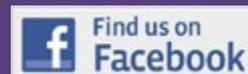


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# IACAPAP

FEBRUARY 2018 • **BULLETIN** • NUMBER 50  
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# 80<sup>th</sup> ANNIVERSARY



# CONTENTS

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1996-2004

Andrés Martin 2005-2007

President's column: 80 years of IACAPAP	3
IACAPAP 2018 World Congress	5
<i>Special 80th Anniversary section (edited by Maite Ferrin &amp; Hesham Hamoda)</i>	
• Introduction	12
• History and achievements	14
• World congresses	24
• MOOC "Essentials of child and adolescent mental health around the world"	31
• The IACAPAP eTextbook	34
• The Helmut Remschmidt Research Seminars	36
• How IACAPAP opened the world to me	39
• The Donald J. Cohen Fellowship Program	40
• iCAMH	45
14th Conference of the Indian Association for Child and Adolescent Mental Health	50
9th Congress of ASCAPAP	51
10th Conference of the Bangladesh Association for Child and Adolescent Mental Health	54
A word with Professor Daniel Marcelli	56
Blind, deaf and mute children in Russia	58
2016 IACAPAP congress monograph	60
Publishing in CAPMH: FAQs	61
Member organizations	62
IACAPAP officers	63

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

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## President's column

### 80 YEARS OF IACAPAP

#### A bit of history of child and adolescent psychiatry

Looking from time to time in the past helps to get out of the daily routine, to take a step back and see more clearly what the future may hold. Have you read the chapter of the IACAPAP eTextbook “History of Child Psychiatry”? Seventy-two pages written by a real dream team headed by Joe Rey. In reading these pages, we realize that child and adolescent psychiatry appeared only when societies were ready to consider that children do exist as a specific entity, and this because of their particular position in the development of a fully grown human being. This happened, more or less, at the beginning of the 19th century. And it was mainly at the beginning of the 20th century that child and adolescent psychiatry really emerged as a discipline. There was at that time an explosion of new knowledge (psychometrics, psychoanalysis...) and of public health paradigms (mental hygiene, child guidance movement...). IACAPAP was born in that context in 1937.

The eTextbook chapter on the history of child psychiatry then tells us that in the second half of the 20th century there was an “explosion in research with big advances in the understanding of the nature of childhood mental disorders, their diagnosis and classification, and in treatment—led by cognitive and behavioral approaches and psychopharmacology”. And we are here today...

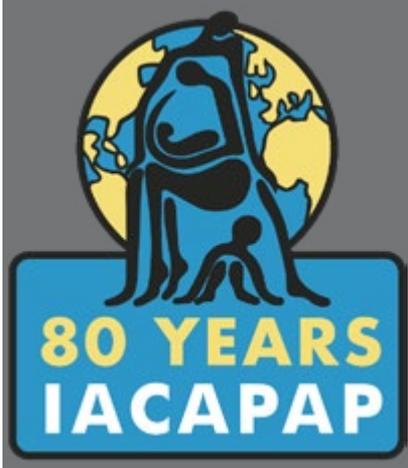
What is there in the future? Perhaps the articulation of two new concepts: global mental health and global or comprehensive psychiatry. The 21st century is likely to be the century of mental health at the extremes of development: age-related cognitive impairment at one end and child and adolescent psychiatry at the other. Indeed, we are witnessing an epidemiologic transition in the young, with mental disorders representing now the largest cause of loss of “disability adjusted life years” or the number of “years of life with disability” in the 5-14 age group.

In parallel, in most countries—perhaps in all of them—health care resources are not consistent with the needs of young people with mental health problems. Thus, we have to be pragmatic and inclusive. Inclusive by working together with all those who can help, taking into account local culture and resources. Inclusive with the objectives: well-being, mental health, and child and adolescent psychiatry have to work now hand in hand—this means global mental health.

Of course, when focusing on youths who suffer from severe forms of mental disease, psychiatry as a medical speciality is unavoidable. But within psychiatry, there is still some work to do to determine who should do what, and which treatments have to be offered to whom in a given country. We have a real need to design a truly comprehensive and collaborative child and adolescent psychiatry.

A special section—edited by Maite Ferrin and Hesham Hamoda—of this issue of the Bulletin highlights some of the activities and achievements of IACAPAP in the last 80 years. I am convinced that in 2037, for the 100th anniversary, the editorial of the Bulletin will highlight many more advances, but it will also raise new issues that we do not see at the moment. Societies change at an incredible speed, we have to evolve with them.

**Bruno Falissard**







International Association  
for Child and Adolescent Psychiatry  
and Allied Professions

# IACAPAP 2018

23–27 JULY 2018, PRAGUE, CZECH REPUBLIC  
WWW.IACAPAP2018.ORG



23<sup>rd</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION  
FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS



## Late Poster Abstract Submission

Did you miss the original abstract submission deadline? Do you have late-breaking science you would like to present at IACAPAP 2018 Congress? We have opened late poster abstract submission, you must submit your abstract no later than Wednesday, 2 May 2018 at 5.00 PM CET.

Late poster abstracts will be included in the IACAPAP 2018 online program as well as within the abstract book (USB only).

## Abstracts Review in Process

Regular abstract submission is now closed. We would like to thank all the authors for their contributions – with 999 submissions from some 77 countries IACAPAP 2018 Congress is promising to stand up to being truly international!

The results of the review process will be communicated to authors during the month of February – all authors are then requested to confirm their attendance by registering before the Early registration deadline – 21 March 2018!



# Pre-congress Courses

## **Apps, Wearables & Social Media for Interventions, Training & Advocacy in Child Mental Health**

Niranjan S. Karnik, Rush University Medical Center, USA  
Panos Vostanis, University of Leicester, United Kingdom

## **Babies – Children – Adolescents – Families Facing Migrations: Theory, Clinic and Research Challenges of the Transcultural Approach**

Marie Rose Moro, Paris Descartes University, France  
Alice Titia Rizzi, Paris Descartes University, France  
Elisabetta Dozio, Paris Descartes University, France  
Jonathan Lachal, Paris Descartes University, France

## **Borderline Personality and Related Issues in Adolescents**

Michael Kaess, University of Bern, Switzerland

## **Building Resiliency In Transitional Aged Youth with Learning and Attention Issues**

Ellen Beth Braaten, Massachusetts General Hospital/  
Harvard Medical School, USA  
Steven C. Schlozman, Massachusetts General Hospital/  
Harvard Medical School, USA

## **Family-Based Treatment of Child Conduct Problems**

David J. Hawes, University of Sydney, Australia  
Mark R. Dadds, University of Sydney, Australia

## **Moodiness in ADHD: Strategies for Assessment and Treatment**

W. Bursleson Daviss, Dartmouth Geisel School of Medicine, USA  
Joseph Blader, University of Texas Health Science Center, USA  
Oscar Bukstein, Boston Children's Hospital/  
Harvard Medical School, USA  
Craig Donnelly, Dartmouth Geisel School of Medicine, USA  
Bryan King, University of San Francisco Medical School, USA  
John T. Walkup, Weill Cornell Medical College, USA

## **New mhGAP IG 2.0 Mobile App and WHO Parents Skills Training**

Chiara Servili, World Health Organization, Geneva  
Neerja Chowdhary, World Health Organization, Geneva  
Janice L. Cooper, The Carter Center, Liberia and Emory University, Liberia  
Usman Hamdani, Human Development Research Foundation, Pakistan and University of Liverpool, United Kingdom  
Rosa Hoekstra, King's College London, United Kingdom  
Olayinka Omigbodun, University of Ibadan, Nigeria  
Laura Pacione, University of Toronto, Canada  
Erica Salomone, University of Torino, Italy

## **Pediatric Psychopharmacology Update**

Graham Emslie, University of Texas Southwestern Medical Center, USA  
Christopher J. Kratochvil, University of Nebraska Medicine, USA  
Karen Dineen Wagner, University of Texas Medical Branch, USA  
John T. Walkup, Weill Cornell Medical College, USA

## **Phenomenology of Psychosis in Adolescence and Developmental Years – Understanding Diversity and Uniqueness**

Andrea Raballo, Norwegian University of Science and Technology, Norway

## **Prevention and Detection of Bullying Related Morbidity**

Jorge C. Srabstein, Children's National Health System, USA  
Anat Brunstein-Klomek, Interdisciplinary Center, Israel  
Bennett Leventhal, University of California, USA  
Andre Sourander, University of Turku, Finland  
Dieter Wolke, University of Warwick, United Kingdom

## **Taming Sneaky Fears: Evidence-based Treatment for Four- to Seven-year-old Children with Anxiety Disorders**

Suneeta Monga, University of Toronto, Canada  
Diane Benoit, University of Toronto, Canada

## **Qualitative Research in Child and Adolescent Psychiatry**

Jordan Sibeoni, University Paris-Sud, France  
Jonathan Lachal, Paris Descartes University, France



# Keynote Lectures

**Louise Arseneault**, King's College, United Kingdom

Child and Adolescent Mental Health, Bullying, Violence Exposure

**Boris Birmaher**, University of Pittsburgh Medical Center, USA

The Pharmacological Treatment of Anxiety and Depression – from Research to Clinical Practice

**Jan Buitelaar**, Radboud University, The Netherlands

Attention Deficit Hyperactivity Disorder and Autism Spectrum Disorder: One, Two or Many Developmental Disorders?

**Gabrielle Carlson**, Stony Brook University, USA

Mood Disorders in Children and Adolescents – Where Have We Been and Where Are We Going

**David Cohen**, University Pierre et Marie Curie, France

Modern Technologies in Diagnostic and Cares in Autism

**Valsamma Eapen**, University of New South Wales, Australia

Pathogenesis of Tourette Syndrome: Clues from Clinical Phenotypes

**Bruno Falissard**, University Paris-Sud, France

Planning the Future of Child and Adolescent Psychiatry

**John Fayyad**, Balamand University, Lebanon

Mental Health in Child and Adolescent Refugee Population

**Jörg M. Fegert**, Ulm University, Germany

Adverse Childhood Experiences and Their Consequences for Children and Adolescents

**Ruth Feldman**, Bar-Ilan University, Israel

Synchrony and the Neurobiology of Human Attachments: Trajectories of Well-Being and Psychopathology from Infancy to Adolescence

**Nathan Fox**, University of Maryland, USA

Temperament and the Emergence of Social Anxiety in Childhood: The Roles of Reactive and Proactive Cognitive Control

**Joaquín Fuentes**, Policlínica Gipuzkoa, Spain

Diversity and Uniqueness in ASD

**Tomas Hajek**, Dalhousie University, Canada

My Parent has Bipolar Disorder; Am I at Risk? Brain Imaging and Clinical Studies of Bipolar Offspring

**Alexandra Harrison**, University of Massachusetts, USA

Insights from Developmental Research for the Practicing Child Psychiatrist

**Johannes Hebebrand**, University of Duisburg-Essen, Germany

Eating Disorders in Children and Adolescents

**Michal Hrdlička**, Charles University in Prague, Czech Republic

Solving the Puzzle of Autism: How Far Have We Come?

**Michael Kaess**, University of Bern, Switzerland

Self-Harm and Suicidal Behavior in Children and Adolescents

**Miri Keren**, Tel Aviv University, Israel

Child and Adolescent Psychiatry through the Lens of Infant Psychiatry

**Kerim Munir**, Harvard University, USA

Borderline Intellectual Functioning – Children in the Grey Zone

**Olayinka Omigdobun**, University of Ibadan, Nigeria

Highlighting Africa's Unique CAMH Needs Emerging from its Rich and Diverse People, Contexts and Cultures

**Tomas Paus**, University of Toronto, Canada

Population Neuroscience of the Adolescent Brain: Observing to Change

**Dainius Pūras**, United Nations, Lithuania

Right to Mental Health: Opportunities and Challenges for Child and Adolescent Psychiatry on the Way to its Realization

**Helmut Remschmidt**, Philipps University, Germany

How to Understand Adolescents with AS. A Clinical Account and Observations over 17 Years

**Luis Rohde**, Federal University of Rio Grande do Sul, Brazil

Decomposing ADHD Diagnosis across the Life Cycle

**Chiara Servili**, World Health Organization, Switzerland

Child and Adolescent Mental Health in the SDG Era

**Anne Thorup**, University of Copenhagen, Denmark

Risk and Resilience in Children Born to Parents with Severe Mental Illness – What Do We Know and What Can We Do?

**Rudolf Uher**, Dalhousie University, Canada

What Can We Do to Prevent Severe Mental Illness in Children at Risk

**Chris Wilkes**, University of Calgary, Canada

Legalization and Regulation of Cannabis/Marijuana



# Take Action – Adopt a Delegate

Applications are now closed for the new initiative; with some 150 international applicants listed, the review process is due to be finalised once the abstract review process concludes. To enable the congress organisers to bring as many participants from underserved areas of the world, let's join the forces to support this project! Delegates can support other delegates by donating a preferred amount (minimum of 50 EUR) during their own online registration process. Recognition of supporters is to be assured via congress website and printed program brochure.

## Key Features of the Program

1. Delegates from Lower and Middle Income Countries (LMIC) can be "adopted" by fellow colleagues or companies/sponsors.
2. The adoption of a delegate from a LMIC country (through sponsorship) will provide the delegate with the opportunity to attend the IACAPAP 2018 Congress.
3. Adopted delegates will have the opportunity to present details of their local situation at the congress, thereby creating awareness which in turn could induce assistance from their sponsors and high income country peers.

# Be a Volunteer

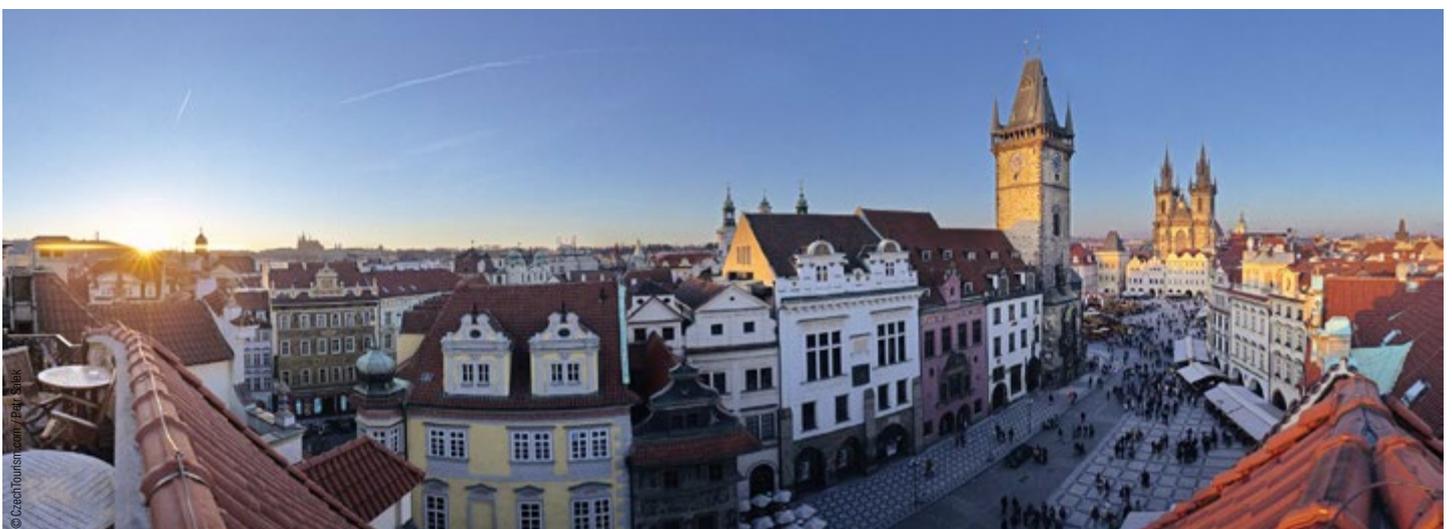
Get involved! Student volunteer opportunities to open for this year's congress for a limited number of positions. This is a great opportunity to meet and network with international academics, researchers, and practitioners. You will be provided a t-shirt and a certificate of recognition for your resume, and you will receive refreshments while volunteering. Best of all, you will receive free registration if you volunteer for a minimum of three days.

Stay tuned, applications to open mid-February!

# Continuing Medical Education

## Continuing Professional Development (CME-CPD)

IACAPAP 2018 will apply for European accreditation through the EACCME (the European Accreditation Council for CME) based in Brussels. The EACCME is an institution of the European Union of Medical Specialists (UEMS) for mutual recognition of accreditation of EU-wide and international CME-CPD activities for live educational events.



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# Important Dates

**21 March 2018**

Early Bird Registration Deadline  
Registration Deadline for Presenting  
Authors

**2 May 2018**

Late Poster Abstract Submission  
Deadline

**4 July 2018**

Online Registration to Close

**23–27 July 2018**

IACAPAP 2018 Congress



## Register Early to Save

Register before 21 March 2018 to save up to 90 EUR. Online registration is available including accommodation booking in various categories, with options ranging from as little as 13 EUR/night (student dormitory)!

### Registration Fees

	<b>Early</b> (By 21 March 2018)	<b>Regular</b> (As of 22 March 2018)
High Income Countries	490 EUR	580 EUR
Middle Income Countries	360 EUR	420 EUR
Low Income Countries	300 EUR	360 EUR
Young Scientists	360 EUR	410 EUR
Students Rate	190 EUR	250 EUR
Accompanying Persons	110 EUR	140 EUR

Conditions apply for individual registration fee categories; please check full guidelines [online](#).

## Need a Visa?

Think ahead and make your journey to the congress hassle free – get your visa sorted in time. Not sure if needed? Check the Visa Guidelines at the congress website to link to all information online. Get your invitation letter through the online registration system.

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Adršpach-Teplice Rocks



High Synagogue



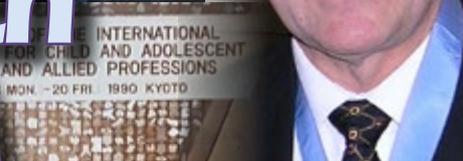
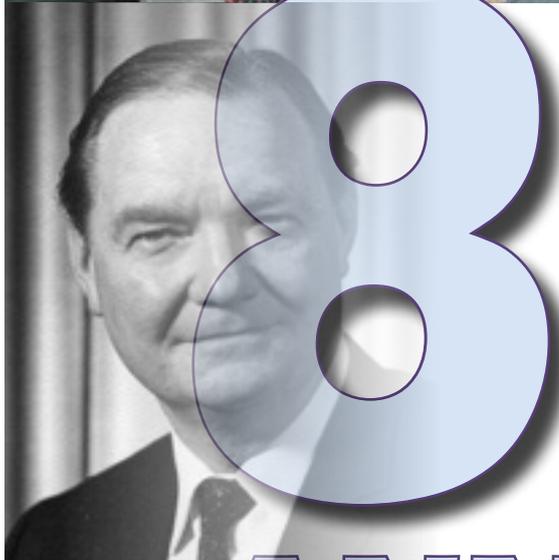
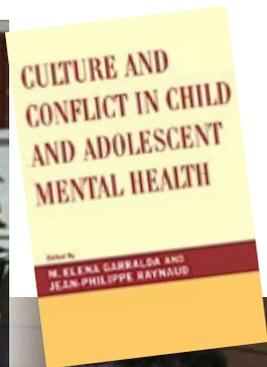
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Pernštejn



Kuks



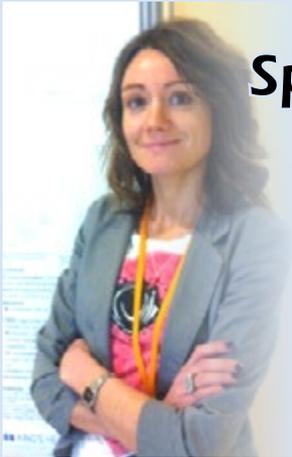
# ANNIVERSARY



# Special 80th Anniversary Section

edited by

**Maite Ferrin & Hesham Hamoda**



This special section commemorates the 80<sup>th</sup> anniversary of IACAPAP. What started in the 1930s as an isolated effort of a few child and adolescent psychiatrists in Europe has now grown to an umbrella organization spanning all corners of the world and touching the lives and well-being of millions of children. In 1937 the first world congress on child psychiatry—*Premier Congrès International de Psychiatrie Infantile*—was held and has now become one of the largest scientific events in the field, bringing together thousands of practitioners dedicated to advancing child and adolescent mental health.

In this issue, we celebrate and reflect on the many individuals, organizations and programs that helped shape IACAPAP to what it is today. You will read articles on the history of the organization, the world congresses, the IACAPAP MOOC, iCAMH and e-textbook, the Helmut Renschmidt Research Seminars and the Donald J. Cohen Fellowship Program. This doesn't intend to be an exhaustive list of IACAPAP's achievements and programs, which also includes study groups organized all over the world, our journal publication—*Child and Adolescent Psychiatry and Mental Health*—and much more.

As we reflect on the organization's rich past we also take this opportunity to thank those whose generous dedication made this possible and to renew our commitment to connect, inspire and make a true difference in the lives of the children we serve across the globe. We hope you truly enjoy this special issue and we look forward to celebrating together in Prague!

The 2012 conference of the Bangladesh Association for Child and Adolescent Mental Health



# HISTORY AND ACHIEVEMENTS OF IACAPAP

## Contributions Related to the 80th Anniversary

Helmut Remschmidt, Myron Belfer, Per-Anders Rydelius

### The History of Child and Adolescent Psychiatry and IACAPAP

#### The “prehistory”

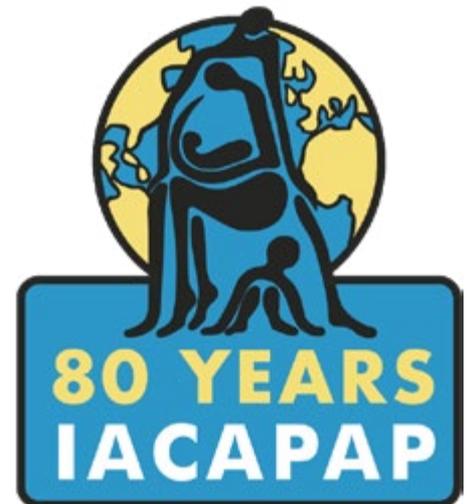
In the beginning, the history of child and adolescent psychiatry is the history of childhood, education, philosophy and psychology – it is only later that it becomes the history of psychiatry and pediatrics, and only very late when it actually becomes the history of child and adolescent psychiatry.

