



International Association of Child and
Adolescent Psychiatry and Allied Professions

IACAPAP

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

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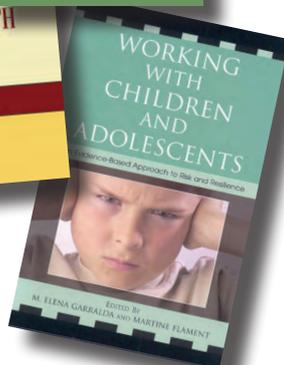
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**INCREASING
AWARENESS
OF CHILD AND
ADOLESCENT
MENTAL HEALTH**

edited by
M. ELENA GARRALDA AND
JEAN-PHILIPPE RAYNAUD

**CULTURE AND
CONFLICT IN
CHILD AND ADOLESCENT
MENTAL HEALTH**

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

JULY 21-25
21-25 JUILLET
2012



President's Column

Strategizing for the Next Four Years: Tackling the Ps

Four months have gone by and quite rapidly too. My vision for every child in the world to have the best possible mental health has remained clear and focused. This is a vision I feel very privileged to share with members of the IACAPAP Executive Committee, regional and national organisations and so many child and adolescent mental health (CAMH) professionals all over the world. I believe that this vision, mixed with a deep passion, is what drives us to want to accomplish our collective mission.

I had expected that with a clear vision, mapping out the strategy would be an easy task. But I have learnt that, like a military commander preparing for a large scale military operation, strategizing requires skilful planning, making crucial decisions on the allocation of resources and answering key questions about objectives and logistics. As I have thought deeply about how best to strategise, four words have emerged as crucial in this process: *people, programmes, places and policy*.

Planning strategies for IACAPAP over the next four years requires effectively plotting a direction with people, and devising programmes in several places that require policy. Adequate planning requires balancing between priorities, preferences and practicality while relating to societies which show wastefulness in the midst of so much poverty. Another key aspect is the need for patience. Skilled strategists have realised that a reasonable period of waiting is an excellent tool for uncovering the flaws and weaknesses in a plan.

Soon after the present IACAPAP Executive Committee was elected in Beijing, there was a window of opportunity for the old and the new to meet and share ideas in the process of considering where we are presently and the different ways to move forward. It was from these discussions and brainstorming meetings that the thoughts of all members merged into three clear trunk roads of 'we need to':

1. Improve advocacy, increase visibility & bolster participation
2. Promote education, training, research & service development
3. Modify the structures and functions of IACAPAP to enable achieving her mission and goals

These trunk roads, as I call them, have been broken down into smaller roads and footpaths producing what may look like a maze. It may yet appear like a complex path in which it is easy to get lost, but those who would look more intently would realise that each path eventually gets to the destination as there are no complete blockages but simply arranged assignments for people, with programmes, in places and guided by policy.

Several people will be involved in this process. Each member of the Executive has a priority issue based on their own interests, clinical and research experiences, personality and personal experiences or agenda. Regional and national organisations and individuals also own this process and will be involved in determining the most appropriate course to take.

IACAPAP has a rich history. The successful hosting of international congresses started in the 1930s; study groups in developed and developing regions of the world have been held since the 1970s. Other programmes such as the Donald Cohen Fellowship Programme, run during Congresses, and the Helmut Remschmidt Research Seminars connecting in between congresses have positively impacted CAMH all over the globe. Huge gaps still exist between the developed and developing regions of the world which can only be filled by a formalisation of IACAPAP's partnership programmes. Partnerships are evident in the two study groups held in Africa - in Nairobi, Kenya (2007) and Abuja, Nigeria (2009). Experts from leading centres in the world partnered with local faculty to deliver scientifically rich and culturally appropriate sessions. Partnerships between the developed and developing world are a major avenue through which IACAPAP will reach out "*The developed world has much to give and receive from working with partners from the developing world. If each child mental health service in the developed world established a partnership with a similar organisation in the developing world much would be gained on both sides from this process. These links would provide training and educational support to the developing world. Simultaneously, professionals and the community would work together to develop child mental health services in the developing world, using creativity and innovation. Who is to say that these*

same innovations cannot be applied in the developed world? This relationship would also provide reality checks, especially for those working in better resourced areas, and may question whether resources are really the issue.” (Dogra and Omigbodun, 2004)

All parts of the world need IACAPAP’s attention and should be included in a strategic plan. Each place will have its peculiar needs and this is why regional and national organisations and individuals are so crucial to working with IACAPAP. Almost 90% of the world’s children live in the resource-poor regions of Africa, Asia and Latin-America. Recent figures reveal that 1 in 2 of the 2.2 billion children in the world live in poverty and of the 1.9 billion children in the developing world, 1 in 3 do not have adequate shelter, 1 in 7 have no access to health care, 121 million are out of school and 15 million are orphaned due to HIV/AIDS (Shah, 2010). These places need precise procedures to address their needs.

IACAPAP will also have to deal with policy and political will. Without this, very little positive change can come. The World Health Organization’s Child and Adolescent Mental Health Policy Module (WHO, 2005) identifies the absence of child and adolescent mental health policy as an obstacle to service development. Belfer (2008) also stresses that in order to address the mental health care needs of children and adolescents, accurate data, sufficient human resources, adequate training, health services and health policies are all required. A strategy for dealing with policy and political will is required as most countries of the world do not have CAMH policies in addition to the fact that the political will to invest in CAMH is weak. The World Health Organisation Mental Health Gap Action Programme (mhGAP) was launched on the occasion of the World Mental Health Day on October 10, 2010 to scale up and reduce the huge gap in services, including CAMH services, in low and middle income countries. IACAPAP needs to identify with and support this major initiative of the WHO. Professor Puras, a child and adolescent psychiatrist on the United Nations Committee on the Rights of the Child has brought to our attention the relationship between child mental health and the rights of the child. In the country reports on the implementation of the UN convention Rights of the Child, issues of child mental health need to be given priority. He stresses that regional and national organizations should ensure that when countries are preparing reports of the implementation of the UN convention, concerns and issues related to CAMH are raised; hence a strategic objective to design activities to bring this about is needed.

Unfortunately, the beneficiaries of our vision and plan are not directly involved in this consultative process. We need to devise methods to bring our paediatric consumers into this process. In a few parts of the world CAMH professionals are creatively devising ways to enable children’s voices be heard in determining what service they get but the adage ‘children should be seen and not heard’ seems to capture to a large degree the present state of children’s participation. I have often pondered over the difficulties of getting child mental health accepted as an integral part of child health care. The separation of healthcare for the ‘soma’ from that of the ‘psyche’ occurs in many parts of the developing world. Is this apparent neglect of mental healthcare as well as the separation of the care of the body from the care of the mind due to differences in understanding or is there also the issue of children being simply to be seen (be physically healthy) but not heard (mentally and emotionally sound)? That is why we have a strategic objective to review IACAPAP’s relationship with child and adolescent consumers. Listening to the Paediatric voices is a key to our success.

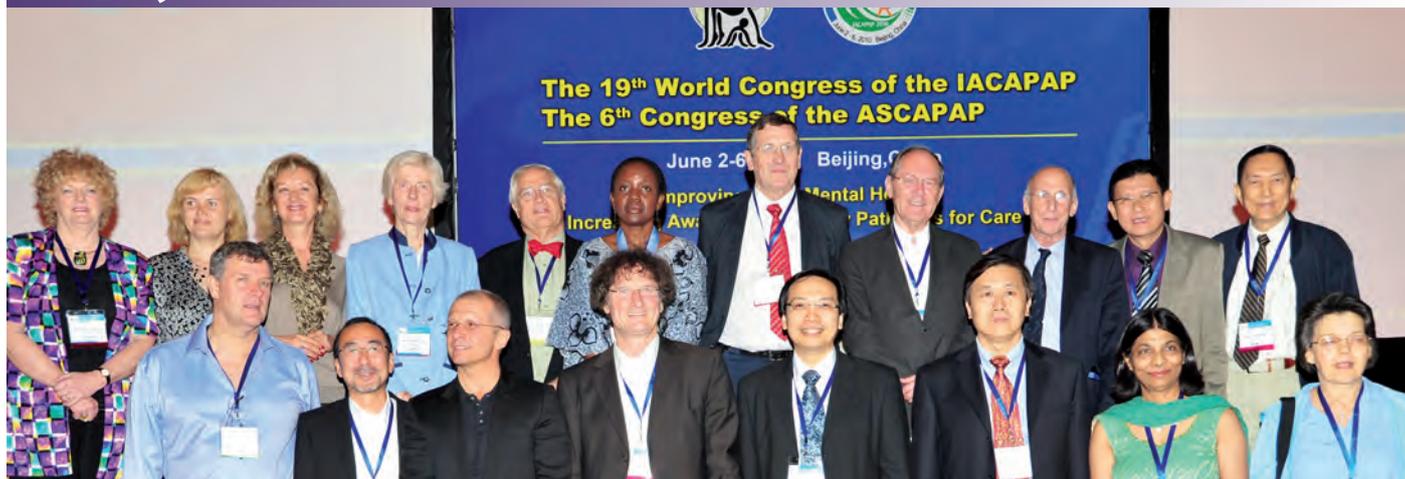
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Olayinka Omigbodun MBBS, MPH, FMCPsych, FWACP
President

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



IACAPAP Executive Meets in Beijing

The Executive Committee (EC) of IACAPAP met in Beijing on May 31 and June 1, 2010. In attendance were (alphabetical order): Myron L. Belfer, Colette Chiland, Phyllis Cohen, Suzanne Dean, Amira Seif El Din, Nese Erol, John Fayyad, Joaquin Fuentes, Elena Garralda, Kang-E Michael Hong, Andres Martin, Marie-Rose Moro, Barry Nurcombe, Olayinka Omigbodun, Jean-Philippe Raynaud, Helmut Remschmidt, Luis Augusto Rohde, Per-Anders Rydelius (President), Kari Schleimer, Sadaaki Shirataki, John B. Sikorski, Samuel Tyano, Andreas Warnke and Yi Zheng. This is a summary of the resolutions.

