



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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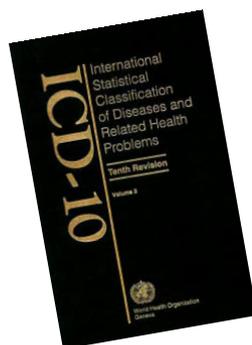


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President's Column

It is with profound sadness that I have to inform you of the deaths of Salvador Célia (Brazil), Leon Eisenberg (USA) and Lee N Robins (USA). They all belong to a most prestigious group of clinicians and researchers who have contributed enormously to the development of our discipline, to make it a respected domain of contemporary medicine. When we meet in Beijing in June 2010 we will honor their memories and contributions in a special session. You can find Salvador Célia's obituary in this issue of the Bulletin.

As you will see when reading the Bulletin, efforts to revise ICD-10 and DSM-IV, the two main classification systems in our discipline, are speeding up. The intention is to make the next edition of the ICD as useful as possible not only for developed but also for developing countries. It is not well known that there are a number of local versions of ICD-10 around the world, which have been modified for use in specific countries. These local versions have been reviewed by Geoffrey Reed (WHO, Switzerland) who concluded that much can be learned from them. If you have suggestions for the revision from your own experiences in the use of the ICD and DSM systems, you are welcome to send them to me. One issue that merits further discussion is comorbidity; the 'explosion' in comorbid diagnoses has resulted in assigning a number of different diagnoses to many children and has raised concern among clinicians.

The Beijing congress is rapidly approaching. We are looking forward to an exciting event. As you already know the congress will be a joint venture with ASCAPAP, the regional Asian Society for Child and Adolescent Psychiatry and Allied Professions, which will give many opportunities to include cultural aspects in the discussions. You will find continuously updated information about the congress on the following link: www.iacapap2010.org/en/page.asp?pageid=40.html. Preparations for the 5th Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP) congress, which will be held in Jordan in March 2010, are also progressing very well.

Elena Garralda (United Kingdom) and Jean-Philippe Raynaud (France), editors of IACAPAP's book series in child and adolescent mental health ('Working with Children and Adolescents'), have just sent the Beijing congress book to the printer. The title is 'Increasing Awareness of Child and Adolescent Mental Health'. We are looking forward to a high quality congress book.

Gordon Harper (USA), chair of IACAPAP's 'Ambassadors Group,' has returned recently from an important visit to Moscow and Russia where he met with Anatoly A Severny, President of the Russian Association of Child Psychiatrists and Psychologists and other Russian colleagues. This visit and the successful Abuja 'Study Group' —the second IACAPAP-sponsored study group in Africa that ended in October 2009— are an expression of IACAPAP's commitment to strengthen bonds between child and adolescent mental health professionals in the various regions of the world.

Finally, I am very happy to inform all of you that Amira Seif El-Din (Egypt) has recovered from the injuries sustained in the tragic car accident of November 2008. We all are very relieved.

I hope we will meet in Beijing next June.

Per-Anders Rydelius MD, PhD
President



**Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with your ideas.**



19th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions The 6th Congress of Asian Society of Child and Adolescent Psychiatry and Allied Professions



June 2-6, 2010 Beijing, China

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Key Dates

Dates

June 2 - 6, 2010

Deadline for Advanced Registration

May 1, 2010

Venue

Beijing, China

Conference Language

English

Keynote speakers

The organizing committee has invited many world-leading experts in the field of child and adolescent psychiatry and allied professions to speak at the congress. The following speakers have agreed. More will be joining in the congress.

- Per-Anders Rydelius (Sweden) Child and adolescent psychiatry: Current status and developmental challenges
- Myron L Belfer (USA) Improving awareness, combating stigma, advocating care and enhancing cooperation: The role of government and professionals.
- Alan Flisher (South Africa) The environment of the child and adolescent to promote mental health
- Charles Zeanah (USA) Brain development and infant psychiatry
- David Schonfeld (USA) The influence of trauma and disaster on the developing brain and psychological function
- Kang-E Michael Hong (Asia) Social and family changes influencing child and adolescent mental health
- Ellen Leibenluft (USA) Brain imaging research in child and adolescent psychiatry
- Laurence Greenhill (USA) Controversy of child and adolescent psychopharmacology
- Scott W. Henggeler (USA) Evidence-based treatments for children and adolescents: Multi-systemic therapy
- John B Sikorski (USA) Forensic and ethical issues in child and adolescent psychiatry
- Wei Tsuen Soong (Asia) Child abuse and mental health
- Boris Birmaher (USA) Bipolar disorder across the life cycle
- Eric Taylor (United Kingdom) Guidelines for the diagnosis, treatment and prevention of ADHD
- James F Leckman (USA) The inner world of Tourette's syndrome
- Thomas Anders (USA) Sleep disorders from infancy through adolescence.
- Daniel Fung (Singapore) Learning disorders: Etiology, neuropsychology, assessment and intervention
- Thomas Achenbach (USA) Assessment in child and adolescent psychiatry
- Joy D. Osofsky (USA) Evidence based crisis intervention for children and adolescents
- Helmut E Remschmidt (Germany) Child mental health services in community settings
- Yi Zheng (Asia) China's "one child policy" and child and adolescent mental health
- Xudong Zhao (Asia) Family therapy and family research in China
- Virginia Wong (Asia) Traditional Chinese medicine and child and adolescent psychiatry
- Andres Martin (USA) Scientific research and clinical practice of child and adolescent psychiatry.
- Luis A Rohde (Brazil) Comorbidity of mental disorders: Identification, diagnosis and treatment.

State of the art lecture speakers



2010 Donald J. Cohen Fellowship Awards

The International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) invites members of the international child psychiatric community to apply for the 2010 Donald J. Cohen Fellowship Award. Recipients of the Award will attend the IACAPAP International Congress, to be held in Beijing, China, June 3–6, 2010.

The Donald J. Cohen Fellowship Program for International Scholars in Child and Adolescent Mental Health is a training program for young professionals modeled on successful activities at previous IACAPAP Congresses and Research Seminars. The program includes:

1. Daily small group meetings with leading experts serving as mentors
2. Dedicated poster presentations attended by senior faculty members
3. Special seminars
4. Social activities
5. Free registration fee for the general sessions
6. Accommodation in Beijing
7. Partial support or full coverage of travel expenditures to China
8. Fellowship activities will not be scheduled at the same time as other highlights of the Congress. Approximately twenty-five fellows will be selected to take part in this valuable training opportunity.

*Applications close
January 15th, 2010*

The purpose of these Awards is to foster the professional development of emerging leaders in child and adolescent psychiatry throughout the world. We understand 'leadership' in its broadest context – whereas some countries may benefit most from advancing their scientific and research development forward, others will from effecting organizational change in their pediatric mental health infrastructures, and yet others from enhancing the education and training of a new cadre of specialists. In order to maximize their chances of being award recipients, applicants should convey in their application how their individual engagement could play a pivotal role in addressing the very specific needs of their country of origin. To this end, a prerequisite for all applicants is a submission of a project suitable for a poster or oral presentation at the Congress. Good command of English is an essential requirement.

We encourage all interested and eligible candidates to apply. We especially welcome applications from colleagues under 35 years of age and from countries where child and adolescent psychiatric needs are under-served and under-represented. There is no limit to the number of applications that any given country can submit, and we especially encourage child and adolescent psychiatrists and allied professionals from China and neighboring countries to apply.

Application Requirements

Interested candidates should submit their applications no later than January 15th, 2010 in order to be considered by the Selection Committee. All materials should be submitted through the specific link available at the Beijing International Conference website: <http://iacapap.ki.se/>

The independent ad hoc international Selection Committee will contact all applicants by March 1, 2010 with notification of award results. The Selection Committee reserves the right to elect award recipients; all decisions will be final. Of note, IACAPAP has in the past worked collaboratively with national organizations in cost-sharing programs to support the attendance of travel fellows: we welcome and encourage any such inquiries or proposals.

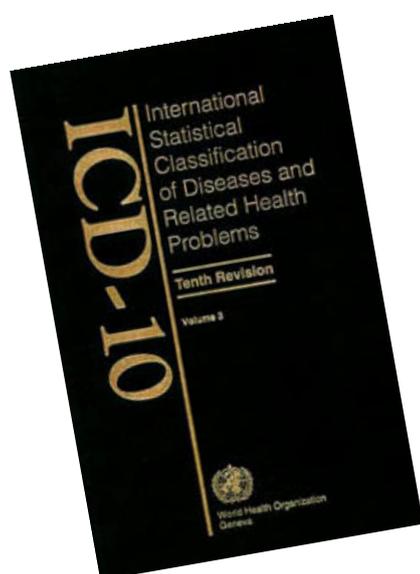
We look forward to hearing from you, your colleagues, or your applicants very soon. We will be happy to answer questions or provide any additional information, and look forward to seeing you all in Beijing next June!

Andrés Martin MD, MPH, New Haven, CT, USA, andres.martin@yale.edu

Joaquin Fuentes, M.D San Sebastian, Spain fuentes.j@telefonica.net

Towards ICD-11 and DSM-V

The World Health Organisation (WHO) and the American Psychiatric Association (APA) are in the process of revising and updating their classification systems, the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM) respectively. The need to incorporate into the classification system the advances generated by an explosion in research during the last 15 years drives these revisions. Altering a classification system is a costly and time consuming exercise that will have an important bearing on research, teaching and clinical practice. Mental health professionals need to be aware of progress on these matters and, when appropriate, contribute to the outcome of the revisions, which will have a considerable impact on everyone's work for years to come.



'Any clinician can make suggestions to improve the ICD via a new web application (ICD-10 Plus)'

ICD-11

The revision of ICD-10 is underway. The WHO envisages that there will be three distinct versions of the new classification, ICD-11: a succinct version for use in primary care, a detailed version for use in speciality settings, and an advanced version for use in research.

The revision of ICD-10 is proceeding in three stages:

1. Systematic review of scientific, clinical and public health evidence relevant to the classification (ICD-10 plus).
2. Creation of a draft ICD-11 and field-testing it
3. Development of meaningful linkages to standardized health care terminologies to facilitate communication, standardized data processing and research.

Given the complexity of the tasks, the deadline for ICD-11 has been delayed from 2012 to 2015. The chair of the mental health advisory group is Steven Hyman MD from Harvard University. Information about the progress of the revision can be found in the resources listed in Box 1.

A 'Global Scientific Partnership Network' is being established under the leadership of Norman Sartorius to facilitate input from an international network of scientists and practitioners particularly from regions whose research traditions and perspectives on diagnosis and classification are not often incorporated in English-language

journals [1].