What is the reason for this? Were there no psychiatric diseases in children and adolescents in the past? There is strong evidence that is not the case. But children and adolescents used to play a comparatively subordinate role – and if not (as it was at times in antiquity), customs were rough: sick children were often abandoned and even killed, which used to be exempt from punishment for a long time. Roman law describes the attitude towards children as follows: “the right of power over their children belongs to the Roman citizen. Nobody else has such power over their children as we do”. Also, German civil law used the term “parental power” for a long time, even if the *de facto* exercise was not comparable with Roman practice. The custody law that came into effect on February 2, 1979, replaced the term “parental power” by “parental care”.

Roman law accorded unlimited power over the family and the children to the head of the household. He could decline acceptance of a child as if it were a chattel. It is documented that both in Greek and Roman antiquity many girls were killed because only boys were wanted as warriors, and more than one girl in a family was not tolerated. In the 3<sup>rd</sup> and 2<sup>nd</sup> centuries B.C., the Greek population diminished rapidly because, according to Polybios (around 120 B.C.), people indulged in snobbism, greediness, and carelessness; they did not get married any longer and, even if they did, they did not want to raise all the children born to them, but only one or two at most, so that these could grow up in luxury and inherit their parents’ wealth without having to share it. Children were abandoned, sacrificed, thrown to wild animals, and sometimes tortured and murdered. Seneca (1<sup>st</sup> century A.C.) wrote that “sick dogs are beaten on the head, evil and wild oxen are slaughtered, sickly sheep put under the knife so that they will not infect the others. Unnatural offspring will be destroyed and children who are feeble and abnormal at birth will be drowned – but all this does not happen out of anger, but out of reason. Reason separates the harmful from the healthy.” Only the Jewish and Christian traditions lead to a change. The Jewish religious philosopher Philon castigates the unrighteous habit of child abandonment with harsh words, and emphasized that the parents’ actual task is to protect the children.

We find the topic of child abandonment in numerous fairy tales, sagas, and legends: Moses is exposed in a basket of rushes, Romulus and Remus are abandoned and suckled by a she-wolf; further examples can be found in fairy tales such as “Hansel and Gretel” and in real observations of Indian wolfchildren, Kaspar Hauser, Victor of Aveyron, etc. Jewish as well as Christian traditions have brought about fundamental change with regard to the attitude to children and to childhood. In the Middle Ages, the child was looked upon as a small adult. Children were everywhere among adults. An adequate response of adults to the child, or even considering the child as an individual, was almost unknown. The advent of humanism brought a noticeable change. In 1526, Erasmus of Rotterdam published his principles of education, which were already geared at a more individualized approach to the child.

Attitudes towards children underwent a significant change during the 18<sup>th</sup> century in the context of tremendous social and technical revolutions. Eventually, children were looked upon as independent beings with their own needs, rights, and also duties. Of course, there



were abuses too (e.g., child labor, which took on quite dramatic proportions). In the following years, the concept of the child's independence prevailed more and more; the idea of development won the place it deserves, and in legal terms children are increasingly considered as individuals worthy of protection and support with a personality, needs, and rights of their own.

### **Theoretical concepts with impact on the development of child and adolescent psychiatry**

The development of child psychiatry and child mental health cannot be seen independently from the history of psychiatry, pediatrics, and several other medical disciplines. The overall development in the 19<sup>th</sup> century was decisive for the evolution of child and adolescent psychiatry and mental health. Several schools of thought dominated the discussion, the most important concepts being:

- The localization theory, which postulated that psychopathological disorders must have their origin in the functional structures of the brain. The most common exponent of this theory was Wilhelm Griesinger (1817-1868) who postulated that "psychopathological disorders are disorders of the brain".
- The emerging degeneration hypothesis (Benedict August Morel, 1809-1873), which suggested that some psychopathological disorders (in adults as well as in children) were the result of processes of degeneration.
- The evolution theory (Charles Darwin, 1809-1882; Herbert Spencer, 1820-1903; John Hughlings Jackson, 1835-1911) that explained normal as well as psychopathological behavior in the light of evolution.
- The developmental theory (Jean Piaget, Erick Erikson), which postulated the sequence of developmental stages over the life-span.

In the context of these theoretical concepts the first institutions for mentally handicapped children were founded and the first textbooks were produced (see Table 1).

The history of psychiatry in the 20<sup>th</sup> century can be characterized by the following developments:

- New classifications and the foundation of experimental psychopathology (Emil Kraepelin, 1856-1926)
- The establishment of the schizophrenia concept and the new conception of this disorder (Emil Bleuler, 1857-1939)
- The constitution typology exemplified in Ernst Kretschmer's textbook "*Koerperbau und Charakter*" ("Build and Character") (1921)
- The development of the concept of psychobiology (Adolf Meyer, 1876-1950)
- The phenomenological approach to psychopathological disorders. Exponents of this approach were Edmund Husserl (1859-1938), Ludwig Binswanger (1881-1966), and Erwin Strauss (1891-1976), and
- The concept of "general psychopathology" represented by Karl Jaspers (1883-1969) who was a psychiatrist and a philosopher.

Finally, in the 21<sup>st</sup> century, psychiatry is characterized mainly by new methodological approaches based on empirical data, new classification systems (DSM and ICD), by the emergence of experimental research, imaging techniques, molecular biology, and genetics, the development of new psychopharmacological compounds, the development and application of neuropsychological methods, the development of new treatment methods, the evaluation of treatment, and quality assurance. These developments influenced the growth of child and adolescent psychiatry as an independent medical discipline. These very different and diversified theoretical concepts found their manifestation in publications as well as in the foundation of institutions and organizations, as shown in Table 1.

However, it has to be stated that all these influences did not lead to child psychiatry becoming a mixture of heterogeneous disciplines, but instead an independent specialty that integrates all these influences in order to give psychiatrically ill and disturbed children and their families the best possible support. As can be seen in Table 1, the "cradle" of child psychiatry was in Europe, as E. Harms (1960) expressed in relation to the textbook of Hermann Emminghaus entitled "*Psychic disturbances in childhood*" (*Psychische Störungen des Kindesalters*) which appeared in 1899, and as Leo Kanner (1963) repeated with reference to Moritz Tramer. In the same year, the first juvenile court was established in Chicago and some historians therefore date this year as the beginning of child psychiatry in the United States (Schowalter, 2003).

In the 20<sup>th</sup> and 21<sup>st</sup> centuries, child psychiatry in Europe, and also in other parts of the world, has evolved from four traditions:

1. The *neuropsychiatric tradition*, going back to its roots in neurology and psychiatry in the 19<sup>th</sup> and 20<sup>th</sup> centuries, from which child psychiatry has evolved in several places. This tradition became prominent after the Second World War in the former German Democratic Republic—the specialty was called "child and adolescent neuropsychiatry". It was also widespread in Austria and the former Eastern European countries in the



**Table 1. Milestones in the Development of Child and Adolescent Psychiatry**

Publications, Founders and Presidents			Institutions and Organizations
1867	Henry Maudsley (1835-1918)	“Insanity of early life”	<ul style="list-style-type: none"> <li>1850: First children’s department at a psychiatric hospital (Paris)</li> </ul>
1887	Hermann Emminghaus (1845-1901)	“Psychische Störungen im Kindesalter”	<ul style="list-style-type: none"> <li>1864: Children’s department at a psychiatric hospital in Frankfurt</li> </ul>
1880	Paul Moreau de Tours (1844-1908)	“La folie chez les enfants”	<ul style="list-style-type: none"> <li>1911: Child educational department at the Children’s Hospital in Vienna</li> <li>1921: Children’s department at a psychiatric university department in Berlin</li> </ul>
1898	William Ireland: 1832-1909)	“The mental affections of children”	
1899	Marcel Manheimer-Gommès	“Les troubles mentaux de l’enfance. Précis de psychiatrie infantile”	<ul style="list-style-type: none"> <li>1922 and 1926: Children’s departments at psychiatric university hospitals in Tübingen and Leipzig</li> </ul>
1909	William Healy (1869-1963)		<ul style="list-style-type: none"> <li>First Child Guidance Clinic “Juvenile Psychopathic Institute”</li> </ul>
1910	Ellen Key (1849-1926)	“The century of the child” Advocating for a child-centered approach to education and parenting	
1904-1915		German textbooks by Th. Heller (1904), W. Strohmayer (1910), Th. Ziehen (1915)	
1915	Isak Jundell (1867-1945)	“Broken Minds” Promoter of child psychiatry in Sweden	<ul style="list-style-type: none"> <li>Foundation of the first child psychiatric unit at Karolinska Pediatric Hospital</li> </ul>
1920	Lanfranco Ciampi (1885-1922)		<ul style="list-style-type: none"> <li>World’s first chair of child psychiatry in Rosario (Argentina)</li> </ul>
1925	Sante de Sanctis (1862-1935)	“Neuropsychiatria infantile. Patologia e diagnostica”	<ul style="list-style-type: none"> <li>First university department of child psychiatry</li> </ul>
1926	August Homburger (1873-1930):	“Vorlesungen über die Psychopathologie des Kindesalters”	
1930	Leo Kanner (1894-1981)		<ul style="list-style-type: none"> <li>First department of child psychiatry at Johns Hopkins Hospital (Baltimore)</li> </ul>
1933		Stockholm Board of Social Welfare	<ul style="list-style-type: none"> <li>Child Guidance Department in Stockholm</li> </ul>
1934	Moritz Tramer (1882-1963)	First child psychiatric journal: “Zeitschrift für Kinderpsychiatrie”	
1935	Leo Kanner	Textbook: “Child psychiatry”	
1937	Georges Heuyer (1884-1977) Paul Schroeder (1873-1941)	Together with Moritz Tramer, prime movers of the first international congress of child psychiatry	<ul style="list-style-type: none"> <li>First international congress of child psychiatry (Paris)</li> <li>Election of Paul Schroeder as first president of International Association for Child Psychiatry (IACP) before its official foundation</li> </ul>
1940	Paul Schroeder	First president of the German Association	<ul style="list-style-type: none"> <li>Foundation of the German Association for Remedial Pedagogics (Heilpädagogik) and Child Psychiatry (Vienna)</li> </ul>
1942	Moritz Tramer	“Lehrbuch der allgemeinen Kinder- und Jugendpsychiatrie”	
1948	Georges Heuyer John Rawlings Rees (1890-1961)		<ul style="list-style-type: none"> <li>First European chair of child psychiatry (Heuyer, Paris)</li> <li>Official foundation of the International Association for Child Psychiatry (IACP)</li> </ul>
1952		Swedish National Board of Medicine “Child and youth psychiatry became a medical specialty of its own”	
1953	Swiss Medical Association	Moritz Tramer was the originator. He had tried to make child psychiatry independent already in 1933.	<ul style="list-style-type: none"> <li>Child psychiatry becomes an independent medical specialty</li> <li>Foundation of the American Academy of Child and Adolescent Psychiatry (AACAP)</li> </ul>
1954	Frederick Allen (1890-1964), president of IACP	Pioneer of the child guidance movement in the USA and worldwide	
1956		Decision of Swedish Parliament	<ul style="list-style-type: none"> <li>Establishment in- and outpatient departments all over Sweden</li> </ul>
1960	Léon Michaux (president of the congress) (1899-1978):		<ul style="list-style-type: none"> <li>First congress of the European Union of Pedopsychiatry (Paris)</li> </ul>
1962	AACAP		<ul style="list-style-type: none"> <li>Foundation of the monthly Journal of the American Academy of Child Psychiatry</li> </ul>

The information in this table was taken from: Castell R, Nedoschill J, Rupps M, Bussiek D (2003). *Geschichte der Kinder- und Jugendpsychiatrie in Deutschland in den Jahren 1937-1961*; Stutte H (1966). *Zur Geschichte jugendpsychiatrischer Institutionen*, in: Foerster E, Wewetzer KH (eds.) *Jugendpsychiatrische und psychologische Diagnostik*, 7-20, Huber, Bern; Rey J et al (2015). *History of child psychiatry*. IACAPAP e-Textbook of Child and Adolescent Mental Health J.10,pp. 1-71; Rydelius PA (2018). *Information on child and adolescent psychiatry in Sweden*.

Soviet system. It continues nowadays in the neuropsychological approaches dominant in several fields of child and adolescent psychiatry.

2. A tradition in *therapeutic education* (remedial pedagogics), which developed mainly in pediatric settings in Austria, Germany, and Switzerland and can be considered a precursor of the department of psychosomatics in pediatric hospitals. Exponents of this approach were Hans Asperger (1906-1980) in Austria, Paul Moor (1899-1977) in Switzerland, and Heinrich Koch (1916-1999) in Germany.
3. The *psychodynamic-psychoanalytic tradition*, which goes back to the beginning of psychoanalysis. This tradition was responsible for the inclusion of psychodynamic psychotherapy in the child guidance clinics as well as in the curriculum for child psychiatrists in many countries in Europe as well as in the USA and South America. Influential exponents of this approach were Anna Freud (1895-1982), Melanie Klein (1882-1960), and Hermine Hug-Hellmuth (1871-1924). Criticism of psychoanalysis was voiced by Leon Eisenberg (2001) who underlined the importance of effective non-analytic therapies (Kazdin, 2000).
4. The *empirical-epidemiological tradition*. This approach became established in the 1960s and '70s, influenced to a great extent by empirical research from the UK (Michael Rutter, Philip Graham) and the USA (Leo Kanner, Leon Eisenberg). Today, we could call this tradition "empirically based child and adolescent psychiatry".
5. In connection with this approach, longitudinal studies brought new insights in the course (continuities and discontinuities) of psychopathological disorders in children. Several studies have to be mentioned in this respect:
  - The longitudinal study "*Deviant Children Grown Up*" (Robins, 1966), that demonstrated the importance of risk and protective factors and the link between childhood conduct disorders and antisocial personality disorders in adulthood.
  - The Glueck's study on delinquent boys (1950)
  - The Scandinavian register-based studies on various psychopathological disorders.

As far as the development of *institutions* is concerned, the child guidance movement originated in the USA, where the first child guidance clinic was established by William Healey in 1909, introducing the team approach to diagnosis and treatment of psychopathological disorders in children and adolescents. This approach expanded worldwide by the 1930s (Wright, 2012).

Besides the child guidance approach, several other, quite different concepts were decisive for the progressive development of child psychiatry and child mental health:

- The mental hygiene-movement, as a general approach to prevention of mental health disorders in early life.
- Attachment theory (John Bowlby, 1907-1990; Mary Ainsworth, 1913-1999), included in DSM-III in 1980.
- The concept of posttraumatic stress disorders in Vietnam veterans, included in DSM-III-R in 1987.
- The multiaxial classification system of child psychiatric disorders (introduced by WHO in 1975).

### **The roots of child and adolescent psychiatry and the struggle to become an independent medical discipline**

As shown in Figure 1, the mother disciplines of child and adolescent psychiatry are neurology, psychiatry, and pediatrics. Of great importance were also disciplines related to neurology and psychiatry, such as neuropsychiatry and neuropsychology.

Figure 1 demonstrates that child psychiatry has several overlaps with each of the three medical mother disciplines. Therefore, it was not easy to move away from them and become a discipline of its own. In relation to this struggle, it is interesting what Leo Kanner (1963) wrote:

"Some of our young colleagues are probably not aware of the fact that the very designation of our specialty as child psychiatry owes its existence to Dr. Tramer. On May 19th, 1933, at the meeting of the Swiss Psychiatric Association in Basle, Tramer presented a paper in which he advocated the acknowledgement of a medical specialty dealing with the study, diagnosis, treatment, prognosis, and prevention of psychiatric problems encountered in children [...]. He concluded that a body of knowledge had been assembled which warranted the creation of a separate scientific discipline. The day on which Tramer delivered his address may be registered as the birthday of the term and the concept of child psychiatry introduced by him as an overall name for the theoretical, investigative, and clinical occupation with deviations from usual behavior in early life" (p. 281/282).



The Turkish Association for Child and Adolescent Psychiatry celebrating its 25th anniversary in 2016.

It took 20 more years (1953) for the Swiss Medical Association to accept child psychiatry as an independent medical specialty (see Table 1).

A similar struggle occurred in the USA—including a debate about whether the new subspecialty should be called pediatric psychiatry or child psychiatry. Finally, in 1958, the term *child psychiatry* was accepted and the discipline approved as a subspecialty (Schowalter, 2003). But the American Academy of Child Psychiatry had already been founded in 1953, and had been preceded by two children’s mental health organizations, the American Orthopsychiatric Association, founded already in 1924, and the organization of child guidance clinics, called American Association of Psychiatric Clinics for Children, founded in 1948. The latter also developed standards for training. However, even currently, there are many countries where child psychiatry is not independent and is still a part of general psychiatry or pediatrics.



### The foundation of IACAPAP as an umbrella organization for national and regional mental health organizations

“In 1935, a group of European child psychiatrists started off to establish and expand contacts between psychiatrists working in the new medical field of child psychiatry. These pioneers were: Georges Heuyer (France), Moritz Tramer (Switzerland), Carlo Sante de Sanctis (Italy), Nic Waal (Norway), and Emanuel Miller (UK) [...]. This committee aimed to organize a scientific congress and to promote the scientific approach to the mentally ill child” (Schleimer, 2012, p. 7).

The first international congress for child psychiatry took place from July 24 to August 1, 1937, in Paris. The organizer and president of the child psychiatry congress was Georges Heuyer (1884-1977) who received the first chair of child psychiatry in Europe in 1948. The other initiator of this first congress was Moritz Tramer (1882-1963) from Solothurn (Switzerland). The congress was attended by 350 delegates from 49 countries (Castell et al, 2003). A full description of this congress and all the following world congresses that were organized in the subsequent years follows this section.

The name of the organization (now called IACAPAP) was changed three times: In 1948, the name was “International Association for Child Psychiatry” (IACP), in 1958 it was changed in Lisbon to “International Association for Child Psychiatry and *Allied Professions*” (IACAP), and finally, in 1978 in Melbourne, the current name was accepted, namely “International Association for Child and *Adolescent* Psychiatry and Allied Professions”.

“First, the movement towards international child psychiatry began in Europe among medical specialists in psychiatry. However, with the migration of child mental health professionals to the United States before and during the 2<sup>nd</sup> World War, North America also became involved at early stages of the international association. From the 1970s, professionals from other parts of the world began to be elected to the Executive Committee of IACAPAP: from South America, Krynski (1970) and Prego- Silva (1974), from Africa, Thébaud (1974) and Jegede (Nigeria) (1978), from Asia, Makita (Japan) (1974), from the Middle-East, Marcus (Israel), and from Oceania, Rickards (Australia). Today, all parts of the world are represented in the executive committee of IACAPAP reflecting the global distribution of its member organizations.

In 1950, the association was officially registered in Massachusetts, USA, as a tax-exempt organization. Currently, IACAPAP is registered in Geneva, Switzerland, as a non-governmental organization structured as a corporation and empowered as a juridical entity according to article 60 of the Swiss Civil Code and the constitution of IACAPAP. IACAPAP is the international professional body that serves as an umbrella organization for child and adolescent mental health associations throughout the world. It is an advocate for troubled children and their families (Kari Schleimer, 2012, p. 8).

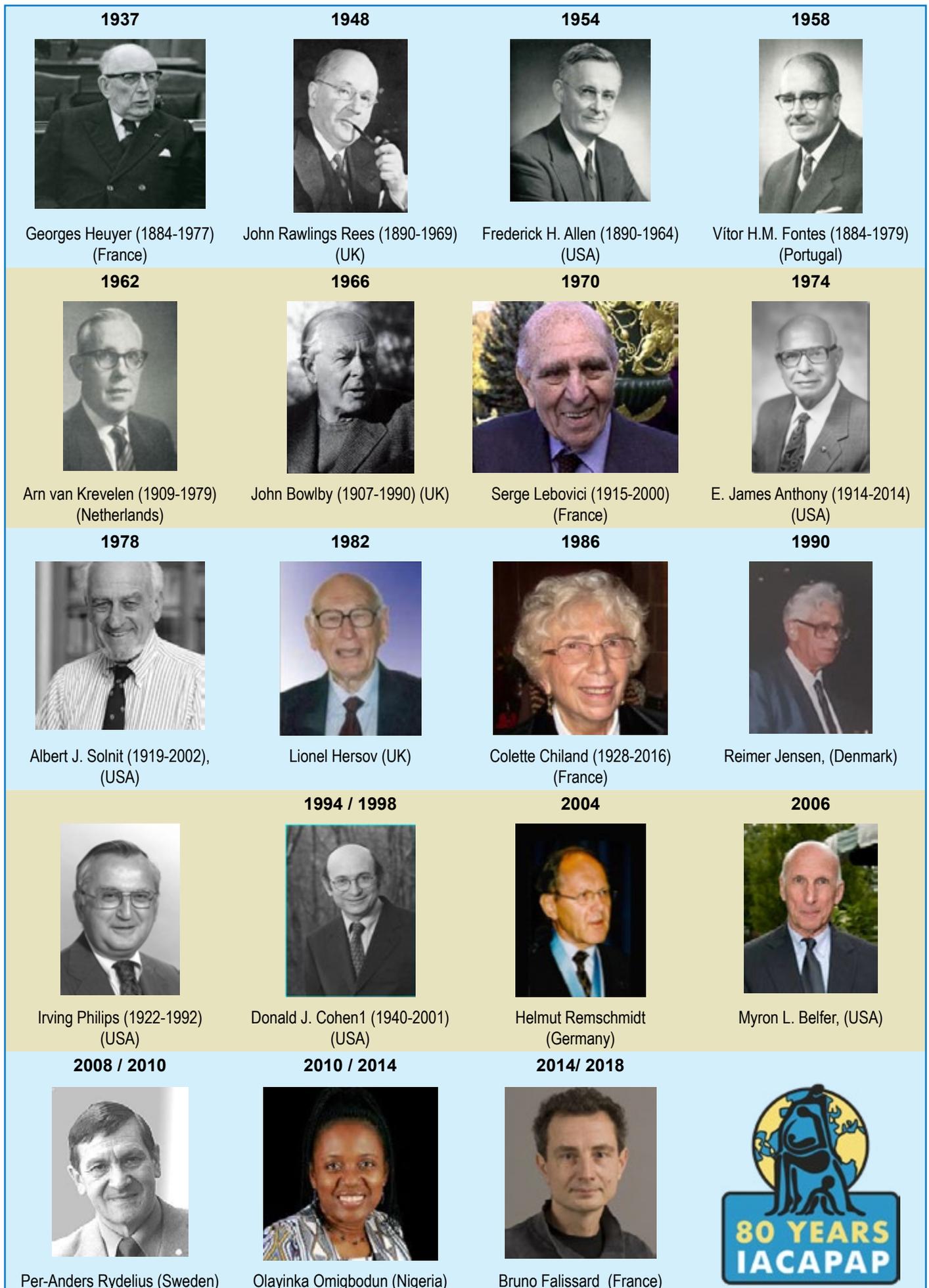
Figure 2 displays the presidents of IACAPAP from the first congress in 1937 in Paris to the 23<sup>rd</sup> in Prague. After 80 years, IACAPAP is again back in Europe at the cradle of our organization. Looking at the gallery of IACAPAP presidents from a historical point of view and including the worldwide developments in our field over a time span of 80 years, a very diversified picture emerges. Each of the presidents contributed to the progress and success of IACAPAP in a specific way.