Per-Andres Rydelius welcomed the EC members and opened the meeting with a minute of silence in memory of recently deceased friends (Alan Flisher, Gerald Caplan, Peter Neubauer, Salvador Celia, and Winston Richards). Per-Andres Rydelius continued by presenting a report of IACAPAP's achievements in the previous year, highlighting also challenges for the future (see his report in this issue). Reports by Luis August Rhode, Secretary General, and John Sikorski, Treasurer, followed.

Constitution

Discussions about the revision of the Constitution consumed a considerable amount of time. While there was general agreement about most issues, some EC members believed that it needed further work. It was decided that a few more issues need to be explored further with the aim

of having a comprehensive revision of the Constitution ready to be voted on at the Paris 2012 Congress. An ad hoc committee, consisting of Olayinka Amigbodun, Colette Chiland, Andres Martin, Barry Nurcombe and Kari Schleimer, will prepare an options paper in this regard.

Office Bearers

The Nominating Committee, chaired by Kari Schleimer, received a great number of nominations from national associations and individuals. The following office bearers were elected: Olayinka Omigbodun (President), Daniel Fung (Secretary General), Gordon Harper (Treasurer), Per-Anders Rydelius (Immediate Past President), Andreas Warnke, Jean-Philippe Raynaud, Joaquin Fuentes, John Fayyad, Luis Augusto Rohde, Suzanne Dean (Vice-presidents), Sigita Lesinskiene, Yoshiro Ono, Chris Wilkes (Assistants). In addition, Andres Martin and Joaquin Fuentes are to continue chairing the DC Fellowship Program, Elena Garralda and Jean Philippe Raynaud will continue editing the Monograph series, and Joe Rey the Bulletin. Yi Zheng and Fusun Cuhadaroglu Cetin accepted positions of Counsellor and Kari Schleimer is to continue as Permanent Secretary and Archivist. The vacating office bearers were thanked for their work and dedication during their tenure.

Congresses

The 2010 Congress will take place in Paris (France) in 2012. Collette Chiland, who chairs the organizing committee, emphasized that preparations are well advanced, with the

website already up and running. The theme is 'Brain, Mind and Development' and our French colleagues promise a most stimulating program and the best French hospitality. The 2014 Congress will take place in South Africa and the 2016 in Calgary, Canada.

New Member Societies

The Section of Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine was accepted as a full member.

Consumers and IACAPAP

The role of consumers in IACAPAP received considerable attention and discussion. This is an important issue; however, more work is required before consumers can be incorporated as active members of IACAPAP.

Honorary Presidents

Professors Helmut Remschmidt and Myron Belfer were appointed and Professors James Anthony and Colette Chiland were reappointed Honorary Presidents.

The International Contribution Award 2010

This award, funded by the Korean Academy of Child and Adolescent Psychiatry, was given to Myron Belfer for his outstanding work in the international child mental health field. Congratulations!

The General Assembly subsequently ratified the EC's resolutions and recommendations.

PRESIDENT'S REPORT 2006-2010

According to the Constitution, IACAPAP is a non-governmental organization the purpose of which is to promote the study, treatment, care and prevention of mental and emotional disorders and disabilities of children, adolescents and their families. The emphasis is on practice and research through collaboration between child psychiatrists and the allied professions of psychology, social work, pediatrics, public health, nursing, education, social sciences and other relevant fields.

To be the President of IACAPAP is a rewarding responsibility and fascinating task. It gives opportunities to meet with friends and colleagues from all over the world, which truly enhances and enriches one's perspectives. One learns a lot; for example that different cultural aspects and different ways of thinking about child development must be accepted and incorporated in the mind professionals working in child mental health.

Between 2006 and 2010, the focus of IACAPAP's activities has been

to follow the Constitution and to bring professionals from the different regions of the world closer to each other. This has been done in several ways:

- Organizing international congresses every two years and planning congresses covering at least one decade. Since the 2006 Congress in Melbourne, Australia, there have been congresses in Istanbul, Turkey (2008), Beijing, China (2010) and congresses are planned in Paris, France (2012), South Africa (2014), and Calgary, Canada (2016). By rotating congresses around the world, the national associations and our colleagues in different regions are engaged in the work of IACAPAP, which in turn will contribute to the exchange of knowledge and ideas. Hopefully, there will be an IACAPAP congress in Central or South America in the near future.
- Study groups are another way of extending the cooperation between IACAPAP and regional/national associations. Study

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groups, which in the past used to be an IACAPAP tradition, have been reinstated on a regular basis. Between 2006 and 2010 there have been two study groups in South Saharan Africa - Nairobi, Kenya (2007) and Abuja, Nigeria (2009) - and one in the East European region, in Lithuania (2008). The study groups aim to be a forum for the discussion of clinical aspects of child and adolescent psychiatry and behavioral sciences in order to improve 'clinical thinking' and to inspire participants to do preventive work in their respective countries.

- The Donald J Cohen Fellowship program, introduced at the Berlin congress in 2004, has a similar goal. It gives young colleagues the opportunity of coming together and participate in a special program during the international congresses. This program, in the hands of Andrés Martin and Joaquín Fuentes, has been very successful and an integral part of the international congresses in Melbourne (2006), Istanbul (2008) and Beijing.
- IACAPAP's mission to inspire colleagues to engage in research has been crystalized in the Helmut Remschmidt Research Seminars. The aim is to have a one-week research seminar about six months before an international congress and in collaboration with the national associations in the region where the congress is taking place. This gives young researchers the opportunity to meet and take part in research training. They started with the First South-American Research Seminar in Child and Adolescent Psychiatry in Porto Alegre, Brasil (2007)

and were formalized afterwards in Istanbul (December 2007) and in Beijing (February 2010). IACAPAP has also been engaged in and supportive of the EMACAPAP study groups organized during these years in Alexandria (Egypt) and Beirut (Lebanon).

- Bringing IACAPAP members closer to each other was also achieved through the IACAPAP web page and the Bulletin. We are thankful to Professor Joseph M. Rey, Sydney, Australia, for his excellent work making the IACAPAP Bulletin into a online journal of the highest quality with three issues per year.
- A group of IACAPAP ambassadors' has been set up under the leadership of Gordon Harper, Boston, USA, to work throughout the world building relationships between regions, nations and colleagues and exchanging ideas and knowledge.
- An ad hoc group under the leadership of Kari Schleimer has been working to revise the Constitution. The reason behind this was to update the constitution and reduce the size of the Executive Committee (EC) with the aim of working more effectively between international congresses.
- IACAPAP is involved in the revision of ICD-10 and DSM-IV. This work is of extreme importance for the future development of clinical practice and scientific work in our disciplines. The hope is that the two systems will be compatible and that they are useful across the different cultural regions of the world and for the developing countries and not just be based on the US and European context exclusively.

- The IACAPAP Monograph series edited by Elena Garralda and Jean-Philippe Raynaud is becoming a vital part of IACAPAP's activities to fulfill its obligations according to the Constitution. There have been three books published during the period, one each in 2006, 2008 and 2010.

The Bureau, with members living in South America, North America and Europe, has used teleconferencing for its work. Modern telecommunication technology is providing the Bureau with more tools for effective work, even though Bureau members live at very long distances from each other. IACAPAP's finances are sound, but a fund-raising group is needed to secure future activities without IACAPAP being dependent on the pharmaceutical industry.

Suggestions for the future

IACAPAP should have a dedicated office somewhere to manage IACAPAP's everyday business. Until now, IACAPAP has depended on infrastructure provided free by the organizations where the President, the Secretary General, the Treasurer or Past President were working. However, to establish an IACAPAP office, substantial funding will be needed. It follows that IACAPAP needs to have a fund raising group constituted from members in the EC.

Similarly, IACAPAP should set up a team to support the organization of congresses, putting to good use the experience of members that have been involved in the organization of previous congresses. The congress handbook prepared by Suzy Dean is a first step. To improve the efficiency of congress planning, IACAPAP should become involved with one of the international professional congress organizations with a commitment to support local professional congress organizations where congresses are to be organized.

As I already said, it has been very stimulating to be President of IACAPAP and I owe my Bureau friends and EC colleagues more than a thousand thanks for their engaged and supportive commitment and work.

I wish the new President, Secretary General, and Treasurer all the best and good luck!

