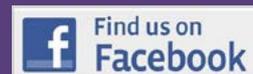


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21ST WORLD CONGRESS

Durban | South Africa

11-15 August, 2014



Brian Robertson
2014 Congress Convenor

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CONTENTS

President's Column	3
The 21st World Congress:	
• In images	5
• Report	9
• Declaration of Durban	13
• Awards	14
• DJ Cohen Fellowship Program:	
- Over Four Hundred Strong in the Weaving	16
- The Durban "Selfies"	18
Development of self-directed learning, self-assessment and teaching aids for the IACAPAP e-Textbook	26
Interview with Robert Goodman	27
Nigeria: Promoting Child and Adolescent Mental Health through the MIND Trust	30
Spain: Child & Adolescent Psychiatry Recognized	32
France: Michel Wawrzyniak New President of SFPEADA	33
UK: MSc in Child and Adolescent Mental Health at the Institute of Psychiatry	35
European Federation of Psychiatric Trainees	37
iDream Award	38
The 2nd YEAH for IACAPAP Symposium	40
Publishing in CAPMH: FAQs	41
Member organizations	42
IACAPAP officers	43

The articles in this bulletin reflect the views and are the responsibility of their authors. They do not represent the policy or opinion of IACAPAP unless specifically stated.

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President's column

THE CHALLENGES OF CHILD AND ADOLESCENT MENTAL HEALTH ACROSS THE WORLD

As highlighted in this issue of the Bulletin, the congress in Durban was an outstanding success thanks to the efforts of the local organizing committee and, particularly, Brian Robertson: a perfect organization, the opportunity to listen to well-known experts and to discuss with colleagues our day to day concerns, let alone the warm South African welcome and the magnificent setting provided by the beautiful Durban.

Olayinka Omigbodun, our charismatic president, was present in all crucial moments to catalyze the warm feeling of belonging to the same community while coming from very different countries. However, Olayinka's mandate was coming to its end and there was the need to elect a new president—me. I have practiced child and adolescent psychiatry for 20 years in Paris, France. I am thus a clinician, even if an important part of my time is devoted now to research and to teaching public health. Of course, the honor and the responsibility this appointment brings are extreme but there is no time to be paralyzed in awe of the size of the task, with the support of the Executive Committee and the Bureau, we will be following actively the line already drawn by our predecessors.

Our first concern is the level of unmet need for child and adolescent mental health care. This concerns all countries and not just those with low income because in most cultures it is not accepted that health care professionals are useful to deal with problems of the mind, because in many countries people do not want to acknowledge that children can have mental health problems, because most societies invest fewer resources in child and adolescent mental health than in other medical domains. To tackle this situation we have decided to develop a MOOC (Massive Open Online Course) on “Essentials of child and adolescent mental health across the world”. A MOOC is a combination of free online courses with interactive user forums that help build a community for students and teachers. Its main role will be to make professionals in contact with children and adolescents aware of the main mental health disorders—a first step in the world of child and adolescent psychiatry, a springboard to the e-Book that Joe Rey coordinates with the success we all know.

A second concern, not so well recognized, is about the loss of “treatment diversity” that has been experienced in the last few decades. English, as a common language for scientific communication, has been a gift that made possible to overcome the curse of the Babel Tower. Evidence-based medicine has been the key to open the door to come out of an age of therapeutic obscurantism. Nevertheless, the success of both has had some unexpected consequences: the dissemination of treatment strategies without taking into account cultural issues and the injunction of some local and original types of care which can be difficult to evaluate using standard methodologies. This is particularly true for therapies and care used in native populations. As a result, there is a risk of irreversibly losing valuable therapeutic knowledge. To deal with that, we have decided to create the “IACAPAP Repository”, a website where IACAPAP members will have the facility to upload documents about child and adolescent mental health in their own language (with an English abstract). This repository will be the perfect complement to our open access scientific journal, CAPMH (Child and Adolescent Psychiatry and Mental Health), edited by Jörg Fegert and indexed in the most important scientific databases.

I will keep you informed of all these projects and more. There are many things to do but there are also many passionate people to do it!

Bruno Falissard



IACAPAP Textbook of Child and Adolescent Mental Health



Editor
Joseph M. Rey



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I A C A P A P

21st World Congress, Durban, South Africa

FROM RESEARCH TO PRACTICE: GLOBAL CHALLENGES IN CAMH CARE

11-15 August 2014





[CLICK HERE TO SEE MORE PHOTOS OF THE CONGRESS](#)







IACAPAP 21ST WORLD CONGRESS 2014

Congress Report



On the evening of Monday, 11th August 2014, a typical balmy winter's day in Durban, South Africa, Deputy Minister of Health Dr Joe Mphaahla officially opened IACAPAP's 21st World Congress at the Durban International Convention Centre. Following the singing of the national anthem, brief welcome addresses were given by Professor Olayinka Omigbodun, outgoing IACAPAP President, Dr Lynda Albertyn, chairperson of the South African Association for Child and Adolescent Psychiatry and Allied Professions, who hosted the congress, and the congress convenor Professor Brian Robertson. The Opening Ceremony concluded with a lively musical performance by the Ubuhle Bomlazi Traditional Dancers, which moved members of the audience to get up and dance in the aisles. At the Welcome Reception which followed, dancing continued at the City Hall to the music of a talented local band provided by the Mayor of Durban who hosted the Reception.

**IACAPAP
CONGRESS**

**11 - 15 AUGUST 2014
DURBAN - SOUTH AFRICA**

21ST WORLD CONGRESS • INTERNATIONAL ASSOCIATION FOR
CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS

The 10 Institutes, which were held earlier in the day before the Opening Ceremony, proved to be very popular, with 325 delegates attending, and a concurrent WHO workshop attracted 50 participants. The scientific programme, with the theme “From Research to Practice: Global Challenges in Child and Adolescent Mental Health Care”, began in earnest early the next morning and continued for the following three and a half days. Altogether 6 plenary lectures, 17 keynote lectures, 79 symposia and workshops, and 125 free papers were presented, with a dedicated poster viewing session each day in which 162 posters were exhibited.

The Presidential Plenary Lecture was delivered by the outgoing IACAPAP President, Professor Olayinka Omigbodun, on “The Rise of Child and Adolescent Mental Health in Africa and less developed regions of the world: Trends, Trials and Triumphs”. The Gerald Caplan Lecture was given by Dr Paramjit Joshi, President of the American Academy of Child and Adolescent Psychiatry and Allied Professions, on “The Practice of Child and Adolescent Psychiatry in the 21st Century”. This special lecture is given at every congress in honour of Gerald Caplan, a founding member of IACAPAP who served on the Executive Committee for 25 years and made a significant contribution to the development and financial resources of IACAPAP. The World Association for Infant Mental Health (WAIMH), one of IACAPAP's partner organisations, was well represented at the congress, with an Institute, a symposium, and several papers. Regional and national members of IACAPAP were also active in the scientific programme, with symposia from the African, Asian, European, and Eastern Mediterranean

Associations, and from the Nigerian, North African, and Taiwanese national associations, among others.

The congress was attended by 741 delegates from 67 countries. The top 5 countries represented were South Africa with 366 delegates, USA 58, Norway 57, Nigeria 51 and Australia 32 delegates. In addition to South Africa, there were 18 other African countries with a total of 112 delegates. Full or partial financial sponsorship was provided for 10 delegates from Africa thanks to donations by the Canadian Association for Child



The congress was attended by 741 delegates from 67 countries



and Adolescent Psychiatry, the Royal College of Psychiatry, and the Helmut Remschmidt Research Seminar fund. The Pharmaceutical companies who gave financial support were Shire International, Novartis, Arctic Health Care, Janssens and Lilly. Shire provided digital services, which included a congress app and an e-material service. Nearly 500 delegates used these services, ordering in excess of 20000 presentations.

Media coverage was provided by Impela Africa Productions. In the build up to the congress

interviews of Local Organising Committee members on national radio and television promoted the congress in South Africa. A media release was issued the day before the Opening of the Congress to a comprehensive list of local, national and international news agencies, as well as medical publications, popular magazines and television and radio. The congress abstracts were published in the Journal of Child and Adolescent Mental Health with a guest editorial by the congress convenor.

The 2014 IACAPAP Monograph, presented and distributed at the congress, reflected the congress theme, as is customary. Edited by Jean-Philippe Raynaud, Matthew Hodes and Susan Shur-Fen Gau, it was titled “From Research to Practice in Child and Adolescent Mental Health”. The Donald J Cohen Fellowship Programme was enthusiastically supported by 23 fellows and their mentors. The majority of the participants of the Helmut Remschmidt Research Seminar and their mentors attended the congress and enjoyed a lively reunion on the first evening of the congress. A special evening event was the Doubling Meeting, attended by about 60 delegates. “Doubling” is an initiative to invite professionals from higher income countries actively to promote child and adolescent mental health in lower income countries by contributing a portion of their earnings to improve the salaries of their colleagues working in those countries. On the final evening of the congress 326 delegates attended the Gala Dinner held in a beautifully decorated hall at the convention centre. Delegates danced non-stop into the small hours to the popular rhythms of Afritude.

The Closing Ceremony on 15th August commenced with reflections on the congress by the convenor, followed by a Donald J Cohen fellow's impressions of the Fellowship Programme. The outgoing IACAPAP President, Olayinka Omigbodun, then read out the Declaration of Durban. Poster prizes were presented by Bruno Falissard, incoming President, first prize going to Lauren Wild and colleagues of the University of Cape Town, second prize to Tracy Appollis and colleagues of the same university, and third prize to Jibril Abdulmalik

and colleagues of the University of Ibadan, Nigeria. Five individuals received IACAPAP Medal Awards for their achievements in support of the major aims of IACAPAP, namely Andres Martin, Joaquin Fuentes, Suzie Dean, Per-Anders Rydelius and Yi Zheng. International Contribution Awards for outstanding contributions to child and adolescent mental health in the developing world were presented to Joe Rey and Wei-Tseun Soong. Members of the congress Local Organising committee received a certificate of appreciation, with a plaque for

the convenor. Honorary officers of the Executive Committee were appointed, and the new Executive Committee 2014-2018 was presented to the assembly. A short DVD welcoming delegates to the 22nd IACAPAP Congress in Calgary in 2016 shown by the convenor, Chris Wilkes, concluded the proceedings. Following the handing over of the President's Medal to the new President, Bruno Falissard declared the congress closed.

Brian Robertson
2014 Congress Convenor

MAKE A NOTE IN YOUR DIARY!

IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health



The 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress (IACAPAP)



36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (CACAP)

September
18-22
2016

Calgary TELUS Convention Centre
Calgary, Alberta, Canada



THE NEW IACAPAP BOOK IS NOW AVAILABLE

EDITORS

- Jean-Philippe Raynaud, MD, is professor of child and adolescent psychiatry, Toulouse University and head of the Department of Child and Adolescent Psychiatry, Toulouse University Hospital.
- Matthew Hodes, PhD, is senior lecturer in child & adolescent psychiatry at Imperial College London.
- Susan Shur-Fen Gau, PhD, is chair of the Department of Psychiatry at National Taiwan University Hospital and College of Medicine.