**Georges Heuyer** was not only a founder of IACAPAP but also of ESCAP, whose former name was Union of European Pedopsychiatrists (UEP). His successor on the chair of child psychiatry in Paris, Léon Michaux, was the president of the first European congress of UEP in 1960 in Paris. **John R. Rees** was the facilitator of the official foundation of IACAPAP. **Frederick H. Allen** is seen as the pioneer of the child guidance movement in the USA and worldwide. **Vitor Fontes** was the founder of the first Portuguese journal of child psychiatry “*A criança Portuguesa*,” which reached 13 volumes and was important for the dissemination of

Figure 1. Mother disciplines of child and adolescent psychiatry and common fields of interest. -



Figure 2. IACAPAP presidents (years in bold represent the world congresses during their presidency).



child and adolescent psychiatry in Portuguese-speaking countries. **Arn van Krevelen** published the first paper in English on “Autistic psychopathy”, since the 1980s called “Asperger syndrome”. He was for many years editor-in-chief of the journal “*Acta Paedopsychiatrica*”, the former official organ of the precursor organization of IACAPAP. **John Bowlby** introduced attachment theory together with Mary Ainsworth and was the first psychoanalyst among the IACAPAP presidents. **Serge Lebovici** was for many years the leading psychoanalytic child psychiatrist in France and established child psychiatric services in Bobigny and the child psychiatric service in the 13<sup>th</sup> arrondissement in Paris. He was also president of the World Association for Infant Mental Health and honorary president of IACAPAP. **James Anthony** was influenced by the work of Jean Piaget, Erik Erikson, and John Bowlby. Together with S. R. Foulks, he developed group therapy based on the psychoanalytic approach. James Anthony and Colette Chiland edited the IACAPAP book series “The Child in His Family” (1970-1986). From 2001 he was an honorary president of IACAPAP. **Albert Solnit** was the director of the Yale Child Study Center and a strong advocate for the rights of the child. He cooperated with Anna Freud and published together with her and Joseph Goldstein the famous book “*Beyond the Best Interest of the Child*”. He was also honorary president of IACAPAP. **Lionel Hersov** was for many years editor-in-chief of the journal “*Child Psychology and Child Psychiatry*” and co-editor (together with Michael Rutter) of the textbook “*Child and Adolescent Psychiatry: Modern Approaches*”. **Colette Chiland** served for many decades as officer of IACAPAP. She was president and honorary president, and a renowned researcher in the field of disturbances of sexual identity and transsexualism. She was also a fighter for the rights of children and for the psychoanalytic approach. **Reimer Jensen** has been the only psychologist who served as president of IACAPAP. He was also a psychoanalyst and engaged in the study groups as well as in the organization of the IACAPAP congress in Kyoto, Japan. **Irving Philips** was well known for his research in intellectually delayed children. He was the chairman of a task force of the American Academy of Child and Adolescent Psychiatry regarding “Training in child and adolescent psychiatry”. He died during his term as IACAPAP president in the middle of the preparations for the San Francisco congress. **Donald Cohen** succeeded him as president of IACAPAP and congress president of the 13<sup>th</sup> congress in San Francisco in 1994. He was also president of the 14<sup>th</sup> congress in Stockholm. He, too, was a psychoanalyst by training, but at the same time an engaged empirical researcher. **Helmut Remschmidt** served, as did Donald Cohen, for six years as IACAPAP president and is now honorary president of IACAPAP. He organized the 16<sup>th</sup> IACAPAP congress in Berlin in 2004 and is the founder of the Donald Cohen Fellowship Program as well as of the Helmut Remschmidt Research Seminars. **Myron Belfer**, a professor at Harvard University where he still holds several roles, contributed the most of all former presidents to the internationalization of IACAPAP. He served for many years as the child psychiatry delegate in WHO and was responsible for the ATLAS project. He has been honorary president of IACAPAP since 2009. **Per-Anders Rydelius** served for many years as chairman of the department for women’s and child health at the Karolinska Institute in Stockholm. He was, together with Kari Schleimer, the organizer of the 14<sup>th</sup> IACAPAP congress in Stockholm and is a member of the task force for the development of the ICD classification system at WHO and honorary president of IACAPAP. **Olayinka Omigbodun** served as the first African president of IACAPAP from 2010 to 2014. She is professor and director of the Center for Child and Adolescent Mental Health at the university of Ibadan, Nigeria. She initiated a mental health outreach to the children of the Ibadan Remand Home and has established links with SOS children’s villages. She is the first female professor of psychiatry in Nigeria and was one of the initiators of the establishment of the African Association for Child and Adolescent Mental Health. She also served on WHO committees. **Bruno Falissard** is professor of biostatistics at the University of Paris-Sud and director of the Center of Epidemiology and Population Research. He is the only child psychiatrist who is member of the French Academy of Medicine. During his term as IACAPAP president, he took many initiatives regarding the training of young researchers, he established the MOOC (see separate article in this issue) and facilitated the iCAMH training (see separate article in this issue) and founded the IACAPAP Arxiv, a free journal, open for articles in different languages. The world congresses and other achievements are described in separate articles.

Until 1971, the International Association for Child Psychiatry (IACP) was the only worldwide organization devoted to diagnosis and treatment of children with psychopathological disorders. In the following years, several other organizations with similar goals have emerged:

- (1) WPA Section of Child and Adolescent Psychiatry. The Section was established at the Maudsley Hospital in 1971; initiated by Wilfried Warren, William Sargant and Dennis Leigh. It was the first Section of WPA and a structure was established which was subsequently used as a model for other Sections of WPA. It was proposed that a key function of the Section would be: “Exchange of information, in all languages, concerning child and adolescent psychiatric conditions”. Serge Lebovici, who was at that time the president of IACAPAP, facilitated its establishment and the affiliation



Kary Schleimer (1933-2016)



Olayinka Omigbodun and Joseph Rey in Melbourne, 2013, during the Pacifica Study Group

with IACAPAP. At its first meeting, Lukas Kamp (Netherlands) was elected chairman and Christopher Warren (UK), secretary. The Section was formally accepted by the General Assembly of the World Psychiatric Association at the 5<sup>th</sup> World Congress of Psychiatry in Mexico in 1971. The constitution defined the following main functions of the Section: (1) The collection and dissemination of information concerning activities of special interest to child and adolescent psychiatry, (2) establishment of working relationships with national and international organizations in the same field with a view to achieve greater coordination, (3) organization of scientific meetings on an international scale, and (4) organization of symposia at world congresses of the World Psychiatric Association. The Section has had meetings and symposia at all psychiatric world congresses.

Lukas Kamp and Christopher Warren continued as chairman and secretary until their retirement in 1980 and 1975. John F. McDermott (Hawaii, USA) was the next chairman; after his retirement in 1989, Helmut Remschmidt (Germany) was elected chairman and held this position until 1999. At that time, the Section committee comprised 17 child psychiatrists from countries all over the world. John Corbett was elected secretary and was also the editor of a newsletter that came out twice or three times a year. Helmut Remschmidt as chairman was followed by Dimitris Anagnostopoulos, followed by Bennett Leventhal. Currently (2018), the chairman is Norbert Skokauskas (Trondheim, Norway) and the two co-chairs are Bruno Falissard (president of IACAPAP, Paris) and Anthony Guerrero (Honolulu, USA). The Section publishes a journal entitled "*World Child and Adolescent Psychiatry*".

- (2) The International Society for Adolescent Psychiatry was founded in 1985 and renamed later as International Society of Adolescent Psychiatry and Psychology (ISAPP). The aim of this organization is: "to improve knowledge and scientific research on adolescent psychiatry and psychology, create and develop links between psychiatrists, psychologists, and allied professions involved in the field of adolescent psychiatry and psychopathology" (ISAPP homepage). ISAPP has members in 20 countries and publishes an open yearbook regularly.
- (3) World Association for Infant Mental Health (WAIMH). It was founded in 1992 as World Association for Infant Psychiatry and Allied Disciplines. The name was changed to the current one some years later.
- (4) The World Federation for Mental Health (WFMH) is an international, multi-professional non-government organization devoted to the prevention, treatment, and care of persons suffering from mental disorders. The organization was founded in 1948, has members in 94 countries and has had over the years close connections to IACAPAP.

### Progress and future perspectives

An inquiry among the members of IACAPAP's executive committee regarding the achievements and future perspectives of IACAPAP brought forth results listed below.

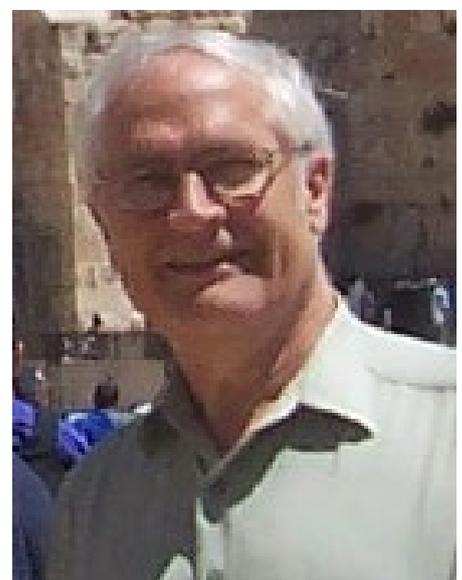
#### Achievements

IACAPAP has become a truly global organization with a remarkable impact in many countries. This has to do not only with the world congresses (they are only one of many achievements), but also with many other activities, such as study groups, educational achievements (Donald J Cohen Fellowship Program, Helmut Remschmidt Research Seminars), and especially the eTextbook. Other achievements mentioned include:

1. The number of child and adolescent mental health workers is increasing all over the world and IACAPAP has played a facilitating role in this process;
2. There is a growing awareness in regard to child and adolescent mental health;
3. The contact between IACAPAP and regional organizations, such as ESCAP, the Asian Society for Child and Adolescent Psychiatry and Allied Professions, the Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions, the Latin American Association for Child and Adolescent Psychiatry and Allied Professions, and the Australian Infant, Child, Adolescent and Family Mental Health Association has been important but can be improved;
4. Special professional groups have been established, such as the South-East European Network, including Albania, Bosnia-Herzegovina, Bulgaria, Croatia, Kosovo, Macedonia, Montenegro, Slovenia, and Romania;
5. An ADHD research network and an eating disorders network have been established, including IACAPAP members;



IACAPAP Study Group in Nairobi, Kenya, 2007



Gordon Harper

6. Advocating groups, like parents' associations, have been established, among them Autism Europe, Autism Network International, Families Empowered and Supporting Treatment;
7. There are also new journals and it can also be looked upon as a progress that the Journal of Child and Adolescent Mental Health has become an official organ of IACAPAP.



The main current and ongoing activities and achievements of IACAPAP are described separately and include the World Congresses, Study Groups, the DJ Cohen Fellowship Program, the Helmut Remschmidt Research Seminars, iCAMH, the MOOC, the eTextbook, the ATLAS Project and WHO activities, the WPA Presidential Mental Health Program in cooperation with IACAPAP and WHO, and the Declarations.

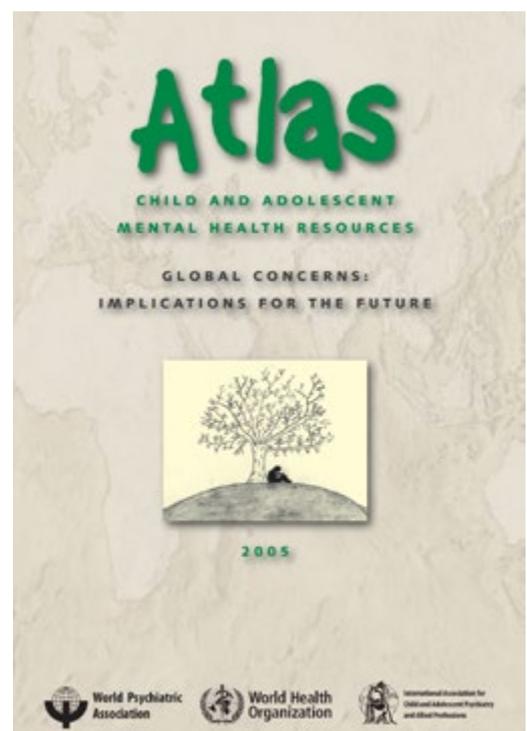
### Future development

1. The training activities should be continued, including the MOOC, and supported more widely.
2. Aside from the eTextbook, other publications could be prepared and distributed online. The current generation of trainees are very eager to learn, especially by using digital media. One of these publications could be a series of case studies.
3. Further development and implementation of iCAMH.
4. IACAPAP needs to expand further its role as an advocate for children, adolescents, and families in relation to their mental health. This will, however, require an active policy that goes beyond preparing declarations.
5. Regional IACAPAP coordinators should try to find volunteers in the countries and form active working groups in collaboration with IACAPAP.
6. A crucial issue is the development of a sustainable system for funding international research projects, training seminars, and study groups.

In conclusion, the members of the IACAPAP executive committee who answered the questions in a circular had a quite positive opinion about the achievements of IACAPAP in recent years and made constructive proposals for the future development of the organization. Several of them found working for IACAPAP very rewarding and a huge challenge, especially regarding activities in developing countries. One of the respondents answered the question about the most remarkable personal experiences during the affiliation with IACAPAP as follows: "To discover that children are the same all over the planet, facing the same problems in their life".

### The ATLAS Project and other WHO activities

In 1999, Benedetto Saraceno was Director of the Department of Mental Disorders and Substance Abuse at the World Health Organization in Geneva. Ernesto Caffo, a prominent Italian child psychiatrist from the same region of Italy as Dr. Saraceno, proposed that a child psychiatrist be added to the staff to support the development of child mental health at WHO. Donald Cohen, the Director of the Yale Child Study Center and a friend and colleague of both Dr. Caffo and Myron Belfer suggested that Dr. Belfer might be seconded to WHO. A meeting was arranged and an agreement was struck for a three-month secondment with financial support from Dr. Caffo. Dr. Belfer's Harvard Department Chair, Dr. Arthur Kleinman agreed and was supportive. The three-month secondment evolved into a five-year secondment and the opportunity to build a child mental health/child psychiatry presence at WHO. Prior to this time there had been many prominent child psychiatrists and psychologists participating in WHO programs but none had been seconded to the Department. John Orly had the child psychiatry portfolio but other than the "Life Skills Program" and some other initiatives there was no formal program. The secondment led to participation in the 2001 World Mental Health Report and a global child mental health contest. The contest yielded numerous essays and pictures that led to the WHO publication of "Through Children's Eyes" which dealt with recognition of child mental disorders and stigma. A second product was "Caring for Children with Mental Disorders". This resulted from a conference convened with many IACAPAP country representatives and it laid out the challenges to delivering child mental health services. WHO had been developing the ATLAS project, a series of studies of mental health resources in countries around the world. The ATLAS project ([Atlas: Child and Adolescent mental health resources](#)) resulted in data that showed the overall lack of data regarding child mental health resources and the significant barriers to accessing care. The document has been used for advocacy for many years. The ATLAS along with documents described by Helmut Remschmidt in relation to the WHO/IACAPAP/WPA initiative were described in publications by Remschmidt and others. Interestingly the products have had an enduring impact. The support of WHO allowed Dr. Belfer to travel worldwide to talk about the importance of child and adolescent mental health and engage in program development.



## WPA Presidential Mental Health Program in cooperation with IACAPAP and WHO



In 2002, Ahmed Okasha, who was at that time president of WPA, initiated the Global Presidential Program on Child Mental Health. This was a joint venture of WPA, IACAPAP, and WHO. The program was supported by an unrestricted three-year grant from the Lilly Foundation. The aim of the program was, following the “study group model” of IACAPAP, to reach mainly low-income countries and to develop basic training materials that could be utilized to address mental health problems of children and adolescents. It was the first time that IACAPAP received such a grant to lay the groundwork for an improvement in child mental health worldwide. Myron Belfer reported on this program in the IACAPAP Bulletin ([No. XVI, fall 2005](#)) and stated: “The program enabled the development of materials that will have a long-standing impact on child mental health”. Several IACAPAP members served on the WPA steering committee, which was chaired by Ahmed Okasha and Norman Sartorius.

There were three task forces: (1) on awareness, chaired by Sam Tyano (Israel), (2) on prevention, chaired by Helmut Remschmidt (Germany), and (3) on treatment and services, chaired by Peter Jensen (USA). The task force on awareness prepared a manual that provides guidance on how organizations and countries can develop campaigns to heighten the awareness of the impact of child and adolescent mental health disorders. This task force also prepared other useful information for parents, children, adolescents, and other professionals in several languages. The task force on prevention developed several background papers and resource materials on the topic and carried out three field trials with the aim of reducing school drop-out in Alexandria (Egypt), Nishnij Novgorod (Russia), and Porto Alegre (Brazil). The field trials were completed in 2005 with the result that in all three locations school drop-out rates could be remarkably reduced. The task force on treatment and services developed CBT-based manuals for the treatment of internalizing and externalizing disorders that can be used for training worldwide. In addition, this task force supported the WHO effort to produce an atlas of country resources for child and adolescent mental health. Several IACAPAP executive committee members were involved in the program: Martine Flament, Barry Nurcombe, Ernesto Caffo, Per-Anders Rydellius, Kang-E Michael Hong, and Amira Seif El-Din. Myron Belfer represented the WHO. The results were reported at the WHO world congress of 2005 in Cairo and published in 2007 in the book *“The Mental Health of Children and Adolescents. An Area of Global Neglect”*, edited by Helmut Remschmidt, Barry Nurcombe, Myron L. Belfer, Norman Sartorius & Ahmed Okasha (Wiley & Sons, Chichester, West-Sussex).

### IACAPAP Declarations and Statements

In April 1992, members of IACAPAP and of child and adolescent psychiatry (CAP) associations from Eastern Europe (who had been part of the Soviet-Union principles of psychiatry and child and adolescent psychiatry) met in Budapest on the initiative of Irving Philips, during his presidency. The purpose was to build bridges between the Western and the Eastern European disciplines and to support the new IACAPAP members establish themselves as independent disciplines and associations and to develop CAP in their countries.

The Budapest-meeting was the starting point of the IACAPAP tradition of publishing declarations and statements on different aspects of child mental health. The purpose of these declarations and statements is: to advocate for the promotion of the mental health and development of children and adolescents through policy, practice and research (IACAPAP webpage). One of the ways in which this mission is fulfilled is through the publication of declarations and statements. These are advocacy documents that are widely disseminated to policymakers, child and adolescent mental health professionals, ministries of education, health and youth. IACAPAP members are free to use them in their own countries to promote both CAP as a discipline and to work for child mental health in different aspects. As new knowledge emerges, declarations must be updated. This is regularly done as exemplified by the different declarations on autism produced over time. The declaration on ethics provides guidelines to CAP professionals on how to handle ethical issues in clinical work, research and in their relationship with businesses. The “Statement on Responses to Natural Disasters” was issued in January 2005 to give guidelines for trauma-support after the destructive Tsunami that hit Indonesia, Thailand and parts of India during the Christmas season in 2004. Below is a list of declarations.

- **1992. Declaration of Budapest:** Assuring the Mental Health of Children
- **1996. Declaration of Venice:** Principles for Organizing Mental Health Systems for Children and Adolescents
- **1998. Declaration of Venice:** Autism and Pervasive Developmental Disorders
- **2000. Declaration of Sharm El Sheikh:** Declaration of the Founding of the Eastern



Myron Belfer

Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions (EMACAPAP)

- **2000. Declaration of Modena:** Genetics of Autism
- **2001. Declaration of Jerusalem:** Children's Rights (endorses the principles of the UN Convention of the Rights of the Child, 1989)
- **2003: Declaration of Rome:** Caring for Children Affected by Maltreatment, War, Terrorism, and Disaster (Respect for and protection of children is the mark of a civilized society)
- **2004: Declaration of Berlin:** Assuring Mental Health for Children and Adolescents
- **2004: Declaration of Berlin:** Principles of Ethics in Child and Adolescent Mental Health (revised in Melbourne, 2006)
- **2005: Statement on Responses to Natural Disasters.** (These guidelines could be considered also for major accidents when a limited number of adults and children are involved, i.e., from a bus or a train accident, as well as when dealing with minor accidents, i.e., when a family is involved in a traffic accident with fatal outcomes, etc. In such circumstances the needs of social, medical and psychological support of the affected child may be as important to recognize, although the needs are presenting themselves at a much smaller scale than in large disasters.)
- **2006: Melbourne Declaration 2006:** Nurturing Diversity (highlighting the principles of the UN Convention on the Rights of the Child to be essential for CAP-professionals)
- **2007: Position Paper** on a Rights-Based, Evidence-Based Approach to Care for Persons with ASD (IACAPAP together with Autism-Europe and ESCAP)
- **2008: Declaration of the Consortium for Global Infant, Child and Adolescent Mental Health** (IACAPAP together with WAIMH, ISAPP, WFMH and InterCAMHS)
- **2012: Declaration of Paris:** Autism. IACAPAP asserts the importance for nations of well-funded, high quality, ethically delivered education and treatment for individuals with autism and pervasive developmental disorders.
- **2014: Declaration of Durban:** Life, Health, and Mental Health (providing guidelines for four different ways for CAP to support different aspects of child mental health, including support to refugee children and children who seek asylum).