Per Anders Rydholm





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

JULY 21-25
21-25 JUILLET
2012

1st April 2011 - Abstracts submission - 1st September 2011 - Symposia submission - 15 January 2012 - Deadline for abstracts submission

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Welcome to our congress



Colette Chiland
Steering
Committee
Coordinator



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

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



David Cohen
Organizing
Committee
President

Of course, nothing can take place in psychological life without something occurring in the brain — neuro-functional imaging techniques have made this abundantly clear. That said, the brain structure that any given baby has at birth is activated and shaped by his or her subsequent life-experiences. Mankind does not have a primordial language — the language that we speak is the one that is spoken to us ; although the same brain area is activated when we read, our reading of the Roman alphabet or Chinese characters depends on cultural learning factors.

In all branches of activity in the mental health field, the challenge that we face is how to combine scientific rigour with a humane relationship. Recent discoveries as to neuronal plasticity and epigenesis shed new light on the relationship between risk factors, biological or social, and child development, on psychological therapeutic methods and brain functioning, and on traumatic experiences and the manner in which they are transmitted to the child.



Claude Bursztejn
Program
Committee
President

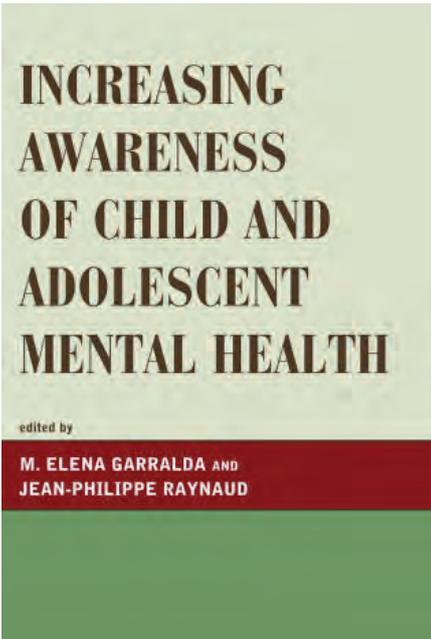
Accordingly, as regards major psychopathological disorders, sharing clinical experience from many different countries will undoubtedly be one of the significant objectives of this Congress.

*The Paris Congress website is now up
and running; please visit it for more
information:
[http://www.iacapap2012.org/
congres/12IACAPAP/homepage.html](http://www.iacapap2012.org/congres/12IACAPAP/homepage.html)*

IACAPAP BOOK SERIES

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

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



INCREASING AWARENESS OF CHILD AND ADOLESCENT MENTAL HEALTH

edited by

M. ELENA GARRALDA AND
JEAN-PHILIPPE RAYNAUD

Increasing Awareness of Child and Adolescent Mental Health

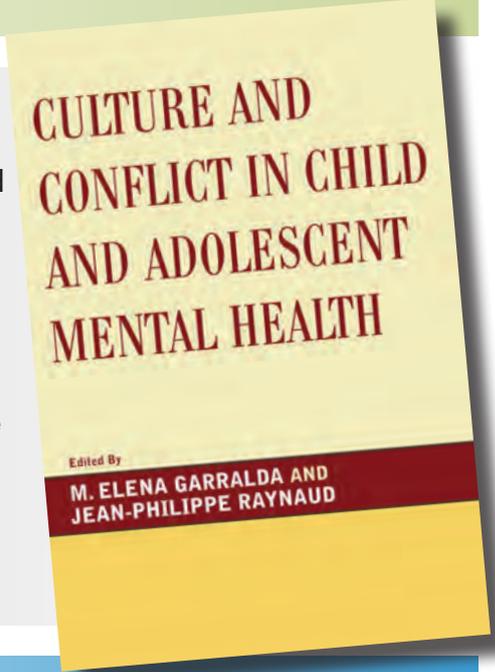
Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

Culture and Conflict in Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

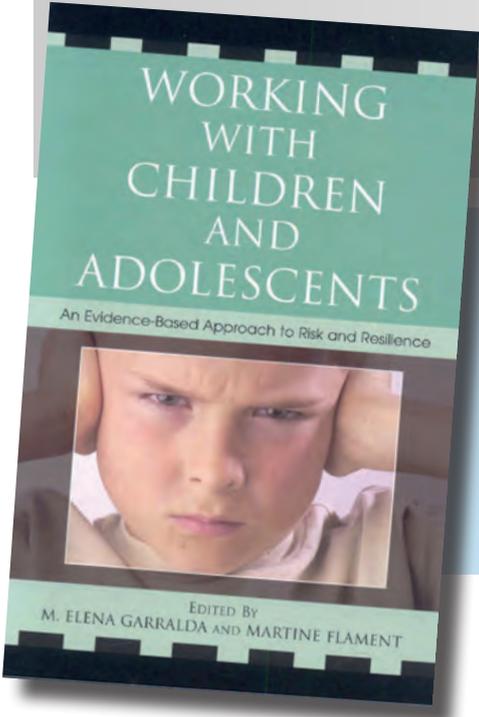
"This volume of papers from the IACAPAP conference give the reader a flavour of critical, provocative and challenging work going on globally in the field of child and adolescent mental health. It is a fascinating account of the research, the setting up of programs, and the attempts to train workers in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



CULTURE AND CONFLICT IN CHILD AND ADOLESCENT MENTAL HEALTH

Edited By

M. ELENA GARRALDA AND
JEAN-PHILIPPE RAYNAUD



WORKING WITH CHILDREN AND ADOLESCENTS

An Evidence-Based Approach to Risk and Resilience

EDITED BY
M. ELENA GARRALDA AND MARTINE FLAMENT

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

Edited by M. Elena Garralda and Martine Flament

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

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

BEIJING 2010

2-6, 2010 Beijing, China

The IACAPAP International Contribution Award to Myron Belfer



Myron Belfer (centre) with Susan Shur-Fen Gau (Taiwan) and Peter Parry (Australia) at the Beijing Congress

“The International Award supported by the Korean Academy of Child Psychiatry is recognition that I am most proud of and in my mind share with many others who have allowed and promoted my experiences. Parenthetically, a recent trip to Korea allowed me to see a vibrant child psychiatry community with global outreach activities involving some of the most challenging issues in child mental health, such as refugee resettlement and trauma related care,” said Dr Belfer.

“It was IACAPAP that opened the world of global child mental health for me”

Myron Belfer, MD, MPA, is a child and adolescent psychiatrist in the Department of Psychiatry at the Boston Children’s Hospital and a Professor of Psychiatry at Harvard Medical School. He is Senior Associate in Psychiatry at Children’s Hospital Boston and on the Affiliated Faculty of the Harvard Center on the Developing Child. In addition to his clinical appointments, over the past ten years, Dr. Belfer served as Senior Adviser for child mental health and continues as consultant to the World Health Organization in Geneva where, among other roles, he contributed to the development of a global plan for child and adolescent mental health. He is a former Department Chairman at Harvard Medical School and served as Special Assistant to the Administrator of the Substance Abuse and Mental Health Services Administration in Washington, DC. Dr. Belfer received his MD. from the Albert Einstein College of Medicine and MPA from the John F Kennedy School of Government at Harvard University.

“Although I had international child mental health experiences earlier with the WHO, it was IACAPAP that opened the world of global child mental health for me to pursue the many activities I have been privileged to participate in over the years. Beginning with Irving Philips, Kari Schleimer, Helmut Remschmidt and others in 1986 in post-Communist Eastern Europe study groups, and with many others throughout the world since, I have learned as much and more about people, cultures and issues than I was able to contribute. The work in global child mental health has enriched my life. The time at WHO allowed me to develop tools that we all need to enhance our advocacy efforts. Being president of IACAPAP was the highlight of my career. It was particularly gratifying to see IACAPAP mature and expand its activities and reach out in very innovative and substantive ways to low income and resource poor countries. The efforts of individuals in these settings to promote child and adolescent mental health and to gain as much knowledge as possible have inspired me.”

DONALD J COHEN FELLOWSHIP PROGRAM

The Donald J Cohen Fellowship program was established for the 2004 IACAPAP congress in Berlin in memory of Donald J Cohen, former director of the Yale Child Study Center and president of IACAPAP, who was a passionate supporter of young researchers and leaders in the field of child and adolescent mental health. The program was subsequently extended to other conferences supported by IACAPAP.

Hesham Hamoda, one of the Fellows, was the special reporter and editor of this section.



NO SURPRISES

A pleasant surprise of the Beijing 2010 Donald J. Cohen Fellowship Program was its lack of surprises. Heading to Beijing, we had good reasons to expect surprises. Prior experience had taught us that major hurdles lie between an enthusiastic acceptance letter and the reality of arriving at a distant congress. The list of reasons for not having made it in has been plague-like in its variety. Awardees in past Congresses had been unable to attend because of visa problems, missed flights, inclement weather, political turmoil, car accidents – even a rabid dog bite (note to the concerned: vaccinations were administered, the dog was put down, our colleague went on to recover fully).

Our apprehension at the opening meeting on June 2nd was thus well justified: would these carefully-selected awardees actually materialize? Would they be more than the disembodied e-mail avatars we had come to know?

All thirty of them showed up, on time. Not surprisingly, they were every bit as wonderful in the flesh as they had been on paper. These thirty promising young individuals, representing 17 nations and five

continents, had been scrupulously selected from over 150 applicants by an exacting and no-nonsense group of independent referees to whom we remain so deeply grateful: Shirley Alleyne (Barbados), Phyllis Cohen (USA), Joseph Rey (Australia), and Robert Vermeiren (The Netherlands).