A brainstorming group met in Budapest during the August 2009 ESCAP meeting. This led to the establishment of a working group—to be chaired by Sir Michael Rutter—for the revision of the child and adolescent psychiatry sections of ICD-10. As President of IACAPAP, Per-Anders Rydelius MD, PhD is a member of both the ICD-10 revision advisory group and the child and adolescent psychiatry working group. There is a commitment to make ICD-11 and DSM-V as compatible as possible.

While changes to the classification system affect everyone, practising clinicians have had in the past a very limited role in the revision process; for the first time, the WHO is putting in place a system that will allow stakeholders to participate. Any user can make suggestions to improve the ICD via a new web application (ICD-10 Plus: <http://extranet.who.int/icdrevision>). Those who register can make suggestions and back their proposals with evidence. Users can also see what others have recommended and discuss these topics through a blog. Suggestions will be reviewed by expert groups and put together as an ICD-11 draft—the second step in the revision process. The draft will be formulated using a "wiki" methodology, similar to that pioneered by "Wikipedia" but with stricter editorial rules. The website is being translated into several languages to enhance access. [1]

BOX 1. Information sources about the review of ICD and DSM

- <http://www.who.int/classifications/icd/ICDRevision/en/index.html> (ICD-11)
- <http://www.psych.org/MainMenu/Research/DSMIV/DSMV.aspx> (DSM-V)
- The volume "A Research Agenda for DSM-V" is available at: <http://appi.org/book.cfm?id=2292>
- <http://www.psychiatrictimes.com/dsm-v> (debate about DSM-V).

DSM-V

Preparations for DSM-V began in 1999.

The papers resulting from the initial work group collaborations were published in the volume “A Research Agenda for DSM-V” in 2002 (full text available free on line; Box 1). The volume contains chapters on limitations and gaps in the current classification, the impact of developmental issues on diagnoses across the lifespan, questions of disability and impairment associated with mental disorders, the potential contributions of neuroscience to research on classification, and cross-cultural considerations in diagnosis.

In 2006, David J Kupfer MD was appointed chair of the task force to oversee the development of DSM-V and Darrel A Regier MD, MPH vice chair. Members of the 13 work groups were announced in 2008 (members of the work groups relevant to children and adolescents are listed in the box). The APA set strict standards among work group members to avoid conflicts of interest and ensure transparency. Work group members were required to also sign a confidentiality agreement.

Based on a review of scientific progress, the work groups are expected to develop draft DSM-V diagnostic criteria. A period of comment will follow, and the work groups will review submitted questions, comments, and concerns. The diagnostic criteria will be revised and the final draft of DSM-V will be submitted to the APA for approval in May 2012.

Development of DSM-V has not been without controversy—as were its predecessors. For example, Jane Costello, PhD, professor in the department of psychiatry and behavioural sciences

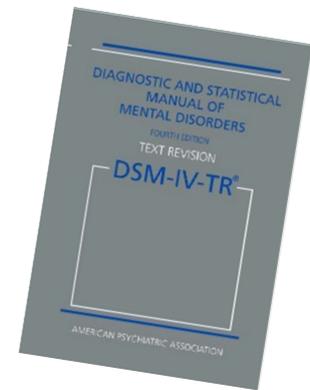
at Duke University resigned from the child and adolescent disorders workgroup citing unease about the process [2].

“Full transparency of the process will only be satisfied by posting the minutes of all DSM-V conference calls and meetings, so that the process of deliberations is evident to all” wrote Robert Spitzer MD, former chair of the work group for DSM-III and DSM-III-R. Dr Spitzer condemned the confidentiality agreements and urged the APA’s board to make the DSM-V revision process more transparent [3].

Allen Frances MD, who was chair of the DSM-IV Task Force said that his misgivings about the DSM-V process included: work group’s ambition to achieve a paradigm shift when there is no scientific basis for one; the failure to provide clear methodological guidelines on the level of empirical support required for changes; the lack of openness to wide scrutiny and useful criticism; the failure to set and meet clear timelines; and the likelihood that time pressure will lead to a rush of last-minute decisions [4].

APA’s leadership responded to Spitzer’s and Frances’ concerns stating that “The process for developing DSM-V has been the most open and inclusive ever” and that the confidentiality agreements “are in reality legal documents designed to protect intellectual property.” [5]

A further concern is how aligned will DSM-V and ICD-11 be. Lack of close agreement between both systems will cause enormous problems and will create barriers for research and clinical care. It is reassuring that the APA participates with the WHO in a “DSM/ICD harmonization coordination group” with the aim of facilitating the highest harmonization between ICD-11 and DSM-V.



DSM-V has two workgroups relevant to young people, “Disorders in Childhood and Adolescence Work Group” and “ADHD and Disruptive Behaviour Disorders Work Group.” The latest information publically available about their work is dated April 2009 (Box 2).

References

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2. July 14, 2009; <http://psychiatrictimes.blogspot.com/2009/07/resignation-letter-to-dsm-v-workgroup.html>
3. Kaplan A. DSM-V controversies. *Psychiatric Times,* 2009; 26(1).
4. Frances A. A warning sign on the road to DSM-V: Beware of its unintended consequences. *Psychiatric Times,* 26 June 2009.
5. Schatzberg AF et al. Setting the record straight: A response to Frances commentary on DSM-V. *Psychiatric Times,* 1 July 2009.

Joseph M. Rey

Thanks to Andres Martin, Luis Augusto Rohde and Per-Anders Rydelius who provided information and made suggestions to earlier drafts.

BOX 2. DSM-V progress relevant to child and adolescent disorders

Disorders in Childhood and Adolescence Work Group

Daniel Pine, MD (Chair); Ronald E. Dahl MD; Rachel Klein PhD; Regina Smith James MD; James Leckman MD; Ellen Leibenluft MD; Judith Rapoport MD; David Shaffer MD, FRCP; Eric Taylor MB; Charles Zeanah MD.

The work of this group has focused on questions to be answered by Field Trials. These include:

- Diagnostic criteria and validity of ‘non-suicidal self injury’
- Revision of criteria for mania, bipolar disorder and major depressive disorder; a new entity related to severe irritability is also being considered
- Modifications to various trauma-related syndromes
- Possible inclusion of a section on “developmental manifestations” of other DSM syndromes and age-related or developmental subtypes in several diagnoses (e.g., obsessive compulsive disorder).
- Methods for developing symptom-based dimensional measures.

ADHD and Disruptive Behaviour Disorders Work Group

F Xavier Castellanos MD (chair); Glorisa Canino PhD; Paul J Frick PhD; Terrie Moffitt PhD; Joel T Nigg PhD; Luis Augusto Rohde MD ScD; Rosemary Tannock PhD.

The group has been focussing on issues surrounding ADHD:

- Whether to retain all 18 A criteria or whether redundant items can be deleted
- Cutpoints for meeting diagnostic criteria and whether differential weights to some criteria should be introduced
- Examination of the validity of current subtypes
- Dimensional aspect of assessment
- Adequacy of diagnostic criteria for older adolescents and adults.



From left: Andres Martin, Myron Belfer, Jean Philippe Raynaud, Kari Schleimer, Colette Chiland, Per-Anders Rydelius, Helmut Remschmidt, Luis Augusto Rohde, Robert Vermeiren, John Sikorski, Joaquin Fuentes, Yi Zheng.

IACAPAP Executive Meets in Budapest

Last August, the IACAPAP Executive Committee met just before a conference sponsored by the ESCAP in Budapest. The following members were able to attend the meeting: Per-Anders Rydelius, John Sikorski, Kari Schleimer, Andres Martin, Colette Chiland, Helmut Remschmidt, Jean Philippe Raynaud, Joaquin Fuentes, Myron Belfer, Robert Vermeiren, Yi Zheng, and Luis Augusto Rohde. In addition, Tuula Tamminen – president of the ESCAP attended part of the meeting.

The meeting was very productive. Several issues relevant to IACAPAP and for child mental health in general were discussed. The minutes included:

- Minute of silence in memory of Prof. Salvador Célia who died last July (see obituary in this issue)
- Reports by the president, secretary-general and treasurer reports
- A report on the current health status of our dear colleague Amira who had a serious car accident last year
- The 2010 Beijing congress. Yi Zheng presented to the group the excellent progress made in the preparation of the Beijing congress. Several logistic issues to make the meeting even more successful were addressed
- The Beijing monograph. The title is “Increasing Awareness of Child and Adolescent Mental Health”. The book has 13 chapters with contributions from 11 countries. The committee was enthusiastic since this important book is ready to go to the publisher
- The 2012 Paris Congress, where logistic aspects of the preparation were discussed
- New members. IACAPAP had an application for full membership from the Bangladesh Association of Child and Adolescent Psychiatry and three applications for associate membership from Dr. Omigbodun (Nigeria), Sayed (Pakistan), and Salman (Palestine). The committee resolved to accept all these applications
- Book of specifications. The committee discussed the need for two books, one specifying the role for the president and bureau and another providing guidelines for congresses. Suzanne Dean and her colleagues are developing the latter
- Donald Cohen Fellowship Program. Andres Martin and Joaquin Fuentes gave a detailed description of the activities of the Program and their plans for Beijing
- Report from the nominating committee. Kari Schleimer reported on the work done by this committee in finding the right persons to serve in the next Bureau
- Revision of the DSM/ICD. Per-Anders Rydelius informed the group about the request from WHO that IACAPAP should have a central role in the revision process of ICD-10 regarding child mental disorders. A working group chaired by Sir Michael Rutter is being formed. Luis Rohde reported on the progresses of DSM revision (for further information see article in this issue)
- IACAPAP Bulletin. The group expressed their gratitude to Prof. Rey for the excellent work done as editor
- Report on the activities of the IACAPAP ‘Ambassador’ Gordon Harper. Gordon Harper was invited to become an IACAPAP ‘Ambassador’ since he has been travelling worldwide. Per-Anders Rydelius and Myron Belfer reported on Gordon Harper’s activity during different meetings
- Revision of the Constitution. The following topics were addressed:
 - Possibility of having more than two associations per country
 - Role of consumers in IACAPAP
 - Role of the affiliate members
 - Re-writing of section 3.1 – full membership.
- The Committee unanimously nominated Profs. Belfer and Remschmidt as honorary presidents of IACAPAP due to their enormous contributions to the association.

Luis Augusto Rohde MD, PhD.

