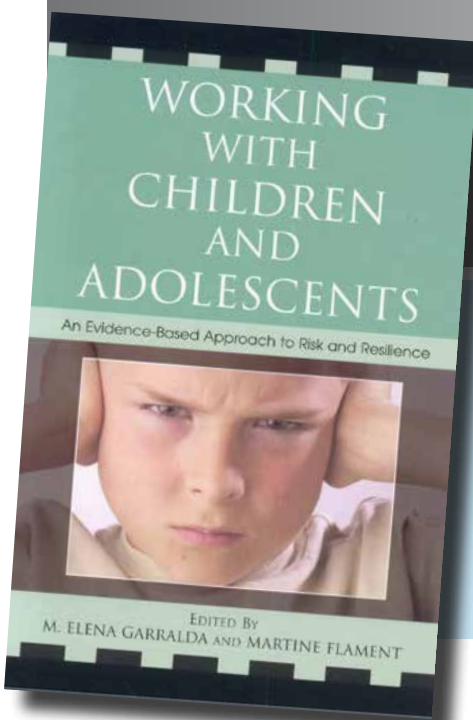
M. ELENA GARRALDA AND JEAN-PHILIPPE RAYNAUD

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

Edited by M. Elena Garralda and Martine Flament

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

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



CANADA



MAKE A NOTE IN YOUR DIARY
CALGARY 2016

Light up the Night Sky

The 22nd International Association for Child & Adolescent Psychiatry and Allied Professions World Congress
36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry
Calgary TELUS Convention Centre | September 18-22, 2016 | Calgary, Alberta, Canada

Dr Chris Wilkes, medical director of the Child and Adolescent Mental Health and Addictions Program, Alberta Health Services and Associate Professor at the University of Calgary, Alberta, Canada would like to invite the IACAPAP Bulletin readership to attend the September 2016 Congress. This meeting has been made possible through the enthusiastic support of the "All Children's' Trust Association Calgary", www.actcalgary.ca. The meeting will be held at the TELUS Convention Centre and will be a joint congress of the Canadian Academy of Child and Adolescent Psychiatry (CACAP) and the International Association for Child and Adolescent Psychiatry and Allied Professionals (IACAPAP).

Calgary is situated just east of the Rocky Mountains in Alberta, a vibrant multicultural city of more than 1.2 million inhabitants, 350,000 of whom are under the age of 18. Calgary is an hour's drive from Banff National Park and the beautiful, world famous Lake Louise. You may read more about the area on the Alberta tourism website www.travelalberta.com

Calgary provides a continuum of services for children and adolescents with mental health problems, ranging from school and community services to specialized inpatient services. There is a centralized intake system with about 8,000 referrals each year that facilitates access to the appropriate services. The adolescent unit at the Foothills Hospital, where Dr Wilkes has worked for over 20 years, is part of a university teaching hospital

and the only designated facility for containing mentally ill adolescents under Calgary's Mental Health Act. There is another inpatient unit at the new Alberta Children's Hospital, it opened in 2006 and is the first free-standing pediatric facility to be built in Canada in more than 20 years.

Family-centered care is a philosophy held by the Alberta Children's Hospital, which recognizes the important role families play in the physical, psychological and spiritual well-being of their children. This model of care embraces family members as key partners in a child's healing team. This philosophy is most evident in the actual design of the building. The hospital was designed by the people who use the building the most — children, families, physicians and staff. The colorful, Lego-inspired building has become

a Calgary landmark and one that is unique in every way. Over 80,000 children rely on care from the hospital each year—one in four children in Calgary and many more from across the province, the prairies and the country.

After much discussion, an all-inclusive theme was decided upon for the 2016 Congress: "Fighting stigma, promoting resiliency and positive mental health". The key venue will be the Calgary TELUS Convention Centre, located in Calgary's vibrant downtown on historic Stephen Avenue. Sea to Sky is the professional conference organiser.