It was definitely not surprising to see how hard everyone worked and how deeply engaged they became in the congress, in their small group activities, in pushing their professional, scientific and personal envelopes. All of the fellows had worked hard to get to this point in their careers, to this place in the globe at this moment in time. This was no moment to go a-wasting. Every minute and interaction was relished. By the end of an exhausting four days, fellows and mentors seemed to purr in delight and mutual respect and appreciation.

One final non-surprise was to see former fellows become vital to the Association. Past fellows sought us and sought each other out, finding ways to maintain and rejuvenate old friendships. This re-encounter was perhaps most heartwarming for six former fellows from Nigeria, whose energy and enthusiasm made them magnetically recognizable.

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This small group, which spanned different cohorts and congresses, has remained in active contact over years and miles. It was all too fitting that they, like us, were here to celebrate the accomplishment of one of our own, a former Donald J. Cohen Fellow from the very IACAPAP Congress in which the program was inaugurated. Writing about her experience getting to that Berlin Congress in 2004, this alumna described how

[a] few days later I got an e-mail sent out to all the Donald J. Cohen Fellows. As I read through this e-mail I felt a fresh zeal and determination to fight on, because a chord struck in me as I looked at the list of fellows. The fact that I had been paired up with another fellow gave me a sense of obligation to attend this conference. What did it was that on this list, I was the only fellow from Africa, South of the Sahara. A strong need to struggle came back to me for I now knew that I was an ambassador not only to my country, but for the scores of marginalized 'black African children' with no access to mental health care [1].

Six years later, that former fellow has become the President of the Association that welcomed her as the lone ambassador for

so many children. No surprise here: it was only a matter of time until one of our young fellows became our leader, and we all swelled with pride as we saw our dear friend and colleague Olayinka Omigbodun inaugurated as President. This moment truly embodied the vision that Donald Cohen had for mentorship and the legacy that he left for generations to come. Similarly, we have no doubt that the future leaders of IACAPAP were among this group of young enthusiastic fellows that came together in Beijing.

To Olayinka we have this to say: We are so proud of your achievement. You embody what this program is all about. Donald smiles on you, as do we all. Together with over 50 former mentors and 250 former Donald J. Cohen fellows who have attended congresses in Berlin, Melbourne, Florence, Istanbul, Budapest and Beijing, we send you our heartfelt best wishes and Godspeeds. And remember, as the Rodgers and Hammerstein song puts it, *you'll never walk alone.*

Andrés Martín & Joaquín Fuentes

DJC Fellowship coordinators

1. Omigbodun O: My Long and Arduous Journey to Berlin (and how it was really worth it). *IACAPAP Bulletin 2004 XV Supplement*, s5-s6

BUTTERFLY WINGS

In the early 1960s, Edward Lorenz, an American mathematician, put forward the notion that the flapping of a butterfly's wings might create tiny changes in the atmosphere that may ultimately alter the path or even prevent the occurrence of a tornado in a far location. At the time, his peers did not believe him. But he turned out to be right and his notion was the basis of the chaos theory. The flapping wings represent the small change in the system, which cause a chain of events leading to large-scale and far reaching results. When I think about the Donald Cohen Fellowship, I can't help but remember Lorenz's notion.

From June 2-6, 2010, a group of 30 young and motivated Donald Cohen Fellows gathered from all over the world in Beijing, united by their passion for improving children's mental health. The fellows, all in the early stages of their careers, got together with a group of accomplished mentors in engaging small group sessions and a fun filled social program. This experience is one that we as DJC fellows are destined to remember for the rest of our lives.

From the intense scientific discussions, the highlights of the city of Beijing, the exhilaration of electing IACAPAP's first African president, and the amusing Karaoke skills, the DJC fellows had a chance to experience it all. In this section of the bulletin, the Fellows will share with you different aspects of their journeys at the IACAPAP congress.

On behalf of all the DJC fellows, I would like to thank IACAPAP for allowing us to be part of its amazing family. Particularly, I would like to thank Andrés Martín and Joaquín Fuentes who did an extraordinary job in organizing every aspect of this wonderful program and to all of our outstanding mentors. Their dedication to mentorship, their interest in every fellow's development, and above all their friendly and humble characters are an inspiration to every one of us and a faithful representation of what Donald Cohen envisioned.

On my trip back from Beijing to Boston, I remembered Edward Lorenz's notion. Every one of the DJC fellows represents a small change in the system, which no doubt will have far reaching consequences across the world. No one exemplifies this better than our incoming IACAPAP president, Olayinka Omigbodun, who started her journey as a DJC fellow, and now leads the global efforts to promote child and adolescent mental health. To Olayinka, congratulations, to my fellow DJC fellows, flap your wings hard, there is no limit to what you can all do!

Hesham Hamoda (Egypt/USA)



Andrés Martín (left) and Joaquín Fuentes

Olayinka Omigbodun, a former DJC Cohen Fellow from the IACAPAP Congress in which the program was inaugurated, has been elected President of IACAPAP



Hesham Hamoda (Egypt/USA)

BEIJING 2010

From left, back row: Joaquin Fuentes (Spain), Hesham Hamoda (Egypt/USA), Ali Evren Tufan (Turkey), Per-Anders Rydelius (Sweden), Olayinka Omigbodun (Nigeria), Yi Zheng (China). Middle row: Fransiska Kaligis (Indonesia), Pauline Vahl (Netherlands), Phyllis Cohen (USA). Front row: Shu-Chen Liao (Taiwan/China), Yu Hong Zheng (China), Yanki Yazgan (Turkey), Andres Martin (USA).



'COFFEE WITH THE MILK OF IMMORTALITY'

Andres Martin told us in advance of the DJC Fellowship 2010 that this was a program for “Young clinicians and scholars dedicated to the advancement of child and adolescent mental health in their countries of origin.” The IACAPAP program for the Fellows was busy and interesting, as other fellows have outlined elsewhere in this Bulletin.

But you know what they say about all work and no play... So let me assure you, the DJC fellows this year managed to combine a little of both in the experience. This was helped by the fact that we all stayed in the same hotel, close to the conference centre. For me, and I am sure for many other Fellows, one of the highlights of the IACAPAP conference was the opportunity to see and hear about local aspects of Beijing, in particular to see part of it with a local. The five local Fellows were

sharing rooms with those of us from far flung places, which was in my view a real asset to the 2010 fellowship experience.

Of course, over the course of the conference, the Chinese Fellows did take on an advisory role for the visitors, ensuring we experienced some of the diversity of Beijing.

This is an incredibly dynamic city, steeped in history. Many of us took the opportunity to visit the Forbidden City, the Great Wall, and practice our bargaining skills at the Silk Market or the Hutongs (narrow streets or alleys). My roommate, Wang Ji, is a student at one of the local universities, so we had a trip to see the campus and have (far too great a quantity of) noodles at a local restaurant.

They also introduced us to the concept of ‘Chinglish’ — literal translations of Chinese sayings that were a little... odd in English. My favorite was outside the conference centre, where a sign noted ‘The Grass is Smiling at You- Please Divert’: much nicer and more poetic than ‘Keep off the grass’! I was also quite taken by ‘Coffee with the Milk of Immortality’ (in other words, long life milk) —I had to have one!

Our Chinese friends excelled at ordering unfamiliar looking, delicious dishes and on several occasions took groups of Fellows out to experience local dumplings and dining delights. At the hotel, on our last night in Beijing, several of the fellows met for a farewell beverage and barbecue food where, at Wang Ji’s suggestion, green beans proved a tasty midnight snack. So, on behalf of all the Fellows, who really appreciated the advice and assistance, Xie Xie —Thank you.

Elizabeth Barrett (Ireland)



BEIJING 2010

THE DJC FELLOWSHIP IN A NUTSHELL

The three small group sessions, each lasting two hours, were a vital part of the DJ Cohen Fellowship program in Beijing. The sessions focused on 'meeting the group where it is' and the groups not only provided a safe, engaging space to discuss and dissect specific research interests and career plans, but were also fantastic opportunities for mentors to pass on their valuable experience. Topics discussed were diverse and included sophisticated molecular studies, questionnaire design, effective presentation methods, utilizing technology in research, balancing personal life with work demands, networking at an international level, seeking funding for research and publishing 'wisely', to name a few. A strong theme also emerged from these meetings and other informal fellowship experiences: 'we are not alone'.

As a group, we represented 17 nations from around the world. Yet we quickly felt that despite our widely varying research interests and level of support available in our home countries, there were many shared challenges and common hurdles we all face. The dedication to child and adolescent mental health created a strong bond between the fellows. As part of the DJC program, the fellows were able to meet with their peers, develop collaboration plans, and support each other in congress presentations. The social aspect of the program was also phenomenal with demonstrative experiences of music, karaoke, sleep deprivation and the famous Beijing duck all cementing the group bonding experience.

Maite Ferrin (Spain), **Regina Sala** (Spain/USA), **Evren Tufan** (Turkey), **Liz Westrupp** (Australia).



From left, back row: Jeremy Veenstra-Vanderweele (Canada/USA), Elizabeth Barrett (Ireland), Carmen Schroder (Germany/France), Thiago Pianca (Brazil), Per-Anders Rydelius (Sweden), Olayinka Omigbodun (Nigeria), Yi Zheng (China), James Leckman (USA). Front row: Joaquín Fuentes (Spain), Yoon Phaik Ooi (Malaysia/Singapore), Andres Martin (USA), Yuxin Liu (China), Naoufel Gaddhour (Tunisia).