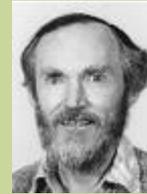




Canadian Academy of Child and Adolescent Psychiatry
 Académie canadienne de psychiatrie de l'enfant et de l'adolescent

Child and adolescent psychiatry a new sub-specialty in Canada

On 2009/09/29 the Academy received the conclusion of the deliberations of the Royal College of Physicians and Surgeons of Canada (RCPS), which functions as the accreditation organization for specialists in Canada. The RCPS announced that it will create a Royal College accredited sub-specialty of child and adolescent psychiatry. This is an important step for the Academy, celebrating 29 years of existence this year. Although the Academy has always had a Credentials Committee assuring high standards for acceptance as a full member (FM), there will now be an additional category of FM by RCPS examination. In addition to this opportunity for all members, the official creation of a sub-specialty will have many longer term implications for human resources planning, continuing education opportunities, specialty training programs and government policy and funding. Most of all, it will aid the Academy in its mission of supporting all Canadian children and youth to attain their optimal mental health by adulthood.



Wade Junek
MD, FRCPC

29th Annual Scientific Conference

On November 12 - 14, the Academy will hold its 29th Annual Scientific Conference in Toronto at the Hilton Toronto Hotel. The theme of the conference will be "Improving Child Mental Health: Clinical, Epidemiological, and Public Policy Approaches." Guest speakers will include Dr. Bruce Ferguson of the Hospital for Sick Children in Toronto ("Are More Kids Troubled?"), Dr Charlotte Waddell of Simon Fraser University ("Policy Challenges for Children's Mental Health in Canada") and Dr. Charles Huffine with Ms. Keli Anderson ("Engaging Family and Youth as Partners"). More information and registration information is available on our website cacap-acpea.org.

On behalf of the Academy I extend an invitation to all to attend our meeting and enjoy a fine combination of excellent science, convivial hosts and the city of Toronto renowned for cultural, entertainment and sporting activities.

Wade Junek MD, FRCPC

President, Canadian Academy of Child and Adolescent Psychiatry

20th World Congress IACAPAP
July 21-25, 2012 Paris-France

20^{ème} Congrès Mondial IACAPAP
21-25 juillet 2012 Paris-France

Brain, Mind and Development
Cerveau, Psyché et Développement

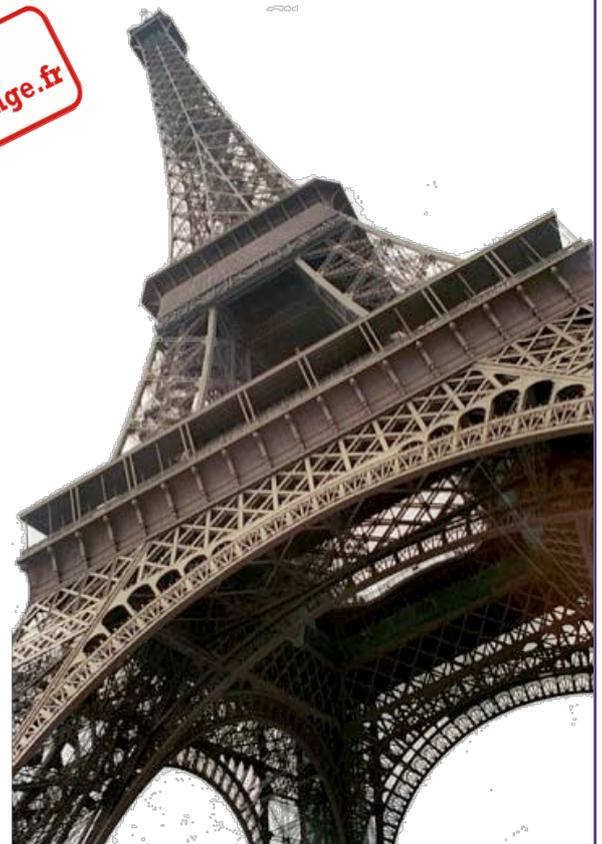
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SFPEADA
 Société Française de Psychiatrie
 de l'Enfant et de l'Adolescent et
 Disciplines Associées





Dainius Puras
Vilnius University; UN Committee on the
Rights of the Child

Development of Child Mental Health Services in Central and Eastern Europe

The situation in the field of child and adolescent mental health (CAMH) in Central and Eastern Europe (CEE) deserves special attention. This is a huge region covering 30 new democracies with a population of around 400 million. These countries have very different cultural backgrounds. Geographically, not even all are located in Central and Eastern Europe—the countries of the Balkan region are in Southeastern Europe. However, they all have a similar context because, after having been under communism for 50 to 70 years, they have faced a transition from totalitarian regimes to democracy. The period from 1990—when sociopolitical changes started—has been marked by an impressive combination of successes, challenges and failures in many areas, including CAMH.

Under communism, the countries of CEE developed a unique system of mental health care for both children and adults. Differently from what occurred in most of the developing world, this system was driven by Soviet ideology, which supported health policy and social security with relatively large amounts of financial and human resources. However, compared to western developed countries, resources were predominantly invested in residential institutions. State policy was based on a model of social exclusion of vulnerable groups. The usual solution was to institutionalize children in cases where families were in crisis or children developed problems. The official indicator of the system's good performance was a high percentage of "organized children" (which meant institutionalized children) with any type of developmental or psychosocial problem. Community-based services were prevented from developing by the very fact that the Soviet ideology held that psychosocial problems had been successfully solved by the political system, resulting in a lack of development of the psychosocial components of care, and the CAMH field being dominated by concepts such as 'defectology' and child 'psychoneurology.'

Child psychiatry was initially part of child psychoneurology and developed on the basis of a narrow biomedical model represented by the clinical neurology of the mid 20th century. In the 1970s, child and adolescent psychiatry (CAP) was recognized as specialty, becoming independent from child neurology throughout the Soviet Union. Since then the specialty has been struggling for independence from adult psychiatry with varying degrees of success in different countries. While adult psychiatry in the Soviet Union was known for its extremely broad criteria for schizophrenia—resulting in psychiatrically-justified political abuses—CAMH was looking for other ways of interpreting the possible causes of emotional and behavioral disorders. As a result, diagnoses different from the widely accepted classifications were often used, reflecting the former links with child neurology (such as organic brain syndrome or organic-type consequences of hypothetical mild brain damage during pregnancy, labor or early infancy). It is important to remember that these trends were the outcome of ideological statements by a totalitarian state, according to which the psychosocial causes for disorders had been eliminated.

Both outpatient and inpatient CAP services were based on pharmacological treatment. Professional groups of clinical psychologists started to slowly grow only from the 1980s. Social work as specialty was non-existent until 1990 when sociopolitical changes started in the region.

The services for children with developmental disabilities grew under the influence of the concept of 'defectology', which was a Soviet equivalent of special education. The level of 'defect' was assessed in each disabled child to decide whether it was cost-effective to invest in his or her education as future cheap labor force. As a result mildly retarded children were usually referred to special schools, while those with moderate and severe mental retardation were assessed as 'uneducable'. Professionals gave parents the strong advice of abandoning these children and place them in state institutions for the rest of their lives. Interestingly, a large group of children suffering from social and emotional deprivation were also placed in special boarding schools by labeling them as mildly mentally retarded. In this way the Soviet system was hiding social problems and presenting them as problems emerging in brain of the child.

In 1990, after the dramatic changes in CEE countries, huge opportunities for developing modern approaches in CAMH and CAP emerged. I describe the successes, challenges and failures of the Vilnius child development model.

In Lithuania, in 1991, a child development centre was established in Vilnius as a demonstration clinic for the implementation of contemporary CAMH policies and practices. The centre was affiliated with Vilnius University. Considerable progress has been made in restoring a balance within the biopsychosocial paradigm. However—after 20 years of attempting to change service delivery—there is a sobering acknowledgement that the influence of the former ideology is still vast and contemporary approaches to treatment

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are often losing the battle for funding to traditional services, which still rely on the concept of social exclusion, stigma and institutionalization.

Achievements and successes

With the help of the international community, more than 50 diagnostic and therapeutic methods have been introduced into clinical practice. The general approach was to accept all the evidence-based approaches and not to become dependent on one or another school of thought or clinical practice. As there was ideological control no longer, the mass media began to highlight the problems that had been hidden for the public during Soviet era. The child development center took advantage of this to urge politicians to initiate changes within the system.

The first problem brought to people's attention was the plight of children with developmental disabilities, including mental retardation and autism. A strong coalition of professionals, parents' organizations and reform-minded politicians was successful in convincing the national authorities to develop a network of community based services for these children—as alternative to the traditional system of large residential institutions. The child development centre was driving this process with professional education and skills, emphasizing early intervention services for infants and preschool children with developmental problems and disabilities. This field has grown as developmental (social) pediatrics, with a network of community based teams throughout the country. Thus, a good foundation has been prepared for the integration of disabled children into the education system and society in general.

The speciality of child and adolescent psychiatry has become well established, with a four-year postgraduate (residency) program. Currently there are 80 specialists in CAP working in outpatient and inpatient services. After long debates with health insurance authorities, relatively good agreements have been achieved, so that cost of inpatient and day care services allow having teams of professionals working with children in need. A pilot service for intensive one-week crisis intervention program has been opened, also covered by health insurance despite referred cases not usually having a medical diagnosis. It was an important victory to convince national authorities that health insurance funds should be used for the effective and flexible management of urgent psychosocially challenging cases. Outpatient services are staffed by child psychiatrists, psychologists and social workers, who are employed by municipal mental health centers, funded by health insurance on a capitation basis.

Challenges and obstacles

Despite the achievements, 20 years of change have not managed to eliminate fully the Soviet legacy in mental health and social policy, including CAMH. The state of the CAMH field is a good reflection of the level of democracy and civil society in each country. While the physical health of children (such as prevention of infant mortality and morbidity, vaccination, prevention of infectious diseases) were already adequately addressed during Soviet period—and further developed during the transition period—there is still a lack of political will to manage comprehensively many CAMH problems.

One of systemic gaps, identified in Lithuania and in many other CEE countries, is the lack of

The lack of a culture of evaluation of policies and services is a widespread problem

a culture of evaluation and monitoring of policies and services. The Soviet tradition was to focus on statistics that reflected processes and not outcomes. This gap has not been filled thus far; research and evaluation activities in CAMH are not funded. This leads to other deficiencies such as lack of evidence-based policies, weak mental health promotion and prevention, low involvement of GPs in CAMH, to name a few. In this context, there is always the risk that even limited resources may not be used rationally. If the milder cases are not managed by preventive programs and in primary care settings, thus many of them easily reaching specialized services, this will undermine the effective management of severe cases.

Another important to mention challenge is the lack of political will to invest in modern services, while the traditional services—based on the culture of stigma, helplessness and social exclusion—are often protected by state funding.