#### Acknowledgement

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5th International Congress of the Asian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP), Singapore, August 29-31, 2008. Front row from left: Professor Felice Lieh Mak (Hong Kong), Professor K Satku (Singapore), Mr Leong Yew Meng (Singapore), Professor Katharina Manassis (Canada). Back row from left: Professor Kosuke Yamazaki (Japan), Dr Chua Hong Choon (Singapore), Dr Daniel Fung (Singapore), Professor Zeng Yi (China), Mrs and Professor Cornelio Banaag (Philippines).



# IACAPAP WORLD CONGRESSES 1937-2016



Maite Ferrin

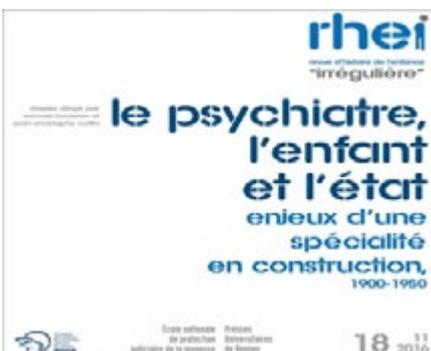
In 1935 a group of practitioners in the new medical field of child and adolescent psychiatry started work to establish and expand mutual contacts. Two years later, they formed the “International Committee for Child Psychiatry”, which in 1948 would be known as IACP (International Association for Child Psychiatry) and later on as IACAPAP. If networking was the initial goal for the Association, it soon evolved into its current objectives, namely: (i) the promotion of mental health and development of children and adolescents through policy, practice and research; (ii) the promotion of the study, treatment, care and prevention of mental and emotional disorders and disabilities involving children, adolescents and their families, through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences, and other relevant disciplines.

In order to achieve these ambitious goals one of its main activities has been to organize international congresses to allow its members to network with colleagues, to learn from each other, and to promote ethical child and adolescent mental health services and practices. On the 24th of July 1937 the first International Congress on Child Psychiatry (“*Premier Congrès International de Psychiatrie Infantile*”) was organized in Paris by Georges Heuyer. Since 1937, the Association committed to organized world congresses every two to four years; in addition, regional conferences devoted to specific topics have also been organized regularly over the years. These congresses provided a tremendous opportunity for different child and adolescent mental health professionals (CAMH) to not only update their knowledge and skills from the rich scientific content but also to network with other child and adolescent mental health professionals from around the world.

Congresses are multi-disciplinary, involving different mental health professionals, have a particular theme and are often preceded by working group activities in the host country, designed to provide an educational exchange and an opportunity for teaching and learning. By rotating around the world, the national associations and colleagues from different regions become engaged in the work of IACAPAP, which in turn contributes to the exchange of knowledge and ideas. Congresses and study groups (seminars) in low income countries are complemented by a series of publications such as the Bulletin, the IACAPAP book series, and declarations associated with the congresses. Research seminars for young scientists (Helmut Remschmidt Research Seminar) and, since 2004, the Donald J. Cohen Fellowship Programme have broadened the services offered by IACAPAP to new mental health professionals.

## The 1st Congress: Paris, France, 1937.

Organized by Georges Heuyer (France) and Moritz Tramer (Switzerland), it took place concurrently with the International Exhibition in Paris, from 24 July to 1 August 1937. The congress’ main topics were



“Conditioned reflexes—Pedagogics and child psychiatry—Juvenile criminality”. The conference sought to establish the legitimacy of child psychiatry as a speciality. Handicapped

children were an important issue at the time and were at the forefront of the political agenda. There were 350 participants from 49 countries, mostly European. Official languages in addition to French were English and German and there was simultaneous translation. This congress was an excellent opportunity for psychiatrists around the world to discuss different approaches to explore and understand the complexity of the child.

## The 2nd Congress: London, UK, 1948.

The 2nd Congress was intended to take place in 1941 in Leipzig, Germany. However, World War II made it impossible to arrange international meetings and the elected congress president, Paul Schröder, had died earlier that year. In September 1945, in Zürich, Switzerland, at a meeting of the International Committee for Child Psychiatry under the leadership of Georges Heuyer, it was decided to hold the next congress in London in 1948. Not surprisingly, the recently finished World War cast a large shadow over this meeting. In recognition of the enormous achievements of Great Britain during the war, John Rees—an Englishman who was also president of the International Conference on Medical Psychotherapy and of the International Conference on Mental Health—was elected as president and the three meetings happened at the same time. Gerald Caplan, from London, was elected as secretary. The theme of the congress was “*Personality development and its individual and social aspects with special reference to aggression*”—a theme recommended by an ad hoc committee including John Bowlby, Anna Freud, and Donald W. Winnicott, amongst others. Hans Asperger represented Austria. Participation in this congress was open to psychiatrists and to non-medical professionals from 30 different countries, such as psychologists, psychoanalysts and psychotherapists, as well as psychiatric social workers. During this meeting, and as proposed



# MENTAL HEALTH AND WORLD CITIZENSHIP



a statement prepared for the  
**INTERNATIONAL CONGRESS  
ON MENTAL HEALTH**  
LONDON 1948

by Moritz Tramer, the name of the Committee was changed to the International Association for Child Psychiatry (IACP).

### The 3rd Congress: Toronto, Canada, 1954.

The 3rd Congress was planned to take place in the USA in 1952, however it was postponed until 1954 and eventually took place in Toronto. The President was Frederick Allen and the theme was “*Emotional problems of early childhood—up to the age of six years*”. About 800 delegates were present. The contents were divided into four sections: childhood psychoses, prevention, psychosomatic disorders, and mother-child separation. Contributions were characterized by their psychoanalytical approach. Special emphasis was placed on the preventive role of child psychiatry, in line with Gerald Caplan’s work and his textbook “*Emotional Problems of Early Childhood*”, which was published in 1955 and became highly influential.

### The 4th Congress: Lisbon, Portugal, 1958.

The elected President was Victor Fontes and the theme “*The emotional life of the child 6-12 years*”. Five domains were addressed: (i) emotional deprivation of children 6-12 years of age; (ii) teamwork in child psychiatry; (iii) education of child therapists; (iv) psychotherapeutic methods; (v) somatic aspects within child psychiatry. Both, psychosomatics and psychoanalytic theories

and techniques were emphasized. Georges Heuyer, however, insisted on giving special attention to the somatic causes of child psychiatric illnesses and not just to focus on psychoanalysis. The importance of teamwork and the need to integrate different perspectives in the best interest of the child and the family were also stressed. Importantly, the training of child psychiatrists and the need to armonize their training in Europe were discussed for the first time.

### The 5th Congress: Scheweningen, The Netherlands, 1962.

Dick Arnold van Krevelen was the President for this Congress, with the theme “*Primary prevention of mental disorders in children*”. The topic was divided into general prevention, prevention of somatic etiologic factors, prevention of psychosocial etiologic factors, and prevention of mental disorders in the social environment. Discussion groups were formed dealing with topics such as team dynamics, group dynamics in society, cooperative work in medicine, cooperation with day care centres, schools and legal services, training of child psychiatry staff, and training of social services involved in prevention. Moritz Tramer, Georges Heuyer and Leo Kanner, discussed the future of child psychiatry during an evening session. While Tramer pointed at the need of independence for the discipline, Heuyer stressed that child psychiatry was more complex and challenging than other disciplines since it had to bear responsibility for the future mental health and social development of children. Kanner, known for his contribution to autism, hoped for the establishment of child psychiatry as an internationally oriented discipline within medicine. There was not much discussion about psychoanalysis.

### The 6th Congress: Edinburgh, United Kingdom, 1966.

John Bowlby, well known for his contribution to attachment theory, was the president. The theme was “*Puberty and adolescence*”. There were four plenary sessions and 40 discussion groups with simultaneous translation into English, French and German. One innovative session addressed the status and training of the child psychiatrist. There were visits to centres of interest and a pre-congress publication: “*Fundamental Concepts of Puberty and Adolescence*” was made available to each participant.

### The 7th Congress: Jerusalem, Israel 1970.

The President was Serge Lebovici and the theme “*The Child in his Family*”. There were six simultaneous daily symposia on the following themes: the family as a psycho-social unit; mental disorders in the

#### INTERNATIONAL ASSOCIATION FOR CHILD PSYCHIATRY (IACP)

[ASSOCIATION INTERNATIONALE DE PSYCHIATRES INFANTILES]

2 ADDRESS: c/o Dr. Abraham Z. Barshak, Secretary-General, Room 916, 1796, Broadway, New York 19, N.Y., U.S.A. Telephone: Circle 5-8000.

3 NATURE: Non-governmental.

4 AIMS: Integrate and stimulate professional interest in the field of child psychiatry throughout the world, through organizational membership.

5 GOVERNING BODIES: Executive Committee. OFFICERS (all terms indeterminate): President: Dr. Frederick H. Allen (U.S.A.); Vice-President: Dr. Victor Fontes (Portugal); Prof. Georges Heuyer (France); Dr. Yoram Ramon (Sweden); Dr. John H. Rose (U.K.); Dr. M. Tramer (Netherlands); Treasurer: Dr. Jenny Boudinoux (France); Secretary-General: Dr. Abraham Z. Barshak (U.S.A.); Assistant Secretary-General: Dr. Gerald Caplan (Israel); Dr. Carlos Nassif (Chile).

6 MEMBERS: The following organizations: Committee on Child Psychiatry, Argentina; Arbeitsgemeinschaft für Heilpädagogik, Austria; Société Belge de Médecine Mentale, Belgium; São Paulo Committee for Child Psychiatry, Brazil; Chilean Society for Child Psychiatry, Chile; Committee for Child Psychiatry, Colombia; Danish Association for Child Psychiatry, Denmark; Child Psychiatric National Committee, Finland; Groupe d'Etudes de Psychiatrie Infantile, France; Ligue Belge pour l'Hygiène Mentale, Greece; Committee for Child Psychiatry, Italy; Dutch Society for Psychiatry and Neurology, Netherlands; Norwegian Association for Medical Child Psychology, Norway; Spanish Institute of Research and Information, Spain; Swedish Association for Child Psychiatry, Sweden; American Orthopsychiatric Association, United States of America.

7 FINANCES: No budget. No income.

10 MEETINGS: Meetings, usually held in conjunction with the Congress of the World Federation for Mental Health, have taken place in Paris 1937; London 1948; Mexico City 1951.



The 3rd Congress in Toronto, Canada 1954.

Executive committee meeting in Jerusalem, 1970



family; the influence of physical illness of the child or of the parents on the child's mental equilibrium, and the family and its environment.

### The 8th Congress: Philadelphia, USA, 1974.

E. James Anthony, best known for his work on resilience, vulnerability and risk in children, particularly those whose parents had serious mental illnesses, was the President. The theme was "Children at risk. The vulnerable child – psychiatric risk and mastery in childhood". The sessions were divided into symposia on: (i) the child as an individual; (ii) the child and the family; (iii) the child and the school; and (iv) The child and the community. In addition, informal meetings were arranged with leaders in child psychiatry and the allied professions, as well as an evening of home hospitality and field demonstrations.

### The 9th Congress: Melbourne, Australia, 1978.

The President was Albert Solnit and the theme "Children and parents in a changing world". There were 647 participants from 27 countries and all continents. The program included the following themes: (i) the sexual revolution and changing family patterns; (ii) the equal rights revolution; (iii) technological and cultural changes and the behavioral sciences; (iv) communications explosion: media and the family; and (v) nutritional, biomedical and psychophysiological issues affecting psychosocial function with a focus on prevention.

### The 10th Congress: Dublin, Ireland, 1982.

The President was Lionel Hersov and the theme: "Children in turmoil – tomorrow's parents". There were 14 parallel sessions, 36 symposia, 15 workshops, 388 open papers, and three discussion groups. There were scientific sessions on child and adolescent development under conditions of turmoil; family turmoil and change; from infancy to late adolescence: responses to stress and disadvantage; the transformation of the child and adolescent into a parent; and parenthood. The congress took place at Trinity College. Philip Graham gave a marvellous summing up of the congress and the president "dismissed" the participants with the following Irish blessing, which brought tears to many eyes: "may the road rise to meet you, may the wind always be at your back, may the sun shine warm upon your face, the rains fall soft upon your fields, and until we meet again, may God hold you in the palm of his hand".

### The 11th Congress: Paris, France, 1986.

The President was Colette Chiland and the theme "New approaches to infant, child, adolescent and family mental health".



Opening ceremony, 9th Congress: Melbourne, Australia, 1978

There were sections addressing broad child and adolescent psychiatry topics: the concept of mental health; perinatal factors; AIDS and obstacles to development related to changes in life styles; a new look at adolescence; the new shape of mental health and mental pathology; inequality in mental health; new services for new problems; and "Meet the Author" sessions. Volume 9 of the IACAPAP series "The Child in the Family" was based on this congress.

### The 12th Congress: Kyoto, Japan, 1990.

The congress took place at the Kyoto International Conference Hall. The President was Reimer Jensen and the theme: "Child rearing, education and psychopathology". There were 1,391 participants from 41 countries who made 624 presentations in nine plenary sessions, 91 symposia, six poster sessions, case reports, and video sessions. Several symposia were presented by other organizations including the World Association for Infant Psychiatry and Allied Disciplines (WAIPAD), the International Society of Adolescent Psychiatry (ISAP), the American Academy for Child and Adolescent Psychiatry (AACAP), the World Psychiatric Association (WPA), and the World Health Organization (WHO).

### The 13th Congress: San Francisco, USA, 1994.

Donald J. Cohen was the President. Donald stepped in to take the place of Irving Philips who was to be the president but died unexpectedly in 1992. The theme was: "Violence and the vulnerable child". There were 1,132 participants from 56 countries, over 500 abstracts, 10 plenary or key lectures, and 39 symposia, some sponsored by other international organizations. Funding from French sources enabled to invite 25 professionals from Eastern European countries—child



12th Congress: Kyoto, Japan, 1990



Venice meeting on autism (1998)



Regional meeting in Budapest, spring 1992: Executive Committee Meeting of IACAPAP and leading Eastern European child psychiatrists.

psychiatrists as well as child psychologists—to attend the congress and a pre-congress seminar. These colleagues had become known to IACAPAP at a study group in Budapest in 1992. About 10 of them were involved in a refugee project in former Yugoslavia with Rune Stuvland from Norway as the leader (see in this Bulletin the article “How IACAPAP opened the world to me”). The social highlight was a buffet in the courtyards of the Asian and Young Art Museum in Golden Gate Park.

### The 14th Congress: Stockholm, Sweden, 1998.

Donald J. Cohen was the newly elected President of IACAPAP. The theme was: “*Trauma and recovery – care of children by 21st century clinicians*”. There were 1,324 participants from 63 countries, among them 28 Eastern European child psychiatrists and psychologists, sponsored by the Swedish East European Committee. Every day started with a “IACAPAP Lecture”, preceded by an artistic introduction, an “emotional event” related to the topic of the lecture lasting a few minutes. Torsten Wiesel, then President of the Rockefeller University, New York, and Nobel Prize winner, spoke about “*Brain development – nature and nurture*”; Urie Bronfenbrenner about “*Growing chaos in the lives of children, youth and families: consequences and counter-strategies*”; Sir Michael Rutter about “*Resilience versus vulnerability – which is most important in prevention?*”; and James Garbarino about “*Making sense of senseless youth violence*”. Symposia, seminars and poster sessions filled the rest of the time. The congress had some novel features: children and adolescents were introduced and performed music, art, and dancing, not only at the opening and closing ceremonies



Berlin World Congress 2004. Recipients of the IACAPAP Medal.

From left, Winston Ricards (collected by his daughter) Kari Schleimer, Giovanni Bollea, Ahmed Okasha and Jack Davis (absent). Helmut Remschmidt is second from the right.

but continuously during congress breaks. The congress dinner was at the Opera restaurant, with a view of the Royal Palace. There were also magnificent fireworks which, however, were to honour another event: the Jerusalem Meeting in 2000—a joint venture of IACAPAP, ISAPP (the International Society of Adolescent Psychiatry and Psychology), and WAIMH (the World Association for Infant Mental Health). This meeting—with the theme “*The Promised Childhood*”—was intended to serve as a focal point to develop relationships and to promote child mental health throughout the Middle East. Donald Cohen, who was especially keen on this millennium meeting, pointed at ways to minimize differences and accentuate shared concerns, and drew attention to the need to involve Palestinian professionals. However, the meeting had to be cancelled because of serious political turmoil in the region. Subsequently, a meeting took place in Tel Aviv as an Israeli meeting with some international attendance.

### The 15th Congress: India, 2002.

This congress, planned to take place in India in 2002, could not be held under the aegis of IACAPAP. It was cancelled because of unfavorable political circumstances and an army build up in the border with neighboring countries. Travel warnings were issued by a number of countries and by the UN when the tension was at its peak. The meeting became a regional congress with a different title but was allowed to hold the number 15 in the list of IACAPAP congresses by request of the organizers.

### The 16th Congress: Berlin, Germany, 2004.

The President was Helmut Remschmidt and the theme: “*Facilitating pathways – care, treatment and prevention in child and adolescent mental health*”. Disseminating new research findings became an important objective of the congresses. There were 2,376 participants from 78 countries. In addition to the lectures, symposia, and workshops, 400 posters were submitted. Awarding commendations for the best three posters and an honorary mention for three other posters was a new feature of this congress. Michael Hong was honoured with the International Contribution Award sponsored by the Korean Academy of Child and Adolescent Psychiatry and five colleagues were awarded the IACAPAP medal for supporting the Association in special ways and for the promotion of child and adolescent psychiatry internationally. The many new initiatives that took place in this meeting reflected a sense of renewal for IACAPAP. Donald Cohen had sadly passed away in 2001 and The Donald J Cohen Fellowship Programme (DJCFP, see separate article in this issue) started at this congress at the instigation of Helmut Remschmidt. The first DJCFP fellows, fellows from the Eastern Europe program, and a group of fellows from the Eastern Mediterranean Region participated together in the program. Donald Cohen and other deceased colleagues including Serge Lebovici, Albert Solnit, Luis Prego Silva, and Richard Harrington were remembered. A declaration: “*Assuring Mental Health for Children and Adolescents*” was approved. This declaration aimed to prevent or ameliorate the negative impact of conditions of continuing threat, and insisted on the need for therapeutic interventions and rehabilitation to moderate the impact of adverse events on children.

### The 17th Congress: Melbourne, Australia, 2006.

The President was Myron L Belfer and the theme: “*Child and adolescent mental health: nurturing diversity*”. For many of the



Melbourne World Congress 2006. Campbell Paul and Suzanne (Suzie) Dean.

attendees, “nurturing diversity” stood for acceptance and openness to new sets of thoughts and to different perspectives. There were more than 1,400 delegates from 65 countries, half from outside Australia, 850 presentations, and 28 invited speakers. The congress was considered a success due to the high quality of the scientific program, the social arrangements, and the large number of participants from allied disciplines. The congress was also special as IACAPAP shared the responsibility of hosting it together with other organizations devoted to child mental health: AICAFMA, AIMHI, MYFVIC, RANZCP. The result was an example of successful cooperation among the allied professions. The opening ceremony offered some music of *Yothu Yindi* musical group piped into the assembly hall, as it is Australian tradition to begin conferences and addresses with an invocation and acknowledgement of the original inhabitants, owners and protectors of the land. Once again, there were plenary sessions, state of the art lectures, symposia, workshops and poster presentations. The DJCFP gathered 64 fellows and 21 mentors from 29 countries. Bringing together the perspectives of professionals and researchers, of consumers, parents and carers, and of young people themselves, the congress encompassed all dimensions of diversity. Brian Robertson from the local organizing committee was honoured with the International Award.

### The 18th Congress: Istanbul, Turkey, 2008.



The President was Per-Anders Rydelius, Fusun Cuhadaroglu Cetin (President of the Turkish Association for Child and Adolescent Mental Health) chaired the local organizing committee. The theme: “Carrying hope between East and West for 3 C’s: Children, Cultures and Commitments”. The program included keynote lectures, oral presentations, seminars, work

groups, and posters by the most distinguished and experienced researchers and clinicians in our field, ranging from developmental neuroscience and basic research to clinical applications, therapeutic techniques, and social, psychological, educational and cultural aspects. There were up to 2,000 participants, 252 oral presentations, and 371 posters. One full day was devoted to clinical syndromes. Sir Michael Rutter was honoured with the International Contribution Award. He presented an update on recent findings on autism spectrum disorders. Research and current opinion on bipolar disorders, a controversial topic at the time, were also discussed. The fourth day was devoted to psychosocial and cultural issues and addressed children’s wellbeing and violence against women and children. Many aspects of clinical practice were outlined by important contributions from the allied professions. The DJCFP also took place during the Congress.

### The 19th Congress: Beijing, China, 2010.

This was the first time that a congress was organized by IACAPAP and ASCAPAP in a developing country. It was hosted by the Chinese Society of Child and Adolescent Psychiatry (CSCAP), supported by a variety of other local associations and hospitals. Per-Anders Rydelius was the President of IACAPAP and Daniel Fung the President of ASCAPAP. The theme was: “*Improving child mental health: Increasing awareness and new pathways for care*”. 1,696 mental health professionals from 81 countries attended. There was an opening lecture, eight keynote addresses, 21 state of the art lectures, two pre-congress courses, 56 symposia, 21 workshops, 56 sessions for oral presentations, 164 posters, 4 satellite symposia, and the DJCFP. The congress was opened by Professor Yi Zheng, chair of the congress organizing committee. The Chinese government attached great importance to this congress and many senior officials participated in the opening ceremony, there was also an excellent performance by children. Five child psychiatrists were awarded the IACAPAP medal and Myron Belfer was honoured with the International Contribution Award. As it is the custom, the executive committee of IACAPAP met during the congress. Discussions about the review of the constitution consumed a considerable amount of time.