HAVING A ROOMMATE IS 'COOL!'

After Dennis remarked on the novelty of having a roommate, I was surprised that I also hadn't had a roommate since college. Each of us, then, had only roomed with our wives for quite some time. I admit having been a little apprehensive about sharing a room. What if he snores? Or what if I do? (He didn't – and didn't complain if I did.)

Being a dorm supervisor for four years taught me that having a roommate made someone more likely to be socially engaged. This doesn't mean that I ever volunteered to have one at other conferences, but after my DJC experience, I wish that I had. Throughout our time in Beijing, I saw DJC roommates who pulled each other into interactions and experiences that would not have happened otherwise. In fact, the opportunity to have a roommate was certainly one of the highlights of the DJC fellowship for me.

In addition to conversations about family, religion, and psychiatric practice, Dennis and I shared a trip to the Great Wall, some spicy 'hot pot', and a couple of well-watered beers. When I returned home and shared my pictures, my 4-year-old asked, "Why is that guy in your pictures?" When I explained, he thought having a roommate from the other side of the world was "cool!" And it definitely was.

Jeremy Veenstra-Vanderweele (Canada/USA).



MENTORSHIP IN BEIJING

One of the most wonderful things about the DJC fellowship was the quality of the mentorship we received from both our small group mentors and the overall program organizers, Andres and Joaquin. They showed not only passion for child psychiatry, but also joy and happiness in mentoring. To me they were much more than teachers; they were role models, professionally and at a personal level. What more can I say? If I ever have as much fun practicing child and adolescent psychiatry and passion for the field as my DJC mentors seem to have, I'll consider myself to be more than successful!

The other highlight of the DJC mentorship was Beijing, it is truly a marvelous city. I never thought I would find such a perfect combination of the modern and the ancient, the traditional and the radical, all mixed together in such an exotic way. There's much for a visitor to learn about the rich Chinese culture and the friendly inhabitants of this country. There are many attractions in Beijing, but nothing compares to the view from the top of the Great Wall, which is not only breathtaking but truly unforgettable. There is a Chinese saying that you are not a true hero until you climb to the top of the great wall. Likewise, I think a child and adolescent psychiatrist is not complete until they have been a DJC fellow! To the organizers of this wonderful fellowship, thank you!

Thiago Pianca (Brazil)

'If I ever have as much fun practicing child and adolescent psychiatry and passion for the field as my DJC mentors seem to have, I'll consider myself to be more than successful!'



From left: Joaquín Fuentes (Spain), Christian Kieling (Brazil), Andres Martin (USA), Yonas Alemu (Ethiopia), Catherine Dodane-Legrand (France), Elizabeth Westrupp (New Zealand/Australia), Per-Anders Rydelius (Sweden), Ji Wang (China), Olayinka Omigbodun (Nigeria), Yewande Oshodi (Nigeria), Yi Zheng (China), Eva Lhle (USA), Hongyun (Hy) Gao (China), Christopher Thomas (USA).

BEIJING 2010



From left: Joaquín Fuentes (Spain), Doron Gothelf (Israel), Per-Anders Rydelius (Sweden), Maite Ferrin (Spain), Emma Sciberras (Australia), Rui Yang (China), Yi Zheng (China), Koray Karabekiroglu (Turkey), Andres Martin (USA), Rebecca Hommer (USA). Missing from the photograph: Maikandaan Chandra sekar Janagan bose (India), Kerim Munir (Cyprus/USA), Tjhin Wiguna (Indonesia)

CHOPSTICKS AND MORE

OUR FRIENDS COME TO CHINA!

I can remember the night we all went to the DJC fellowship's dinner, the Chinese food served seemed to be new for most of our friends, and a little introduction of each dish was necessary. I have to say that I was amazed that most of our guests were able to successfully use the chopsticks! Most of our colleagues however were not familiar with how to eat roast duck, therefore some demonstration was needed. Tang Yuan is another dish that most people weren't familiar with, it's made of glutinous rice flour rolled round with a variety of sweet fillings.

Our visitors were all very curious about the history of China, and interested in exploring all types of attractions. Anyone who asked me for suggestions always got the same answer: Nanluogu Lane. The lane is an ancient 'hutong' which had kept the old Beijing style. Of course, everyone who followed my advice gave the thumbs up. It was a wonderful experience for us hosting so many fabulous people from all over the world. Thanks to the DJC fellowship for making this possible. The friendships we have all made will last a lifetime.

Ginny Shu-Chen Liao (China)



BEIJING 2010

From left: Joaquín Fuentes (Spain), Sarah Hohmann (Germany), Per-Anders Rydelius (Sweden), Daniel Lafleur (Canada), Ayala Uri (Israel), Olayinka Omigbodun (Nigeria), Regina Sala (Spain/USA), Yi Zheng (China), Dennis Ougrin (Ukraine/UK), Andres Martin (USA).
Missing from the photograph: Sahoo Saddichha (India), Marie-Rose Moro (France), Himanshu Upadhyaya (India/USA).



LASTING IMPACT

Late in 2009, as I considered my desire to participate in the IACAPAP congress in Beijing, I came across the DJC fellowship program; I promptly applied and was pleasantly surprised that I got chosen for this keenly competitive program. I quickly discovered that I was the only person chosen from Nigeria, the only female from Africa, and one of the 30 fortunate applicants from a pool of 150! Little did I realize what a privilege this would be, and its potential long-term impact on me and my career.

What first caught my attention, even prior to arrival in Beijing, is how much detail the organizers (Andres and Joaquin) put into getting everything right for us all. The fellowship activities themselves weren't any less exciting! Every aspect of the program was meticulously planned and delivered. All the events from the opening meeting, to the small group sessions, the dinner and symposium were filled with memorable moments with the one common theme to 'just to it' – (despite the odds, the challenges, inadequate funds etc) and 'in all thy doing have fun'.

The friendly disposition and wonderful personalities among the Fellows was a major added benefit. In my group, our mentors were special in their relaxed, down to earth and people-oriented approach. They emphasized the importance of excellence and focus in our research and yet the need to pay equal attention to family and the important relationships in our lives.

The icing on the cake in my IACAPAP Beijing experience was the election of my own valued teacher, mentor and fellow Nigerian, Dr. Olayinka Omigbodun to the position of IACAPAP president for the next four years. She was once a DJC Fellow several years ago, and like all of us was uncertain, yet passionate, strong and focused. This event was important as it represented the great potential in our continent of Africa and the heights we can reach, despite the challenges we face.

Finally, I believe that being a DJC Fellow prepares and sets us in good stead for great accomplishments. My world view expanded because of my DJC experience and I left with great hope and reassurance. All I need for now is to just do it!

Yewande Oshodi (Nigeria).



BEIJING 2010



IACAPAP PEACE

The sun set over the beautiful summer palace in Beijing and the red sky was reflected in the still water as we crossed the lake on our gala dinner boat. As the warm Chinese summer breeze blew through my hair I came to realize something. I closed my eyes and heard chatter in English, with a lot of interesting accents: New York to my right, Norwegian to my left, Chinese on the seat across, and then German, Arabic, Japanese, Spanish. There were maybe seventy different nationalities, gathered on one single boat with a single destination. A similar scene could happen in a United Nations meeting, but then everybody has to bring an entourage of bodyguards and talk about nuclear energy/atomic bombs/global warming/economic crisis. Some of the nations represented on this boat have experienced terrible wars, even in recent years. Yet, here everybody can sit next to each other, chat and enjoy the scenery.

My Israeli Donald J Cohen fellow roommate lives close to the Lebanese border, but she can never cross it to meet her Lebanese colleagues nor can they. But here, as she exits the boat on a Far Eastern lake, I hear her talk to a valued Lebanese psychiatrist about what the countryside on his side of the border looks like. This was what I came to realize: if civilians from one nation can never meet civilians of another, it is very easy for them to demonize each other. Yet if you have met someone, a real person, from the other side, that has the same profession, and like you enjoys to walk in the countryside and spend time with his or her children: how can you want that person or their family to hurt?

IACAPAP showed me how human interaction and the love we all share for children could unite us all in a vision for peace.

Paula Vahl (The Netherlands).