In anticipation of the Congress, Dr Wilkes has been in ongoing discussions with Bonnie Healy, Operations Manager for Alberta First



Nations Information Governance Centre (AFNIGC) www.afnigcab.org and has invited Alberta's First Nations Community to participate in the Congress. This local group of approximately 25,000 is represented by the Treaty Seven. This treaty was originally passed in 1877 between the tribes of the Blackfoot Confederacy (Siksika, Piikani [Peigan] and Kainaiwa [Blood]), Tsuu T'ina (Sarcee), the Stoney (Bears paw, Chiniki, and Wesley/Goodstoney) and the Queen of Great Britain and Ireland. The First Nations in Alberta have their own governance, with this comes certain challenges regarding timely access to services for mental health disorders in children and adolescents.

In summary, Dr. Wilkes as the chair of the local organising committee invites you to join with other child psychiatrists and representatives from the allied professions of nursing, psychology, social work, paediatrics, public health, education, social sciences and other relevant fields from around the world gathering in Calgary, Alberta, Canada in 2016. The mission of the 2016 Congress is to bring together thousands of Children's Mental Health professionals to exchange and present scientific research and information for the betterment of child and adolescent mental health globally, nationally and regionally. In addition, the Canadian Academy of Child and Adolescent Psychiatry will hold their 36th annual conference jointly with IACAPAP 2016.



Bottom previous page: Calgary skyline.
Above, Dr Wilkes at the entrance of the Alberta Children's Hospital and, left, a view of the hospital. Below, Foothills Hospital; bottom, perspective of Lake Louise (photo Melonamen)



UNITED STATES

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

AACAP INTERNATIONAL PARTNERING FOR THE WORLDS' CHILDREN

A NEW 2013–2015 AACAP PRESIDENTIAL INITIATIVE

The American Academy of Child and Adolescent Psychiatry (AACAP), a membership-based organization composed of over 8,500 child and adolescent psychiatrists and other interested physicians, is the largest professional society in the field and publishes one of the most influential child mental health journals. The annual meeting of the AACAP brings together the largest number of child and adolescent mental health professionals. In 2012, in San Francisco, there were over 4,400 attendees, including 916 non-US participants from 48 countries.

Paramjit T Joshi MD, Endowed Professor & Chair of the Department of Psychiatry & Behavioral Sciences at the Children's National Medical Center, and Professor of Psychiatry, Behavioral Sciences & Pediatrics at George Washington University School of Medicine, Washington DC, has been elected as the AACAP president for 2013 to 2015. Each AACAP president has the capacity to develop the so called "Presidential Initiative"—a special project or action that each president wants to implement and incorporate in the AACAP as a legacy of their mandate.

Paramjit Joshi, a native from India, has chosen as her presidential initiative: "AACAP - International: Partnering for the Worlds' Children". To support her in this two-year project, she has appointed a five-person steering committee: Bennett Leventhal MD, Howard Liu MD, Young-Shin Kim MD, Norbert Skokauskas MD, and Joaquin Fuentes MD. The two Co-Chairs of the AACAP International Relations Committee, Shirley Alleyne, MD and Ayesha Mian MD have been given special tasks and other AACAP leaders and staff will participate in the venture.

This Presidential Initiative seeks to maximize the international impact of AACAP in today's global world, fulfilling its responsibility and contributing to the efforts of others following a partnership model. Initially two main lines of action have been designated: building and mutually profiting from international relationships (e.g., with IACAPAP, WPA, UNICEF, WHO etc) and reviewing and adapting (when required) all the AACAP sections and actions to embed them with an international perspective.

The Executive Committee of IACAPAP has been invited to contribute to this task, persuaded that this initiative can generate important benefits for children, families, for both organizations and mental health professionals.