The transition in all CEE countries has been painful and resulted in high rates of destructive and self-destructive behavior in people of all ages, including children and youth, and lack of tolerance towards vulnerable groups, including families with social problems or troubled youth. In this context, there is a risk of reinforcing the vicious circle of ineffective investments driven by people demanding simple solutions to social ills and pushing politicians to rely on repressive institutions and exclusion of vulnerable groups. This is a serious challenge for all the new European democracies. CAMH advocates need to be active in promoting evidence based approaches and in protecting human rights, especially the rights of children. With other partners in a broad coalition (NGOs, other professional groups, reform-minded politicians, mass media) we can succeed in finding better ways of addressing more effectively the mental health problems of children and adolescents.

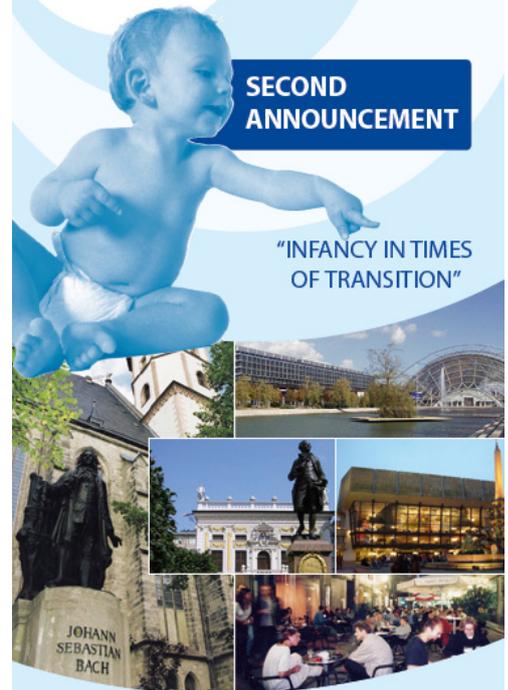
To conclude, CAMH in CEE countries is struggling to accomplish further implementation of scientific evidence, to create a culture of evaluation and to achieve a good balance in the biopsychosocial paradigm and ways of protection of children's rights. Much has been achieved but a great deal remains.

12th World Congress



of the World Association
for Infant Mental Health

WORLD ASSOCIATION FOR
INFANT MENTAL HEALTH



SECOND
ANNOUNCEMENT

"INFANCY IN TIMES
OF TRANSITION"

June 29 – July 3, 2010

Leipzig, Germany

www.waimh-leipzig2010.org

The first WAIMH congress to be held in Germany, in Leipzig, is nearing with the central theme of "Infancy in Times of Transition." One of the plenaries will be given by Louise Emanuel with the title "Observation, reflection and containment: A psychoanalytic approach to clinical work with parents, infants and young children."

Louise Emanuel (MPsychPsych) is a consultant child psychotherapist in the Child and Family Department of the Tavistock Clinic, London. She is head of Under Fives Services and convenor of the Infant Mental Health Workshop, a training forum for developing the Tavistock model of brief, psychoanalytically based interventions with parents, infants and young children. She is course organiser of the MA in Infant Mental Health and teaches of the Tavistock Clinical Training in Child and Adolescent Psychotherapy. She has lectured in Europe, Australia, North and South America, Israel and South Africa. She wrote the book: "Understanding Your Three-Year-Old," and co-edited: "What Can the Matter Be? – Therapeutic Interventions with Parents, Infants, and Young Children".

The Congress fee includes four official congress days, and the pre-congress day on June 28th. You can also use the public transport system of the City of Leipzig during the congress conveniently without additional cost. For taking you to Leipzig, Lufthansa offers reduced price for flight tickets.

We look forward to seeing you in Leipzig!

Antoine Guedeney, President of WAIMH
Neil Boris, Chair Program Committee
Kai von Klitzing, Chair Local Organizing Committee

44th Annual Meeting Spanish Association of Child & Adolescent Psychiatry. Pamplona (Spain) 4-6 June 2009



Melissa DelBello (University of Cincinnati) and Cesar Soutullo (University of Navarra) in one of the presentations on bipolar disorder

Pamplona, a small, pleasant city in Navarre (Northern Spain), hosted the 44th National Meeting of the Spanish Association of Child & Adolescent Psychiatry (AEPNYA) from June 4-6, 2009. More than 400 professionals, including child and adolescent psychiatrists, psychologists, pediatricians, nurses, and medical students participated in the event.

The meeting's motto: "The risk of doing nothing. Evidence-based prevention, early detection and treatment", emphasized the need for early detection and intervention to improve prognosis and reduce complications.

The meeting was divided in four workshops, five symposiums and four keynote lectures. Speakers offered expert advice and varied points of view on ADHD and disruptive behavior disorders, mood disorders, pervasive developmental disorders (PDD), psychosis, anxiety disorders (including somatization and trauma) and addiction to new technologies. The speakers came from the fields of child and adolescent psychiatry, family therapy, psychology, biology and nursing, offering a multidisciplinary approach to pediatric mental health.

In the workshops, Drs. Moyá and Moreno discussed accreditation requirements of child psychiatry inpatient units. Drs. Fuentes, Hervás and Caballero provided an update on PDD assessment. Drs. Díez and Escamilla and registered nurses Machiñena and Díez reported on their research on parent training programs for behavioural management in children with ADHD. Finally, Dr. Martin, editor-in-chief of the *Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)*, commented on recent research findings published in the *JAACAP*, focusing on neuroimaging techniques.

The first symposium was moderated by Dr. Domínguez and discussed physical and emotional abuse in children, including the importance of early detection and consequences if left untreated. In the 2nd symposium, moderated by Dr. Gutiérrez-Casares, there was a discussion about the clinical guidelines on ADHD in the United Kingdom and Spain. It was highlighted that there was a

delay in the diagnosis and treatment of ADHD of four to six years, and that up to 10-20% of patients may remain undiagnosed. Symposium 3 covered early onset psychosis, emphasizing the importance of detection and treatment. This symposium was moderated by Dr. Moreno and Mr. Rapado, psychologist. They presented their own research data about cognitive deficits and negative symptoms, core clinical features of early onset psychosis, and depressive symptoms. Dr. Patiño, a genetic biologist, presented preliminary genetic data and highlighted the need for genome-wide analyses studies. Phenotypically homogeneous cohorts, including at least three generations, are needed to achieve this goal. Lastly, they presented results on the possible effectiveness of group psychoeducation in the early stages of the illness. The fourth symposium, moderated by Dr. San Sebastián, introduced the concept of addiction to new technologies, and reported the results of the recent CONFIAS study on internet and electronic technology use by adolescents, based on a large Madrid sample of teenagers. The symposium attracted considerable media attention.

Symposium 5 discussed the challenges in diagnosing and treating depression and bipolar disorder in children, sharing the results of a recent study by the 'European Alliance Against Depression.' Recent studies on the mood stabilising properties of new generation antipsychotics were highlighted. The SSRI-suicide black-box warning controversy was also discussed as well as data on changes in the prescription rates of SSRIs in various countries and their possible association with changes in suicide rates.

Several well known researchers and scholars from the USA, Canada and the UK shared their experience in diverse clinical fields in the keynote lectures. Up to 32 research projects were described

in the oral presentations section, and a total of 76 in the posters section, offering an opportunity to discuss their work to almost 200 clinicians and researchers with different levels of expertise.

Worth mentioning was the participation of five adults with Down's syndrome from the organization "Down's syndrome Navarra" as volunteers helping in the organization of the meeting. Supervised by other adults, they worked diligently and enthusiastically. The initiative of having impaired individuals working together with non-impaired ones is part of the "Ithaca project" for the integration of people with disabilities. One of them played the lead in a poignant episode with Dr. Andrés Martin. During his talk, Dr. Martin asked several well-known psychiatrists and the public attending his session the name of a famous Spanish soccer player he had used in one of his slides—because the player's team uniform is orange, like the "Orange Journal." No one knew the player's name but Mikel, a 30-year-old volunteer with Down's syndrome, who was able to also provide highlights of his professional statistics. Witnesses of this episode could not help but being touched by Mikel and the vivid example he provided of how each and every one of us—whether disabled or not—has something unique to contribute.

Finally Spain in one of the few European Union countries who does not have child and adolescent psychiatry as an officially recognized specialty, although this is in the process of changing. The meeting underscored the importance of specific child and adolescent psychiatry training due to the differences on the clinical course, diagnostic assessment and treatment of children and adolescents with psychiatric disorders, as compared to adults.

Ana Figueroa MD & Cesar Soutullo MD PhD
University of Navarra, Spain

International Conference Sponsored by ESCAP

Quality of Life
in Child and Adolescent
Mental Health



ESCAP Conference Budapest 22-26 August 2009



The ESCAP conference in Budapest was special because it was not an ordinary, numbered congress, which takes place every three or four years according to the current ESCAP constitution. The Budapest Conference was organized only two years after the congress held in Florence in August 2007. We will evaluate the outcome carefully and, if the Budapest experiment is considered successful, a constitutional amendment will be sought from the General Assembly at the next ESCAP congress, Helsinki 2011. The Budapest conference was also the start of a new way of organizing our international congresses—together with the local national society for child and adolescent psychiatry.

The main topic of the Conference was "Quality of Life in Child and Adolescent Mental Health." It is widely accepted that psychiatric disorders—besides socio-cultural environment and the effects of organic diseases— influence the quality of life of children and young people in a negative way.

The opening lecture, "Child and Adolescent Psychiatry: Past and Future in a New Europe", was delivered by Sir Michael Rutter. He emphasized that, with some notable exceptions, child and adolescent psychiatrists has played a minor role in the main areas of innovative research in Europe. There is much that is good in European child and adolescent psychiatry research and clinical services, but there are weaknesses that require remedial action.

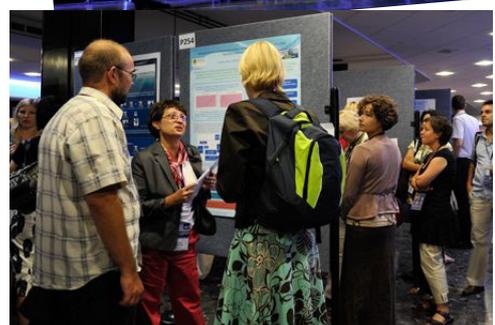
The scientific level of the Conference was guaranteed by the excellent plenary lecturers. For example, Jan Buitelar covered gene-environment interactions in ADHD, reviewing the various theoretical models of gene-environment interactions, including epigenetic effects of the environment of the expression and regulation of genes, variations in heritability according to the environment, and gene-environment interactions 'sensu strictu.' Edmund Sonuga-Barke gave an interesting lecture about experimental analysis as the starting point for science-driven therapeutic innovation in child and adolescent psychiatry. In a plenary session, after analyzing cross-sectional and longitudinal data, Helmut Remschmidt concluded that psychiatric disorders significantly worsen the quality of life of children, particularly if they are hospitalized. Antony Bailey reviewed the basic molecular genetics and the principles underlying linkage and association strategies for gene identification in autism spectrum disorders. Herman van Engeland, in an impressive presentation, compared participants with multiple complex developmental disorder and adolescents with ultra-high risk of psychosis. Frank Verhulst emphasized the importance of epidemiology for child and adolescent psychiatry. Mária Kovács highlighted the relevance of emotional regulation and mood repair in childhood-onset mood disorders, while J. Hebebrand discussed weight issues in anorexia nervosa.