COORDINATORS

Joaquin Fuentes (Spain)
Andres Martin (Mexico/USA)

MENTORS

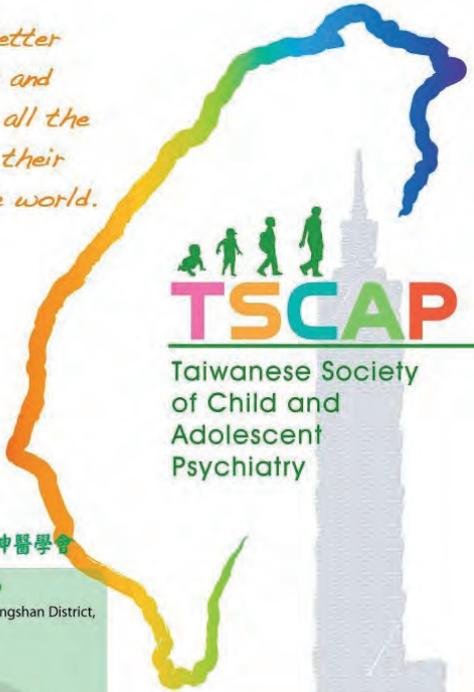
Phyllis Cohen (USA)
Naoufel Gaddhour (Tunisia)
Hongyun (Hy) Gao (China)
Doron Gothelf (Israel)
Daniel Lafleur (Canada)
James Leckman (USA)
Marie-Rose Moro (France)
Kerim Munir (Cyprus/USA)
Christopher Thomas (USA)
Himanshu Upadhyaya (India/USA)
Tjhin Wiguna (Indonesia)
Yanki Yazgan (Turkey)

DJ COHEN FELLOWS 2010

Yonas Alemu (Ethiopia)
Elizabeth Barrett (Ireland)
Maikandaan Chandra sekar Janagan
bose (India)
Catherine Dodane-Legrand (France)
Maite Ferrin (Spain)
Hesham Hamoda (Egypt/USA)
Sarah Hohmann (Germany)
Rebecca Hommer (USA)
Fransiska Kaligis (Indonesia)
Koray Karabekiroglu (Turkey)
Christian Kieling (Brazil)
Shu-Chen Liao (Taiwan/China)
Yuxin Liu (China)
Yoon Phaik Ooi (Malaysia/Singapore)
Yewande Oshodi (Nigeria)
Dennis Ougrin (Ukraine/United Kingdom)
Thiago Pianca (Brazil)
Sahoo Saddichha (India)
Regina Sala(Spain/USA)
Carmen Schroder (Germany/France)
Emma Sciberras (Australia)
Ali Evren Tufan (Turkey)
Ayala Uri (Israel)
Pauline Vahl (Netherlands)
Jeremy Veenstra-VanderWee (Canada/
USA)
Ji Wang (China)
Elizabeth Westrupp (New Zealand/Aus-
tralia)
Rui Yang (China)
Li Yang (China)
Yu Hong Zheng (China)

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)

Blessing a better environment and happiness for all the children and their families of the world.



TSCAP
Taiwanese Society of Child and Adolescent Psychiatry

台灣兒童青少年精神醫學會

Information of TSCAP
Add : No.22, Songjiang Rd., Jhongshan District, Taipei City 104, Taiwan
Tel : +886-2-25682083
Fax : +886-2-25683463
Website : www.tscap.org.tw
E-mail : tscap.taipei@msa.hinet.net

學會資訊
會址 : 104台北市中山區松江路22號9樓之3
電話 : 02-2568-2083
傳真 : 02-2568-3463
網址 : www.tscap.org.tw
信箱 : tscap.taipei@msa.hinet.net

台灣兒童青少年精神醫學會

Taiwan's first child psychiatric clinic was founded at National Taiwan University Hospital (NTUH) in 1953. In 1957, with the assistance of the Taiwanese government and the United Nations Children's Fund and WHO, Taipei NTU Infants and Child Mental Health Center established an outreach counseling system (East-Gate Program) to provide mental health services to schools, halfway homes and the community. Child psychiatrists in Taiwan helped to initiate Taiwan's first special education class, participated actively in the training of public health nurses and later founded Taiwan's first children's day care treatment center at NTUH.

The Taiwanese Society of Child & Adolescents Psychiatry (TSCAP) is a non-profit academic organization comprised of a group of child and adolescent psychiatrists in Taiwan. It was established in 1998. TSCAP's mission is to promote child and adolescent mental health care and research in Taiwan. A board certification system was established in 2002. There are now 11 qualified hospitals acting as training centers which can train 20 child and adolescent psychiatrists every year. To date, there are 147 board-certified child and adolescent psychiatrists and more than 220 official TSCAP members.

TSACP is delegated to enhance members' continuing education, provide update information and establish a consensus. TSACP holds many academic activities such as an annual meeting, several continued medical education seminars, and also establishes consensus guidelines for the treatment of different child and adolescent psychiatric disorders. In the past few years, TSCAP has invited several internationally renowned child psychiatrists as keynote speakers for TSCAP annual meetings. Dr. Wei-Tsuen Soong and Dr. Susan Gau of TSCAP have translated various research tools into Chinese, such as K-SADS-E, SNAP-IV, ADI-R, ADOS.

TSCAP also actively participates in international academic organizations. Professor Chen-Chin Hsu was invited to become a fellow of the International Academy for Research in Learning Disabilities and the International Society for Study in Child Development in the 1980s. In 1985 he was invited to join the Executive Committee of Child and Adolescent Psychiatry of the World Psychiatric Association. In 1997, Professor Wei-Tsuen Soong and senior child psychiatrists from Japan, South Korea, the Philippines and Hong Kong founded the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP). Professor Soong was the President of ASCAPAP



TSCAP Committee (front row, from right to left): Professor Susan Shur-Fen Gau; Professor Wei-Tsuen Soong; Dr Yen-Nan Chiu; Dr Hsueh-Ling Chang; Dr Ying-Sheue Chen.

TAIWAN

1st children's mental health center (R't building)
台灣第一個兒童心理衛生中心 (右側棟)



Who We Are

Taiwanese Society of Child and Adolescent Psychiatry (TSCAP) is a non-profit academic organization comprised of a group of child and adolescent psychiatrists in Taiwan, established in 1998.

TSCAP is a member of ASCAPAP, and also an affiliate member of IACAPAP. We started board certification for our specialty in 2002. To date, there are more than 200 members in TSCAP.

本會簡介

台灣兒童青少年精神醫學會成立於1998年，為國內兒童青少年精神科醫生所組成之非營利學術團體；本會是亞洲兒童青少年醫學會(ASCAPAP)之會員，及國際兒童青少年精神醫學會(IACAPAP)成員。本會於2002開始兒童青少年精神科專科醫師之認證，至今超過200位會員。

Our Missions

- To promote the development of child and adolescent psychiatry.
- To promote child and adolescent mental health care and research.

本會任務

- 促進兒童青少年精神醫學之工作及發展
- 提升兒童青少年精神健康之照護及研究

Our Organization



學堂組織架構

- GA: General Assembly (會員大會)
- P: President (理事長)
- BDS: Board of Directors and Supervisors (理監事會)
- OS: Office of Secretary (秘書處)
- CS: Committees (委員會)
- WG: Working Groups (任務工作小組)

Our Plans

- To promote the interaction and collaboration with allied professional organizations.
- To actively participate international academic organizations.
- To continuously promote the research, education, and services in child and adolescent psychiatry.
- To publish guidelines of assessment and treatment within the field of child and adolescent psychiatry.



Taiwan

Taiwan is a small leaf-shaped island of only 36,000 square kilometers (about 14,000 square miles) off the coast of the Asia continent. It stands as a solitary island on the western edge of the Pacific Ocean.

The total population is 23 million. Our official language is Mandarin. Taiwanese and Hakka are also common languages.

Acknowledgement

We would like to thank those painters with autism who contributed to our brochure.

感謝自閉症小畫家提供下列畫作。



History of Taiwan Child and Adolescent Psychiatry 臺灣兒童青少年精神醫學史簡史

- 1953** - 1st outpatient service
第一個門診開設
- 1957** - 1st children's mental health center
第一個兒童心理衛生中心開設
- 1967** - 1st children's day hospital
第一個兒童日間病房開設
- 1974** - 1st fellowship training
第一個專科研修醫師訓練課程
- 1980s** - Start of international collaborative research and regular seminars
開始國際合作研究及定期學術研討會
- 1985** - Participation of section of Child and Adolescent Psychiatry, WPA (Professor Hsu CC)
參與世界精神醫學會的兒童精神醫學委員會 (徐澄清教授)
- 1988** - Establishment of Academic Committee of Child and Adolescent Psychiatry in Taiwanese Society of Psychiatry
臺灣精神醫學會的兒童青少年精神醫學學術委員會成立
- 1996** - Contributed to the establishment of ASCAPAP as a founding member (Professor Soong WT)
貢獻於亞洲兒童青少年精神醫學會 (ASCAPAP) 之成立，成為創始會員 (宋維村教授)

- 1998** - Establishment of Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)
臺灣兒童青少年精神醫學會 (TSCAP) 成立
- 2002** - 1st certificate of Board of Taiwanese Child and Adolescent Psychiatry
首次發出臺灣兒童青少年精神科專科醫師證照
- 2003** - Hosted the 3th Congress of ASCAPAP in Taipei (by TSCAP)
在臺北舉辦第三屆亞洲兒童青少年精神醫學會議 (臺灣兒童青少年精神醫學會主辦)
- 2007** - Hosted the 5th Asian ADHD Forum in Taipei (by TSCAP)
在臺北舉辦第五屆亞洲ADHD學術研討會 (臺灣兒童青少年精神醫學會主辦)
- 2008** - TSCAP was accepted as an affiliate member of IACAPAP
臺灣兒童青少年精神醫學會成為國際兒童青少年精神醫學會的同盟會員 (IACAPAP)
- 2009** - Start of Golden Apricot Award of TSCAP
臺灣兒童青少年精神醫學會設置金杏獎



from 2003 to 2006. TSCAP held the 3rd ASCAPAP International Symposium in Taiwan in 2003 and the 5th Asian ADHD Forum in 2007. In the following year, TSCAP was accepted as an Affiliate Member by the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP). Currently, Professor Soong is on the Committee of the World Federation for Mental Health (WFMH). There are also 3 members from TSCAP currently on the Committee of ASCAPAP (Professor Wei-Tsuen Soong, Dr. Ying-Sheue Chen and Dr. Yen-Nan Chiu).