From Research to Practice in Child and Adolescent Mental Health has been shaped to reflect the mental health needs of children and adolescents in low and middle income countries. It also includes chapters on topics based on research and practice in high income countries which may have global implications. The first section of the book takes a child and adolescent mental health services perspective encompassing epidemiology, mental health needs, and relevant policy issues. The second section summarises research findings into the mechanisms for problems frequently encountered in child and adolescent psychiatric practice: schizophrenia, mood disorders, and sleep problems. The third and last section is about interventions and practice. It describes the treatment gap between low and middle income countries in relation to child and adolescent mental health and shows how professionals or lay people may be trained to effectively deliver interventions.

This monograph has been produced for the 21st congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) to be held in Durban, South Africa, in August 2014. This is the first congress of IACAPAP in Africa and it takes place at an appropriate time in view of the continent's burgeoning child population, significant economic growth and wish to improve the populations' health.

The world population balance is shifting. Rich, developed countries' inhabitants are becoming older while people in low and middle income countries are becoming younger, so much so that a large proportion of the world's youth now lives in these countries. Another shift is also taking place in youth-rich countries: their leaders are increasingly concerned about improving the mental health of their people and realize the need to train more and better professionals to deal with these problems. This book is a key source of information for policy and practice that would be useful for professionals in training and leaders when addressing these issues.

Joseph M Rey, University of Notre Dame Sydney & University of Sydney

CONTENTS

Editorial Introduction

Jean-Philippe Raynaud, Susan Shur-Fen Gau and Matthew Hodes

Part I: Mental Health Services Perspectives and Epidemiology

1. Mental Health and the Global Agenda
Anne E. Becker and Arthur Kleinman
2. Epidemiology of Mental Disorders in Children and Adolescents: Background and US Studies
Kathleen Ries Merikangas and Jianping He

Part II: Problems and Disorders

3. Findings and Concepts from Children at Genetic Risk that May Transform Prevention Research and Practice in Schizophrenia and Mood Disorders
Maziade M., Gilbert E., Berthelot N. and Paccalet T.
4. Sleep Schedule, Patterns and Problems of Children and Adolescents Seen in Child Mental Health Practice
Susan Shur-Fen Gau and Huey-Ling Chiang

Part III: Interventions and Practice

5. Child and Adolescent Mental Health Services in Low and Middle Income Countries: the Role of Task Shifting
Marguerite Marlow and Mark Tomlinson
6. What works where? A Systematic Review of Child and Adolescent Mental Health Interventions for Low and Middle Income Countries
Henrikje Klasen, Anne-Claire Crombag and Koen Stolk
7. Addressing the Consequences of Violence and Adversity: The Development of a Group Mental Health Intervention for War-Affected Youth in Sierra Leone
Theresa S. Betancourt, Elizabeth A. Newnham, Katrina Hann, Ryan K. McBain, Adeyinka M. Akinsulture-Smith, John Weisz, Grace M. Lilienthal and Nathan Hansen
8. Present Status of ASD from Childhood to Adulthood and an Intervention Initiative for Adults with ASD in Japan
Hideki Yokoi, Soo-Yung Kim, Miki Igarashi, Yoko Komine and Nobumasa Kato
9. Why Should Cultural Factors Be Taken into Account in Child and Adolescent Development and Mental Health Care?
Marie-Rose Moro, Jordan Sibeoni and Rahmethnissah Radjack
10. Digital Horizons: Using Information Technology Based Interventions in Preventing and Managing Mental Health Disorders in Childhood and Adolescence
James Woollard and Tami Kramer

[Rowman & Littlefield Publishers, May 2014](#)

Life, Health, and Mental Health

In all human societies, adults protect the young and foster their development. Special honor has been given to those who care for the young. The protection of the child has been institutionalized in forms ranging from the tradition of giving place to women and children, to the child protection movement, to the Universal Declaration of the Rights of the Child.

The International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP), has championed the rights of children. Declarations in Jerusalem (2001) on *Children's Rights* and in Rome (2003) on *Caring for Children Affected by Maltreatment, War, Terrorism, and Disaster* supported the protection of children and families.

Today, a new set of ominous challenges to children has arisen. These challenges come from decisions to subordinate to short-term political and military ends the deeply human obligation to protect children and foster their development. We see these challenges when organized groups or armies take children hostage, kidnap children to force them to be soldiers, bomb areas with children, use children to shield military explosives, sexually assault children and their families, or incite community hostility to refugee children. Behind these atrocities, which gather headlines, are ever-present attacks on schoolgirls, denial of education for girls and boys, exploitation of adolescents for sex and work, forced early marriage, sexual mutilation, and the filming and distribution of child pornography.

Child-jeopardizing political behavior is also seen when those working to protect children's health and mental health, like immunization workers, are assassinated. In this case, while children are not directly assaulted, the means to ensure their health is attacked. This is a deeply personal matter for IACAPAP since a pioneering child psychiatrist, Mahfoud Boucebci, was assassinated during a conflict 20 years ago.

IACAPAP endorses the December 1974 *United Nations Declaration on the Protection of Women and Children in Emergency and Armed Conflicts*. We now issue the *Declaration of Durban* to draw attention to these man-made, assaults on children. Thousands of children are directly affected. Millions are indirectly affected. These assaults violate one of the oldest, and most defining, parts of human nature, our inborn disposition to care and protect the young and vulnerable. They also violate emerging definitions of the universal rights of the child. They leave scars on children's mental health, not always visible, in ways that the best services can never undo.

In support of this Declaration, IACAPAP encourages the protection of children in four ways:

- We commit ourselves to use all our activities – International Congresses; regional Study Sections; the Helmut Remschmidt Research Seminars that precede Congresses; the Donald J. Cohen Fellowship Program held during our Congresses; the eTextbook available free online; and the IACAPAP Bulletin – to reflect all the challenges that children face, in addition to presenting progress in the assessment and treatment of individual children.
- We will provide support, as requested, including outside consultation, to national member organizations as they advocate in their own countries and regions for children.
- When individual refugee children seek asylum, we will encourage members to assist with psychiatric evaluations and develop intervention plans.
- IACAPAP will continue to work with agencies such as the World Health Organization, UNICEF, UNESCO, World Bank, International Organization for Migration, United Nations High Commissioner for Refugees, International Red Cross and Red Crescent, and others who care for children and adolescents in their daily lives and amidst war, natural disaster, and other upheavals.

IACAPAP 21ST WORLD CONGRESS 2014

Declaration of Durban



IACAPAP 21ST WORLD CONGRESS 2014

AWARDS



Yi Zheng with Daniel Fung and Olayinka Omigbodun at the IACAPAP medal presentation

INTERNATIONAL CONTRIBUTION AWARD

- Joseph M Rey (Australia)
- Wei-Tseun Soong (Taiwan)

This award is sponsored by the Korean Academy of Child and Adolescent Psychiatry to recognise the accomplishments of a senior individual who has made outstanding contributions to child and adolescent mental health in the developing world.

THE IACAPAP MEDAL

- Suzanne "Suzie" Dean (Australia)
- Joaquin Fuentes (Spain)
- Andres Martin (USA)
- Per-Anders Rydelius (Sweden)
- Yi Zheng (People's Republic of China)

The IACAPAP medal was created to honour persons, irrespective of their profession and position, for their achievements and engagement in relation to the major aims of IACAPAP: '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'.

POSTER PRIZES

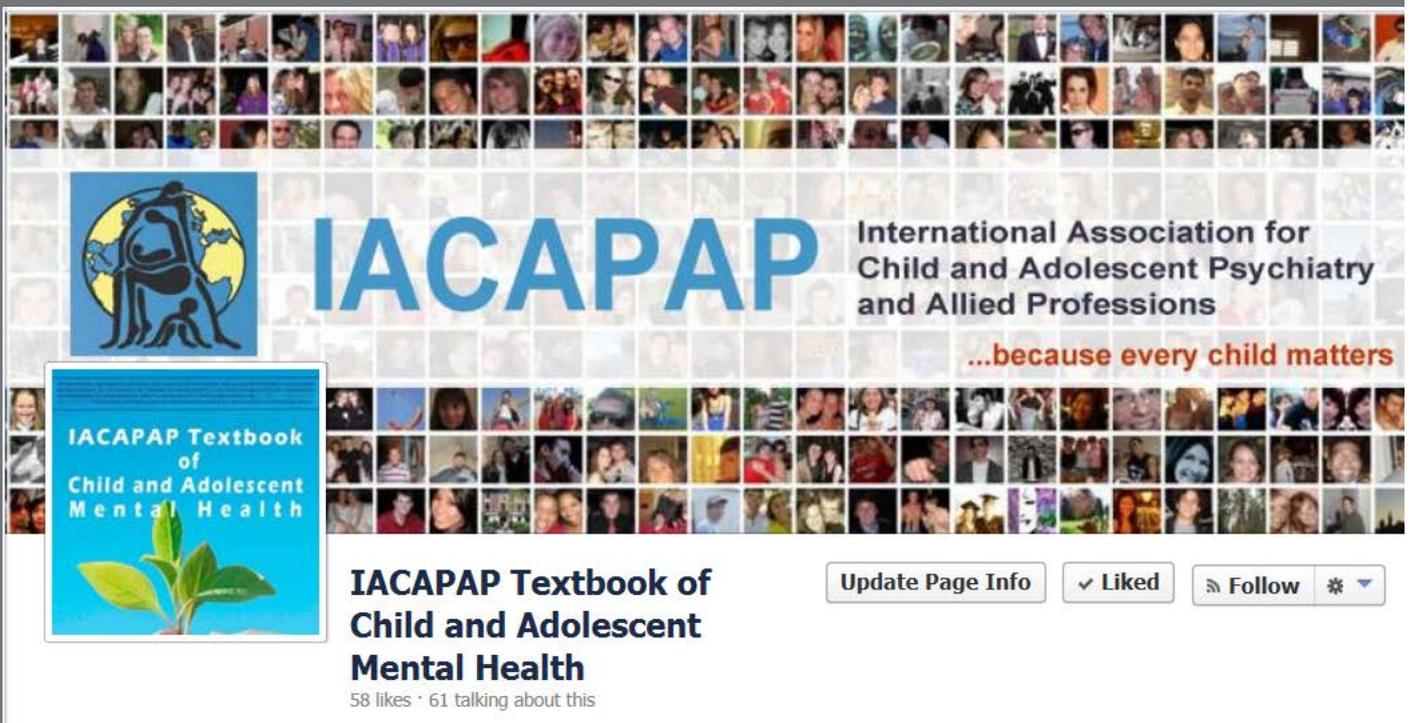
- 1st Prize: Lauren Wild and colleagues (South Africa)
- 2nd Prize: Tracy Appollis and colleagues (South Africa)
- 3rd Prize: Jibril Abdulmalik and colleagues (Nigeria)



Joaquin Fuentes and Andres Martin with Daniel Fung and Olayinka Omigbodun at the IACAPAP medal presentation

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IACAPAP Textbook of Child and Adolescent Mental Health

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To facilitate readers' interaction and involvement, a Facebook page exclusively dedicated to the Textbook has been created. It is hoped that such a facility will enable readers to interact with each other, the editor and contributors as well as making comments and suggestions, and receive Textbook-related news.