### The 20th Congress: Paris, France, 2012.

Olayinka Omigbodun was the President and David Cohen the President of the Organizing Committee. This congress was a unique experience. Somehow, it replicated the first IACAPAP Congress held in 1937, also hosted in Paris, and Paris was hosting the IACAPAP



congress for the third time. The theme: “*Brain, mind and development*”, represented a shift in focus, from “processes” for child mental health advancement, which were the basis of the themes for the previous three congresses, to scientific advancements and breakthroughs that will lay the foundations for better understanding of and caring for the mental health problems of children in the future. Despite the economic crisis at the time, more than 2,000 participants from 84 countries attended. Studies and clinical practices from all continents, all countries, and all regions were presented and discussed. About 800 speakers presented 29 plenary lectures, 200 oral communications (symposia, workshops and free communications) and more than 800 posters. Different theoretical approaches and clinical studies were presented by leading experts in the different fields. With evidence-based medicine as a common thread, the diversity of approaches, innovations, cultural specificities, and creativity were listened to with respect and interest. Further, financial support from the “*Fondation de France*” program offered free registration to more than 60 practitioners including young clinicians, clinicians from allied professions and from low-income countries. The work of Amira Seif El-Din fostering child psychiatry in Egypt and the Middle East was honored with the International Contribution Award. The IACAPAP Medal was awarded to Elena Garralda (for her contribution to the IACAPAP Congress Book Series) and Joseph Rey (for his contribution to the IACAPAP Bulletin).

### **The 21st Congress: Durban, South Africa, 2014.**

The president was Olayinka Omigbodun; Lynda Albertyn the chairperson of the South African Association for Child and Adolescent Psychiatry and Allied Professions, hosted the congress. The theme was “*From research to practice: global challenges in child and adolescent mental health care*”. The congress was attended by 741 delegates from 67 countries. There were six plenary addresses, 17 keynote lectures, 79 symposia and workshops, and 125 free papers. There was also a dedicated poster viewing session each day in which 162 posters were exhibited. The World Association for Infant Mental Health (WAIMH), one of IACAPAP’s partner organisations, was well represented with an institute, a symposium, and several papers. The 10 institutes, which were held earlier in the day before the opening ceremony, proved very popular, with 325 delegates attending. A concurrent WHO workshop attracted 50 participants. The opening ceremony included a lively musical performance by the *Ubhle Bomlazi Traditional Dancers*. At the welcome reception which followed, dancing continued at the City Hall to the music of a talented local band provided by the Mayor of Durban who hosted the reception. The Gerald Caplan Lecture was given by Dr Paramjit Joshi, President of the American Academy of Child and Adolescent Psychiatry, on “The practice of child and adolescent psychiatry in the 21st century”. The lecture honoured Gerald Caplan, a founding member of IACAPAP who



Durban World Congress 2014. Brian Robertson.

served on the executive committee for 25 years and made a significant contribution to the development and financial resources of IACAPAP. The 2014 IACAPAP Monograph (“*From Research to Practice in Child and Adolescent Mental Health*”) was edited by Jean-Philippe Raynaud, Matthew Hodes and Susan Shur-Fen Gau and distributed among participants. The DJCFP was enthusiastically supported by 23 fellows and their mentors. The majority of the participants of the Helmut Remschmidt Research Seminar (see separate article in this issue) and their mentors also attended the congress. A special event was the “Doubling Meeting”, attended by about 60 delegates. “Doubling” is an initiative to invite professionals from higher income countries to actively promote child and adolescent mental health in low income countries by contributing a portion of their earnings to improve the salaries of colleagues working in those countries. Joseph M Rey and Wei-Tseun Soong were given the International Contribution Award. The IACAPAP Medal was awarded to Suzanne “Suzie” Dean, Joaquin Fuentes, Andres Martin, Per-Anders Rydelius, and Yi Zheng.

### **The 22nd Congress: Calgary, Canada, 2016**

The 22<sup>nd</sup> congress was a conjoint meeting with the annual conference of the Canadian Academy of Child and Adolescent Psychiatry. The IACAPAP President was Bruno Falisard, Chris Wilkes chaired the local organizing committee, and the theme was “Fighting stigma; promoting resiliency and positive mental health”. The scientific program included a variety of keynote lectures and more than 600 free papers, research symposia, academic perspectives, workshops, study groups and posters, and more than 70 countries were represented. There were four time slots each day with keynote lecturers and 14 concurrent sessions in parallel to facilitate professional interaction and discussion with the authors and to optimize participants’ learning

Paris World Congress 2012. Meeting with representatives of national associations.





Calgary World Congress 2016. Clockwise from the top: Chris Wilkes during the opening ceremony; a presentation; and the IACAPAP 2016 International Contribution Award presented to Savita Malhotra (India, holding the award). From left: Bruno Falissard, Myron Belfer and Olayinka Omigbodun.

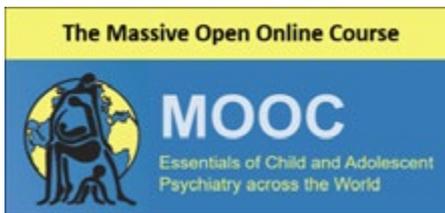
experience. The program aimed to increase both awareness and prevention of mental health problems for children and youth around the world, and to advocate for evidenced-based treatments which are both neuro-developmentally sensitive and trauma informed. These goals were addressed by arranging the oral presentations into three broad themes. The first theme, "General Child and Adolescent Mental Health," included a rich variety of talks on epidemiology, prevention, stigma, resilience, brain and behaviour, child development, training and policy. The second theme, "Principles of Treatment and Care," featured presentations of both innovative and evidence-based interventions across all modalities (psychotherapeutic, pharmacological, nutritional, systems based, biological to name a few). The third theme, "Psychiatric Treatment and Co- morbid Conditions," included presentations on all major and emerging psychopathologies. The focus on stress, trauma and resilience, and the unprecedented migration and refugee crises our planet is experiencing was a continuous feature of the program.

**IACAPAP Bulletin. FEBRUARY 2018**

The Congress opening was inclusive of the First Nations from the province of Alberta. This intended to increase awareness of the harm done to many Aboriginal peoples around the world over the last 150 years, including forced cultural change, forced relocation and residential schooling and the increase of suicide, addictions and violence in the Canadian First Nation communities. A new presentation format, "special interest study group," was introduced. This format offered an opportunity for presenters and participants to share and network across international clinical, research and policy settings. Concurrent sessions ran in parallel with 25 keynote presentations. Poster sessions were arranged for each day, by the three themes, with presentations on the last day including some of the more highly reviewed posters. Savita Malhotra was presented with the International Contribution Award.

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# IACAPAP MOOC

## “Essentials of Child and Adolescent Mental Health around the World”

Bruno Falissard



A Massive Open Online Course (MOOC) is an online course that aims to reach a broad audience through open access. In addition to traditional course materials such as filmed lectures, readings, and problem sets, MOOCs provide interactive user forums to support interactions between students, teachers, and teaching assistants.

### The IACAPAP MOOC

This MOOC is for all those with a professional interest in child and adolescent mental health or for other reasons. Nurses, medical students, general practitioners, social workers, parents or grandparents of patients could be potentially interested. The MOOC runs during a limited period (about 4-6 weeks). Students have to watch 4-6 videos of lasting 10-20 minutes each week. There is also some assessment of knowledge with quizzes, peer reviewed exams, and a forum to support interactions. A certificate is awarded to students that successfully complete the requirements.



### Materials

#### Videos

Each video lasts 10 to 30 minutes and is in English (with subtitles available in English, Arabic, Chinese, Russian, Spanish, and French). A video of the lecturer giving the talk appears in the top left corner of all slides.

Because cultural issues are so important, teachers are from a variety of regions and continents, as shown in the figure at the side).

The lectures are:

1. Introduction: Bruno Falissard (France)
2. Normal development in children and adolescents: Naoufel Gaddour (Tunisia)
3. Clinical assessment and examination: Olurotimi Adejumo (Nigeria)
4. Mood disorders: David Cohen (France)
5. Anxiety disorders and trauma: Olurotimi Adejumo (Nigeria)
6. ADHD: Yi Zheng (China)
7. ODD and conduct disorders: Yi Zheng (China)
8. Substance abuse: Olivier Pham (France)
9. Autism: Petrus de Vries (South Africa)
10. Schizophrenia: Laura Viola (Uruguay)
11. Eating disorders: Evelyn Attia & Matthew Shear (USA)
12. Suicide and non-suicidal self-injury: Sigita Lesinskiene (Lithuania)
13. Intellectual disability and learning difficulties: Nora Rodriguez Perrett (Uruguay)
14. Associated somatic disorders: Oscar Sanchez Guerrero (Mexico)
15. Specificities in young children: Miri Kersen (Israel/waimh)
16. Specificities in adolescents: Savita Malhotra (India)
17. Burden and risk factors of child and adolescent psychiatric disorders: Michael Houston (USA)
18. Treatments in child and adolescent psychiatry: Ayesha Mian (Pakistan)
19. Evidenced based child and adolescent psychiatry: Henrikje Klasen (Netherlands)
20. Transcultural aspects of child and adolescent psychiatry: Marie-Rose Moro (France)
21. Where to go from here?: Julie Chilton (USA)

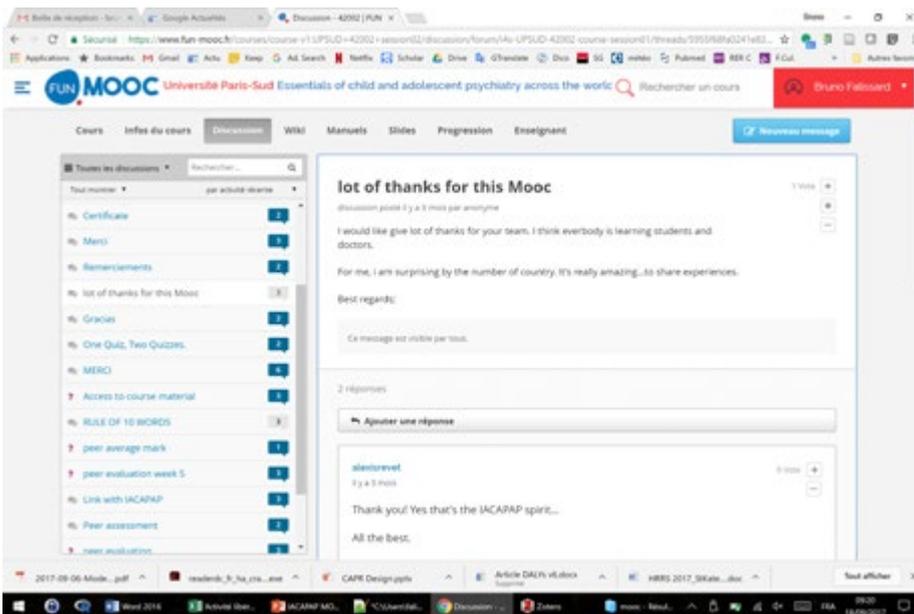


## Knowledge Assessment

- A. After each video a series of 5 easy, multiple choice questions are proposed to “engrave” the content. For instance:  
*Concerning the symptomatology of depression in children and adolescents, what is the item the most unlikely?*
- *The patient has a loss of interest*
  - *The patient has suicidal ideation*
  - *The patient is involved in rituals of verification*
  - *The patient has a decrease in concentration*
- B. Each week (4 to 5 videos), a series of open questions in relation with the eTextbook are proposed. For example:  
*Video 12: Suicide and non-suicidal self-injury*  
*In chapter E4 of the IACAPAP textbook, it is mentioned that “In 2009, XX.X% of 9th to 12th grade US students reported in the previous 12 months to have seriously considered attempting suicide”. What is XX.X?*
- C. Every two weeks, a short essay has to be written by the students, which is peer reviewed. For instance:  
*In 5 to 10 lines please propose a synthesis of the treatment of depression in children and adolescents.*

## Forum, Wiki, FAQs

The Forum is similar to many others available on the internet. Students have the opportunity to interact with each other, with the lecturers and teaching assistants acting as moderators (see a snapshot at the side):



A wiki is also available to collect and synthesize materials provided by the students and teachers (video transcriptions, online resources, etc.), as well as a FAQs

## Platform

FUN has consented to host the MOOC. In the future, I hope to find a more international platform, like COURSERA or EdX. *Université Paris-Sud* has offered to provide some technicians' time to help in the implementation of the MOOC on the platform.

## Pilot Courses

The MOOC was launched at the beginning of 2016. Two courses have already taken place, in May 2016 and May 2017. Below are some aspects of the evaluation of the first course delivered, the findings for the second course are similar.

## Participants

2,263 persons registered for the 1<sup>st</sup> course, 75% of these were female. The age distribution is presented in the graph at the side.

## Evaluation

A sample of 263 students with the same age and gender as the original population of attendees agreed to answer an evaluation survey. Because the FUN platform is traditionally dedicated to French speaking MOOCs, most attendees were from France. Many other countries were represented, including: Argentina, Australia, Brazil, Cameroon, Canada, Chile, China, Colombia, Czech Republic, Egypt, France, French Guyana, Germany, Greece, Guadelupe, Haiti, Hong Kong, India, Indonesia, Ireland, Israel, Italy, Ivory coast, Japan, Jordan, Kenya, Latvia, Lebanon, Mauritius, Mexico, Moldova, Morocco, Niger, Norway, Pakistan, Portugal, Romania, Saudi Arabia, Scotland, Senegal, Singapore, Slovenia, Spain, Sudan, Taiwan, Tunisia, Ukraine, United Arab Emirates, Uruguay, USA, Vietnam, Zambia, and Zimbabwe.



Attendees' professions were also very heterogeneous, including: babysitter, biology teacher, child and adolescent psychiatrist, child neurologist, child psychiatric nurse, psychologist, child and adolescent psychiatry resident, general practitioner, early childhood teacher, financial analyst, health officer (UNICEF), horse riding instructor, humanitarian actions for street kids, jobless, marketing, manager of a child and adolescent nursing home, medical secretary, music therapist, neuropsychologist, auxiliary nurse, speech therapist, osteopath, physical-therapist with children, PhD student, pediatric nurse, primary school teacher, psychiatrist, public health physician, psychotherapist, psychomotor therapist, researcher, sexologist, social worker, human resources director, sport teacher, special educator, teacher for disabled children, youth justice worker, trainer in parent/child communication, family court judge, coach, pediatrician, theology student, pharmacist.



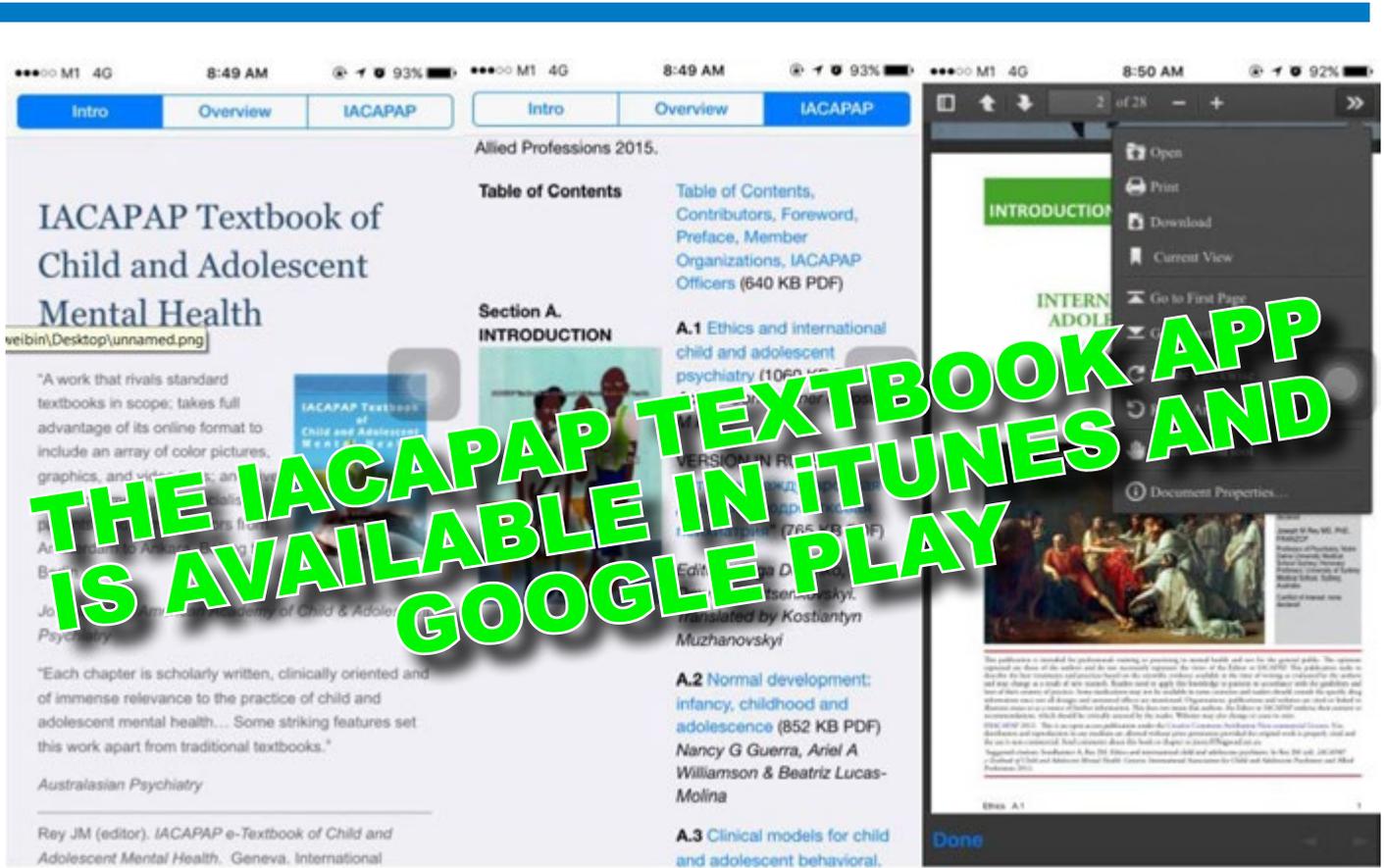
The main positive points reported concerning the MOOC were: “eTextbook”, “Multicultural”, “Rich, complete”, “Professors are experts and multinational”, “Free to learn where and when you want”.

The main negative points were: “Only in English”, “No transcription, no subtitle”, “Peer review is unfair”, “No case studies”, “Some professors are too fast”, “Some videos are too long”

Taking this feedback into consideration subtitles and transcription have been provided in 6 languages.

### Conclusion

There is an important need for training in child and adolescent psychiatry, not only for psychiatrists, but also for other professionals in the field and for the population at large. The combination of the IACAPAP MOOC and the IACAPAP eTextbook presents a unique and synergistic bundle of teaching material, free and open to all.



The new IACAPAP eTextbook app gives instant access to the IACAPAP Textbook of Child and Adolescent Mental Health using smartphones, both iOS and Android-based. Install it and you will be able to access the wealth of information in the Textbook at the touch of a button. Thanks to Dr Melvyn Zhang and his technical team from Singapore for devising the app and to Dr Daniel Fung.

To install the app in your smartphone or tablet go to the iTunes (Apple devices) or Google Play (Android devices) store, search for “IACAPAP Text” and follow the prompts. Alternatively click on the following hyperlinks:

Apple: <https://itunes.apple.com/us/app/iacapap-text/id1000560502?ls=1&mt=8>

Android: <https://play.google.com/store/apps/details?id=com.htbros.iacapapbook&hl=en>

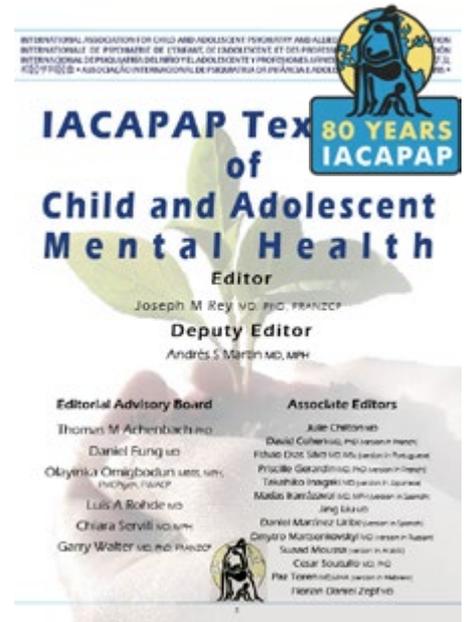
For the latest news about the Textbook and other relevant information go to

<https://www.facebook.com/IACAPAP-Textbook-of-Child-and-Adolescent-Mental-Health-249690448525378/>

“A Child and Adolescent Mental Health Guide in Every Palm”

# The IACAPAP eTextbook of Child and Adolescent Mental Health

Joseph M. Rey & Andrés Martin



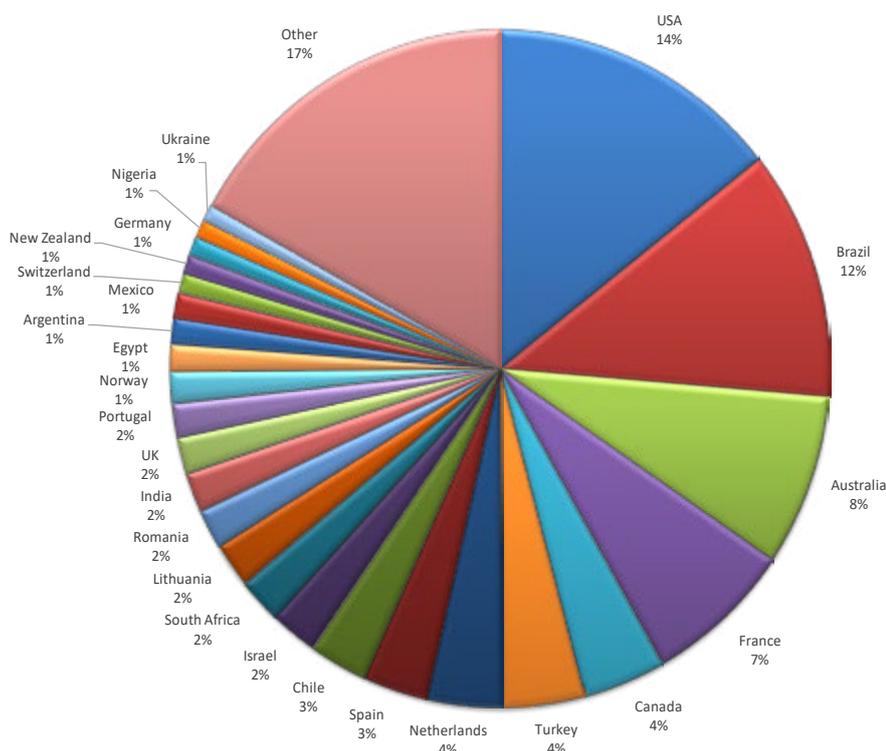
Changes in the eTextbook from 2012 to 2018

NUMBER	2012	2018
Chapters	42	59
Contributors	102	175
Pages	940	1,424
Chapters updated		9
PowerPoint presentations		23
Chapters translated		101
		<ul style="list-style-type: none"> <li>• Arabic: 12</li> <li>• French: 25</li> <li>• Hebrew: 18</li> <li>• Japanese: 1</li> <li>• Norwegian: 1</li> <li>• Portuguese: 7</li> <li>• Russian: 7</li> <li>• Spanish: 30</li> </ul>

The [World Health Organization](#)

estimated that in 2013 there was a shortfall of 7.2 million health care workers: “one of the most pressing global health issues of our time”. This shortage is particularly acute in low and middle-income countries (LAMIC) and in child and adolescent mental health services. Aware of the need to train more professionals, particularly in LAMIC, IACAPAP sought in 2010 to ensure that every CAMH professional around the world could access up-to-date, evidence-based, diagnosis and treatment information for these disorders. Thus, the driving idea behind this project was to potentially place an up-to-date, evidence-based, clinically relevant text of child and adolescent mental health “in the palm of every child and adolescent mental health professional around the world”—in the words of Olayinka Omigbodun, IACAPAP President at the time. “Knowledge is the enemy of disease... Applying what we know already will have a bigger impact on health and disease than any drug or technology likely to be introduced in the next decade” (Pang et al., 2006). Given the limited availability and cost of textbooks, it was hoped that such resource would fill an important void and help improve the care provided to many distressed young people.