In the future, TSCAP will continue to facilitate the research, services and training of young doctors in child and adolescent psychiatry in Taiwan. Furthermore, we will also be enthusiastic in participating in international activities; we hope to participate in more international research activities and conferences and reach out to more international events to share our experience in child and adolescent psychiatry with the world.

Dr. Hsueh-Ling Chang
President TSCAP



TSCAP members with keynote speaker (Professor J. Sergeant, middle of front row) at the 2010 TSCAP annual meeting.

SPAIN

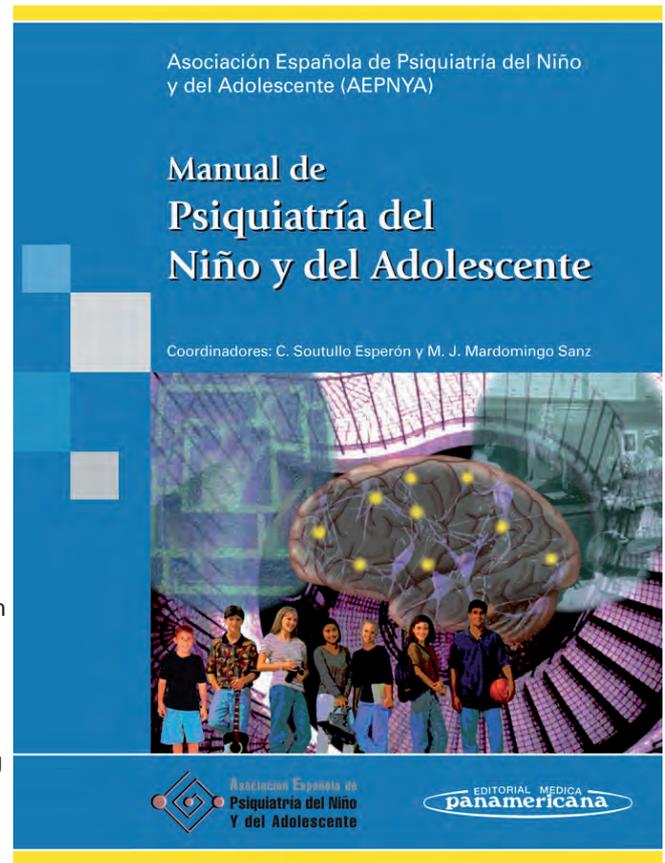
The Spanish Association of Child and Adolescent Psychiatry (AEPNYA) publishes a manual for child and adolescent mental health professionals

Fifty six years after its foundation, the Spanish Association of Child & Adolescent Psychiatry (AEPNYA) considered that it was time to publish its own Manual written by the top Spanish experts from the different levels in the health care system: hospital, specialty clinics, and primary care – many of them key members of AEPNYA. International experts, such as Kiki Chang (Stanford University, USA), Elena Garralda (Imperial College, UK), Vishal Madaan (University of Nebraska, USA), Maria Oquendo (Columbia University, USA), Joseph Rey (University of Sydney, Australia), Gil Zalsman (Geha Mental Health Center, Israel), also contributed.

The Manual consists of 30 chapters divided into four sections: evaluation and normal development, psychiatric disorders in children and adolescents, consultation liaison and special situations (including chapters on adoption, divorce and separation, and new family types), and treatment (including chapters on psychopharmacology, psychotherapies, pediatric psychiatric emergencies, suicide, hospitalisation, and ethics).

The Manual's objective was to summarise in a brief and practical way the most recent findings in the assessment, diagnosis and treatment of children with psychiatric problems. The aim is for the Manual to become a key training tool and resource for all the professionals working with children, adolescents and families with mental health problems, and the reference text in the field in Spain and Latin-America.

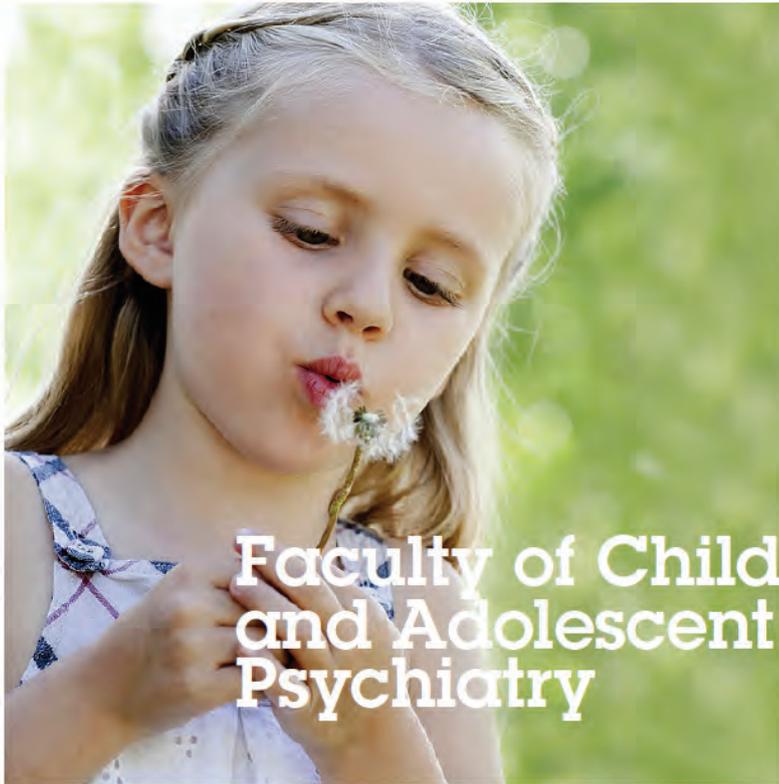
Soutullo C, Mardomingo MJ (editors). Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA) Manual de Psiquiatría del Niño y del Adolescente. Madrid: editorial Panamericana, 2010, 454pp.



AUSTRALIA



PREVENTION AND EARLY INTERVENTION OF MENTAL ILLNESS
IN INFANTS, CHILDREN AND ADOLESCENTS
PLANNING STRATEGIES FOR AUSTRALIA AND NEW ZEALAND



The Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists highlights prevention in child and adolescent mental health

Recent developments in neuroscience and child development highlight the important role of early brain development in determining social, emotional and physical outcomes for children, which translate into later adult outcomes. This provides multiple opportunities for preventive intervention. The Faculty has important contributions to make in this area. To this end, it has set up the Planning Early Intervention and Prevention Strategies Project to progress work in this area. One of the outcomes was to produce this report, to be used by the Royal Australian and New Zealand College of Psychiatrists to inform policy development, and to engage child and adolescent psychiatrists in this process.

The booklet is available at <http://www.ranzcp.org/fellowship/planning-early-intervention-and-prevention-strategies.html>

The Howard Cooper Travelling Fellowship Applications close: 30 November 2010



The Royal Australian & New Zealand College of Psychiatrists

Named in honour of the late Dr Howard Cooper, a former Chair of the RANZCP's Faculty of Child and Adolescent Psychiatry, the Fellowship is made annually to a visiting overseas trainee psychiatrist or psychiatrist from the Asia-Pacific region who wishes to gain experience in child and adolescent psychiatry in Australia or New Zealand.

Selection criteria include the need for training and experience not readily available in the nominee's home country, and the capacity of the nominee to improve local child and adolescent mental health services on return to their home country. Nominations are to be sought from organisations funding training fellowships to Australia and New Zealand including AusAID and the World Health Organisation.

Application / Nomination Process:

Nominations must be in writing to:

Membership Services

RANZCP

309 La Trobe Street

Melbourne Vic 3000

AUSTRALIA

Please contact Membership Services
+61(03)96014962 or email awards@ranzcp.org



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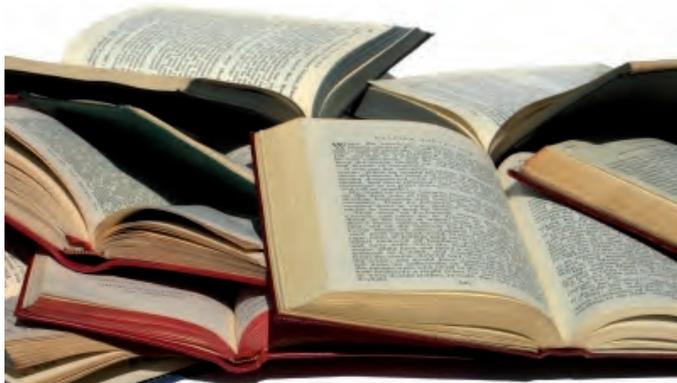


The following keynote speakers have been confirmed:

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

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

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



FROM THE INTERNATIONAL LITERATURE

NYT article highlights misuse of psychotropic medications in toddlers



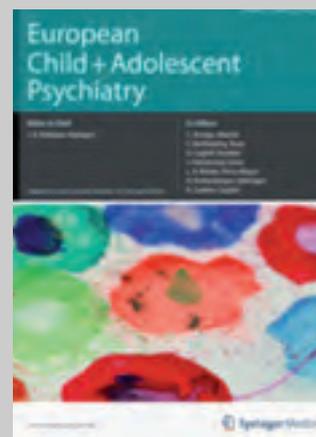
"At 18 months, Kyle Warren started taking a daily antipsychotic drug on the orders of a pediatrician trying to quell the boy's severe temper tantrums." Thus begins an article in the New York Times -published in September 2, 2010. The article goes on describing the "troubled toddler's journey from one doctor to another, from one diagnosis to another, involving even more drugs. Autism, bipolar disorder, hyperactivity, insomnia, oppositional defiant disorder. The boy's daily pill regimen multiplied: the antipsychotic Risperdal, the antidepressant Prozac, two sleeping medicines and one for attention-deficit disorder. All by the time he was 3."