To access this facility click on the figure.

Over Four Hundred Strong in the Weaving

Andrés Martin & Joaquín Fuentes

*Raise your voices here for an evening.
Raise your voices with me for a time.
Raise your voices, and in the weaving,
Yours will lift the sound of mine.*

—Jeffrey Douma

It would not be accurate or fair to say that the Donald J. Cohen Fellowship Program's beginnings in Berlin were inauspicious. For one thing, Berlin has been one of the largest Programs to date, with 60 fellows in attendance. Moreover, the level of funding has never matched that of Berlin, which included funds from the German government specifically earmarked to support the attendance of members from the former Eastern block. And yet, no one back in 2004 anticipated the lasting power the Program was destined to have, or that it would become the talent incubator that it has – helping spawn a new generation of child mental health leaders out into the far reaches of the world. Among other milestones, it has helped reinvigorate IACAPAP's leadership from within: immediate past president Olayinka Omigbodun from Nigeria was a fellow from that first cohort in Berlin; incoming vice-president Hesham Hamoda from Egypt (now living in the US) and IACAPAP Bulletin Assistant Editor Maite Ferrín from Spain were fellows in Beijing in 2010. Only time will tell, but the Program's first decade provides hopeful 'pilot data' to think that future IACAPAP leaders have already been, or will be in coming years, Fellowship alumni.

IACAPAP
21ST WORLD
CONGRESS

2014

DJ COHEN
FELLOWSHIP
PROGRAM



Colorful Transition—Team Durban

From left: Joaquín Fuentes, Ayesha Mian, Naoufel Gaddour, Andrés Martin

The fundamentals of the Program have not substantially changed in its seven iterations since its inception in 2004. In fact, the key elements of that earliest experience in Berlin have only been refined and operationalized over time. Some of the components of the Fellowship’s ‘magic sauce’ include: identification and selection of fellows and mentors; establishment of small groups that are diverse and balanced across professional background, geographical origin, and areas of expertise; making the Fellowship experience an integral component of the Congress, with specific time slots and space in which to interact together; Program-specific lectures, poster sessions, and yes, social events; lodging of fellows at the same venue in order to maximize interaction and collaboration; and communication that starts before the Congress and lasts well beyond it. There are also the behind-the-scenes efforts to obtain adequate funding to support the entire venture – no small feat at a time of global resource shortages.

And so, just as soon as we were done packing the Paris 2012 Congress, we began planning for Durban in 2014. Four alumni became the referees to help us select 25 fellows from among over 130 applicants. We worked closely with the Durban local arrangements committee, selected

ten international mentors, began regular e-correspondence with all members of the fledgling group, and finally arrived in Durban, hopeful that everyone would make it safely to the beautiful coastal city in South Africa. (Our worries were not unwarranted, as three of the fellows were not able to attend due to last-minute visa or family problems.) We were off to the races, and as is always the case, the Fellowship experience not only did not disappoint – it was indeed a thrilling component of the Congress, as highlighted in other reflections in this issue of the Bulletin.

For the two of us, Durban had a distinct flavor: transition. In Paris we had informed IACAPAP leadership that we would be stepping down as coordinators of the Fellowship Program after Durban. Our motivation did not stem from exhaustion, boredom or disappointment. Quite to the contrary, it was in recognition that in order to remain fresh and vibrant, in order to prevent any possible sclerotic backslide, the Program would benefit from new ideas and new leadership. Our intention all along has been to remain involved, to enthusiastically support the new coordinators, to be helpful in whatever way we can (including by going back to our role of mentors, one that as administrators we have come to miss). The Program’s new coordinators, Ayesha

Mian from Pakistan and Naoufel Gaddour from Tunisia, are intimately acquainted with the Fellowship experience: they each were fellows (in Istanbul in 2008 and in Berlin in 2004, respectively), and after a competitive selection process, they both served as assistant coordinators in both Paris and Durban. We pass the baton with a great sense of confidence and excitement – and a promise to be helpful, supportive – and unobtrusive as they seek to bring their own ideas and flair into the Program.

The Table encapsulates the Program succinctly: ten years, 401 participants. But summary statistics tell only so much; they do not capture the individual granularity at the core of the Fellowship experience. Numbers don’t do justice to the energy, diversity, talent, creativity and sheer enthusiasm of 301 fellows; they can’t begin to show our deep gratitude to 100 mentors who selflessly and in exchange for no benefits gave of their time to enrich the lives of our young fellows. Summary numbers can’t possibly do justice to the original vision of past president Helmut Remschmidt, who launched the Program in appreciation of his predecessor and dear friend, the late Donald J. Cohen.

At the closing event in Durban, Cecile Prins, an alumna from The Netherlands, reflected on her own experience in the Program, predicting for the Durban graduates that although they would soon forget whatever it is they had learned, they would never forget how welcome and special they had been made to feel. We too will no doubt forget names and details in time. Despite our best efforts to share about our Program’s namesake, details of Donald’s memory will also invariably fade. But none of us will forget how welcome and special we were made to feel as part of this unique experience. We will be energized and buoyed as we move forward, whether fellow, mentor or coordinator, knowing that we have been part of something special and much larger than any one of us, our voices woven and lifted together.

IACAPAP Donald J Cohen Fellowship Program, 2004 – 2014

Congress, Year	Fellows	Mentors
Berlin, 2004	60	13
Melbourne, 2006	64	21
*Florence, 2007	45	14
Istanbul, 2008	25	12
*Budapest, 2009	30	10
Beijing, 2010	30	10
Paris, 2012	25	10
Durban, 2014	22	10
Total	301	100

* In conjunction with ESCAP

IACAPAP 21ST WORLD CONGRESS 2014

DJ COHEN FELLOWSHIP PROGRAM



The Durban “Selfies” A Report from the 21st IACAPAP World Congress

Tomasz A Jarczok & Arshya Vahabzadeh

Durban, the busiest coastal port in Africa, was the home of the 21st IACAPAP World Congress, with the congressional theme being “Research to Practice: Global Challenges in CAMH Care”. This is where we began our journey as Donald J Cohen Fellows. Twenty two fellows from five continents gathered on the evening before the congress opening in a hotel on the Durban beachfront. Each of us was wondering what we were going to experience during the week that lay ahead of us. No sooner as we had checked in, we had been enthusiastically greeted by the smiles of Ayesha Mian and Naoufel Gaddour, the program’s assistant coordinators.

It was on the following evening that all the fellows, mentors and program coordinators gathered formally for the first time for the official opening of the fellowship program. It was during this meeting that we learning about the birth of the Donald J Cohen Fellowship Program 10 years before, during the IACAPAP Congress in Berlin. The Fellowship was named after Professor Donald J Cohen, a multitalented and inspirational international thought leader, advocate, and researcher of children’s mental health.

During the opening evening introductions, Professor Andreas Warnke, an original fellowship



Participants and mentors



mentor, gave us the same insider tip that he had given to his mentees in Berlin, "This is a once in a lifetime chance, go out and visit the city!" He also shared the identity of his former mentee, Olayinka Omigbodun, the now highly accomplished international leader in child and adolescent mental health and IACAPAP President. Some fellows instantly made the association between sightseeing and becoming a leader in academic mental health, a thought process that was quickly sidelined under the steadfast guidance of Andres Martin. Professor Martin guided our activities away from the rich sunshine-soaked Durban beaches to the convention centre's conference rooms, we were able to really reap the benefits of the bountiful intellectual harvest that had gathered there. We are thankful for Professor's Martin's guidance, and once our intellectual appetites were abated, we had time to visit and explore the cultural wonders that Durban had to offer.

Amidst the hustle and bustle of Durban, we quickly learned the value of our time at the conference. We experienced what would turn out to be a



Left to Right Andres Martin, Joaquin Fuentes, Iman Gaber, Ayesha Mian, Arvin Bhana, Parmajit Joshi, Maria Martinez-Herves, Anilena Mejia, Naoufel Gaddour, Saleh Uddin

once in a lifetime chance to get to know other young mental health professionals from around the globe and be mentored by renowned child and adolescent specialists. The conference afforded us the opportunity to visit talks on a broad variety of topics in child and adolescent mental health. This was the first IACAPAP conference on the African continent, and in part a recognition of the tremendous contributions to child and adolescent mental health provided by our colleagues in South Africa and beyond. The conference not only represented a significant amount of research and academic presentations and discussions from academics based in Africa, but also benefited from the attendance of some of the world's most preeminent clinicians, researchers, and scholars in child and adolescent mental health.

But for the Donald Cohen Fellows the general congress program was only one aspect of our week in Durban. Each one of us spent time in small groups mentored by experienced professionals. The small group sessions gave each of us the opportunity to discuss our personal projects and get advice for difficulties we were facing. The intimate atmosphere in the groups made it easy to connect with the fellows and our mentors. Gradually we got closer to each other and a feeling of personal connection emerged. We started to feel as part of a family. Professor Helmut Remschmidt mentioned during one of the our fellowship meetings that his friend Donald J Cohen had been a family man and that he had led his Department like a family. When the fellowship came to an end Andres Martin stated that each fellow was now part of the big DJC Fellowship family. We feel honoured to now be part of this family living across all corners of the global village.

One of the fellows told us about a quote that was important to her and reminded



Left to Right: Andres Martin, Joaquin Fuentes, Michael Fawzy, Ayesha Mian, Hesham Hamoda, Beatriz Ortega, Boladale Mapayi, Jane Chang, Naoufel Gaddour, Phyllis Cohen, Mohammad Katshu



Left to Right Arshya Vahabzadeh, Andres Martin, Jordan Sibeoni, Joaquin Fuentes, Inge Wessels, Aishatu Abubakar-Abdullateef, Naoufel Gaddour, Ayesha Mian, Chris Wilkes, Sowmyashree Mayur Kaku

her of why her work was precious: "A hundred years from now it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove... but the world may be different because I was important in the life of a child." Andres Martin and Joaquin Fuentes have been the heads of the DJC family for last 10 years. The two fellowship program coordinators have been important in the lives of many children of the DJC family. Thus they have made an important impact on the field of child and adolescent mental health. At the end of the fellowship program they handed over the chairmanship to their

successors, Naoufel Gaddour and Ayesha Mian, who some years ago were DJC fellows themselves.

We must confess that it was not all hard work: we also found time to venture out to Durban on several occasions—for cultural research purposes of course! We spent time at uShaka Marine World watching dolphins, promenaded along the beautiful beaches and we all played African drums during our social dinner event at uShaka Pier. We shot innumerable "selfies" on all possible occasions, which led to us being referred to as the "selfie fellowships". We also enjoyed the local cuisine. Durban has a

large Indian population—South Africa attracted many people from India to work in sugar cane farms in the nineteenth century. On several occasions we went out and enjoyed delicious Indian food at the local restaurants. A particularly interesting dish we came across is *bunny chow* (or simply “bunny” if you are a Durban native). This dish originated in Durban but has since become popular in other South Africa cities. *Bunny* consists of a loaf of bread filled with delicious spicy Indian curry. We heard different stories about the origin of *bunny* during our time in Durban. It may have been a means of transporting food to plantations that you could eat with your fingers during the day. Possibly the invention of *bunny* was a result of the limited use of cutlery by people of Indian background during the time of apartheid. Whatever the exact circumstances leading to its invention were, it is a dish reflecting the multicultural heritage of Durban and South Africa. But when you think about it *bunny* also bears resemblance with the Donald Cohen Fellowship. It may look very simple from the outside, and at first you are not sure what you will find on the inside. But when you get to core of it, you find a wonderful experience full of diverse flavours created by the blending of different cultures and characters—a unique mixture of very diverse ingredients originating in all continents.