Symposia and research forums mainly focused on pervasive developmental disorders, ADHD and Tics/Tourette's syndrome. A number of symposia discussed the genetics, pathogenesis, differential diagnosis, and biological and psychotherapeutic issues of these syndromes. The Münchhausen by proxy syndrome symposium was particularly popular. Eva Szigethy's workshop discussed the topic of teaching cognitive behavioral therapy to improve the quality of life in children with chronic illness.

The "Child and Adolescent Mental Health in an Enlarged Europe (CAMHEE) Project" held its closing meeting before the opening ceremony of the conference, discussing enforcement of children's rights and organization of children's mental health services in several countries, topics which were revisited in numerous lectures and workshops.

We highly appreciate that the Donald J. Cohen Fellowship Program supported the attendance of 30 young psychiatrists from 12 countries (see elsewhere in this issue). They participated in the plenary sessions and in small group sessions lead by an outstanding panel of experts, giving them the opportunity to recognize the challenges of scientific research and to discuss their own research projects.

The Helmut Remschmidt Scholarship Program of the Scientific Association for Child and



*Anna Batky
(Hungary)
and Patricia
Byrne (Ireland)
received the
'Best Poster'
awards.*

Adolescent Psychiatry in Germany enabled representatives from 15 countries to participate in the Conference. The "Meet the Expert" sessions allowed these participants to personally meet the plenary lecturers.

Two "Best Poster" awards were given to young researchers and residents. The 'Young Scientist Poster Award' —sponsored by the Hungarian Psychiatric Association— was won by Anna Batky from Hungary, and the 'Young Trainee Poster Award' —sponsored by the European Union of Medical Specialties, Section of Child and Adolescent Psychiatry— was won by Patricia Byrne from Ireland. Congratulations to both. The number of applicants (85 and 43 respectively) attests to their success.

The organization of the conference was very professional. There were 1,200 registrations from 57 countries and more than 500 presentations and posters. The halls of the beautiful Budapest Conference and World Trade Centre provided a fitting location. We appreciated the polite and professional work of the congress organizers (CongressLine Ltd). One of the highlights of the opening ceremony was the performance of the amateur child and adolescent dancers. We had the opportunity to taste the excellent Hungarian cuisine during the intervals and the social events.

The conference was granted 22 European CME Credits by the European Accreditation Council for Continuing Medical Education.

We hope that our regular ESCAP congress (the XIVth) in June 2011 in Helsinki, Finland will attract even more attention. Everybody is kindly invited to come to Helsinki.

Tuula Tamminen ESCAP president

Agnes Vetró ESCAP vice-president

DONALD J COHEN FELLOWSHIP PROGRAM BUDAPEST 2009

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.

Gisela Sugranyes, one of the fellows, was the special reporter and co-editor of this section.



Floating in style. The main pool at the Gelert spa.

FULL IMMERSION

Postcard from Budapest

I did not take a bathing suit to Budapest. Big mistake. By the time I arrived, plans were well under way to leave the ESCAP-sponsored Conference for a few hours and 'do the baths' at the legendary Gelert Spa. Joaquin Fuentes, as seasoned a traveler as a child psychiatrist, had mapped our escape route and precise schedule. Although we had been in daily correspondence for months, planning the Donald J. Cohen Fellowship Program down to its smallest details, my dear friend had omitted to mention the iconic baths or the need to pack swimming trunks. Sensing my trepidation, and ever the reassuring psychotherapist, Dr. Fuentes provided concrete guidance. "Nothing to worry about, amigo," he said. "You will be able to rent a pair."

The prospect was terrifying. Would they fall off? Would they be clean? Would they be Speedos? To my relief, none of the three grim scenarios came to pass. Even better, that afternoon at the Gelert turned out to be a high point of my days in Budapest, and in more ways than one, a representative snapshot of my overall Conference experience.

The spa, which stands amid a busy collection of residential buildings near the Danube's bank, blends neoclassic architecture with oriental-influenced



“Owners and Renter”: Joaquin Fuentes, Irma Isasa and Andrés Martin.

ornamentation. It is lavishly decorated yet not overdone, and it is as elegant as it is busily functional. In addition to interior and exterior pools (one of them with artificial waves), there are steamy massage rooms smelling of eucalyptus and dense with the impenetrably beautiful cadences of Hungarian. We floated through the baths, moving from one pool and temperature to the next, joined by colleagues from Spain and Israel. We learned along the way about each others’ experiences in child psychiatry and about the traditions and history of our host country. The hot waters, we learned, had been flowing at this very spot for well over two thousand years. Our afternoon ritual was no different from that of the Romans and Otomans before us. And even though no one in our small group had ever been to a public bath before, any residual apprehension soon gave way to a sense of connection and tranquility. Life was good that afternoon, rented swimming trunks snug on my waist, our skin

the texture of prunes.

We weren’t the only adventurers overcoming initial trepidations about submersion into sites unknown. As it turns out, this happened to be the first international conference for many of the thirty Donald J. Cohen fellows converging on Budapest from 17 European nations. And for all of them, seasoned or first-time congress attendee alike, the Fellowship experience was clearly a first. From what we could tell, the experience proved to be a memorable one for all –perhaps even a transformative one for some.

Regardless of how well prepared we came to Budapest and how well our proprietary or rented swimwear fit, each one of us spa-visitors derived the same enjoyment from the experience and the same salutary effects from the mineral waters. Tentative at first, we were comfortable veterans on our way out. Similarly, the small groups of fellows and mentors that came together for two hours each evening went from a self-conscious bunch during their first meeting to a cohesive group of comrades by the time the last session came to a close. Some fellows –just like some first-time mentors– did not quite know what to do at first. Some no doubt were worried that their invitation was surely a case of mistaken identity intended for someone else. But within hours, everyone knew they were at the right place and allowed themselves to do what they do best: being themselves. Science was exchanged in equal measures with life stories, personal and local challenges discussed with a shared sense of excitement over a common field of inquiry and an overarching respect for the wellbeing of Europe’s children.

We did more than swim and hang out that lovely afternoon, just as the fellows and their mentors did more than simply enjoy social pleasantries in their small group meetings. We were all fully immersed in a new experience: one that left us exhausted for the effort, exhilarated for all that we learned and shared, and profoundly grateful for the hospitality of our hosts. I look forward to meeting once again in Helsinki in 2011. And you can be sure that I will pack proper swimwear when I head into Finland’s legendary saunas.

Andrés Martin

New Haven, CT

The articles that follow contain the thoughts and reflections of a group of young European psychiatrists who were given the opportunity to attend the Donald J Cohen Fellowship Program (DJCFP) at the 2009 ESCAP Conference in Budapest. The ideas may not be representative of the whole group; opinions and experiences were as diverse as the range of nationalities present. Nevertheless, I hope they reflect the essence of the fellowship.



Gisela Sugranyes (Spain, UK) finished medical school in 2004. Though she is originally from the UK, she has done most of her training in Barcelona. She completed her studies in general psychiatry in June 2009, and is currently beginning her Alicia Koplowitz Foundation two-year fellowship at the Institute Of Psychiatry, King’s College, London. Her interest in early onset psychosis has led her to participate in several local and overseas projects, and she now hopes to continue pursuing her interests in this area at the IOP.

EURO-VISION

The 17 European nations represented have been the cradle of a generation that has lived through the development of contemporary Europe. This is the generation of the ‘Erasmus University Exchange Programs’ and ‘Interrail’ (the European Rail Pass). We have faithfully watched the Eurovision song contest year after year and many of us have experienced the introduction of the Euro into our countries. During the days of the fellowship there was a feeling of a certain familiarity in this regard—it felt right, in our historical context, to be part of this group. Despite the varied socio-political backgrounds represented, there was a clear sense of communion that transcended the shared

scientific and academic interests. I am convinced that Donald Cohen would have been satisfied to take part in the training of this group.

The importance of mentorship was highlighted throughout the fellowship. This was the first time many of us had the opportunity of experiencing thoughtful mentorship; it certainly brought to light how this can play a decisive part in our scientific and professional development. In addition, teamwork and friendship were crucial, becoming consolidated throughout the program.

Despite our diverse origins and the variety of our work settings, we encounter similar difficulties. The fact that the fellowship provided a framework where we were able to share these issues was

extremely well received. This point was widely noted and is reflected in our contributions to the Bulletin, leading us to think whether this kind of program should be exported to other groups—it is hard to believe these issues are limited only to psychiatrists in training. The advantages of international collaboration are clear. However, we highlight the need for spaces where informal exchanges between professionals with similar interests and demands can take place. We sincerely hope that the experiences portrayed in the contributions to this section will stimulate and encourage further initiatives of this kind.

Finally, a highlight of the fellowship was the cross-cultural exchange. Despite the institutional union of Europe, cultural differences are still vast and were evident from the very beginning of the fellowship program. The challenge was to get maximum benefit, as every experience had many stimulating nuances and led to a wealth of interpretations. A Hungarian potato salad acquires a slightly different flavor when eaten in the company of Kosovar, German, Polish or Dutch colleagues, in the same way a Karaoke song does not sound quite the same when sung by a quartet of Hungarian, French, Greek and Spanish psychiatrists!

Now the ground is set for us to expand beyond our frontiers and, through our distinct "Euro-vision", explore an ever wider context. I look forward to our next karaoke!

Gisela Sugranyes

giselasugranyes@hotmail.com



GROUP 1. From left; back row: Tugba A. Bahadir, Naim Fanaj, Lucy Hannington, Timea Anna Rimay, Pieter Hoekstra, Javier Goti. Front row: Andres Martin, Maria Kovacs, Immaculada Escamilla, Joaquín Fuentes

FROM EMINENCE-BASED TO EVIDENCE-BASED PRACTICE



Agnieszka Butwicka (Poland), graduated from medical school in 2007, and is currently specializing in CAP at the Medical University of Lodz. Her research interests include obsessive-compulsive disorder and psychiatric disorders in children with type 1 diabetes, which is the topic of her PhD thesis. Agnieszka co-presented a memorable closing session for the DJCFP.