This article highlights the potential misuse of psychotropic medications in the very young. If you want to read more go to http://www.nytimes.com/2010/09/02/business/02kids.html?_r=2&pagewanted=1

Parenting programs can be successfully implemented in developing countries

This pilot study examined the feasibility of implementing a parenting program in a developing country such as Lebanon, with a variety of economic, ethnic, and social problems and conflicts. The program involved training 20 social and health workers (with limited experience in this domain) who, in turn, trained and supervised 87 mothers of children with behavioral problems using an Arabic adaptation of the "Helping Challenging Children" developed by the Integrated Services Taskforce of the World Psychiatric Association Child Mental Health Presidential Program. The program resulted in a significant reduction in children's problems and improvements in parenting. For example, while 40% of the mothers used severe corporal punishment with their children before the intervention, this decreased to 6% after. Three-quarters of the mothers related that the program helped them develop new parenting skills. These results are very encouraging and suggest that parenting programs can be implemented even in very difficult environments.

- Fayyad JA *et al.* Dissemination of an evidence-based intervention to parents of children with behavioral problems in a developing country. *European Child and Adolescent Psychiatry*. 2010; 19: 629-636.



War-induced internal displacement causes considerable psychological distress in youth



Most of the available research on the mental health effects of displacement is largely limited to refugees residing in industrialised countries. This study by Belgian researchers from Ghent University examines the impact of war-induced internal displacement on the mental health of Eastern Congolese adolescents.

Internally displaced adolescents reported high levels of psychological distress when compared to returnees and non-displaced peers. Externalising problem scores were associated with traumatic exposure, daily stressors and displacement. Sex was differently associated with internalising and externalising problems through traumatic and daily stressors. The distinct mental health outcomes for returned youngsters suggest that enhancing the living conditions of war-affected adolescents could stimulate resilient outcomes, despite trauma or displacement.

- Mels C *et al.* The psychological impact of forced displacement and related risk factors on Eastern Congolese adolescents affected by war. *Journal of Child Psychology and Psychiatry*, 2010; 51:1096-1104.

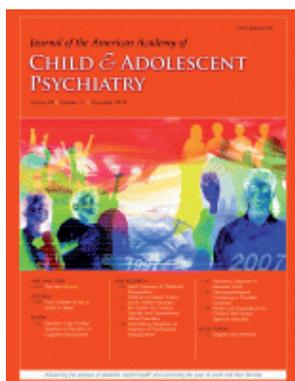


WPA guidance on the protection and promotion of mental health in children of persons with severe mental disorders

The guidance, developed by an international team of psychiatrists chaired by Ian Brockington, considers ways of preventing or minimizing the multiple potential effects of parental mental illness in children. These include damaging the foetus during pregnancy through the action of drugs, prescribed or abused. Pregnancy and the puerperium can exacerbate or initiate mental illness in susceptible women. After birth, children may suffer from the social disadvantage associated with severe mental illness. Parents (depending on the disorder, its severity and its persistence) may have intermittent or prolonged difficulties with parenting, which may sometimes result in childhood psychological disturbance or child maltreatment. Recommendations include:

- Education of psychiatrists and related professions about the effect of parental mental illness on children
- Revision of psychiatric training to increase awareness of patients as caregivers, and to incorporate relevant assessment and intervention into their treatment and rehabilitation
- The optimum use of pharmacological treatment during pregnancy
- Pre-birth planning when women with severe mental illness become pregnant
- Development of specialist services for pregnant and puerperal women
- Community support for parenting by mothers and fathers with severe mental disorders
- Standards of good practice for the management of child maltreatment when parents suffer from mental illness
- Development of child and adolescent mental health services worldwide.

The guidance can be accessed at http://www.wpanet.org/detail.php?section_id=7&content_id=894



Youth with OCD and a family history of OCD less likely to benefit from CBT

A study of 112 patients with OCD randomly assigned to sertraline, cognitive behavioral therapy (CBT), both sertraline and CBT (COMB), or a placebo pill showed that those with lower OCD severity, less OCD-related functional impairment, greater insight, fewer comorbid externalizing symptoms, and lower levels of family accommodation showed greater improvement across treatment conditions than their counterparts after treatment. Those with a family history of OCD had more than a sixfold decrease in effect size in CBT monotherapy relative to their counterparts in CBT without a family history of OCD, thus youth with a family history of OCD are not likely to benefit from CBT unless offered in combination with an SSRI.

- Garcia AM et al. Predictors and moderators of treatment outcome in the pediatric obsessive compulsive treatment study (POTS I). *Journal of the American Academy of Child & Adolescent Psychiatry*, 2010; 49:1024–1033.

The mental health consequences of being a child soldier

The authors highlight that there are currently 300 000 child soldiers worldwide. Not only does the use of child soldiers lead to individual suffering but it also alters the dynamics of war and makes conflict and instability more likely. It is important both to prevent recruitment and to rehabilitate former child soldiers into their communities. For rehabilitation and reintegration programmes to be effective, it is necessary to understand the consequences of child soldiering.

The authors review the research on the mental health of child soldiers concluding that being a child soldier and the experiences that it entails can have profound psychological consequences, which may or may not be labelled PTSD. However, more research is needed to assess the factors that increase vulnerability and the best culturally sensitive ways to address this. Although many writers and some studies suggest that child soldiers will be irreparably harmed by their experiences, the evidence for this is weak. It seems that though some former child soldiers may never recover from their experiences, the majority are not a lost cause and can go on to lead fulfilling adult lives.

- Singh AR & Singh A. The mental health consequences of being a child soldier – an international perspective. *International Psychiatry*, 2010; 7:55-57. Available at <http://www.rcpsych.ac.uk/publications/journals/ipinfo/furtherinfo.aspx#Archive>



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IACAPAP OFFICERS

www.iacapap.org

President

Olayinka Omigbodun MBBS, MPH, FMCPsych, FWACP

Associate Professor of Psychiatry
College of Medicine, University of
Ibadan & Consultant in Child &
Adolescent Psychiatry, University
College Hospital
Ibadan, 200010, Nigeria
fouryinkas@yahoo.co.uk

Secretary General

Daniel Fung MD

Vice Chairman Medical Board (Clinical Quality), Institute of Mental Health. Adjunct Associate Professor Duke-NUS Graduate Medical School and Division of Psychology NTU. Chief, Department of Child and Adolescent Psychiatry, Institute of Mental Health Singapore. Singapore
daniel_fung@imh.com.sg

Treasurer

Gordon Harper MD

Associate Professor of Psychiatry, Harvard Medical School. Medical Director Child/Adolescent Services Massachusetts Dept. of Mental Health
128 Crafts Road, Chestnut Hill, MA 02467, USA
gordon_harper@hms.harvard.edu

Past President

Per-Anders Rydelius MD, PhD

Professor of Child and Adolescent Psychiatry
Astrid Lindgren Children's Hospital
SE-171 76 Stockholm, Sweden
per-anders.rydelius@ki.se

Honorary Presidents

E. James Anthony MD (USA)

Vqanthony@aacap.org

Myron L. Belfer MD, MPA (USA)

Myron_Belfer@hms.harvard.edu

Colette Chiland MD, PhD (France)

cchiland@orange.fr

Helmut Remschmidt, MD, PhD (Germany)

remschm@med.uni-marburg.de

Vice Presidents

Suzanne Dean PhD (Australia)

suz.dean@bigpond.net.au

John Fayyad MD (Lebanon)

jfayyad@inco.com.lb

Joaquín Fuentes MD (Spain)

fuentes.j@telefonica.net

Jean-Philippe Raynaud MD (France)

raynaud.jph@chu-toulouse.fr

Luis A. Rohde MD, MSc, DSc (Brazil)

Lrohde@terra.com.br

Andreas Warnke MD (Germany)

warnke@kjp.uni-wuerzburg.de

Assistants

Sigita Lesinskiene MD, PhD (Lithuania)

sigita.lesinskiene@vrc.vu.lt

Yoshiro Ono MD, PhD (Japan)

onoyoshiro@jtw.zaq.ne.jp

Chris Wilkes BSc, MB, ChB, M.Phil (Canada)

Chris.Wilkes@albertahealthservices.ca

Counsellors

Füsün Çuhadaroğlu Çetin MD (Turkey)

fusunc@hacettepe.edu.tr

Yi Zheng MD

(People's Republic of China)
yizheng@ccmu.edu.cn

Monograph Editors

Elena Garralda MD (UK)

e.garralda@imperial.ac.uk

Jean-Philippe Raynaud MD (France)

raynaud.jph@chu-toulouse.fr

Donald F. Cohen Fellowship Program

Andrés Martín MD, MPH (USA)

andres.martin@yale.edu

Joaquín Fuentes MD (Spain)

fuentes.j@telefonica.net

Bulletin Editor

Joseph M. Rey MD, PhD (Australia)

jmrey@bigpond.net.au

Archivist

Kari Schleimer MD, PhD (Sweden)

kari.schleimer@comhem.se