REFLECTIONS FROM THE FELLOWS

On the whole, the Durban experience was one of inspiration, networking and comradeship. In the short time we had, it was exhilarating to learn about exciting work being done by colleagues all around the world, to gain insights from the mentors on possible ways forward, and commence a process in collaborative research, especially in the area of resilience, revealing,



Left to Right Andres Martin, Ayesha Mian, Misty Richards, Jamie Lachman , Joaquín Fuentes, Tomasz Jarczok, Petreus deVries, Meera Bahu, Naoufel Gaddour

rewarding, and rejuvenating! Thanks for the opportunity.

-Boladale Mapayi, Nigeria

Attending the IACAPAP Conference as a Cohen Fellow was the highlight of my year. From a professional perspective, I was able to connect with many like-minded researchers who are passionate about pediatric global mental health, which facilitated a powerful intellectual synergy. From the small brainstorming sessions to the stimulating curbside discussions, I felt inspired by the commitment of the Cohen Fellows to improving the state of this rather specialized niche of psychiatry. From a personal perspective, I was struck by the compassion and perseverance emanating from the Cohen Fellows, as each individual shared personal stories of triumph over adversity in order to make an impression in this growing field. Moreover, each Fellow encouraged and supported the next, creating a deep level of camaraderie rivalling relationships that have been established for years. I strongly believe that the combination of such passionate, bright Fellows from all over the world with talented mentors who are dedicated to teaching and mentoring produced a unique environment for learning. I am grateful for this experience and know that the relationships—

both professional and personal—will last a lifetime.

-Misty Richards, US

The Donald J Cohen Fellowship provided a unique opportunity to connect and engage with other young mental health professionals from around the globe—we were able to learn about each other’s research and clinical practice, get a sense of the diversity of our work and personal contexts, and bond over our common hopes and challenges. I feel honoured to have been part of this fellowship, and look forward to continued contact with the wonderful group of scholars that I am now privileged to call my friends.

-Inge Wessels, South Africa

What I appreciate most about the Fellowship, is the positive spirit of collaboration that permeated all the activities: “Never worry alone”. Our mentors kept emphasizing the importance of relationships in research—that we need to work together to establish our careers. This attitude, combined with valuable guidance (and the social events!) contributed to a feeling of ‘family’ – and not competition—amongst fellows and mentors alike. I have already made contact with colleagues both locally and internationally for collaboration

on future research projects. This is particularly exciting to me since the next congress (2016) theme includes "resilience", which is also my area of expertise. I value the encouragement at this stage in my career and feel as if the week brought new energy and focus to my work.

-Anja Botha, South Africa

This was my first ever trip abroad, meeting people in situations similar to mine—everything was a learning experience. I reached Durban one day before the opening ceremony and was fortunate to observe the beauty of Durban beach just standing at my hotel room window. The opening ceremony was a good show. The cultural soiree had South African dance, music and a banquet. Everything had their own local taste and we got the pleasure to enjoy the rendezvous.

To me the "Just Do It" lecture by Andres Martin and Joaquin Fuentes was very productive. It was about how to submit/write scientific papers, communicating with journal editors, about presentations using PowerPoint and poster presentations. I could not miss the lecture delivered by Canada's Professor Stan Kutcher about school mental health, which is my area of interest. I enjoyed the opportunity to discuss with him about my future career plans. There were many other motivating lectures workshops, symposia and posters. It was an excellent period of learning. The journey was full of enthusiasm, laughter, motivational, thought provoking and directive. The IACAPAP Donald J Cohen Fellowship in Durban taught me one thing, "I can do what I want to do."

-Mohammad Saleh Uddin, Bangladesh

I didn't know what to expect but I wasn't expecting to meet such inspiring people. More than what we did and the content of our discussions, what made the largest impact on me was the people I had the opportunity to meet, mentors and mentees,



Left to Right Andres Martin, Joaquin Fuentes, Anja Botha, James Woollard, Ayesha Mian, Andreas Warnke, Mark Tomlinson, Adeosun Increase, Naoufel Gaddour

especially in my group. I think now I finally know what being a DJC Fellow means!

Jordan Sibeoni, France

Knowing I would have a newborn baby on my hands around the time of the IACAPAP/DJCPF, I almost didn't apply until I was arm-twisted by friends. I'm glad I finally took that leap of faith and eventually was offered the Fellowship. The DJCP was a wonderful experience, well worth all the risks I took. Here was the who's who of the field within my reach to interact with. Most amazing was the informality of the sessions. I daresay we achieved a lot and these interactions will help to improve CAMH services in the general population. Besides that, the social events were simply amazing.

-Aishatu Abubakar-Abdullateef, Nigeria

I went to Durban as one of the DJC fellows. It was a wonderful opportunity as we were invited to attend the IACAPAP world congress as well. We worked in small groups with great tutors and fantastic fellows from different parts of the world. We explored the ideas related to our own research and reflected upon our personal and professional development. It is very difficult to capture the

learning atmosphere in a few words, so I will share a poem by Rumi that may capture some of its meaning. I am grateful for all the tutors' and the fellows' input and I learnt a lot from our interaction.

There is a kind of food
Not taken in through the mouth
Bits of knowing that nourish love
The body and the human
personality form a cup
Every time you meet someone,
something is poured in.

-Rumi

-Meera Bahu, Sri Lanka

I landed early, checked into the hotel before the rest of the fellows. The beautiful beach and the afternoon sun were greatly welcoming. I was looking forward to attending the conference and the Fellowship program. People had told me that the coordinators and the mentors were important people and in their respective countries were like celebrities whom you could not get close to. I was told I was very lucky. When we had the opening ceremony I was overwhelmed. The "selfie" conference had just begun!

The small group sessions were the most wonderful part of the programme. Our team—with Chris Wilkes and Ayesha Mian as mentors—had Arshya, Jordan, Inge, Aishatu and me. I was made to realize what I am, what I could be and what I should

be. They say a part of being a good psychiatrist is to be a good listener. The patient will speak out all the worries and in that process will by themselves find solutions to the problems evolving as they speak. That is exactly what I felt. Silence made more sense than words. Though from different parts of the world and different walks of life, the group sessions made me feel that "I am not the only one". We connected with ideas and empathy in a non-judgmental manner. It was the perfect place to let your heart out without any worry. I could sleep for a couple of nights but later I had palpitations all night. I listened to music and let myself drown in the huge waves of influence the programme had on me.

At the end of the fellowship programme I felt I was special. As a believer in destiny, I knew strongly I was there for a reason. I was there because I deserved it. I was there because I had something which others did not have. I knew I could do more. I had the experience of being with people who had pushed hard and far. I could see the global picture unlike the "kupa manduka". which I was in the past. I carry with me some of the best memories of my life and I sincerely thank all the fellows for all that I learnt. I salute the mentors for having carved each of the fellows into a better person.

**-Sowmyashree Mayur Kaku,
India**

What makes the DJC Fellowship special is the people involved in the program, be it the mentors, the program coordinators or the DJC fellows. To meet mental health professionals from around the globe and to connect personally was the best part of the fellowship for me. It was so interesting and inspiring to find out about the different projects that everyone was working on. I look forward to seeing everyone in the future.

**-Tomasz A. Jarczok,
Germany**

TWO CHILEANS IN THEIR WAY TO SOUTH AFRICA

We are two Chilean child psychiatrists that met for the first time in South Africa, in a very fortunate coincidence. Although we were working together on a mental health project we had not met face to face before the IACAPAP Congress. The question of how we learn about the DJC program has different answers. Beatriz found the information on the Internet two years ago, just before the closing registration day for the IACAPAP World Congress in Paris, so she set the goal of being ready for the next meeting: Durban 2014. Matías, on the other hand, was doing an observership at the Department of Psychiatry, Children's Hospital in Boston, where he met Myron Belfer, Hesham Hamoda and Gordon Harper, all of them active members of IACAPAP that transmit the spirit and excellence of the Association.

The time finally arrived and the nominations begun. We did not have high expectations, considering that there had been no previous fellows from Chile. However we were hoping to have this one in a lifetime opportunity, and the news came after a couple of months later. It was worth the wait, we finally received an e-mail with excellent news: we had been

selected as DJCF Fellows! From that moment on we had an anxious couple of weeks waiting for more news and to know about the other Fellows. During that period Andres Martin, Joaquin Fuentes, Ayesha Mian and Naoufel Gaddour began to send us important information of what was an increasingly exciting and at the same time unknown opportunity. It was amazing to realize that these two child psychiatrists from the same country would finally meet in South Africa after a 15-hour flight—something that had not been possible in Chile, living just 1 hour away from each other.

We began to prepare the posters for the presentations, to purchase plane tickets, obtain the hospitals' authorizations and so on, and suddenly August arrived. We must acknowledge that part of this unforgettable experience was the trip to Durban. We had to endure delayed flights, lost flights, yellow fever vaccination, jet lag, and many other incidents. After several mishaps, we finally arrived in Durban and to our headquarters: the hotel where the 22 fellows and mentors would stay, facing the beautiful Indian Ocean. We also met our roommates, which was an invaluable part of the experience.

Monday started and with it the first day of the Congress



and presentations to the other Fellows and to our mentors. It was a special moment where each of us began to have a sense of the atmosphere that transmitted Dr Cohen's spirit, sharing with people from all over the world our work and life experiences, accompanied by highly qualified mentors who wanted to help us in a disinterested way. This is one of those moments when you wonder: why am I here? How did I get in this program? Before considering a response, the two program coordinators, Andrés Martin and Joaquin Fuentes, responded: "everyone is here because you have something that makes you special; you only have to believe in yourself".

The week went so fast and the work was so intense that we were clear that this was not meant to be a vacation, but a dedicated personal and professional experience that

could help to change ourselves in a positive way. In the group sessions "magic" occurred by becoming aware of different realities of child and adolescent mental health and practice in different regions of the world, by sharing ideas in research and innovation, by giving and receiving solutions etc. Countless unimaginable experiences and, most importantly, we created lasting friendships with our teammates and mentors, and got to know that we can have someone to rely on in the future.

There were many unforgettable extracurricular activities. One was the meals we had with all the fellows and mentors. From beginning to end: the place, the food, the camaraderie, the dancing, and the intensive course to learn how to play drums. They were all events that made this one of the best experiences of the

week. All of this helped us to know each other, to talk about our lives, share our projects and dreams, and to make it clear that in Chile we do not have spicy food!.