Figure 1. Percentage of users according to country (top 25) during 2017.

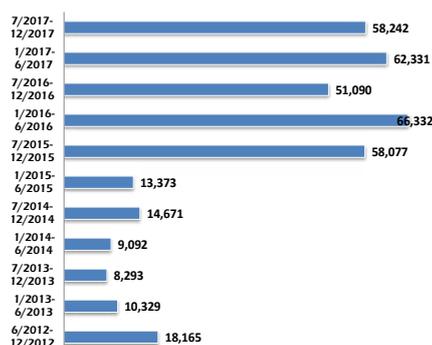


The first edition of the eTextbook was published in the IACAPAP website in July 2012, coinciding with the IACAPAP Paris World Congress. The eBook in that initial edition consisted of 42 chapters and an introductory section, covering 940 pages. Contributors included 102 experts from 24 countries (USA: 15; Germany: 12, Brazil: 10; Canada: 10; UK: 9; Australia: 8; Malaysia: 6; Spain: 4; France: 3; Hong Kong: 3; Turkey: 3; China, Japan, the Netherlands, Nigeria, and Taiwan: 2; India, Kenya, Mexico, Namibia, Singapore, South Africa, Switzerland, and Tunisia: 1). It also included dozens of video-clip links and hundreds of hyperlinks to original, free-to-use measuring instruments, websites, and publications. Each chapter was organized as a separate unit, so that it could be accessed, downloaded, or printed easily. This structure would also allow replacement of outdated chapters without much disruption.

The eBook has grown considerably since 2012—about 50%—with regular additions and changes, as shown in Table 1. Seventeen new chapters were added and nine have been updated (most of these additions also include self-directed learning exercises and self-assessment questions). There are now twenty-three PowerPoint presentations that can be used for teaching, and more are on the way. The main change, however, has been the addition of a growing number of translations, currently 101, as shown in Table 1. This work would not



Figure 2. Number of pageviews per six-month period (Total: 369,995)

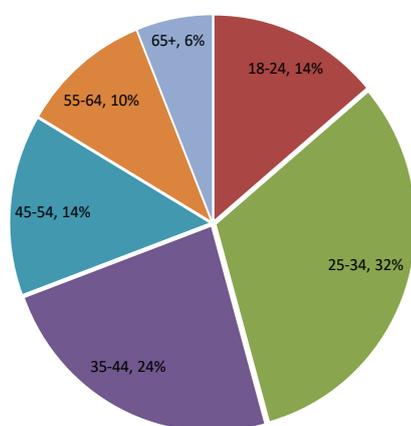


have been possible without the generous contribution of a growing number of experts—175 and counting—who wrote the original chapters, and of a veritable army of translators, too many to name; they are listed in the eBook cover page. However, particular mention should be made of the professionals who, without any funding from IACAPAP, are driving and coordinating the many helpers involved in the various translations: Suaad Moussa (version in Arabic), David Cohen and Priscille Gerardin (version in French); Paz Toren (version in Hebrew); Takahiko Inagaki (version in Japanese); Flávio Dias Silva (version in Portuguese); Dmytro Martsenkovskiy (version in Russian); Matías Irrarrazaval, Daniel Martínez Uribe and Andres Martin (version in Spanish). Julie Chilton (initially with help from the late Rika Klasen) has been producing the PowerPoint presentations for teaching.

### Have the objectives of the eBook been achieved?

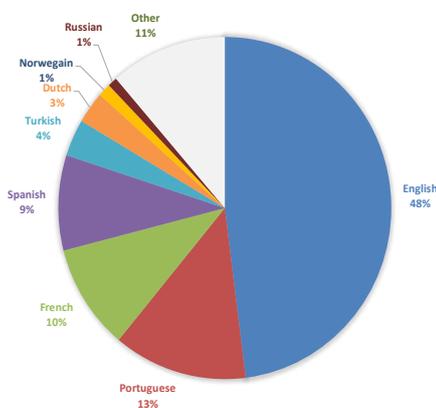
The eBook is being used widely, both in LAMIC and high-income countries, from Lithuania to Liberia and from Rio de Janeiro to Papua New Guinea, as shown in Figure 1. “The textbook is attractively designed and easy to read. Because of the active sidebars, videos and links, studying is more fun and dynamic and readers are allowed to further expand and deepen their knowledge,” wrote two medical residents graduating in the child and adolescent psychiatry program at Vilnius University, Lithuania ([Jakaite & Kazakeviciute, 2012](#)). The eTextbook is also used as a companion resource by people undertaking the MOOC, participating in the iCAMH program, as well as in undergraduate and postgraduate courses all over the world. Nevertheless, the number of pageviews (shown in Figures 1 and 2) does not reflect use completely because it does not count when parts of the book are printed and it does not consider access through the phone apps, but is by far the closest estimate. “In November 2016, I was in Monrovia, Liberia, [...] I took a day off from the conference to visit Janice Cooper at the Carter Centre in Monrovia. [...] It was a wonderful experience meeting with the students and faculty. I discovered that the free IACAPAP textbook was the main text for this program. Several copies of the IACAPAP textbook were neatly bound and ready for use...” (Omigbodun, 2017) It is also important to keep in mind when interpreting these data that in many low-income countries the number of child mental health professionals can be counted with the fingers of both hands.

Figure 3. Proportion of users according to age (2017)



People of all ages use the textbook but 25- to 44-year-olds use it more frequently (56% of all users, Figure 3). Females use the eBook twice as often as males (69% versus 31%); this may simply reflect a predominance of women among child and adolescent mental health workers. In March 2015 a preliminary version of the international child mental health (iCAMH) curriculum was taught to 12 final year pediatric residents at Addis Ababa University by a local consultant child psychiatrist and a visiting child psychiatrist (Rika Larsen). The eBook was the main resource. As internet connectivity is sporadic and expensive in Ethiopia the relevant chapters were installed in a communal computer where participants could copy them for personal use. Student feedback on the material (from those who managed to read it) was very good. Chapters were seen as interesting and easy to understand. Especially in combination with face-to-face teaching, the material was found to be highly relevant clinically. Perhaps the greatest value of the eTextbook is that it can serve as material from which the complete curriculum can be developed by the teachers using or modifying the PowerPoint presentations.

Figure 4. Language of users (2017)



“This form of online knowledge-sharing appears to offer huge advantages to the health/public health sector, especially when conducted in the open, at a time when there is a huge global shortfall of healthcare workers and a need for cost-effective, high quality training” (Coughlan & Perryman, 2015). By enabling anyone to tap into, translate and tailor educational materials previously reserved only for students at elite universities, open educational resources have the potential to jump start careers and economic development in communities that lag behind ([The William and Flora Hewlett Foundation, 2013](#)).

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# A Brief History of the IACAPAP Helmut Remschmidt Research Seminar (HRRS)



Petrus J de Vries, Per-Anders Rydelius & Helmut Remschmidt



The 6th Helmut Remschmidt Research Seminar (HRRS) took place in the spa resort of Svata Katerina in the southern part of the Czech Republic, 17-22 September 2017 (a detailed report of that meeting can be found in the November 2017 Issue of the Bulletin). Twenty-two fellows from 18 countries joined a team of 9 mentors for the week-long seminar. Many fellows were keen to find out more about the story behind the development of the HRRS. In the context of IACAPAP's 80<sup>th</sup> anniversary, we present a brief history of the program, its concept and goals, a summary of previous seminars, and conclude with a few reflections on the value and future of the seminar series.

## History of the HRRS

The precursors to the current HRRS took place in Germany in the 1970's, organized by Helmut Remschmidt and his colleague, Martin Schmidt, to help junior child & adolescent psychiatrists qualify for a research/academic career. The inclusion criteria were that participants had to be advanced trainees who should already have published one or two papers, and should have a desire to become academic child & adolescent psychiatrists.

Helmut Remschmidt Research Seminars" in recognition of Professor Remschmidt's contribution to research development activities. The Seminars were to take place in the geographical area where the next IACAPAP Congress would be held, typically 6-12 months before the Congress. Therefore, the first official HRRS took place in Turkey (Istanbul, 2007), followed by China (Beijing, 2010), France (Paris, 2012), South Africa (Stellenbosch, 2013), Canada (Kannanaskis, 2015) and the Czech Republic (Svata Katerina, 2017).

The overarching vision and mission of IACAPAP as set out in the constitution is "to promote the study, treatment, care and prevention of mental and emotional disorders and disabilities of children, adolescents and their families". The purpose of the HRRS is to inspire young colleagues from child & adolescent mental health disciplines to engage in research. The aims of the 5-day seminar are therefore to provide basic knowledge in key aspects of research design, skills in presenting research to colleagues and in evaluating the research of others, and to enable participants carry out their own research projects under the specific circumstances of their departments, countries and contexts.

## The HRRS model

Over the years, the HRRS have had a very specific structure. All fellows are asked to bring a research plan or an ongoing project to present and work on in small groups



From top: Heidelberg, 1998; Porto Alegre, Brazil (WHAT YEAR?) Istanbul, 2007; Beijing, 2010; Paris, 2012

During Helmut Remschmidt's term as President of ESCAP, Remschmidt and Schmidt started "The European Research Seminar" for young scientists; the first taking place in Heidelberg in 1998, very much following the model used in the earlier German seminars. A further five European Research Seminars took place between 2001 and 2006, all of them in Italy. The aim of the European seminars was to help young European researchers in the field of child and adolescent mental health (CAMH) to pursue an academic/research career. During his term as President of IACAPAP (1998-2004), Remschmidt proposed to expand the European Research Seminars to an international level. In June 2007 the first South American Research Seminar took place in Porto Alegre, in Brazil.

At the 17th IACAPAP Congress in Melbourne, 2006, the IACAPAP executive committee agreed to organize research seminars, and named them "The IACAPAP



From top: Stellenbosch, South Africa, 2013; Kakanaskis, Canada, 2015; Svata Katerina, Czech Republic, 2017.

supervised by 1 or 2 mentors over the course of the week. Mentors are experienced child & adolescent mental health clinician-scientists, supported by research colleagues from local organizing institutions. Mentors typically present papers in the morning and lead small group work in the afternoons. There is also a strong emphasis on group activities to allow fellows and mentors to interact in informal and social situations. Social activities over the years have included forest walks, mountain climbing, wine tasting, picnics, and excursions to museums and historical towns.

The desired outcome of the HRRS is for fellows to have developed and shaped research projects that can be performed in the environment where the participant is based. In addition, participants are encouraged to prepare abstracts for submission to the following IACAPAP congress.

#### HRRS to date

**HRRS 2007, Istanbul, Turkey** (*How to integrate basic and clinical research in Child & Adolescent Psychiatry*)

The first HRRS took place in Istanbul, 2-7 December 2007. Twenty four fellows from Eastern Mediterranean countries (including Middle-East and North Africa) and Eastern Europe (including the Russian Federation) were joined by 11 mentors (Fusun Cuhadaroglu Cetin, Helmut Remschmidt, Amira Seif El-Din, G Schulte-Korne, Andreas Warnke, Myron Belfer, T Tamminen, Bruno Falissard, Herman van Engeland, Per-Anders Rydelius, and Jan-Olov Larsson). Topics included how to establish research

in a developing country, basic and clinical research in dyslexia, infant mental health research, clinical and genetic studies in autism, lithium treatment of children and adolescents, and twin studies on ADHD. Myron Belfer led a half-day writing workshop.

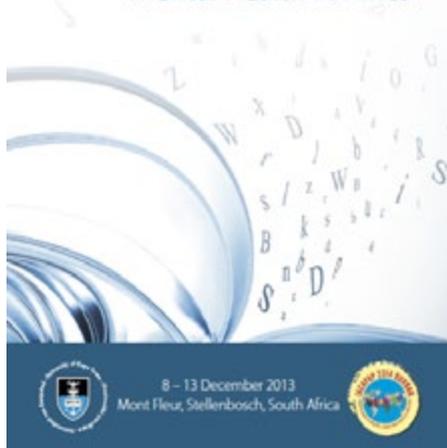
**HRRS 2010, Beijing, China** (*How to integrate basic and clinical research in Child & Adolescent Psychiatry*)

The 2nd HRRS took place from 21 to 26 February, 2010 in Beijing. Twenty one fellows from at least 6 Asian countries were joined by 10 international mentors (Helmut Remschmidt, Susan Shu-Fen Gau, Andreas Warnke, Per-Anders Rydelius, Myron Belfer, Yi Zheng, Sun Min, Ong Say How, Jing Liu, and Bruno Falissard). Apart from talks and discussions around the integration of basic and clinical research in child & adolescent psychiatry, there were also discussions about the challenges of female clinician-scientists in Asian countries. In particular, many female fellows were inspired by Susan Gau's presentation about her journey into the world of clinical research. Other discussion topics included research methods, writing skills, performing research in naturalistic conditions, and research ethics.

**HRRS 2012, Paris, France** (*How to Evaluate Effects of Treatment Strategies used in Child & Adolescent Psychiatry*)

Twenty-two fellows from 12 countries and 8 mentors (Helmut Remschmidt, David Cohen, Bruno Falissard, Colette Chiland, Bjorn Salomonsson, Andreas Warnke, Ralf Dittman and Myron Belfer) contributed to the

## Building Sustainable Research in Child & Adolescent Mental Health in Africa



3rd HRRS, which took place from 22 to 27 January 2012. Topics included a presentation on the placebo effect, a comparison of an infant psychoanalytic approach and treatment as usual, a talk on randomized controlled drug trials, and a session on meta-analysis. Colette Chiland, the local organiser, presented on qualitative and quantitative research, supported by Bruno Falissard. Social activities included a walk in the Marais district and a gala dinner at La Rotonde, a famous cafe in the Montparnasse Quarter of Paris.

### HRRS 2013, Stellenbosch, South Africa (*Building Sustainable Research in Child & Adolescent Mental Health in Africa*)

Given the excitement around the first IACAPAP congress in Africa, scheduled to be in Durban, South Africa in 2014, a decision was made to have an HRRS with only African participants. Aware of the costs of travel within Africa, additional funding was obtained through the University of Cape Town and the German Society for Child & Adolescent Psychiatry to support travel and subsistence for all participants. The 4th HRRS took place from 8-13 December, 2013, at Mont Fleur, a small retreat centre in the Stellenbosch mountains near Cape Town. Sixteen fellows from nine African countries were joined by 7 mentors (Mignonne Breier, Petrus de Vries, Bruno Falissard, Rob Morrell, Helmut Remschmidt, Per-Anders Rydelius and Andreas Warnke). Given the theme of the HRRS, a particular emphasis was placed on research methodology, including a full-day writing workshop. Other topics included trauma, PTSD and children in war situations, and discussions around ICD 10/11 and DSM-IV/5. Three "innovations" were introduced at this Seminar: a booklet with details of the

program, mentors and participants; a public lecture (Helmut Remschmidt presented a talk on high-functioning autism and Asperger syndrome at the University of Cape Town); and a "button" (first awarded to HRRS fellows and mentors in 2015).

### HRRS 2015, Kananaskis, Canada (*Social Adversity and Children's Mental Health*)

The 5th HRRS took place from 13-18 September, 2015, in Kananaskis, a mountain resort in the Canadian Rockies, near Calgary, Canada. Twenty-two fellows from 10 countries and seven mentors (Helmut Remschmidt, Bruno Falissard, Petrus de Vries, Nicole Letourneau, Alan McLuckie, Per-Anders Rydelius and Chris Wilkes) spent five days in the Rockies (including some snow to the delight of our Asian fellows who had never seen snow!). Discussion topics included research methodology, including statistics, longitudinal research and research in relation to public health policies. Given the theme of the HRRS other topics included presentations on the social determinants of child & adolescent mental health problems, resilience research, mother-infant mental health research, research in low-resource communities, and research on adverse life events.

### HRRS 2017, Svata Katerina, Czech Republic (*Children at Risk of Mental Disorder*).

The most recent HRRS seminar took place from 17-22 September 2017 and included 22 fellows from 18 countries, mainly in Central Europe, and 9 mentors (Helmut Remschmidt, Bruno Falissard, Andreas Warnke, Per-Anders Rydelius, Petrus de Vries, Michal Goetz, Michal Hrdlicka, Radek Ptacek, Mabel Rodriguez). The seminar took place in a remote spa resort in the Southern Moravian part of the Czech Republic. Lecture topics included the fundamental importance of research ethics and scientific conduct, how to do research with limited resources, a workshop on research methods and statistics and a writing workshop. In keeping with the theme of HRRS 2017, presentations on longitudinal outcomes of children of parents with alcoholism and a captivating talk on the impact of institutional care for children in the Czech Republic were also included. Fellows' projects included a wide range of topics, from a psycho-education program for adolescents with ASD in Poland, to a school-based intervention for conduct disorder in Nigeria, a study of psychopathology in children with headache in India, and an investigation examining the impact of secondary trauma as a mediator of depression in war-torn displaced children with and without PTSD in the Ukraine.

## Impact and future of the HRRS program

There is no doubt that the HRRS program has by now become firmly embedded as a powerful international research capacity-building vehicle for IACAPAP. To date, more than 300 fellows from more than 40 countries have participated in HRRS and its precursor seminars. No formal tracking of fellows' career trajectories has been performed, but many have described participation in the seminars as "life-changing" in their clinical and research journeys. Feedback from the most recent seminar included comments such as "The HRRS 2017 met all my expectations and more" and "professionally the HRRS was the best experience of my life".

Interestingly, the structure of the HRRS has changed very little over the years. In spite of this, fellows very consistently find it a useful model. One recent participant said: "I don't think anything should be removed, it is perfectly designed as it is". Per-Anders Rydelius reflects: "There has been a number of students from my department – a nurse, psychologist, child psychiatrists – all of them completed very good theses and all of them have very positive memories of the HRRS. So, my own experience as a mentor who attended the HRRS has been very rewarding for me as a mentor and for them for their future scientific work".

"I have been a mentor at all HRRS to date, plus some before that", said Bruno Falissard. "This really relates to the question of research in child & adolescent psychiatry. On the one hand research becomes very high tech with amazing technologies and fundamental research; on the other hand, clinicians have to do research to improve clinical care and to give them a culture of what happens in their specialty. At the moment joining the two parts is a real challenge. I think this is what we do best here at the HRRS". Helmut Remschmidt adds: "I am amazed by how many fellows live and work under very difficult circumstances, such as in countries with war, violence, and displacement. In spite of this, they are motivated to do science. We believe that science stands above all levels of politics, violence and global unrest. Science can overcome and transcend these adversities. We really believe that the HRRS can provide a vehicle to connect child & adolescent mental health researchers around the globe".





Some of the attendees at the IACAPAP World Congress, San Francisco, 1994

# HOW IACAPAP OPENED THE WORLD TO ME

Jan Pecenak



Jan Pecenak, Faculty of Medicine and University Hospital, Bratislava

When I learned that the 23rd Congress of IACAPAP was to be held in Prague in 2018, many memories emerged. At a time when Czechoslovakia and other countries of the former Soviet bloc were undergoing important political and economic changes, an initiative by IACAPAP representatives to support professionals in child psychiatry from these countries emerged. The first meeting of about twenty child psychiatrists took place in Budapest under the direction of Irving Philips, a gracious person with a great attitude and a good understanding of different cultures. We also met a number of other representatives of the Association—Helmut Remschmidt, Per-Anders Rydelius, Kari Schleimer, to name some of them. This initiative culminated in the opportunity to participate in the IACAPAP World Congress in San Francisco in 1994, with full sponsorship of our participation. The experience from the conference was enormous and memorable. The environment at the Fairmont Hotel, where the conference was held, and the hospitality of the organizers, headed by Donald J. Cohen, shown to us, essentially unknown to people from Eastern Europe, was unforgettable. Mrs. Philips welcomed us in her house, unfortunately without the late Irving Philips. After the conference, with the help of Ellen Mercer, a representative of the American Psychiatry Association, I spent some time at Stanford University. I met there another great person, Hans Steiner, another child psychiatrist, who welcomed me to his home and allowed me to have a look at activities in one of the best universities in the world. The experience and materials from this stay helped in my future research work in the field of child autism. Several members of our group later participated as co-authors of the book *Child and Adolescent Psychiatry in Europe* edited by H. Remschmidt and H. van Engeland.

On the flight home, I was sitting by an older lady who asked me about my visit. After hearing it, she commented “You’re starting to explore America from the top”. Yes, that was true; I consider this opportunity given to me by IACAPAP as one of the most outstanding experiences in my life.



# **DONALD J. COHEN FELLOWSHIP PROGRAM (DJCFP)**



## **A HISTORICAL PERSPECTIVE**

**Maite Ferrin**

The history of IACAPAP's Donald J. Cohen Fellowship Program (DJCFP) for International Scholars in Child and Adolescent Mental Health starts with the history of Donald J. Cohen himself. Born in Chicago, Illinois in 1940, he obtained his MD in 1966 from Yale School of Medicine, which he later joined in 1972. Ten years later he was appointed director of the Yale Child Study Center in 1983, a position he held until his death in 2001. Donald was deeply committed to international work and to partnerships in child psychiatry across the globe. He became an IACAPAP vice-president in 1986 and was president from 1992 to 1998.