Joaquin Fuentes MD



Paramjit T Joshi MD, President Elect of the American Academy of Child and Adolescent Psychiatry

Building Partnerships to Support Mental Health Resilience in Asian Communities Affected by Disaster

Christine Tan, Institute of Mental Health, Singapore

Dr Tjhin Wiguna, Child and Adolescent Psychiatry Division, Department of Psychiatry, University of Indonesia

The present decade could be aptly described as a disaster decade. There have been a number of large mega-geo events. These include the China Sichuan earthquake of magnitude 7.9 on May 12, 2008; dual disasters in Indonesia (West Sumatran earthquake of 7.7 magnitude, triggering a tsunami and the Mount Merapi eruption in late October 2010) and the flooding which hit Jakarta during 17–19 Jan 2013), and in Thailand, where 65 out of 77 Thai provinces were declared flood disaster zones in March 2011. About half a million lives have been displaced or lost in these disasters.

While assistance in the form of the provision of shelter, food and money are commonly made available to help victims manage the acute phases of a disaster and into later phases of reconstruction and recovery—mental health and psychosocial support efforts should be an integral part of disaster preparedness plans. Affected

populations continue to experience the psycho-social impact of disasters in the recovery stage, commonly manifested in chronic post-traumatic stress disorder.

“Communities are at the front line of disasters” is a globally acknowledged fact. The World Health Organisation¹ in 2007 highlighted that the best levels of disaster preparedness can be achieved by having a strong community mental health system in place that can be rapidly scaled up to meet the needs of people affected by disaster. If communities prepare for, and make promoting resilience a component of emergency planning, they can have positive outcomes in assisting the population in returning to normalcy faster and with less risk of developing emotional difficulties as a result of the trauma of a disaster.

This community-focused, community-led approach is consistent with the emphasis given to the community’s frontline role in mitigating its own risks, preparing to help

itself in times of emergency, monitoring the hazards in its environment, and advocating for better health services at local, national and regional levels.

Asian partnership to support mental resilience during crises

With the support of Singapore’s Temasek Foundation, The Institute of Mental Health (IMH) in Singapore is partnering with three key regional Asian healthcare institutions: Galya Rajanagarindra Institute in Thailand; West China Hospital, Sichuan University in China; and Rumah Sakit Dr. Cipto Mangunkusumo, the teaching hospital of the Faculty of Medicine, University of Indonesia, to develop local capabilities through a mental health well-being and resilience training programme.

From 2012 to 2015, these partners will participate in a 3-year programme—Temasek Foundation - Capacity Building Programme in Community Mental Health in Asia Affected



Members of the RSCM and IMH teams with counterparts at Gajah Mada University, Daerah Istimewa Yogyakarta, Indonesia

by Disasters—to build local capability through a series of regional leadership development conferences, training-of-trainers (ToT) and community level training programmes.

The regional training programme is designed to:

- Develop effective and sustained leadership in planning, development and implementation of integrated mental health services in communities affected by disaster
- Equip mental health (medical, nursing and allied health) and community-based professionals with skills to build and manage multi-disciplinary teams in community settings as part of capability building strategies in the recovery and reconstruction phase post-disaster
- Train mental health (medical, nursing and allied health) and community-based professionals to develop and to deliver culturally relevant training programmes to promote emotional resilience and well-being in communities so that they are better prepared for disaster and their traumatic impact.

On a regional level, opportunities will be provided for leaders to come together at regional forums to share experiences and knowledge in managing resilience in the face of crisis and disaster. Regional collaboration and shared understanding will be promoted. The program includes components for local teams to participate in regional visits and exchanges to gain knowledge of best practices.

On a local level, the partnership aims to equip up to 120 mental health and community-based professionals, consisting of psychiatrists, psychotherapists, nurses, family physicians, social workers and community

“The present decade could be aptly described as a disaster decade”

leaders, to serve as “master trainers” across China, Indonesia and Thailand. Each local team of “master trainers” will customize programs to train another 600 mental health and community-based professionals through post-training workshops. Initial needs review and brainstorming sessions held in 2012 during visits with regional partners provided insights into existing gaps where training was needed.

Discussions also took into account the strengths and successes of each partner, and how the existing framework for mental healthcare delivery could be enhanced to support resilience building. For instance, in Thailand, the program will focus its efforts in scaling up multidisciplinary mental health crisis assessment and treatment teams (consisting of psychiatrists, psychiatric nurses, psychologists and medical social workers), as “master trainers” to support ongoing efforts and an to establish a framework for managing man-made (such as that resulting from continuing political unrest in Southern Thailand) and natural disasters (such as the Asian Tsunami in 2004).