Just as we realized how far away, yet so close, can two child psychiatrists in the same country be, we also became aware of the difficulties communicating and collaborating between different regions of the world. We believe that opportunities like the DJCF are unique to strengthen ties between different regions of the globe, to promote collaborative research and improve global child and adolescent mental health. We think that the DJCFP is an excellent way to keep the legacy of Donald Cohen, who always transmitted his commitment to create and maintain meaningful connections with others.

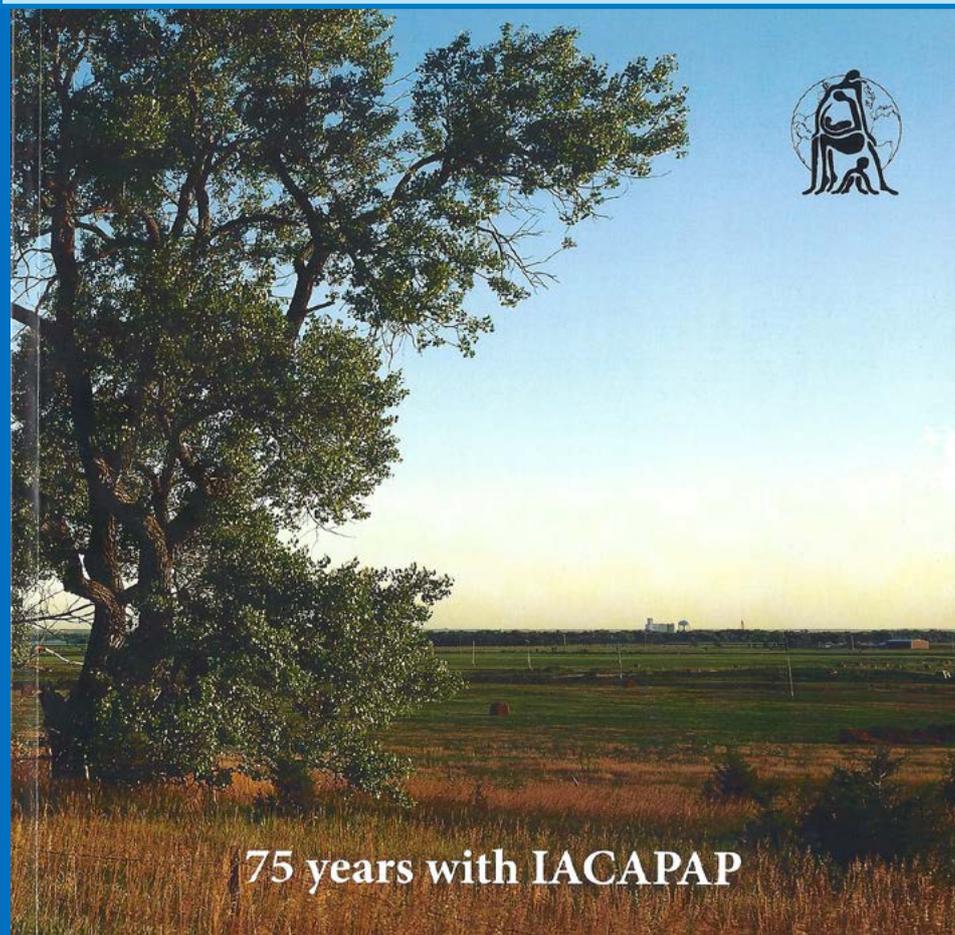


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The History of IACAPAP

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

Development of self-directed learning, self-assessment and teaching aids for the IACAPAP e-Textbook

Students and teachers using the e-Textbook have repeatedly requested an expansion of the resources in the e-Textbook: more self-directed learning activities, self-assessment exercises, and teaching materials. To meet these demands, a new team has been set up incorporating two new Associate Editors, Julie Chilton (USA) and Henrikje Klasen (The Netherlands). Apart from considerable drive and commitment, both have experience in teaching and have worked in low income countries.

Some of the aids to be developed in conjunction with the contributors of each chapter will include practical exercises, multiple choice questions, interactive case studies and PowerPoint slides for teaching, as well as creating a repository of teaching materials already existing on the Internet. Resources will be made available gradually as they are developed.



Julie Chilton

Julie is a dual citizen of Switzerland and the United States who lives and works in New Haven, Connecticut. She is Assistant Clinical Professor and Director of the Core Curriculum, a didactic course for first-year child psychiatry, psychology, social work and pediatric fellows at the Yale Child Study Center. She has studied and worked in the United Kingdom, Romania, Botswana, and Switzerland. She received the Melvin Lewis Award for teaching medical students at the Yale Child Study Center and the Student Service Award at the University of California, San Francisco. She first learned of the IACAPAP textbook in 2012, when she began using it to teach the Yale fellows in the Core Curriculum course and is very excited to expand its reach by incorporating end of chapter questions, self-assessment exercises, patient vignettes and customizable PowerPoint lectures.



Henrikje Klasen

Henrikje is an enthusiastic consultant child and adolescent psychiatrist and social anthropologist currently working as Head of Child Psychiatric Training and Associate Professor in The Hague and Leiden/ Netherlands. She completed her medical studies in Germany and did fieldwork in Indonesia on the remote island of Nias for her doctoral degree. Subsequently she worked in Berlin, London—where she did an MSc in social anthropology at the London School of Economics—and trained in child and adolescent psychiatry at Maudsley Hospital. Henrikje participated in one of the first Helmuth Renschmidt seminars organized by IACAPAP. She recently published a review on child mental health interventions in low and middle income countries and carried out mhGAP training in Kashmir, India. She is due to spend a six months sabbatical in Ethiopia, where she will assist in building up sustainable child mental health services through capacity building and training in the primary and specialist sector.



PROFESSOR ROBERT GOODMAN

THE MAN BEHIND THE DAWBA AND THE SDQ

Maite Ferrin

Robert Goodman is Professor of Brain and Behavioural Medicine at the Institute of Psychiatry, King's College London. Prof Goodman is well known worldwide for the development of the SDQ (Strengths and Difficulties Questionnaire), a screening questionnaire for psychiatric problems in childhood and adolescence, and the DAWBA (Development and Wellbeing Assessment), a semi structured interview designed to generate ICD-10 and DSM-IV diagnoses in 5-17 year olds.

I had the opportunity to interview Professor Goodman and ask his views regarding these two useful tools

Professor Goodman, could you tell us how the idea of developing the DAWBA emerged? Also, could you tell us about the most positive aspects of the interview, and in what way the interview might differ from other diagnostic interviews?

I developed the interview in preparation for the 1999 survey of the mental health of children and adolescents in Great Britain. The SDQ already existed as a brief effective tool for screening and monitoring, but a new semi-structured interview was necessary for a study look-

ing at specific diagnoses. I wanted to design a tool that was applicable not only to epidemiological studies, but also to clinical day-to-day work. An interview that was as short as possible was important for the sake of both professionals and families. Thus the interview was meant to be short and straightforward; accepting that brevity meant it would not be perfect and could not cover absolutely everything. Including open answers allows participants to express any concerns that have not been covered with the full structured questions. Making the interview brief and including open-ended descriptions improves the quality of answers and reduces the likelihood of respondents getting bored and answering without adequate reflection.

The DAWBA is designed to be easily completed online by parents, teachers and young people aged 11 or more. The Internet makes it possible to carry out DAWBA interviews without needing an interviewer at all.

Could you explain us what advantages you think the online version has for professionals and for families?

The DAWBA is currently available online in 24 languages, and the number of translations is growing. Although the DAWBA initially started as a paper interview, the online system has many advantages, including a 75% reduction in data-collection costs in one study. While some respondents prefer to be interviewed by a person rather than a computer, there

youth@mind

What is it?	Interviews and questionnaires	Interviewer instructions	Computer Programs	Clinical ratings	Publications
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DAWBA

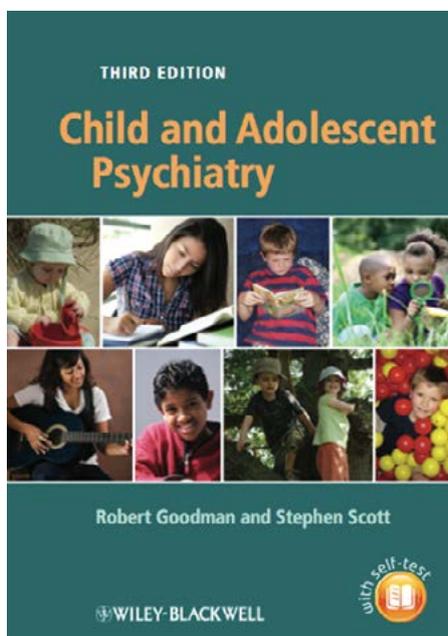
**Information for researchers
and clinicians about the
Development and Well-Being Assessment**

are also plenty of respondents who are more willing to reveal undesirable traits to a computer, while individuals with autistic traits seem to find it particularly easy to open up to a computer.

Most families are willing to provide information online before coming to a clinic. Child mental health professionals are sometimes reluctant to ask families to do this, wanting them to have met the team before completing any assessment. Families, however, find this sort of pre-assessment very acceptable – it's like getting an ECG before seeing a cardiologist, or an X-ray before seeing a surgeon. They reap the benefit when professionals are better informed before the beginning of the first face-to-face consultation. In addition, many respondents come away from a standard assessment feeling that they provided insufficient or misleading information, which is another reason why they appreciate an online interview that they can improve if they have second thoughts. What's more, an online interview can be completed at the respondent's convenience – which in the case of parents may mean filling it in over the course of several evenings after the children are in bed.

It is important to stress that the DAWBA interview is designed to help clinicians, not to replace them. It is the clinician, not the computer who reads between the lines of the open-ended descriptions provided by respondents; clarifies discrepancies; carries out a mental state examination; synthesizes all the diverse information into a coherent formulation, and feeds this back to the family. The fact that all the information is available as an easily stored or shared PDF file greatly reduces administrative work and facilitates further referrals.

The DAWBA covers the range of emotional and behavioural disorders in ICD-10 and DSM –IV. Angold and colleagues in 2012 compared the



DAWBA with other diagnostic interviews; they concluded the DAWBA was shorter and that it was more accurate in detecting the most severe cases. How can we interpret these findings?

From my point of view, it is important to have a diagnostic tool that focuses on the most severe cases. Unlike categorical disorders such as phenylketonuria or Down syndrome, most psychiatric disorders in children and adolescents represent the extreme end of a trait that is continuously distributed in the population. An efficient system needs to be able to identify the severe cases that require treatment, distinguishing psychopathology from normal variation, and avoiding unnecessary labelling. A relatively high threshold for diagnosis also helps those who plan mental health services - the last thing they need when trying to defend their allocation of money to child mental health is the accusation that they have been wasting money on pathologising the "worried well".

Finally Professor Godman, has the SDQ been used to study trends

in young people's mental health over time?

The SDQ has been used in studies that compare rates of disorders at different points in time; Collishaw and colleagues found in 2004 that there had been a substantial increase in adolescent conduct problems in the UK over a 25-year period. This increase affected males and females, all social classes, and all family types. A new British survey should soon provide more up-to-date information on time-trends, showing, for example, whether child and adolescent mental problems have increased since the financial crisis.