Donald Cohen contributed to more than 300 professional articles, 150 book chapters, and received numerous awards. His work helped to move child psychiatry into the biological era and made ground breaking contributions in biological psychiatry, while continuing to emphasize both the psychological and social aspects affecting child development. He inspired the production of the first Israeli textbook of child psychiatry in Hebrew, the first modern textbook of child psychiatry in China, and a new textbook of child psychiatry in South Korea.

Donald Cohen died of ocular melanoma in 2001, at the age of 61. At the suggestion of Helmut Remschmidt, the IACAPAP Donald J. Cohen Fellowship Program was established in his honor and was launched during the 16th IACAPAP Congress in Berlin in 2004.



DJCFP coordinators. From left: Joaquin Fuentes (Spain), Ayesha Mian (Pakistan), Naoufel Gaddour (Tunisia), and Andres Martin (USA/Mexico)

The DJCFP is a training program for young professionals modeled on successful activities at previous IACAPAP congresses and research seminars. Their purpose is to foster the professional development of emerging leaders in child and adolescent mental health throughout the world. It is designed for individuals whose engagement could play a pivotal role in addressing the very specific needs of their country. The term “leaders” is used in its broadest sense: whereas some countries may benefit most from advancing their scientific and research development, others will benefit from effecting organizational change in their pediatric mental health infrastructure, and yet others from enhancing the education and training of a new cadre of specialists.

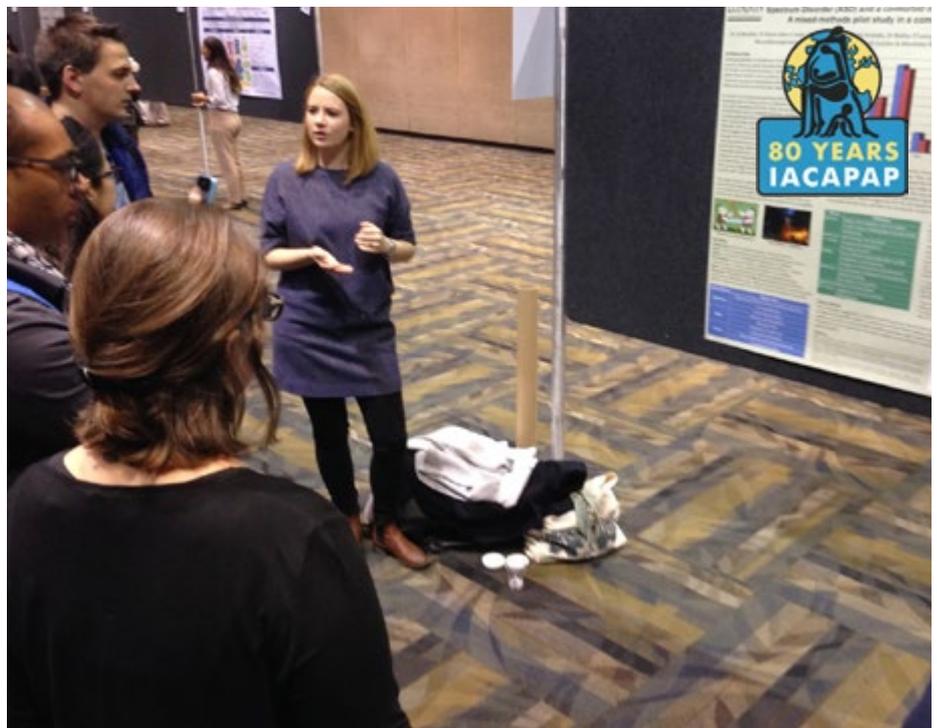
The DJCFP includes a variety of activities that are embedded in the IACAPAP congresses but activities are not scheduled at the same time as other highlights of the congresses. These include:

- Daily small group meetings with leading experts serving as mentors
- Dedicated poster presentations attended by senior faculty members
- Special seminars, such as “Just... do it” (an educational activity oriented to fellows who aim to publish and to present their professional work, see below)
- Social activities
- Free registration for the general sessions at the congress
- Accommodation
- Potential support towards travelling expenses (this option is examined for specific situations but is not granted to all awardees; priority for limited travel assistance is given to participants from low/middle income countries).

### Requirements

- Application and related documentation
- A project suitable for a poster or oral presentation at the congress, submitted through the congress’ abstract submission system.
- Good command of English: applicants should be proficient in English, the official language of the written application and the various educational activities of the Program.
- A recommendation letter from a supervisor or a more senior colleague.

Approximately 20 fellows from different countries are selected to participate in each IACAPAP World Congress. Professionals, but especially those under 35 years of age and from countries where child and adolescent psychiatric needs are under-served and under-represented, are encouraged to apply. An exception for this age criteria refers to



applicants that interrupted their career in order to parent a child and resume later on their professional carrier. Applicants need to explain in their application how their participation in the Program would benefit the specific needs of their country.

### Process

An independent, *ad hoc* international selection committee contacts all applicants informing them of the results. Starting in Calgary 2016, the PDJCP’s Coordinators

“I hope that members will take special efforts to contact colleagues in other nations that are not yet engaged and help find ways of promoting their participation.”

Donald J Cohen MD  
Bulletin, January 1994

are Ayesha Mian (Pakistan) and Naoufel Gaddour (Tunisia), both alumni of the Program. The Program has been previously led by Andrés Martin (USA/Mexico) and Joaquin Fuentes (Spain), who remain involved as mentors and senior advisors. The first DJCFP took place during the IACAPAP World Congress in Berlin in 2004. Since then, more than 400 professionals have participated (see table).

### “Just do it!” The master class by Andrés Martin and Joaquin Fuentes that has had a real impact on the DJCP fellows

The “Just do it” session is an attempt to maintain the passion and the strong belief in the work that professionals do despite possible adversities. It is a call for those who are willing to publish to start doing something in order to make a change. “*You are not alone in coming to the realization that writing is hard work. Don’t believe anyone who says otherwise, but also don’t let it dissuade you from giving it a shot. You may not know it, and someone early in his or her career may not believe it, but the fact is that someone wants to read your work, and there is a home for it. Only one thing is for certain: if you don’t get started and give it a real try, then your work will never be published. Writing is hard work, but it is also a skill you can learn and one that gets better with practice and time. We hope to persuade you that there are steps you can take to make the process more efficient, more hopeful, more likely to succeed, and, if nothing else, more bearable.*” (1)

### Satisfaction Survey

Three days after the end of the program fellows and mentors are invited to express their views in an anonymous digitally-administered survey. Responses were obtained from more than 95% of the fellows and 100% of the mentors. A simple scoring Likert scale with the following anchor points is used: 1 – Outstanding, 2 – Very good, 3 – Good, 4 – Fair, 5 – Not very good, 6 – Poor. Based on prior experience the organizers aimed to achieve an 85% or higher proportion of “1 – Outstanding” or “2 – Very good” on different aspects of the Program.



From top: Berlin, 2004; Melbourne, 2006; Florence, 2007; Istanbul, 2008; Budapest, 2009; Beijing, 2010.



## IACAPAP Donald J Cohen Fellowship Program, 2004 – 2016

Congress, Year	Fellows	Mentors
Berlin, 2004	60	13
Melbourne, 2006	64	21
*Florence, 2007	45	14
Istanbul, 2008	25	12
*Budapest, 2009	30	10
Beijing, 2010	30	10
Paris, 2012	25	10
Durban, 2014	22	10
Calgary, 2016	20	10
<b>Total</b>	<b>321</b>	<b>110</b>

\*In conjunction with ESCAP

Overall, very positive satisfaction (average over 85% of 1 or 2 scoring) has been obtained from both fellows and mentors for every program delivered, with special recognition given to the atmosphere and personal outcome of the Fellowship and the quality of the World Congress. Overall scores were comparable or improved over the years and gradually better when compared to previous editions, showing a healthy positive trend.

### Qualitative feedback: the experience of the fellows

Summary statistics and numbers do not capture completely the scale or the quality at the core of the Fellowship program. Numbers cannot express the positive energy, cultural diversity, talent and creativity of all the fellows and their mentors. These are some quotes (4) that we think are worth sharing:

*"I was touched by so many aspects of*

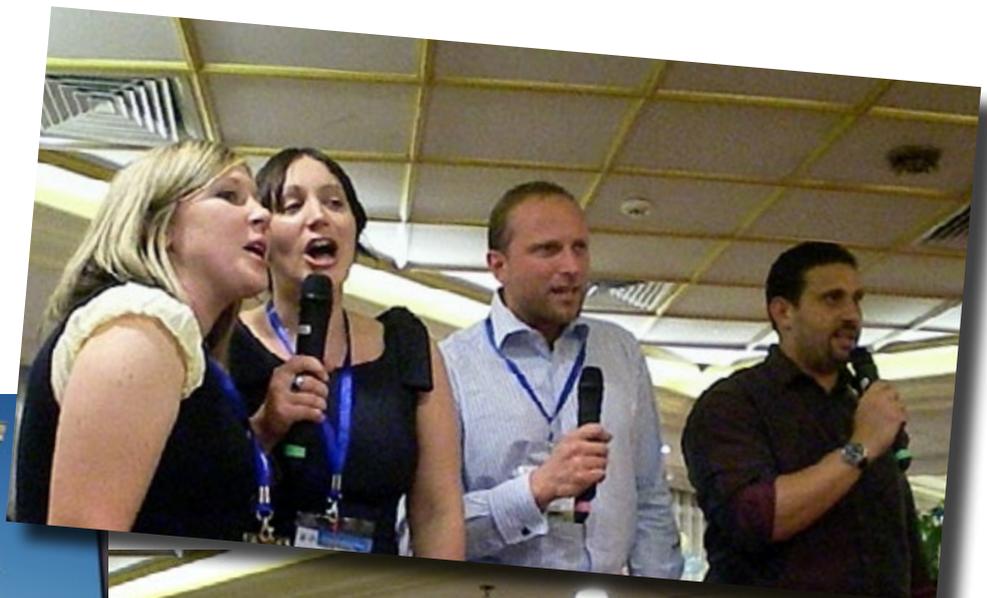
*the conference, especially meeting so many people from such diverse cultures. And those free bus and U-Bahn rides through Berlin... Many evenings I just hopped on a bus and went round the city. I was especially touched by the state-of-the-art lectures. It was so refreshing to sit down and be nourished with excellent, well-organized lectures, coming from a culture where didactic and*

*rote teaching is the norm. What further made things so interesting and worthwhile was meeting people... Excitedly, optimistically, I wished that this notice would bring new hope to child mental health in 'black' Africa. That is still my fervent hope".*

Olayinka Omigbodun, Berlin '04 DJCFP Graduate and IACAPAP President, 2010-2014

*"But you know what they say about all work and no play... So let me assure you, the DJC fellows this year managed to combine a little of both in the experience. This was helped by the fact that we all stayed in the same hotel, close to the conference center. For me, and I am sure for many other Fellows, one of the highlights of the IACAPAP conference was the opportunity to see and hear about local aspects of Beijing, in particular to see part of it with a local. The five local Fellows were sharing rooms with those of us from far flung places, which was in my view a real asset to the 2010 fellowship experience"*

Elizabeth Barrett, Beijing '10 DJCFP Graduate





“Today’s children with mental disorders & anxieties will be tomorrow’s parents & the workers on whom economic systems will depend.”

Donald J Cohen MD  
Bulletin, January 1994

“What an amazing experience! Thank you to all who made this possible, we each feel so honored and blessed to be graduates of such a prestigious and valuable program. Finally, to my fellow DJFC Graduates of 2016, one final message: dream like you are unicorns, because in my opinion we are all rare, magical and inspiring creatures capable of just about anything—and don’t let anyone steal your sparkle. Just do it!”

Julia Dray, Calgary '16 DJCFP Graduate

### After the DJCFP: what comes next?

Cohen fellows are strongly encouraged to continue working together. Some of them have formed professional relationships which continue long after the Congress finished. Some others have become DJCFP mentors, as it is the case with Naoufel Gaddour, Hesham Hamoda or Guilherme Polanczyk, among others. Another good example is Olayinka Omigbodun, former DJ Cohen Fellow from the IACAPAP Congress in Berlin 2004, who became IACAPAP President in 2010 and a leading child psychiatrist in Africa. In September 2016, Dr Huu Kim Lee, a child and adolescent psychiatrist in Australia, published a blog entitled “5 things you didn’t know about the IACAPAP Donald J. Cohen Fellows 2016” (4). He also published five inspirational quotes from Donald J. Cohen, including his vision about the importance



of nations working together to share knowledge, perspective and resources “IACAPAP is dedicated to helping facilitate the exchange of knowledge and expertise among professionals and societies. We hope to soon be able to use the modern electronic communication superhighway to speed up communication.” – (Donald J. Cohen, IACAPAP Bulletin, 1995)

### Sources

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Photos, from top: Paris, 2012; Durban, 2014; Calgary, 2016.



# iCAMH

## A Low-Cost Training Initiative for Low and Middle-Income Countries that Might Actually Work

Maite Ferrin

*iCAMH is the brainchild of Henrikje (Rika) Klasen, who designed it, conducted the initial field trials, and began promoting it with an enormous energy and dedication. However, her life was cut short in its prime and she died in 2017 after a short illness. Rika hoped that other professionals would take up the challenge of implementing and expanding the program with the support of IACAPAP.*

*The image at the top shows the participants in the Sri Lanka program in April 2016.*

### The burden of disease

Child and adolescent mental health problems are common, serious and treatable. Fifty percent of all chronic mental health problems start before the age of 14 years, and up to eighty percent start before the age of 18. Problems in children and adolescents are known to be linked to educational failure, criminality, suicide, substance abuse and serious lifelong functional dysfunction. However, the gap between those needing care and those receiving it is huge, particularly in low resource settings. These are the main reasons:

- There are very few resources spent on child and adolescent mental health (CAMH)
- There are very few (child and adolescent) psychiatrists, psychologists or child mental health community workers; and most are extremely busy
- There is a lack of experienced clinical teachers and trainers and very little research
  - Even where the WHO mhGAP program is implemented the child modules are often left out.

### How we can intervene? The iCAMH model

Thanks to IACAPAP and WHO initiatives, this is beginning to gradually change and these problems have started to be addressed. There are three different levels where we can intervene:

- *Primary sector:* health officers, GPs, psychologists: mhGAP. They have a major role in delivering services to large populations
- *Secondary sector:* pediatricians, general psychiatrists, mental health officers etc. They have a vital role to play in supporting, training and supervising primary services
- *Tertiary sector:* specialist child and adolescent psychiatrists, clinical psychologists: full specialist training. Fully trained and equipped specialist centres are needed for research, training, development and referral

The iCAMH training is a free 24-30 hour competency-based training aimed at second-line practitioners around the world who have no specific training in child psychiatry but who nevertheless see children with mental health problems (e.g. pediatricians, general psychiatrists and their final year trainees; mental health officers etc.). Generally iCAMH is geared to deliver low-cost training in low and middle income countries (LAMIC). It uses the most promising evidence available to improve CAMH services in these countries.





iCAMH prepares participants to identify, diagnose and manage common uncomplicated psychiatric disorders of childhood and adolescence, as well as to supervise and support primary care staff managing CAMH problems. To cater to the local context, participants provide some personal video material of assessment and treatment sessions with children and families to be discussed during the course. The focus is on the most common childhood mental health problems (with prevalences of about 1% or more), which participants are likely to encounter in their daily practice. In addition, participants will learn about the scope and importance of child and adolescent mental health problems worldwide and in their own country. Service models and the role of task shifting are discussed preparing participants for leadership and advocacy tasks in child mental health.

In high-income countries, on the other hand, experienced child psychiatrists might be in a position to give some time and expertise to support their colleagues from LAMIC countries, and gain new perspectives of their profession. Teaching and experiencing mental health care in lower income countries, going back to basics, can be a truly inspiring experience.

The iCAMH model builds on the MOOC and IACAPAP textbook, emphasizes practical skills and expands both in depth and scope the child mental health competencies covered in WHO's mhGAP (as recommended for primary health professionals), and the MOOC. The combination of MOOC, clinical exercises and iCAMH training provides a blended learning experience that leads to an "IACAPAP/iCAMH certificate for basic child and adolescent mental health".

The training is delivered face to face, in a culturally appropriate fashion, focusing on the most common CAMH problems. It is led by a local group/trainer and supported by and iCAMH volunteer junior and senior trainers. The training is aimed at enhancing clinical skills, and integrating these skills into daily practice. It uses a mixed method of training (role plays, videos, groups etc.), it is initiated/ requested and lead locally, and provides adaptable evaluation materials.

Topics generally presented are the following:

- Introduction: the global/local scope of CAMH
- Assessment, formulation
- Intellectual disability
- Epilepsy
- Autism spectrum
- ODD/CD
- ADHD
- Pediatric delirium
- Depressive disorders
- Anxiety disorders
- Somatoform Disorders
- Elimination Disorders
- Stress
- Trauma
- Child abuse
- Implementation.

A typical iCAM module includes:

- Clear objectives: building up and going beyond mhGAP
- Introductory discussion: own experience, cultural/local factors
- Own cases from reports/films previously produced
- Brief interactive lecture (recapitulation of material learned in the MOOC)
- Assessment skills training
- Management skills training
- Practical steps for implementation.

### **Who can be trained and how?**

The training is aimed at highly qualified 2nd line professionals able to act as multipliers and supervisors to others: typically, these are initially pediatricians and general psychiatrists (and their senior residents) with some prior knowledge of CAMH (e.g. having passed the iCAMH MOOC).

### **Steps to get iCAMH on the road**

1. Do the MOOC (Massive open online course)
2. Lobby your colleagues or professional organizations or both

## An example of iCAMH

### The iCAMH Training

International Child and Adolescent Mental Health Training

Session 6 – Moderate and severe depression

Build on IACAPAP Textbook of Child and Adolescent Mental Health, Goodman/Scott Child Psychiatry and WHO mhGAP Intervention Guide

Adapted by Henrikje Klasen, Julie Chilton, Joseph Rey, Bruno Fallissard and Chiara Servilli



### Objectives:

At the end of this session you will be able to

- Screen patients/parents for an emotional disorder
- Differentiate and diagnose
  - moderate-severe depression
  - anxiety disorders
  - "other significant emotional or medically unexplained complaints"
- Treat or manage through
  - Psycho-education
  - Basic and advanced psycho-social interventions
  - Pharmacotherapy for moderate-severe depression
- Have basic knowledge about EB psychotherapies CBT and IPT
- Know when to refer a patient to a child psychiatry specialist

3. Form a critical mass (approximately 8-10 MOOC graduates/region)
4. Gain some experience (write-up/film about 3 cases)
5. Host the iCAMH Training
6. If satisfied repeat 1- 4 with new staff on a yearly basis

Psychiatrists or pediatricians or an organization from a low or middle income country, having recognized the need for more child mental health training, are invited to participate. They can lobby colleagues through the professional organizations, university pediatric or psychiatric faculties etc., for pediatricians, general psychiatrists and/or their senior trainees to participate in the iCAMH MOOC (see IACAPAP website). Once there are eight or more colleagues in one area who have passed the MOOC there is capacity to host an iCAMH training.

A suitable training venue needs to be available. Local NGOs, local universities or health departments might be able to assist with the organization and some of the training costs, including copies of some course materials (DVD with resources, photocopies etc).

Participants will have to perform some clinical assignments (apart from the MOOC), which will be used during the training (case reports and/or videos of local patients). Organizers have to decide on the most suitable format and timing for the course for participants as well as for trainers (optimally 4-6 days).

Organizers will need to make detailed arrangements with each other. In some instances, they will need to provide a letter of invitation from the organization for a visa (IACAPAP can also provide a letter of support). Arrangements should be made well in advance (6-9 months). During the stay, the organizers will host the trainers, and are responsible for local transport, meals and accommodation, which can be in the home of a colleague (that would make our colleagues feel welcome and show them how the system works in different countries).

Cultural adaptation in the content of the training and interpersonal relationships is a crucial part of delivering iCAMH. The trainer needs to have a clear understanding of cultural presentations, cultural issues such as parenting styles and, most importantly, the services and resources available. It cannot be expected of foreign trainers to have a good knowledge of the host country. Hence, it is important to be aware of this and be sensitive and open to learn from local trainers and participants and develop the program together. Therefore, collaboration between local and foreign trainers provides a mutually beneficial learning experience.

Evaluation is also a key part of the training. Unless evaluated, it is hard to know how it works and whether it achieves its goals. It will be important to have clear expectations and specifically put aside time within the training to do the evaluation.

Participants in the Papua New Guinea program.





iCAMH training session in Sri Lanka

### Examples of successful iCAMH programs

#### Addis Ababa (Ethiopia)

The first pilot study was held on Addis Ababa (Ethiopia) during February and March 2015 at the Addis Ababa University Department of Pediatrics. It was an extracurricular course composed of ten, 2.5 hour sessions. The topics were chosen by the heads of the pediatric and psychiatric department and the course was jointly taught by iCAMH's Dr Klasen and a local expert, Dr Yonas Baheritebe. Fifteen final year pediatric residents participated and a number of questionnaires, including tests on knowledge (Goodman's Youth in Mind), attitude (adapted from ATP), OSCEs, and qualitative and quantitative feedback were collected both before and after the course.

Preliminary results showed that knowledge improved in half the residents (those who had done some reading), and that there was an improvement on the perceived importance of CAMH for society, and a wish for more undergraduate CAMH training to be done. More professionals felt that they had a role in raising mental health awareness and fewer felt awkward in the presence of CAMH patients after the course. Most importantly, there was a huge improvement in OSCE scores and reported confidence. Quantitative feedback showed a high satisfaction with the program.

During July and August 2015, the first iCAMH volunteers were recruited and the MOOC was completed. In February 2016 the second iCAMH Training in Ethiopia was carried out and the first iCAMH certificates for completion of MOOC and training were issued.