Psychosocial support for children & adolescents in disasters

Special populations, children and the elderly, are more vulnerable to disaster.² The Indonesian chapter, led by Rumah Sakit Dr. Cipto Mangunkusumo, in partnership with the Institute of Mental Health, Singapore, proposes a child and adolescent program focus. The proposed program builds on an existing body of knowledge which includes supporting the bio-psychosocial aspect for children³ and mitigating psychiatric morbidity among the young post disaster.

The Indonesian chapter successfully held its 1st steering committee meeting on 19 September 2012, headed by Dr Agung Kusumawardhani, SpKJ(K), Consultant & Chief, Department of Psychiatry, RSCM, FKUI, Indonesia and A/Prof Daniel Fung, Chairman, Medical Board and Senior Consultant, IMH, Singapore. The project team is led by Dr Ika Widyawati, SpKJ(K), Consultant, Division of Child & Adolescent Psychiatry, Department of Psychiatry RSCM, FKUI, and Dr Ong Say How, Senior Consultant & Chief, Department of Child & Adolescent Psychiatry, IMH.

Together with Dr Tjhin Wiguna, Consultant, Division of Child & Adolescent Psychiatry, Department of Psychiatry RSCM, FKUI and Prof Myron Belfer, Visiting Fellow (Education), IMH, who serves as an advisor to the programme, the team visited with partners at Gajah Mada University in Daerah Istimewa Yogyakarta, in September 2012. Partners agreed that resources made available through this collaboration were timely and could help enhance the current ways of engaging community and religious leaders in supporting youth mental health awareness and resilience.

The RSCM-IMH team plans to work closely with community partners to enhance the capability for early detection of behavioural and emotional problems in the young affected by disaster; as well as skills-based training in crisis intervention and psychotherapy. Apart from these, training content includes skills required for project management, measurement and evaluation of outcomes, ingredients which are essential for a developing strategic approach.

“Rumah Sakit Dr. Cipto Mangankusumo is pleased to be part of this regional programme as it serves as a platform for sharing and collaboration with our Asian counterparts. This collaboration will increase the shared understanding about disaster mental health among children and adolescents. We look forward to sharing expertise and best practices to enhance the capacity to conduct disaster mental health training with our community partners related to children & adolescents, a population vulnerable to disaster trauma”, said Dr Agung Kusumawardhani, SpKJ(K), Consultant &

Chief, Department of Psychiatry, RSCM, FKUI.

Collective efforts with shared outcomes to enhance population mental health

To further encourage knowledge sharing among mental health professionals in the region, a leadership forum has been planned to be held in Singapore in the latter part of 2013. International experts and thought leaders in Asian community mental health will be invited to discuss policy development and planning and implementation of integrated mental health programmes in community settings in support of disaster preparedness in Asia.

A/Prof Chua Hong Choon, Chief Executive Officer, IMH said, “It is a great privilege for our hospital to work closely with our partners from Thailand, China and Indonesia. I am certain that through these meaningful partnerships there will be many more opportunities for mutual learning and sharing of best practices among the institutions.”

It is hoped that this collaboration, which takes a multi-prong approach to coordinate training for local Asian communities, as well as identifying and training leaders will not only complement but enhance regional collective efforts to support population mental health in mitigating the effects of natural and manmade disasters.

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1st Steering Committee Meeting, Jakarta September 19, 2012. From left: Christine Tan (IMH), Dr Joy Reverger (RSCM), Dr Ong Say How (IMH), Prof Myron Belfer (IMH), Dr Tjhin Wiguna (RSCM), Dr AAA Agung Kusumawardhani (RSCM), Dr Noorhana (RSCM), Dr. Theresia Citraningtyas (RSCM), Dr R Irawati Ismail (RSCM), Dr Fransiska Kaligis (RSCM)



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