For more information on the SDQ and DAWBA and downloadable copies, see www.sdqinfo.org and www.dawba.info

Robert Goodman and Stephen Scott are co-authors of a textbook: Child and Adolescent Psychiatry (3rd edition 2012) that is downloadable free from youthinmind.info/py/yiminfo/GoodmanScott3.py

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Lagos, Nigeria

Promoting Child and Adolescent Mental Health through the MIND Trust



MIND Trust Team

The Mental Health Information Network and Development Trust (MIND Trust) is a non-government organization (NGO) working in the field of mental health in Lagos, Nigeria, to advocate for and disseminate knowledge about mental health-related issues among persons in South-western Nigeria.

The MIND Trust was conceived over six years ago by a psychiatrist, Dr Yewande Oshodi, to meet the need to destigmatize psychiatric conditions and disseminate accurate information about them in her immediate community. A core team was set up including Dr Nayah Egegbara (Psychiatrist), Dr Tennyson Usuh (Psychiatrist) and Mr Dimeji Animashaun (Pastor) to set the NGO's activities in motion. The team has since been enlarged and now comprises a group of dedicated individuals from a variety of disciplines—psychologists, psychiatrists, social workers, a pastor and lay people—who also engage other volunteers to join in different projects. Though the activities of the NGO were generally targeted at mental health promotion, the emphasis has been in schools. This is because the team believes that addressing mental health disorders and mental health literacy in young people makes the largest impact.

The MIND Trust school mental health

enlightenment program has been running for over five years. This program focuses on mental health education in public and private secondary schools within the city of Lagos. The program commenced in three local government districts with the expectation that it would be expanded to other local government areas in the near future. Several secondary schools (public and private) have participated and the program has enjoyed administrative support from the ministry of education of Lagos state.

The program consists of mental health-related topics that are covered in interactive lectures and question and answer sessions followed by a meeting with teachers and counsellors in each school. Topics include causes of mental health problems, bullying, peer pressure and substance abuse. Medical student volunteers from the University of Lagos have been involved as speakers and mentors. Each session is evaluated via pre- and

post-tests. Schools have been encouraged to start “Mental Health Clubs” after the program, though this is yet to be effected in most schools.

In the last two years the MIND Trust also joined the Lagos State School health screening team during routine visits to some primary schools as part of their school health programs. In this program we aim to integrate child mental health screening into routine school health screening services. The NGO is in the process of exploring how findings from these screening can be used.

The MIND Trust team recognizes the important role that teachers play in the identification of child and adolescent mental health problems and in the promotion of their students' emotional wellbeing. Working in Lagos, a mega city with over 600 public secondary schools and no structured school mental health services, the MIND Trust team sought to build capacity in the teachers regarding the iden-

tification of child and adolescent mental health problems. With partial funding from the Boston Children's Hospital Global Partnerships Program as well as support from the College of Medicine of the University of Lagos, a teachers training program was conducted in May 2013. 77 teachers from three local government areas participated; faculty comprised experts from Nigeria and abroad. By the end of the course a measurable impact on teachers' knowledge was noted. A small handbook was also produced as a reference material for teachers to help them put in to practice their newly acquired knowledge.

On the 10th of October, MIND Trust commemorates the World Mental Health Day every year with some event or activity, usually inviting students to participate in one way or another to improve their knowledge and reduce the stigma of mental illness. Activities have included a debate among secondary school students about depression and, in 2014, an essay-writing competition in collaboration with the mental health office of the State ministry of health in which 100 students from 20 schools participated. The topic for the competition was "Living with schizophrenia is not the end of the world". Win-

ners will be selected by the end of October 2014.

The NGO also runs a volunteer program that allows people in the community or trainees in health-related programs to volunteer for MIND Trust activities. This program has been instrumental in generating interest in child and adolescent mental health among volunteers, which sets them in good stead to advocate for child and adolescent mental health issues in their future endeavours.

Though the MIND Trust has made some effort as an agent for social change, it can definitely make a more needed impact in relation to child and adolescent mental health. Raising funds has been its greatest challenge; so far programs have been supported (monetarily and in kind) by organizations such as the Department of Psychiatry, College of Medicine University of Lagos, the Boston Children's Hospital Global Partnerships Program, and the Lagos State Ministries of Health and Education, as well as private donations from members and from volunteers. Some members of the Association of Child and Adolescent Psychiatry and Allied professionals in Nigeria (ACAPAN) such as Dr Oluwayemi Ogun (ACAPAN president), Dr Patricia Ibeziako (Harvard/

Children's Hospital, Boston, USA) and Dr Olapeju Simoyan (Commonwealth Medical College, Scranton, Pennsylvania and visiting Fulbright specialist) have in the past contributed their skill and knowledge to help the MIND Trust achieve its goals. Knowing that child and adolescent mental health awareness is necessary to promote mental wellbeing in our population drives this group to continue on this path with the firm belief that the required funds needed for sustaining its programs will surely come.

Volunteers, donors and partners are always welcome to assist in taking this work forward. We intend to sustain this effort and visit even more schools while improving our programs. Join us in our little contribution to CAMH... in our way, in our world, in our time!

Contact details: Be our friend on Facebook; Twitter #@mindtruster; Web page-<http://www.mindtrust-ng.com>. For further enquiries mind.trust@yahoo.com or yewyoshodi@yahoo.co.uk

Yewande Oshodi

Dr Oshodi is a Senior lecturer in the Department of Psychiatry, College of Medicine University of Lagos and Consultant Psychiatrist in Child and Adolescent Psychiatry in the Lagos University Teaching Hospital. Lagos, Nigeria.



Happy students following a MIND Trust school mental health talk

CHILD & ADOLESCENT PSYCHIATRY RECOGNIZED AS A MEDICAL SPECIALTY IN SPAIN

Cesar Soutullo & Ana Figueroa-Quintana

After several decades in the making, dozens of physicians involved, and many failed attempts, from August 6th 2014, child & adolescent psychiatry is recognized as an independent medical specialty in Spain. However, the procedure to train child & adolescent psychiatrists is going to take a few years to develop.

The approval of child & adolescent psychiatry as a specialty is part of a wider and ambitious plan to reform and improve all specialist training programs in Spain. There will be five main branches: medicine, surgery, laboratory & medical diagnosis, clinical imaging and psychiatry. Thus, psychiatry and child & adolescent psychiatry will be the only two specialties within the psychiatry branch.

Within four months from the publication of this law, about ten specialists that are "clearly nationally recognized leaders in the field with long clinical experience" will be appointed to the first national committee of the specialty. This committee will define the training program and the requirements that training programs will have to meet, so that units or services can be accredited to train child & adolescent psychiatry residents.

Once the child & adolescent psychiatry committee has defined the training program and accredited the units, the first positions of child & adolescent psychiatry trainees will be announced. In Spain, medical graduates who want to complete a residency training program have to take a national exam (usually at the end of January). Those who obtain a position start their training a few months later (usually in June). Thus, the first Spanish child & adolescent psychiatry residents may start their training by June 2016 or most likely June 2017. The duration of the training will be four years.

Until now, physicians working in child & adolescent psychiatry either have done their training abroad or

in some of the very few programs existing in Spain. Some others have not even received specific training in child & adolescent psychiatry but only in general psychiatry, having gained clinical experience by treating patients, by attending specific courses or conferences, or by self-training.

When the new law comes into effect, physicians currently working as child & adolescent psychiatrists will have to document their personal clinical experience and demonstrate at least four years practicing as a child & adolescent psychiatrist. Once the national committee has evaluated these applications, those who pass the selection process will take an exam to demonstrate specific knowledge in child and adolescents psychiatry; only those who pass this exam will be considered specialists. This process of accreditation of previously trained physicians will only be done once. After this, the only way to become a specialist will be through training in one of

the officially accredited training programs or via mutual recognition of specialty titles obtained in other recognized programs abroad.

We hope this long awaited recognition of child & adolescent psychiatry as a medical specialty will improve child & adolescent psychiatric care in Spain and will boost teaching and research in the field. There are still many issues and grey areas to be resolved (at least in the opinion of the authors of this article), such as the proportion of time training in general psychiatry vs. child & adolescent psychiatry, the number of resident posts per year, or how many training programs will be accredited. These matters will be decided by the national committee, which is yet to be appointed. Despite the many hurdles still ahead, a path has now been opened for Spain to finally have nationally trained child & adolescent psychiatry residents and eventually child & adolescent psychiatry specialists.



Josep Toro and Maria Jesús Mardomingo, both honorary presidents of AEPNYA, are two leading Spanish child psychiatrists who, with many others, worked tirelessly for the recognition of the specialty.

Michel Wawrzyniak New President of SFPEADA

Anne-Catherine Rolland



In July 2014, Professor Michel Wawrzyniak was elected President of the French Society for Child and Adolescent Psychiatry & Allied Disciplines (SFPEADA). He follows Dr Marie-Michèle Bourrat, who had been President for the previous three years. Professor Wawrzyniak agreed to answer a few questions about his views and the goals of his presidency.

Michel, could you tell us about yourself?

I am 63 years old and married with three children. My surname is Polish. My grandparents arrived in France in the 1920s. I feel very much in tune with the European framework. I love living in the countryside and practising judo.

I am a clinical psychologist and I have done a lot of work in psychiatric services, first in adult psychiatry and later in child and adolescent psychiatry. I started my university studies in phenomenological psychopathology and psychoanalysis. It was only later that I decided to also study systemic approaches and family therapy.

I am a professor in clinical psychopathology at the University of Picardie Jules Verne in Amiens; the city in which Jules Verne spent the second half of his life. I run a master

in psychopathology and clinical psychology program and a research team in psychology. I train young clinical psychologists as well as family therapists. My initial interest in clinical research was in the psychology and psychopathology of adolescence: the dimensions of identity, responsibilities and risks and later on the dimensions of belonging. At the moment, we are conducting research on the future of family links in extreme situations—such as spending the winter in Antarctica—from a systemic point of view.

Since when have you been a member of SFPEADA and what does this learned society represent for you?

I have been a member of SFPEADA for about fifteen years. To become a member, I was sponsored by professors

Gérard Schmit (Reims) and Christian Mille (Amiens).

It's the teamwork spirit in child and adolescent psychiatry that particularly pleases me. How can child psychiatry make this possible? The pleasure of working and belonging in a team gives, in the words of Salvador Minuchin, "The tenderness of belonging".

How do you see your new role within SFPEADA?

I hypothesize that those who supported my election rightly believe in the crucial importance that our association gives to teamwork. I invite all the disciplines working in child and adolescent psychiatry to become more involved in teamwork, complement each other in a spirit of collaboration and share their specific skills. This is the

second time in its 75 years that SFPEADA gave the presidency to a member of the allied disciplines. This honour is also a responsibility.

As the president of the SFPEADA, what are your short and medium term projects?

The systemic approaches taught me the importance of “blending” in clinical, institutional and political situations. Such creative blending is made possible only by sharing resources, dreams, and the commitment of everyone, and in their being attuned to each other also. My short and medium-term projects are to allow members of our society to make the most of these types of situations of blending and tuning. The symposium presented at the congress of Durban, titled “Longitudinal follow-ups of psychic links at various ages of the life” tried to create this type of situation, because of being cross-disciplinary and the variety of presentations and speakers.