I came to this world in Poland during the third month of civil uprising of what came to be the final and most intense fight of a communist regime against democratic opposition –Solidarnosc. During my school years I witnessed our young Polish democracy take form and develop; I was among the first generation of Polish people allowed to see the world beyond the Iron Curtain. It was during my medical studies that I became interested in CAP; the fact that I could potentially influence the development of a new generation was particularly appealing. Thus, after graduating from medical school, there was only one way to go: PhD studies in CAP, coupled with a clinical specialization program. My year was the first to follow a specific training program in this area —CAP had up until then been a sub-specialty of general psychiatry. My naïve enthusiasm soon faced severe setbacks, mainly due to the fact that child mental health in Poland was considered a marginal field. The lack of mental health professionals was woeful, financial resources for both treatment and research were scarce, and numerous physicians still resorted to ineffective and unorthodox treatments. Needless to say, my youthful optimism soon began to fade...

I read about the ESCAP conference in the summer of 2008, just before the beginning of my PhD and specialization program. It could be my first experience of an international conference of such magnitude and the first chance to meet scholars in my field of interest. The chance to mix with professionals from other countries and gain insights into other systems of child and adolescent mental health care would be invaluable. When I found out about the DJC Fellowships, my mind was made up. In December 2008 I sent three poster presentations hoping that at least one would attract the interest of the jury; none was rejected. Once this stage was completed, I sent the application for the DJC Fellowship; to my surprise, luck was on my side once again.

After months overflowing with expectation, the day finally arrived. It was the first time I put my foot on board a plane. Soon after landing and reaching the congress venue I realized that this was the world I had always dreamt about. During the introductory meeting I had the chance to meet lots of new people from many countries and some mentors —"celebrities" in their field. Everyone was so friendly and open that my initial anxiety was quickly put at ease. I was particularly interested in the critical appraisal of my posters, especially my study on the use of restraint in adolescent patients in Poland, an emotional subject. Comments were not as negative as I expected and helped me greatly in the path to publication. I learned from Andres and Joaquin's seminar how to plan and write high-quality research papers, along with tips on how to navigate the manuscript submission process.

Finally, three of us were chosen to prepare the presentation for the closing session. I really enjoyed working with Dejan from Serbia and Fiona from the U.K. It helped me to develop my team skills and to become familiar with the culture and way of thinking of people from different countries. My new friends and I decided that we would send each other our articles for primary peer review. I sincerely hope they will visit me in Poland one day. I realized that even though we are from different countries, our problems are similar. Most of us have to combine clinical and scientific work, which can be very challenging, as it requires a great deal of self-discipline and time management. However, even this aspect of "training" was covered during the fellowship by one of my mentors, Katja Puura; an example of how it is possible to combine a family life with scientific, clinical and psychotherapeutic activity.

Now I know where to look for support and help with my scientific and clinical work. What more can one expect from a fellowship program?

Agnieszka Butwicka



Konstantina (Nadia) Magklara (Greece/Switzerland) graduated in medicine at the National and Kapodistrian University of Athens in 2004 and subsequently completed a Masters in Health Management. She is currently training in CAP in St. Gallen, Switzerland, while she is also a PhD student at the Department of Psychiatry at the University of Ioannina, Greece. Her interests include the epidemiology of common mental disorders in adolescence and particularly the socio-economic determinants of mental health in childhood and adolescence.

'DE PROFUNDIS'

Writing a paper is difficult, especially when one is young and inexperienced; above all, when one chooses to work/worry alone. While literature review, methodology, statistical analyses and limitations were dominating my life, I started thinking about what scientific contribution I should take to the DJC program. Although the answer seems obvious now, this was not the case before Budapest. At that point I had chosen 'avoidance,' a well described mechanism in psychiatry textbooks, I had persuaded myself that the difficulties I was experiencing were not interesting enough to present and that it would not be worth the effort. Shortly before our departure we all received Andres' advice to bring as much as we could, since "the more you bring, the more you'll get out". When simple truths are spoken by outstanding people they suddenly gain traction. This was undoubtedly one of the main contributions of the small group meetings of the DJCF: highly knowledgeable people had the chance to communicate not only extraordinary findings but also basic, but often neglected, principles of rational thinking. Andres' advice had challenged my defense mechanisms, and somewhere between my shoes and my clothes I packed a draft of my work —just in case.

In Budapest we were offered many opportunities to exchange ideas, both at the official lectures, workshops and small group sessions, and in informal settings. On our way to the congress, during our walks across the Danube trying to find the architectural monuments of the city, while enjoying the breathtaking views from the castle, relaxing in one of the Hungarian baths, and even between glasses of wine, we had the most interesting and fruitful scientific discussions. I realized that my dreams and fears, and my wishes and difficulties, are not so different to those of my peers.

On our third day in Budapest we attended Andres' and Joaquin's workshop on how to get published, where we were explicitly advised never to worry alone. Historically, isolation has been responsible for tremendous delays in culture and science. In the internet era we have no excuse for hiding behind the walls we build to protect our fears. The workshop having boosted my self-confidence, I decided to "just do it!" and I presented the draft of

my study rather than the more general questions I had been preparing. The following thirty minutes were a nightmare. Everyone in the group pointed out the flaws and weak points. I was already aware of many but I was confronted with others for the first time. I felt deeply embarrassed, especially since both my mentors were famous researchers. Embarrassment was followed by anger; anger towards myself, because I had allowed them to see my weaknesses, but also anger towards them. "How can they disregard my hard work of months so quickly?" "What are their motives? Is it about science or is it something personal?" Sadness followed; I considered stopping working on the project and even on any other paper. Depression was soon replaced by acceptance. The process was not simple and to a great extent I owe my recovery to my permanent mentor. He helped me realize that peer criticism does not mean disdain or denial of one's efforts. It is rather an opportunity, a gift offered generously by people who share similar goals. Fortunately, knowledge is like the universe, its borders are steadily expanding; only when we exchange the bits owned by each one of us do we come a little closer to the truth.

Unlike grief, where the last stage is acceptance, the last stage of the process that started for me in Budapest is gratitude. I took every single opinion I heard in Budapest into account, I followed the golden rules of Andres' and Joaquin's workshop about how to get published and I asked for further peer criticism after returning back home. I acknowledged much, but not all, of the criticism. I made considerable changes to my paper and I am now awaiting feedback after peer review. Regardless of the outcome, I feel that I have already learnt a lot about the rules of the game. Engaging with people with similar interests, being able to share my goals and difficulties with them, "thinking big", as one of our mentors advised us, and above all, always welcoming peer criticism, are some of the newfound principles for me. While the famous Irish writer wrote his moving essay as he was alone in a prison cell, the DJCF Program invites us to get in contact, interact with each other and communicate "de profundis".

Konstantina Magklara



GROUP 2. From left: Omer Basay, Joaquín Fuentes, Eniko Kiss, Katja Puura, Alan Apter, Jaime Moyá, Stéphanie Colin, Agnieska Butwika, Karin Klampfl, Andres Martín.

Javier Goti (Spain), of Basque origin, has trained and is now based at the Hospital Clinic of Barcelona, where he has helped set up one of the first units for adolescent addictive disorders in Spain, and where he continues to carry out both his clinical and research activity. Javier has received several grants from both public and private institutions and is currently running two research projects studying the benefits of cognitive behavioral therapy and contingency management in cannabis use disorders.

'Ramon y Cajal, stated many years ago that research must be hypotheses-driven and not ego-driven'

HYPOTHESES-DRIVEN, NOT EGO-DRIVEN

Scientific research is a difficult path to follow. But one probably does not need to fly to Budapest, meet interesting people, listen to opinion leaders and find spare time to relax in the Széchenyi Baths to realize that this is true. However, exchanging views with young researchers who share similar problems is certainly helpful. This is one of the first things one experiences at the small group meetings of the DJCF Program.

First, you discover that you are not the only person overwhelmed by the difficulties initiating a research project. Just reaching this point is reassuring. Second, you find out that you are not the only one who has to combine clinical obligations with research, still managing to have a private life. It is at this point that you decide to stop complaining, and begin to think about "just doing it." Finally, after listening to your mentors' advice, you learn a key point in research: always ask yourself if your findings really answer your questions. It is not uncommon to lose perspective along the way ending up with "nice" but uninformative data regarding the questions you were asking in the first place.

Our beloved Spanish neuroscientist, Ramon y Cajal, stated many years ago that research must be hypotheses-driven and not ego-driven. The mentors in our group expressed this in an even simpler manner after each of our presentations: "What is the question you want to answer?" Simple as it may seem, if you are not clear about your own ideas, it can be difficult to respond.

It's great to meet people who are capable of convincing us that impossible things are possible. But then again, that's what being a good psychiatrist is about, isn't it?

Javier Goti



YOU ARE NOT ALONE

In the last few decades, with the introduction of new technologies, particularly the Internet and the widespread use of more affordable means of transport, the world has become a small place. Interestingly, at the same time, this has meant that in medicine, psychiatry and many other disciplines, the amount of information available is enormous and keeping up to date can be a challenge. It is amazing how nowadays it is possible for us to communicate with people on the other side of the world in the blink of an eye but, at the same time, communicating with our colleagues next door via email.

The DJCF Program has become an excellent example of an initiative where young, enthusiastic child psychiatrists can share research ideas, service development projects and career prospects under the guidance of experienced and respected mentors. It is a privileged environment where they can meet, get to know each other and learn that, despite cultural differences, they share similar views and face the same difficulties.

I received very good feed-back from fellows and mentors about how to develop academic, training and research links across countries in Europe. More importantly, I discovered that some of the ideas I was bringing up for discussion had already been identified and pursued elsewhere, for example at the European Federation of Psychiatric Trainees, and that the child and adolescent representative was another DJC Fellow from France, Stéphanie Colin. I was pleasantly surprised to find that there were trainees who had come up with similar questions to the ones I had been pondering; they were already working on my behalf and on behalf of other trainees to move forward.

This discovery would not have happened had I not been part of the DJC Program. This shows the relevance of good communication among trainees and of disseminating information. I hope this is 'the beginning of a beautiful friendship' and I offer my assistance. So, yes, young child psychiatrists out there, you are definitely not alone.

Victoria Fernandez



Victoria Fernandez Garcia de las Heras (Spain) finished her medical studies in 1998 in the University of Salamanca, and trained in general psychiatry in Madrid. In 2005 she was awarded an Alicia Koplowitz two-year Fellowship in CAP at Imperial College London. She subsequently decided to complete specialized training in this field. Victoria has a number of publications under her belt, including several studies looking at depressive symptoms in young people.

Trainees from European countries can exchange ideas via the Internet, though a Yahoo group (efptgeneral-subscribe@yahoo.com).