A new President of IACAPAP was elected this summer in Durban, a Frenchman, Professor Bruno Falissard. How do you see the links with the new IACAPAP President?

Firstly, I would like to pay tribute to Olayinka Omigbodun, who has just finished her term as President of IACAPAP. She who infused an impressive dynamism and energy throughout her presidency. I would also like to pay tribute with great admiration to two very influential people in French child and adolescent psychiatry, Colette Chiland and Jean-Philippe Raynaud. With their dedication within IACAPAP both have contributed enormously to child psychiatry worldwide and continue to contribute with creative dynamism.

The election of Bruno Falissard really delights me. I am impressed by the direction that he gives to our thoughts, his simplicity and modesty. All of these qualities will help us reflect on the way we do things, as much in clinical practice as in our research work. His talent in the epidemiology field together with his love of child and adolescent psychiatry make his presidency promising.

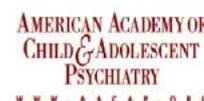
The election of Bruno Falissard comes after the success of the IACAPAP congress in Paris in 2012. French child and adolescent psychiatry, underlined many times by him as original—whatever

the connotations—has allowed this very important dialogue between all of the approaches and disciplines in child and adolescent psychiatry, forming a precious moment of blending. The election of Bruno Falissard therefore makes me dream today of a better connection between the requirements of an “evidence-based medicine”, advocated with insistence by some as the unique route, and taking into account a “narrative-based medicine”. The election of Bruno Falissard also allows me to hope that the French language can regain its official place among the languages of IACAPAP and, why not, that other languages will too. We can see the importance of this new direction, for example for the African francophone child and adolescent psychiatry teams who are already making the most of the French translation of the IACAPAP e-book, a great idea quickly put in place.

Finally, I hope that a productive collaboration with Bruno Falissard will enable us to emphasise, on an international level, the importance of teamwork in child and adolescent psychiatry.



Join AEPNYA & AACAP
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Child and Adolescent Psychiatry Meeting



Starting in 2015, check AEPNYA & AACAP websites for information and updates!!

Donostia – San Sebastián (Basque Country / Spain)



Designated by the European Union as Cultural Capital of Europe 2016

MSc in Child and Adolescent Mental Health at the Institute of Psychiatry, King's College London

The Possible Use of Distance Learning for the Future

Satomi Yoshida

The Master of Science (MSc) in Child and Adolescent Mental Health at the Institute of Psychiatry, King's College London is a course for both international and UK-based child and adolescent mental health specialists such as psychiatrists, psychologists and paediatricians. In fact, students on this course come from a variety of countries across Europe, USA, the Middle East and Asia. They learn together to enhance their clinical and research skills in the area of child and adolescent mental health. This article introduces this course in order to consider the possible use of distance learning in child and adolescent mental health in the future.

The aims of the programme are to develop research skills by acquiring an up to date knowledge of current research in child and adolescent mental health and to develop clinical skills for a systematic assessment, correct diagnosis and comprehensive management of the main mental health disorders.

Lectures

One of the most striking features of the programme is that there are many opportunities

to be taught by leading academics in the field. Lectures cover large topic areas including history of mental disorders, classification according to different taxonomic systems, mental health across different cultural contexts, and communication with children and their families, as well as methodology in research. Lectures from diverse multidisciplinary backgrounds such as by child psychiatrists, paediatricians, psychologists and social workers, allow students to broaden and expand their knowledge on current child and adolescent mental health issues from different perspectives.

Seminars

The programme also requires students to present an article about child and adolescent mental health in a seminar, during which a short lecture on the topic is presented. At the beginning of the programme, students learn how to critically read a paper and how to present the information of this paper from an objective, scientific point of view. At the end of the seminar the student's presentation is evaluated by the lecturer and both the presenter and the audience discuss the paper together.

Tutorials

Every student has an individual tutor and one-to-one tutorials are organised on a regular basis. These tutorials focus mainly on how to write a systematic review and a final dissertation. The aim of the tutorial is that students develop the specific knowledge and skills for the systematic review and the required dissertation.

Clinical placements

The clinical placement is an exciting experience that most of the students welcome. Every student is allocated to a different clinic or to a child and adolescent mental health service under supervision. The clinical placement starts at the beginning of the second term, after the students have learnt some of the basic principles in child and adolescent mental health. Placements are varied and include in-patient units for specific mental health conditions, outpatient clinics for children and adolescents with moderate to severe mental disorders, and teams for children with developmental disorders. Through this experiences, students gain substantial clinical skills for the diagnoses, clinical assessment,



Students with the MSc course director, Dr Dennis Ougrin (second left, front row)

formulation and planning of appropriate therapeutic interventions.

Modules

There are four modules:

- Evidence-base for child and adolescent mental health, assessed by two three-hour examinations.
- Clinical strategies & presentation and analytic skills, evaluated through submission of two clinical essays, via continuous assessment during the seminars, and through the supervised clinical placement.
- Knowledge of methodology and statistics, assessed through the submission of a literature review, an outline of a research protocol, and through completion of the ethical approval procedure.
- Dissertation, assessed by the completion and submission of a 15000 word dissertation.

Possible use of distance learning in child and adolescent mental health

As the Internet and technology have developed, distance learning has become more

common. Child and adolescent mental health can also benefit from these advances.

There is a postgraduate programme of child mental health in Japan, which includes distance learning in its curriculum (http://www.ugscd.osaka-u.ac.jp/e_index.html). Five universities participate in the programme, each offering different specialties in child mental health including developmental neuroscience, socio-cognitive-neuroscience, neuropsychological development/health science, cognitive behavioural science, and developmental higher brain functions.

The course consists of a three-year programme with lectures during the first year. Although universities are geographically distant from each other, students can take the lectures without needing to travel. The curriculum does require students to attend in person some of the seminars, which are held during the second year. Students who are expected to undertake this course are those who already have some experience in working with children, such as psychiatrists, paediatricians, teachers, psychologists, and social workers. The curriculum is designed to be part-time, thus allowing students to continue their jobs during the programme. Because human resources in child and adolescent mental health in Japan are not sufficiently

developed to supply adequate clinical and research services, distance learning compensates for this by offering a high-standard of lectures for the many students who aim to do further work in the field.

Advanced technology and the Internet have furthered globalisation in the economic and cultural aspects of modern society. International distance learning can create dynamic interactions among people from different cultural backgrounds; professionals working in child and adolescent mental health might also benefit from this.

Not everything is positive; questions remain in relation to distance learning in this field, for example access to clinical supervision. As mentioned, supervised clinical placements, which include observing assessments and therapy sessions, and joining clinical case discussions are useful experiences for King's College students. Technology might provide those experiences to some extent, but it seems difficult to imagine obtaining comparable experience to that from direct supervised teaching. In spite of the disadvantages of distance learning, its use should be considered in the near future particularly in countries where child and adolescent mental health services are not well developed.



Please join us in New York for the joint meeting of the International Society for Adolescent Psychiatry and Psychology and the American Society for Adolescent Psychiatry, March 26-29, 2015, at the New York Marriott East Side Hotel.



ISAPP



We are now accepting proposals for presentations and poster sessions. The website for on-line submission of proposals is <https://cmt.research.microsoft.com/ASAPISAPP2015>

The meeting theme is "The Art and Science of Adolescent Psychiatry and Psychotherapy." Proposals will be considered for Scientific Papers, Symposia/Panel Discussions, Audiovisual Sessions, New Research, Workshops/Courses, and Posters. For definitions and guidelines for submission please click here. The deadline for completed submissions is September 1, 2014, except for New Research Posters, which have a January 10, 2015 deadline.

The European Federation of Psychiatric Trainees (EFPT) was created in June 1992 when 16 psychiatric trainees from nine different countries met in London to explore training issues, creating the European Forum for All Psychiatric Trainees. It never stopped growing since then.

EFPT is an independent, non-profit umbrella organization for European national psychiatric trainees' associations; currently it represents psychiatric trainees from thirty-two European countries.

The primary objective of EFPT is to enhance and harmonize standards of psychiatric education and training across Europe by working in partnership with relevant international and/or national bodies. The Federation also aims to promote the creation of national trainees' associations. Every year

The European Federation of Psychiatric Trainees (EFPT)

the EFPT organizes the Forum of European Psychiatric Trainees. The Forum provides the opportunity to meet and discuss relevant issues for psychiatric training in Europe, exchange training experiences and produce consensus statements expressing the trainees

viewpoint on different aspects of psychiatric training.

As a permanent member of the European Union of Medical Specialists Board of Psychiatry and of Child and Adolescent Psychiatry, the EFPT actively participates both in the development of educational guidelines and the evaluation of psychiatric training institutions in Europe. EFPT has also links with other relevant associations and since 2014 is an affiliated member of IACAPAP.



Organization

The governing body of the EFPT is the General Assembly that meets annually. The General Assembly is composed by two delegates from each member country and elects the EFPT board of directors (president, president elect, immediate past president, child and adolescent representative, general secretary, IT secretary, treasurer) who perform executive functions for the Federation. The General Assembly is held during the EFPT Forum, which is the central event of EFPT's yearly activities. The Forum and is organized in the country of the current EFPT president. During the Forum the working groups review their activities which may result in:

- The production or revision of statements
- Journal publications
- Support for the creation of new national trainees' associations
- Facilitation of networking among European psychiatric trainees.

The Forum includes a poster session,



each year with a different theme related to psychiatric training. National delegates also present country reports, which outline the current status of psychiatric training in all the participating countries.

Statements

Statements are produced and regularly revised by working groups at the Annual Forum. Once accepted by the General Assembly, these statements become the basis of the EFPT's work and are distributed to partner organizations. EFPT statements are available on the EFPT website.

Membership

EFPT is a federation of psychiatric trainees' associations. To join the Federation as a full member, each association needs to follow the following procedure:

- Send a letter to the Board of the Association requesting admission
- Acceptance or otherwise will depend on a vote by the EFPT Board by a simple majority;
- The Board informs the general assembly of all the applications.
- Delegates of the psychiatric trainees' association requesting membership must attend the next EFPT Forum.



Delegates at work during the Forum

Admission of full members is conditional on:

- Having participated in two consecutive forums
- Providing the statutes of the national organization to the board
- Approval of the application a simple majority vote in a General Assembly.

If a member organization does not take part in two consecutive forums, it loses its statute of effective member.

So, if you are a trainee in Europe don't hesitate to speak with us regarding our field of work. We'll be glad to help you and have you on board.

Ana Moscoso, Portugal (EFPT CAP Secretary 2012-2013) anamoscoso@yahoo.com

Athanasios Kanellopoulos, Greece (EFPT CAP Secretary 2013-2015) caprepresentative@efpt.eu

WIN UP TO \$20,000

“iDREAM AWARD”

INTERNATIONAL COMPETITION

The “iDream Award” Award competition is designed to stimulate innovative thinking about helping children achieve their dreams and embrace a hopeful outlook on life. The competition is open to graduate students (masters and doctoral level) in all disciplines and to faculty with or without student participation. Proposals may be submitted in English and/or Chinese.

The “iDream Award” competition is designed to stimulate innovative thinking about helping children achieve their dreams and embrace a hopeful outlook on life. While the initial stimulus for considering this goal came from the observation of children impacted by disasters and other adverse life events, the desire is to develop a more generally applicable approach to achieving the stated goals.

A current “iDream” initiative in Chengdu,

China has sought to help children gain a better understanding of how to achieve their dreams. The program began following the 2008 Sichuan earthquake and has a strong emphasis on exposure to those who have experienced success in life. The aim of the exposure to successful individuals is to demonstrate how people achieve success and importantly to provide information on the reality of achieving goals. For instance, some children give up the idea of going to college because they think that it would take an

unrealistically long time. A fuller explanation of the current “iDream” program is appended.

The “iDream Award” is offered to stimulate thinking about how children understand the life trajectory leading to success and hope for the future. There is a literature from neuroscience, social ecology, trauma recovery, identity formation, spirituality and elsewhere that the Award Committee wishes to see synthesized to provide a solid rationale for the ongoing interventions noted above. In broad terms,

“iDREAM AWARD”

the goal of the literature search and analysis is to provide the scientific underpinnings of the observation that providing children with hope and a realistic understanding of what is achievable is beneficial for the overall wellbeing of the child/adolescent and leads to successful life outcomes. It is recognized that the experience of gaining hope may also be a protective factor against potential adverse experiences during development.

The Award has three components:

1. A literature review and annotated bibliography of the peer reviewed literature
2. A fully developed scientific paper suitable for publication based on the literature review. The paper should bolster the argument that the “iDream” initiative is the operationalization of proven concepts of development; and
3. A fully developed conceptual paper, thinking about possible future initiatives without financial or other constraints, i.e., what would you do to achieve the goals of “iDream” under ideal settings on issues relevant to the concept of hope and future orientation in children taking into account the elements noted above.

In all products there may be many aspects of the concept and its operationalization that could be explored. What do we know about motivation, needed support, how to take first steps? Is there a skill set necessary for success? What are the cognitive elements necessary for program development? How can success be sustained? Is there a role for mentoring? Do neuroscience findings contribute to our understanding of the concepts and interventions?

Language Requirements

Proposals may be submitted in English and/or Chinese

Award Terms and Conditions

There are two phases to the award competition. Three winners for the best submitted literature review (completed) and outline for phases two and three will receive US\$ 5,000 each. The final products will be reviewed and the three winners of the initial round will enter the second round where the three products are expected to be completed.

The final products will be ranked. First prize will receive US\$ 20,000, second US\$ 10,000, and third US\$ 5,000. The initial literature review and draft outline must be submitted by January 15, 2015. Notification of the three finalists will be in March, 2015. The final products will need to be submitted by June 1, 2015 and the final award notice will be August 1, 2015. Interested colleagues are required to send a letter of intent to be submitted by October 15, 2014. Failure to meet the deadline for submission of the final products will forfeit the award. The initial products will remain the property of the “iDream Award” committee and the sponsoring foundation.

The award money is provided by a private donor through an established foundation, Bao Bao Bear Care Foundation Limited (BBB) with no government, religious or other compromising affiliations.

The “iDream Award” competition is open to graduate students (masters and doctoral level) in all disciplines and to faculty with or without student participation.

It is expected that the literature review will reference all relevant literature published in the Chinese languages as well as the literature published in other languages. Grey literature, internet source documents/media and other relevant media materials should be included. Source documents should be held for inspection.

The products will become the property of the award sponsor (BBB), but with the sponsors permission scientific and public information articles will be permitted and, in fact, encouraged. “iDream” and the Foundation reserve the right to use the literature and review paper in its program literature and future grant applications and will give recognition to the authors, but no further financial remuneration. The “iDream Award” bears no legal responsibilities in relation to the products developed or the use of the materials submitted.

The “iDream Award” submissions will be judged by a panel consisting of the sponsor, representatives from the academic community and individuals who have had experience with the current program.

Contact

Professor Myron L. Belfer at Myron_Belfer@hms.harvard.edu

Submission

Need to send in both electronic copies and hard copies as follow:

- Send electronic copies to both Myron_Belfer@hms.harvard.edu and idreamaward@idream.com simultaneously. Judging will be based on electronic copies. Deadline will be based on date of electronic copies received.
- Mail hard copies to Bao Bao Bear Care Foundation Limited, 3 Lockhart Rd, 19F, Wanchai, Hong Kong. Hard copies are for backup and will not be used for judging purpose.

Current Program Description

The BaoBaoBear Care Foundation Limited was founded in 2008 following the Sichuan earthquake to facilitate the provision of programs to students in Sichuan. The Foundation is registered with the Hong Kong government as a non-profit foundation. The Foundation is funded with philanthropic donations from a single Hong Kong family.

Since 2009, the Foundation has installed six multimedia libraries in Chengdu, Sichuan Province and surrounding areas. From the initial experience and ongoing involvement with schools, it became apparent that students could benefit from knowing about more options for their future and how to make informed decisions. The goal was to try to give the students a sense of “hope”.

The ideas derived from the experience of talking with students and educators, and initiating practical exposure to those who could offer guidance on future opportunities and decision-making led to the “iDream” initiative. The goal of “iDream” is to inspire, encourage and explore possibilities in finding and achieving the vision/dreams of the students and to help ensure a positive future orientation. The program, which involves interactive media presentations with individuals coming from various fields and in class interaction with volunteers to lead discussions about future orientation issues, has been very well received and is expanding. “iDream” now maintains an office in Chengdu with full time staff and over 200 volunteers from Sichuan, Shanghai, Beijing, Hong Kong and elsewhere.

THE 2nd YEAH FOR IACAPAP SYMPOSIUM AT THE DURBAN CONGRESS

A FOCUS ON CONTEMPORARY HEALTH SYSTEM CHALLENGES

Dr Jibril Abdulmalik (Nigeria), Mr Odd Sverre Westbye (Norway), Dr Hesham Hamoda (USA), Dr Daniel Fung (Singapore), Prof Myron L. Belfer (USA), Prof Norbert Skokauskas (Norway)

“YEAH (Young, Early and Aspiring mental Health professionals) for IACAPAP” was approved by the IACAPAP Board in 2011 as one of its programs and was formally launched in 2012 at the IACAPAP Congress in Paris, France. It aims to complement existing IACAPAP activities and initiatives and to provide a platform that would allow early career and trainee child and adolescent psychiatrists and allied professionals to network on a continuous basis, share ideas and experiences and build a foundation for stronger professional networks of cooperation into the future. This can only be successfully achieved through linkages with senior colleagues who volunteer to mentor YEAH for IACAPAP members.

In addition to networking activities for young professionals, YEAH for IACAPAP also organizes symposia at IACAPAP congresses, with the inaugural event hosted at the Paris 2012 Congress. These events aim at attracting young and early career participants. The 1st Symposium had an excellent array of speakers covering ‘Economic Analysis’ by Myron L. Belfer, a Past President of IACAPAP; ‘Opportunities for International Collaboration and Development’ by Jibril Abdulmalik; and ‘Academic Development for Early Career Mental Health Professionals’ by Hesham Hamoda.

2nd YEAH for IACAPAP Symposium at the Durban Congress

The second edition of the YEAH for IACAPAP Symposium was held on the 14th August 2014 at the Durban Congress with a focus on contemporary health system challenges with practising child and adolescent mental health in various parts of the world. It also aimed to stimulate discourse on pragmatic strategies to overcome them.

The speakers and topics were carefully selected with a view to balancing health system issues from an experienced and managerial perspective (Daniel Fung and Odd Sverre West-

bye), and the peculiar challenges of subs-specialisation in low and middle income countries (Jibril Abdulmalik) to the specifics of academic and personal career development trajectories and opportunities (Hesham Hamoda).

Norbert Skokauskas (Norway) provided background and an overview to the discussions at the onset of the Symposium. Daniel Fung (Singapore) stimulated a lot of interest with his presentation which argued that while the impression of child and adolescent psychiatry as a dying trade is nothing but a myth, there is some merit in the need for a re-engineered focus in order to remain relevant and abreast of contemporary challenges.

The unique challenges and arguments for and against child and adolescent sub-specialisation in low and middle income countries was discussed by Jibril Abdulmalik (Nigeria), with a compelling case made for sub-specialisation. Strong points include the demographic fact that nearly half of the population in these regions of the world are aged 15 years and below with a significant burden of child and adolescent mental health challenges. It borders on a moral and ethical right to ensure that their mental health needs are taken into consideration and not brushed aside.

Perspectives on the successful management of child mental health teams from a well-resourced setting was provided by Odd Sverre Westbye, Director of the Centre for Child

and Youth Mental Health and Child Protection (Norway). It emphasized that judicious management and effective utilization of available resources are crucial to the success of child mental health teams.

Lastly, the Symposium did not lose sight of her target audience and the chief worry of young and early career mental health professionals, which is career development. Hesham Hamoda (Egypt/USA) provided a rich and detailed presentation on academic and personal career development opportunities and pathways from both a personal and an informed perspective. Tips, practical suggestions and examples were utilized by Dr Hamoda to illustrate the points of the presentation.

Conclusion and looking forward

The presentations were very well received by an appreciative and engaged audience with very positive feedback at its conclusion. The truly global and balanced spread of speakers from four continents who addressed a wide range of contemporary issues highlighted another very successful YEAH for IACAPAP Symposium at the Durban Congress.

Additional information about YEAH for IACAPAP is available from the IACAPAP website and comments/suggestions are very welcome. Kindly direct them to Norbert (n_skokauskas@yahoo.com); Jibril (jfutprints@yahoo.com) or Hesham (Hesham.Hamoda@childrens.harvard.edu)



Jibril Abdulmalik with Olayinka Omigbodun at the Durban Congress



PUBLISHING IN CAPMH

FAQs

- **What are the aims and scope of CAPMH?**

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 or international perspectives on child and adolescent psychiatry are considered as well.

- **Why publish your article in CAPMH?**

1. High visibility: open access policy allows maximum visibility of articles published (all articles are freely available on the journal website)
2. Speed of publication: fast publication schedule whilst maintaining rigorous peer review; publication immediately on acceptance
3. Flexibility: opportunity to publish large datasets, large numbers of color illustrations and moving pictures, to display data
4. Copyright: authors retain the copyright of their articles and are free to reproduce and disseminate their work

- **How can manuscripts be submitted to CAPMH?**

Please submit your manuscript via our online submitting system at <http://www.capmh.com/manuscript/>; make sure that your manuscript conforms to the journal style (<http://www.capmh.com/info/instructions/>)

How are manuscripts processed?

All articles submitted undergo independent peer-reviewing (sometimes several rounds; depending on the authors' responsiveness). Independent reviewers are asked to return their report within 3 weeks. The average review time depends on the speediness of the authors' in revising their article according to the reviewers' comments. The final decision, acceptance or rejection, is made by the handling editor. The average acceptance rate is 65%. All articles are immediately published upon formal acceptance (only few formatting checks are necessary taking between 5 days and 3 weeks at most). The average time from initial submission to final publication is 19 weeks, much shorter than the average journal.

- **Why CAPMH does have an article processing charge?**

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