GROUP 3. From left, Michelle Fernandes, Ralf Hilpert, Eszter Kenezloi, Artur Wisniewski, Gisela Sugranyes, James Leckman, Cesar Soutullo, Nihal Yurteri.

THE EUROPEAN FEDERATION OF PSYCHIATRIC TRAINEES

There are huge discrepancies in the training programs in CAP in Europe. In 1994, the 'European Union of Medical Specialties,' established the 'European CAP Section and Board,' aiming at harmonizing and promoting high quality undergraduate and postgraduate training programs. It was seen a core element in guaranteeing high standards of mental health care for children.

Even with the promotion of these standards, aspects of what is now expected from psychiatrists, such as management and leadership skills, in addition to knowledge of health economics and research, are often not addressed in training programs. In my opinion, this contributes to higher levels of stress among trainees and young psychiatrists, who often feel under prepared to meet the needs of modern health services.

Needless to say, this situation is accentuated when one crosses borders. Meeting Victoria, a young Spanish psychiatrist currently working in England, at the DJC Fellowship, gave me another example of the strength and determination a young psychiatrists need when practicing in a country where they have not trained.

The DJCF Program makes available a fantastic setting for exchanging ideas and comparing psychiatric practice with colleagues from all over the world. Regrettably, such opportunities often have a research focus; more importantly, they are only available to a small number of trainees. Therefore, it is important for young child psychiatrists to create other means of communicating and networking.

In 1992, 16 psychiatry trainees from nine European countries —realizing that they shared many problems and concerns— met at an international congress and created the first European specialist trainee association 'The European Federation of Psychiatric Trainees' (EFPT). The idea was to promote better mental

health care across Europe, both directly and indirectly, by setting standards and improving the quality of training in psychiatry, with a particular focus on psychotherapy. It also aimed to reduce the isolation of young colleagues, especially those in countries with limited resources.

The EFPT is an independent federation of national psychiatric trainee associations. In 2009, it represents over 16,000 trainees from 23 countries, and is now a well organized network. The EFPT is currently seeking full registration as a European NGO under the Belgian law.

Each year a general assembly (called "the Forum") is held, which gathers delegates from all member countries. These three days are generally filled with vivid discussions and passionate debates among the delegates, very similar to those I experienced in my "small group sessions" at the DJCF Program.

Initially designed to represent trainees in all branches of psychiatry, the EFPT now provides a specific framework for European CAP trainees to discuss and exchange ideas. Its internal structure has recently been modified by adding a new board position for a "CAP secretary," which allows specific representation of CAP trainees.

What trainee child psychiatrists should know is that any trainee from an European country can participate by exchanging ideas via the Internet, though a Yahoo Group (efptgeneral-subscribe@yahoo.com) and the website (www.efpt.eu).

In conclusion, whether it is research, training, clinical issues, or any other matter relevant to child psychiatry, we now have the means with which to share our experiences and learn from each other. We are definitely not alone!

Stephanie Colin
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Stéphanie Colin (France) is a child and adolescent psychiatrist at the University Hospital of Avicenne, near Paris, where she works mainly with adolescents. Stéphanie has been involved in psychiatry trainee associations as representative of the French Psychiatric Trainees Association and as CAP representative within the board of the EFPT. Given her personal background and her involvement in trainee associations, Stéphanie has become particularly interested in differences in education system, cross-cultural and political aspects of psychiatry.

MEETING SIR MICHAEL

During my initial days of training in child psychiatry I was given a copy of Rutter's textbook by my mentor. Ever since, I have been aware of his significance in this field and hoped to see him in person. When I noticed his name in the official program for the 2009 ESCAP Conference, I was determined not to miss the opportunity. Eight years later, the DJCF helped me fulfill this dream.

My initial fears and hesitation, which I believe were common to other fellows, were rapidly mitigated by the enthusiasm and optimism of Andres and Joaquin. I later realized that some of the reasons behind their positive energy were the teachings and example of the much respected Donald Cohen.

During the conference I had the opportunity to learn about child psychiatry in other countries with better conditions than my own, which emerged from a civil war only recently. This was extremely valuable and enhanced my professional development. In addition, it has made me feel that we really are part of Europe, and is helping us to progress towards contemporary psychiatric practice. The poster presentations, lectures and especially the group discussions encouraged me to lead my own country down this path.

Getting to know colleagues of different nationalities —Spain, Turkey, Serbia and Hungary among others— was memorable. We had the chance to discuss the bitter experiences of the war in my country. The emotional support, and the tears from a colleague, was very moving.

These very special events were heightened by spectacular background of the beautiful and glamorous Budapest. I feel extremely proud and honored to have been granted a place in the DJCF program.

Dr Naim Fanaj



Naim Fanaj (Kosovo) finished his studies in psychiatry in 2004 in Prishtina, going on to train in child international advocacy at the University Clinical Center of Prishtina. He specialized in child and adolescent mental health and is now working in Prizren. He is one of the few child and adolescent psychiatrists in Kosovo and the only one in Prizren. His research focus is on anxiety disorders and on the use of SDQ. Naim is the executive director of the NGO "For a Healthy Mind", which works promoting children's rights and mental health in the Kosovo region.



GROUP 4. From left, Andres Martín, Jean-Pierre Raynaud, Laura Nussbaum, Gergely Mészáros, Patrick Thomas Udvardi, Joaquín Fuentes, Fiona McCartan, Inna van Berckelaer, Teresa Plana, Sevcán Karacoç.

UNITY OF MANKIND

Sometimes it can be helpful when people in the world work together. So, I decided to go to Sudan to do a research project on female genital mutilation. The aim of the study was to investigate whether mutilated girls suffer from more psychological problems and have a lower quality of life than genitally intact girls. 100 female students from Khartoum, Sudan, were asked about female genital mutilation, their physical health, life events, and their residence (urban/rural), and to complete two questionnaires in addition to a series of closed questions. The results revealed that intact (not circumcised) rural girls were less aggressive, and that intact girls from Khartoum were more religious, in comparison with circumcised girls from both settings. Despite the methodological limitations of the study, we decided to share the results with Sudanese men, so that they are aware of this information when making a choice of bride. I hope this will contribute to the abolition of female genital mutilation.

I presented this study at the ESCAP conference and we discussed it in the small group meetings. I would like to express my gratitude to the DJCF program organizers. Among many good things, the fellowship program encouraged me to publish the work.

Ralf Hilpert

Ralf Hilpert grew up in Germany but attended medical school in Russia. He returned to Germany for postgraduate training during which he designed a research project in Sudan. He is currently working as assistant doctor at the University Clinic for CAP in Berne, Switzerland. Ralf's interests focus on transcultural psychiatry. After completing specialization he would like to continue to work and study in countries where CAP and psychotherapy are still in their early stages of development.



GROUP 5. From left, Frank Verhulst, Eva Szigethy, Dejan Stevanovic, Klass Van der Lingen, Stephan Kupferschmid, Victoria Fernandez, Nadia Magklara, Jozsef Halasz, Joaquín Fuentes, Andres Martín.

TURNING POINT

As soon as I arrived home the day after the conference, I began to experience a floating and unexplainable feeling that my life was changing direction. I was puzzled, and asked myself “why is this so?”

First, we were in a friendly environment. Shortly after the initial gathering, I realized that I was not alone and that there were other people with whom I could share my ideas, plans and projects, and to whom I could express my concerns. In addition, there was a unique scientific atmosphere, which filled me with energy and optimism and encouraged me to become more productive. Finally, we were in a situation where it was inevitable for us to judge ourselves. I was confronted with extremely clever people and their ideas; this stimulated me to analyze what I was doing and try to adjust it to what I realized I ought to be doing.

As the days have gone by I have found what this feeling is and why it is so. I have realized that participating in the DJCFs had inevitably changed my personal and professional style. This effect, which stems from both the complexity of “Andresism – Joaquinism – Mentorism”, and from the simplicity of friendship, has boosted my self-esteem and competence, and has made me appreciate that my life really has turned in a different direction.

Dejan Stevanovic

Dejan Stevanovic (Serbia) is training in CAP; he also has two years of formal education in neuropsychology. His research interests include quality of life and psychopathology, as well as neuropsychology, on which he has a number of publications in peer-reviewed journals.



A. Tugba Bahadir (Turkey) finished her medical training at the Ankara University School of Medicine (2001), and completed her CAP residency training at the Marmara University School of Medicine (2008). She is currently performing her state duty at the Samsun Mental Health Hospital in Turkey. She won the first prize for the ‘Prof Dr Gokay Research Poster Award’ (2008) and the ‘Prof Dr Mualla Ozturk Child Mental Health Award’ (2009), together with Dr. Yanki Yazgan, for their studies in the field of ADHD.

FOR A BETTER FUTURE

It was the 25th of May 2009 when I received the e-mail from Andrés Martín and Joaquín Fuentes informing me that I had been selected as one of the awardees of the DJCFP at the ESCAP conference in Budapest. This was my second piece of good news as I had already been told that my application for a poster presentation had been accepted.

I thought how exciting it would be to meet mentors from all over the world and colleagues of a similar age from different countries. We would have the chance to establish collaborations and develop lasting friendships. I wondered how the congress and the fellowship program would broaden my horizons.

After weeks of preparation, on the 22nd of August I finally met Andrés, Joaquín and the other fellows. It was obvious from the first meeting that five exciting days, full of science and humor were ahead of us. The motto was ‘The more you give, the more you get.’

In addition to the outstanding lectures during the day, small group meetings were held in the evenings. The mentors in our group were Maria Kovacs (USA) and Pieter Hoekstra (Netherlands). We shared experiences regarding clinical practice and research. All of us were pursuing similar dreams and trying to do our best for children and adolescents.

On the evening of the 24th of August I presented my poster ‘Familial Expressed Emotion in Attention Deficit Hyperactivity Disorder From the Perspective of the Dual Pathway Model’, which I had done in collaboration with Yanki Yazgan. I am interested in neuropsychological models of ADHD. Both my mentors and co-fellows appreciated our study design and told me that our work was interesting and useful. My presentation led to a fruitful discussion, where my mentors made very encouraging remarks.

I have a clearer view of my plans after participating in the DJCF Program. I would like to thank Andrés, Joaquín and all of the mentors for selecting us and for sharing their knowledge and expertise. In addition, I am grateful to my colleagues, for sharing their science and their joys. Finally, I would like to highlight that we were there not only for our own personal growth, but also to improve the future of all the children around the world.

A. Tugba Bahadir
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Laura Nussbaum (Romania) graduated in medicine in Timisoara in 2004 and is ending her training in child psychiatry. She has also completed a course in psychotherapy. Her PhD and publications have focused on childhood-onset psychoses and children in high risk families. She enjoys combining clinical work, teaching and research. Laura envisions her future role as promoting mental health, improving psychiatric services and early detection and prevention services. Writing is one of her passions.

A BRIDGE BETWEEN TIME, SPACE AND WORLDS

In the same way that a tree so wide that you cannot embrace grows of a tiny seed, a spiritual journey of thousands of miles can begin with just one small step. My own journey began as a mixture of time and space, of humanity and professionalism, of different cultures, nations, mentalities and aspirations. I felt blessed when I was chosen as one of the 30 fellows to participate in the DJCFP.

My professor and mentor, Mircea Tiberiu, encouraged me to apply. Above all, I remember Professor Tiberiu's words of admiration towards Donald Cohen from the first day of my training. Professor Tiberiu had participated in a study group in San Francisco in 1994, together with other young European specialists—they are now our teachers. They were overwhelmed by Donald Cohen's personality; he has influenced the careers of many professionals.

Right from the beginning, when our communication was still limited to email, I felt a special connection with the two program organizers, Andrés and Joaquín. The program achieved a sacred "whole" of professionalism, solidarity, spirituality and multiculturalism. We felt their presence and support throughout the program. For me, the experience of the 2009 ESCAP Conference together with the DJCP, was profound, colorful and vivid, but above all meaningful.

Our passion for child psychiatry, our commitment to enhance the mental health of children all over the world connected us. I was very proud that my country, Romania, could be part of this program. I had the opportunity to meet our impressive mentors and to share expectations, hopes and concerns with the other fellows.

Just like "thousands of candles can be lit from a single candle and its life will not be shortened", Donald Cohen will live through the new generations of child psychiatrists. I enjoyed the company of all the fellows and would like to develop multinational research projects. I am confident that the Eastern European countries are ready for this. Let's build a bridge between our worlds!

Laura Nussbaum
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EVERYTHING WAS PERFECT!

I found the ESCAP conference very useful and well organized. The lectures broadened and updated my knowledge. For me, the most memorable and academically satisfying event was without a doubt the DJCFP. Meeting the well-known mentors was very encouraging, the small-group sessions useful, and the program well organized. However, in my opinion, the outstanding aspect of the fellowship program was the co-Chairs. I will never forget how Andrés and Joaquín, two psychiatrists at the peak of their careers, were so helpful, friendly and encouraging. I am lucky to have lived such an amazing experience. The fellowship program has broadened my view of CAP and it will undoubtedly influence my future projects. Finally, the atmosphere in the group was very special—I left with many pleasant memories. All in all, I want to thank our co-chairs not only for organizing the fellowship but also for granting me the opportunity of meeting colleagues from all over Europe. Everything was perfect!

Omer Basay



Ömer Basay (Turkey) is completing his fourth year of residency in CAP at the Faculty of Medicine, Ege University, Izmir. His areas of interest are addiction in adolescents and conduct disorder, in which he has researched pharmacological and non-pharmacological (telephone support) interventions. He is about to begin a genetic study in children with ADHD and comorbid conduct disorder, funded by the Turkish CAP Association. Ömer has also designed an imaging study of adolescents abusing substances, which he presented at the DJCFP, and has started collecting data on temperament in adolescents.



GRACIAS!

Jaime Moyá (Spain) trained in general psychiatry at the Clinic of the University of Navarre (Pamplona, Spain). During the third year of training he became a member of the neuroscience doctoral program, where he worked until 2005 on the dissertation "The Influence of Major Depression on Marital Satisfaction in Spain". He was subsequently awarded an Alicia Koplowitz Foundation Fellowship, which allowed him to train at the Institute of Psychiatry (King's College, London), where he was involved in longitudinal ADHD research. Jaime is currently running a randomized controlled trial assessing the use of aripiprazole in anorexia nervosa.

The DJCP is in my opinion a great opportunity from both an academic and a personal perspective. While it is very interesting to meet young researchers and clinicians from all over Europe, the small group sessions, lead by outstanding experts, are a great help towards improving one's scientific projects.

In our group we discussed each others' studies in detail. Two fellows presented their projects at each session, and mentors and the other fellows contributed with their comments in order to improve the quality of each piece of research. Stéphanie presented an intervention study on adolescent suicide, Karin, a project on drug monitoring in Germany, Agnieszka presented data on the use of restraint in adolescents, and I described a clinical trial assessing the use of aripiprazole in anorexia nervosa. Our group sessions were informal and our mentors showed great interest in our studies.

All in all, I believe the fellowship has been an invaluable opportunity to meet professionals from other countries at the same time as attending an international conference of the highest standard. The atmosphere between the fellows was special; Andres and Joaquín were very supportive and extremely efficient in making it all run smoothly. I am grateful to them for their wonderful job, without them the DJCFP would not be what it is.

Jaime Moyá

DEEP COMMITMENT

I felt the weight of responsibility on my shoulders from the first day of the DJCFP. What I should do to deserve it? I soon found the answer, thanks to the extraordinary organizers of the fellowship, our generous mentors and the rest of the fellows.

At our small-group meetings, our mentors —James Leckman and Cesar Soutullo— introduced us to new ways of thinking. They responded to our worries with talent and provided us with helpful solutions to our queries. The limited time seemed to stretch when sharing our thoughts; ideas acquired new meanings and importance.

Andrés and Joaquín gave us the keys of scientific success at the "Just Do it!" seminar. I had many challenges to overcome but received advice on how to tackle the problems. The Turkish philosopher Yunus Emre once said, 'Education is about understanding yourself, if you do not understand yourself deeply, then education is nothing'. With the guidance of these inspiring professionals who had volunteered to join the fellowship program, I had the chance to learn effective research skills and broaden my scientific knowledge.

At our fellowship dinner, we all joined in as a talented musician played songs from our different countries on his violin. First we sang our national melodies and then we sang together in a universal chorus. I thought this was the same process as when we exchanged our scientific ideas. Despite our diverse backgrounds, each was part of a single spirit that embraced us all. This is why our exchanges were so valuable and so unforgettable.

Nihal Yurteri



Nihal Yurteri (Turkey) graduated in medicine at the Aegean University in 2007, and is currently training in CAP at the Faculty of medicine of Zonguldak Karaelmas University. She is interested in ADHD and Tourette's Syndrome.

At the DJCFP she presented a study about the safety and tolerability of antipsychotics in children and adolescents. Nihal won a prize for her photography —she was never without her camera!

MY SHORT AND INTENSE EXPERIENCE

When I came back from Budapest, my co-workers asked: What did you do there? What did you learn? Would it be interesting for us? I could not really give them an answer. The DJCFP is not a training course, it is a personal experience; each one has to be experience it individually. You can imagine what a wonderful experience it is to share five days with thirty people with the same interests as you, but from different countries and cultures, in a beautiful setting and in a nice environment. If you can't, then maybe you too should try and obtain a DJC Fellowship. I would love to win another. Thanks for everything!

Immaculada Escamilla





Salvador Célia (1940-2009)

Latin America has recently lost one of its leaders in child and adolescent psychiatry, Salvador Antônio Hackmann Célia, who died victim of cancer on July 9, 2009 in Porto Alegre, Rio Grande do Sul, Brazil. Salvador had the rare gift of bringing professionals together, of catalyzing forces and community resources for the health and well being of children in Brazil and throughout Latin America. His clinical practice was wide; he went from working with severely disabled children to community mental health promotion. Ahead of his time, he soon realized that by working with babies and their families he was promoting health, rather than just treating disease. His efforts in promoting prevention have spread beyond our borders. "I want to emphasize that the key lies in empowering people, both within government and the community, and especially professionals and workers. There is a need for an integrated vision: a health professional is a professional of education and a professional of education is a health professional. Furthermore we have to find in the community the positive forces, the living forces." This statement made in a 2003 interview to the Buenos Aires 'Vertex' magazine summarizes his thinking.

Salvador was born on October 24, 1940 in Porto Alegre, the son of Ilka Hackman Celia and Frederico Celia, an Italian immigrant. He graduated in medicine from the Universidade Federal do Rio Grande do Sul and subsequently trained in psychiatry at the same university. Instigated by his then professor, Paulo Vianna Guedes,

Salvador was the first psychiatrist from Rio Grande do Sul to go abroad to seek training in child and adolescents psychiatry, completing his specialization with Samuel Ritvo, one of the scholars on autism, in Los Angeles, California.

Along with Drs Nilo Fitchner, Luiz Carlos Osorio, Newra Rotta, Ronald Pagnoncelli Souza and Milton Schansis, Frederico founded the first therapeutic community for children and adolescents in Latin America in 1966. In 1969, at the invitation of Salvador and Nilo Fitchner, Leo Kanner visited Porto Alegre for the inauguration of the clinic that bears his name. In 1972 the therapeutic community evolved into the 'Leo Kanner Therapeutic School,' of which Salvador Celia was the director for 23 years. This school has been exemplary and creative in diverse forms of group therapy for children and adolescents and their families. From 1980 to 1998, the 'Leo Kanner Institute' and the 'Prego Clinic' from Montevideo sponsored annual clinical conferences between Brazil and Uruguay. This exchange nurtured knowledge of developmental psychology in many young pediatricians, psychiatrists, psychologists and educational psychologists.

In 1989 he set up the Humanistic Life Center, which coordinated care for mothers and babies in health centers, and formed groups of Brazilian mental health professionals to discuss these issues with Serge Lebovici, his French mentor. He introduced the therapeutic companion in public health care, while he was part of the State Department of Health. In 2000, he created the Baby Week in Canela,

which mobilized the entire community in marches for babies. Baby Week has been so successful that it was adopted in Porto Alegre and other cities. In 1996, he was made professor of the Faculty of Medicine at the Lutheran University of Brazil.

Aware of the role of culture in personal development, Salvador was one of the creators in 1987 of the 'Festival de Teatro de Canela' (Canela is a town near Porto Alegre for which he had a special appreciation). Salvador said that "theater changes the life of a community."

Salvador received many honors, too numerous to list, that spanned from 'Citizen Emeritus' of Porto Alegre (1991) to the Sonya Bemporad Award (WAIMH, Amsterdam, 2002) to 'Godfather' of the first 'Week of Baby' in Covilhã, Portugal (2007) and was even honored by the Samba School in the Humanistic Life Center, North of Porto Alegre. He also chaired many professional associations such as the Brazilian Association of Child Neurology and Psychiatry and the Latin American Federation for Child and Adolescent Psychiatry and Allied Professions. He was also secretary, vice-president and consultant of IACAPAP and advisor to UNICEF in Brazil

He is survived by his wife, the psychologist Izabel Leite Celia, and three brothers. We thank Izabel Celia for the information provided.

Maria Lucrecia Zavaschi MD, MSc.

Norma Beck, Psych.

Luis Augusto Rohde MD, PhD.

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