#### Sri Lanka

The second iCAMH training was held in Sri Lanka—reported in the November 2016

issue of the IACAPAP Bulletin. At that time, Sri Lanka had only six child psychiatrists for a population of about 20 million. Dr Rathnayaka, Dr Senevirathne, Dr Wijethunga and Dr Attygalle, all of them based in Sri Lanka, carried out the course. In addition, due to the high demands of work, they are isolated, having little opportunity to meet with each other and share knowledge and experiences. iCAMH training provided a structure for them to deliver a practical training program for the participants they wanted to train. Apart from the dissemination of knowledge and skills, participants found iCAMH to be a good base to build and strengthen relationships.

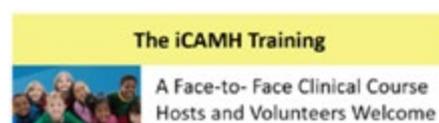
#### Papua New Guinea and Fiji

The third iCAMH training was conducted in Papua New Guinea and Fiji between October 2016 and March 2017—reported in the June 2017 issue of the IACAPAP Bulletin. Training was provided by Dr Nick Kowalenko and Dr Ben Hoadley, both child psychiatrists based in Sydney, Australia. The training in Papua New Guinea was delivered in the facilities of the University Papua New Guinea School of Medicine and Social Services. There were eight participants and it was opened by Dr Mug and Dr Hagali. The training in Fiji took place in Namosi House, and was led by Dr Allen. Participants made a number of reflections on the training including how it had helped them to better deal with the consequences of the cyclone Winston, which devastated the country in 2016.

#### Conclusion: iCAMH? Yes!

Initial pilots of iCAMH in Africa (Ethiopia) and Asia (Sri Lanka, Fiji and Papua New Guinea) have shown excellent clinical relevance and significant improvement in clinical skills, attitudes and ability to identify child mental health problems in practice. The iCAMH course will need to be fully evaluated before other conclusions can be drawn. Considering that iCAMH has been successfully used in these countries, it holds promise as a model that could be extended into a variety of low and middle-income countries. Inter-cultural collaboration, empowerment and cultural adaptation are as important goals as teaching and education.

**If you want to contribute or become involved in iCAMH training, click on the image below to obtain more information.**





# 2nd Regional Meeting of International Society for Adolescent Psychiatry and Psychology (ISAPP)

joint with 31st Annual Meeting of Japanese Society for Adolescent Psychiatry (JSAP)

## Meeting Adolescents in an Ever Changing World

29 June - 1 July 2018

Senri Life Science Center

Osaka Japan

### Conference Office

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### Website

<https://www.facebook.com/ISAPP-regional-meeting-in-Osaka2018-377796332607467/>

President (ISAPP)

**Lois Flaherty**

President (JSAP)

**Kiyoshi Ogura**

Congress President

**Naohiko Tachi**

Speakers

Lois Flaherty (USA)

Anthony Bateman (UK)

Kiyoshi Ogura (Japan)

Mario Speranza (France)

Shinichi Nakamura (Japan)

Annette Streeck-Fischer (Germany)

.....and others



# 14th Biennial Conference of the Indian Association for Child and Adolescent Mental Health

**Adarsh Kohli**

President of IACAM

The Indian Association for Child and Adolescent Mental Health (IACAM) was conceived in 1988 and born in 1990. The idea of floating an association of child mental health professionals originated in 1988 on the “National Workshop on Child Mental Health: Needs and Priorities” organized by Dr. Savita Malhotra, Department of Psychiatry at Post Graduate Institute of Medical Education and Research, Chandigarh, on November 25-26, 1988. The idea was mooted among prominent psychiatrists and received an overwhelmingly positive response. Considerable amount of support was mobilized and it was finally possible to prepare a memorandum, introduced formally at the first National Conference of Child and Adolescent Mental Health in Pune on November 3-4, 1990. There was considerable interest, enthusiasm and resolve among the participants and a unanimous decision was taken to form an independent and exclusive association of child and adolescent mental health. The conference has been taking place every two years since then. Membership is open to child mental health specialists, psychiatrists, child psychologists, and other allied professionals working with children.

The 14<sup>th</sup> Biennial Conference of the Indian Association for Child and Adolescent Mental Health was held at Swabhumi, Heritage Plaza, in Kolkata from 10-12<sup>th</sup> November 2017. The organizing chairperson was Dr Devashish Konar and the organizing secretary, Dr Sanjay Garg. The theme of the conference was “Positive mental health for children and adolescents.” There were six CME’s on the first day on: auto-immune encephalitis, recent advances on autism, bipolar disorders in children, recent developments in child and adolescent mental health in India, innovations in child and adolescent psychiatry, and co-morbidities in child psychiatry. On the three days of the conference there were plenary sessions, concurrent sessions, poster and free paper presentations and award paper presentations. The conference received a very positive response from the entire country. Special guests were Dr Nibert Skokauskas, representative of the World Psychiatric Association and Dr. Fusun Cetin Cuhadaroglu, Secretary General of IACAPAP. They enlightened everyone with their thoughts and experience. The keynote address by Professor Savita Malhotra, Life

President, was on “Civilization onslaught and child mental health.”

The plenary sessions were delivered by legal experts and child psychiatrists on the role of genetics in the practice of child psychiatry, challenges of CAMH, and policy developments and linkages between the disability bill and mental health. The Poona Psychiatric Association Oration was delivered by a senior psychiatrist on the topic “Child sexual abuse: the Indian scenario.” There were also three award sessions, the “Niloufer Award” on intervention, “The Luke Clack” and “JC Marfatia Award.”

Topics of the 18 symposia included biological, clinical and psychological forerunners of substance use disorders, electronic gadget use, internet addiction in children, infant and toddler mental health, neurobiology of ASD, psychotherapy within positive psychology, current status of ADHD, psychosocial management of child sexual abuse, dissociative disorders in children, personalized medicine in child and adolescent psychiatry, and OCD in children and adolescents. Disability certifi-

cation for neurodevelopmental disorders, CBT for anxiety disorders, caring for the developing brain, using the language of children, early detection of CSA, identifying and managing psychosis in children below 12 years of age, and child and adolescent psychopharmacology in the context of low income countries were the workshops. There were also 25 free papers on self-esteem, psychosis, farmer’s suicide, parental psychopathology and family instability, delaying gratification, ASD, the role of Bach flower remedies in anxiety disorders, learning disorders, romantic relationships, peer victimization, methods to reduce stress using Bhagwat Gita, and outpatient intervention programs for adolescents. The 19 poster presentations included topics such as ADHD, pica, hypermobility syndrome, dermatitis artefacta, unilateral pseudoptosis, trichotillomania, arts-based therapy, autistic catatonia, dissociative disorders, relationships and depression, unexplained pain symptoms, postpartum mental illness, depersonalization, and prevalence of depression and anxiety in children with Type 1 diabetes mellitus.

# 9<sup>th</sup> Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)



Tjhin Wiguna & Suzy Yusna Dewi



Opening ceremony

The 9<sup>th</sup> Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) may just be over but the lessons learned and great memories will always remain. The conference was held in Jogjakarta city, Central Java from August 24 to 26, 2017, gathering more than 400 participants from across the globe, from Association of South East Asia Nations' (ASEAN) countries, Japan, China, India, Australia and from as far as the Netherlands, Finland and USA. The main theme of the conference was "Cultural diversity, challenging life events and stigma: Improving child and adolescent quality of life." Hundreds of interesting papers were presented in lectures, plenary symposia, and parallel symposia. The conference covered several important issues especially relevant in Asian countries but also globally, such as the link between traumatic experiences and violence, culture and values towards parenting, teen pregnancy, infant feeding problems and juvenile delinquency.

As an introduction to the Indonesian culture, the conference opening was performed by an *Angklung* ensemble with Indonesian traditional songs. *Angklung* is a traditional

Indonesian percussion instrument made of bamboo.

Dr Bruno Falissard (France), President of the International Society for Child and Adolescent Psychiatry and Allied Professions (IASCAPAP) gave the opening address. He spoke about the important topic of positive mental health and its relevance for society and cultural legitimacy. Dr Micheal Kang-E Hong (South Korea) discussed the importance of parenting in promoting child and adolescent mental health. He also explained how to integrate traditional Eastern ways and modern Western ways of parenting in Asian countries. From a clinical perspective, Dr Jan Prasetyo (Indonesia) pointed out the importance of understanding transcultural psychiatry in child and adolescent clinical practice, particularly aspects such as ethnicity, religion, and minority status.

Dr Campbell Paul (Australia) shared his experienced on infant mental health. He also ran a pre-conference workshop on neurobehavioral observations and talked about the critical role of clinicians in providing psychological intervention for infants and young children. Dr. William De Jong (Netherlands), an educator for special needs children, discussed classroom interventions for children with con-

duct and oppositional behavior. Dr Andre Sourander (Finland) presented a review of adolescent mental health and bullying.

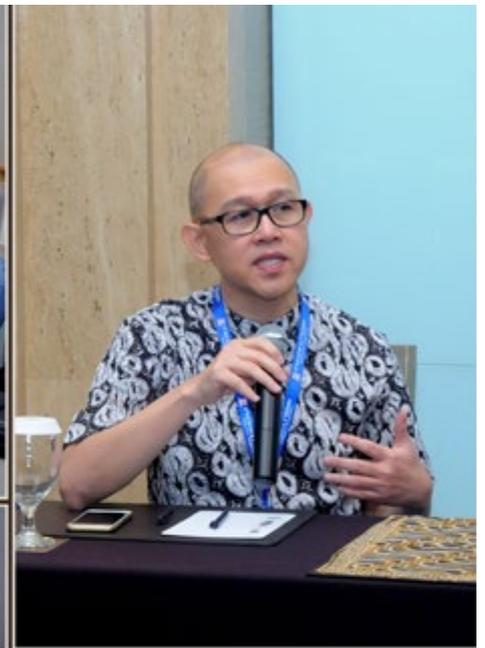
The local media took a considerable interest in this ASCAPAP Congress, highlighting and discussing many issues relevant to child and adolescent mental health. More than 15 local journalists participated in a press conference and were actively asking about the importance of child and adolescent mental health and how to promote it. The next ASCAPAP will take place in 2019 in Bangkok, Thailand.





Photos. Top, clockwise from top left: Bruno Falissard, Chin Lee Toh, Jan Prasetyo, Kang-E Michael Hong Clock. Below, clockwise from left: John Fayyad, Dwidjo Saputro, Edith Willy Humris Pleyte.





*Press Conference*

Press conference; clockwise from top left: Tjhin Wiguna, Suzy Yusna Dewi, Dwidjo Saputro, Tjhin Wiguna, Suzy Yusna Dewi. Below, Dr Campbell Paul's workshop.



**NBO Observations Item Summary**  
(18 items - Handbook page 60)

- Habituation to light and sound
- Muscle tone in legs and arms and activity levels
- Reflexes and Motor behavior: rooting, sucking, hand grasp, pull to sit and crawling
- Visual and auditory Responsiveness: face and voice, the red ball, the rattle
- Crying and Consolability
- State-regulation



*Workshop 5... Campbell Paul*



# The 10th Annual Conference of the Bangladesh Association for Child and Adolescent Mental Health (BACAMH)

## "Priorities for Child and Adolescent Mental Health in Bangladesh"



**Sifat E Syed**  
Assistant Professor of Psychiatry, BSMMU; Academic Secretary, BACAMH

The Bangladesh Association for Child and Adolescent Mental Health (BACAMH) has been the organization for professionals working in the area of child and adolescent mental health in Bangladesh since 2008. BACAMH is a member of the Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) and of IACAPAP. With 889 members, BACAMH has become the largest mental health organization in Bangladesh, incorporating members from all disciplines working in the field of child mental health.

The 10th Annual Conference and General Meeting of the association took place the 27 and 28 November, 2017, in the Shaheed Dr. Milon Hall at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka. The theme was "*Priorities for Child and Adolescent Mental Health in Bangladesh*". Around 300 participants registered for the two-day program, including psychiatrists, psychologists, pediatricians, social welfare and child development workers.

The program was presided by Professor M A Salam, President of BACAMH, and inaugurated by Professor Kamrul Hasan Khan, Vice Chancellor of BSMMU. Pro Vice Chancellors,

Professors Sharfuddin Ahmed, Shahidullah Sikder and Waziul Alam Chowdhury, President of the Bangladesh Association of Psychiatrists, were special guests at the opening ceremony. The Secretary General, Dr. Helal Uddin Ahmed, started the ceremony with his welcome address and was followed by an inspirational speech by Professor MSI Mullick, founder of BACAMH. Professor M A Salam closed the opening with a vote of thanks.

There were 20 scientific presentations, including six plenary sessions, two theme papers, and eight oral presentations. The keynote address was delivered by Professor MSI Mullick, the title of the

presentation being the same as the theme of the conference. An oration—named after the late Professor Syed Kamaluddin Ahmed, an eminent and respected Bangladesh psychiatrist—was delivered by Professor Mizanur Rahman, pediatric neurologist, with the title "*Clinical Utility of Genetic Diagnosis for Autism and Neurodevelopmental Disorders*."

One interactive workshop was conducted by Dr. Murad Bakht (Canada) on "*Development, Management and Prevention of Childhood Disruptive Behavior Disorders*." There was one symposium on health literacy. On the first day there were four plenary lectures



delivered by psychiatrists: Professor Jhunu Shamsun Nahar (*Self-Harm Among Teenagers*), Dr. Sultana Algin (*Family Accommodation Among Children and Adolescents with Obsessive Compulsive Disorder*), Brigadier General Professor Azizul Islam (*ADHD: Management Across the Lifespan*), and Dr. Helal Uddin Ahmed (*Childhood and Adolescent Depression: Issues and Concerns*).

On the second day there were two plenary lectures by a pediatric neurologist, Professor Dr. Narayan Saha, (*Clinical Approach to a Child with*

*Pervasive Developmental Disorder*) and by a Psychiatrist, Professor AA Mamun Hussain (*The Cellphone—Paradox of Our Era*). There was an exciting debate on the topic “*Non-Pharmacological Management is more Important than Pharmacological Management in Child and Adolescent Psychiatry.*”

The theme papers were presented by the President-elect (Professor Md. Faruq Alam) and Dr. Murad Bakht, respectively: “*Child and Adolescent Mental Health Services: Priorities for Bangladesh*” and “*Why we Need to Prioritize Children’s Mental Health Services.*”

Apart from the scientific program, there was an excellent cultural evening where psychiatry residents performed singing, dancing and drama numbers. The gala dinner started by cutting a cake to celebrate the 10th anniversary of BACAMH. The Iranian movie *Children of Heaven* was also screened.

The Annual General Meeting was presided by Professor M A Salam. The reports of the Secretary General, Academic Secretary and Treasurer were presented and approved, and there was lively discussion about different organizational issues. The meeting ended by declaring the dates of the 11th annual conference of 2018.



Cutting the cake to celebrate the 10th anniversary and, right, the scientific debate

# A word with Professor Daniel Marcelli

President of SFPEADA

Anne-Catherine Rolland

Professor Daniel Marcelli, the new president of SFPEADA (French Society of Child and Adolescent Psychiatry and Associated Disciplines), who was elected in July 2017, answers some questions from Anne-Catherine Rolland.

**Dear Daniel, can you tell us about yourself in a few sentences?**

Well, I am a child psychiatrist, a former university teacher of child psychiatry in Poitiers, and author of many books. My training has a psychoanalytic inspiration. Initially, during my internship, I trained in pediatrics, psychiatry and neurology—so, a fairly broad training.

**In a game of free associations, if I say “French Society of Child and Adolescent Psychiatry and Associated Disciplines,” what comes to your mind?**

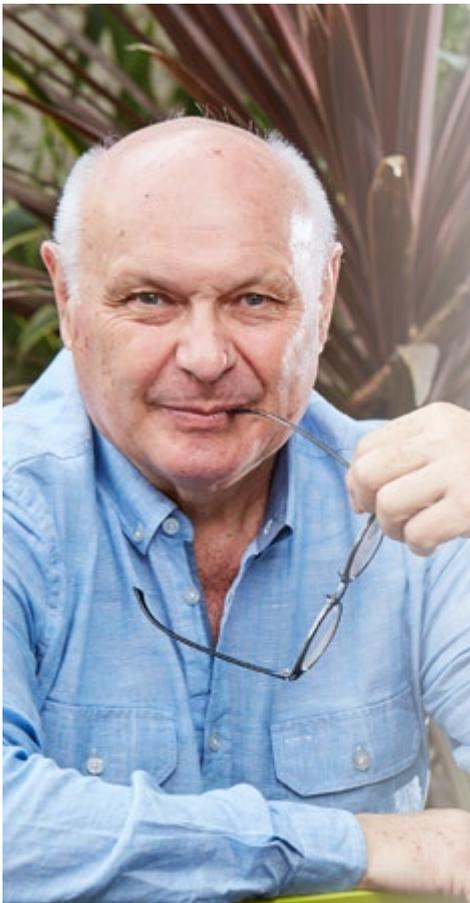
SFPEADA is the oldest society in this field in the world. It has the mission to protect our discipline, that is to say, child psychiatry as specialty, and the people who have the diploma in child psychiatrist. Today, unfortunately, the number of child psychiatrists continues to dwindle—there are more child psychiatrists retiring than entering training—moreover many child psychiatry positions are filled by medical practitioners: adult psychiatrists or, sometimes, even general practitioners, who may do a good job but who were not trained in child psychiatry. So, the mission of our society is to highlight the importance of a basic training in child psychiatry, and to ensure that many of those who hold child psychiatry positions are trained by professionals who have benefited from such an education. I think it's not the same at all to undergo a demanding basic training as to gradually learn on the job. When one trains on the job one only learns from a local situation or a particular approach. It is essential to have a good grounding in child psychiatry to deal with all the issues that may crop up. A good basic training stands you in good stead.

**You position yourself as an advocate for basic training in child psychiatry but you did not mention the associated disciplines**

The second essential element is that SFPEADA, is one of the few societies, if not the only one—with the exception of IACA-PAP—to accept allied health disciplines. This highlights the transversal dimension of our discipline. Child psychiatrists work alone with their patients. This can be done in a private practice setting but not in institutions. Child psychiatrists usually rely on the work of others: nurses, teachers, speech therapists, physiotherapists, and, of course, psychologists. Recognizing the place and importance of all these disciplines and professions in caring for children is essential. Therefore, our society, which must be sensitive to the quality of care given to children, must also take into consideration these associated disciplines and give them their rightful place.

**Personally, have your ties with SFPEADA changed?**

I have always had a close relationship with the SFPEADA. I was the head of the clinic at *La Salpêtrière* (Paris) for a long time, in the service of Professor Didier-Jacques Duchy who, following Professor Léon Michaux, was one of the founders of SFPEADA. After being a member of the scientific council for a long time, I was asked to be in the board of directors, with the prospect of eventually becoming president. I did not want to be president when I was very busy. I lived in Poitiers where I had a lot of commitments. I considered that I could not meet the duties of being



president, which are quite demanding, particularly because one must have the ability to respond in an emergency.

**From the term of the former President, Professor Wawrzyniak, what are the works or projects you have taken over?**

Our society is organized with a triumvirate at the top: past president, president, and president elect. We move over after three years on each of these positions, which is quite comfortable because one can rely on the expertise of the former president. For example, I rely on the experience of Michel Wawrzyniak and induct and train the president elect, currently Jean Chambry, who is expected to be the next president.

As far as I am concerned, one of my first objectives is to completely reorganize the secretariat and administration (listing of subscribers, website, etc.), that is, the logistics of our society. My second objective is to enhance the place of SFPEADA in the international arena. Since Michel Wawrzyniak was very involved in this, as past president, I have proposed to him to take charge of international relations. The third objective concerns government relations, particularly with the Ministry. In addition to the question of training and the number of child psychiatry positions already mentioned, these relations also engage child psychiatry in certain areas such as the issue of radicalization of young people; it is important for our society to have a position on that.

**Finally, what do you wish for our beautiful society?**

Firstly, a life as long and rich as it has had so far. Secondly, I am very much in favor of other associations and societies that gravitate towards the field of child psychiatry joining SFPEADA. I would like this because I believe that the time now is not for dispersal but for inclusion if we want to have a strong voice and be listened to, especially by the government. The success of my mandate would be that, by its end, all the societies that exist in the field of child psychiatry are under a single roof, even if inside this society there are branches or sub-branches catering for the various shades and special interests. The time for division, which means weakness, is no more, now is the time for coming together...

**La vulnérabilité,**  
Lieu de rencontre avec le bébé, l'enfant et l'adolescent

**Angers,**  
1<sup>er</sup> et 2  
juin 2018

Congrès français  
de Psychiatrie  
de l'Enfant et de  
l'Adolescent

Acrobate à la boule, 1905-Succession Picasso, 2017



# Blind, Deaf and Mute Children in Russia Past and Present

E. Makovetskaya-Serebryakova, A. Martynova, S. Retsya, K. Savina, E. Zhuravleva,  
O. Rusakovskaya

*«Слепой и глухой способны ко всей полноте человеческого поведения, к активной жизни. Вся особенность в их воспитании сводится только к замене одних путей для образования условных связей другими. Принцип и психологический механизм воспитания здесь те же, что и у нормального ребенка»*

*The blind and the deaf are capable of active living and of the fullness of human behavior. The only special feature in their upbringing is to change certain ways for the formation of conditioned connections by others. The principles and psychological mechanism of their education is the same as that of a normal child*

L.S. Vygotskij



According to Meshcheryakov, children who are blind, deaf and mute are able to explore the world only by touch. They are separated from the world around them and from society by a wall of silence and darkness. Without professional support they are not able to communicate with others verbally or non-verbally, which condemns them to loneliness and disturbances of development, similar to a severe cerebral pathology. He described the blind-deaf-mute child as “a creature without human psyche” who, with professional support, can be developed to the highest level.

The history of supporting and educating deaf-blind children in Russia began in 1909. At that time the first charitable society for the care of blind, deaf and mute people was set up in Saint-Petersburg. The first educational institution for deaf-blind people was established in 1925 in Har'kov. In the 19<sup>th</sup> century several well-known experts (L.S. Vygotskij, I.A. Sokolyansky, and A. Meshcheryako), inspired by the example of Hellen Keller, worked with blind, deaf and mute children in soviet Ukraine and Russia.

Ivan Sokolyansky (1889–1960), who worked from 1910 in Ukraine with deaf-mute and then with blind-deaf-mute children,

elaborated a methodology for their education. In the first stage (“phase of initial humanization”), the child was helped to master practical skills (self-care and domestic skills) and was taught about real things “that formed his human psyche.” In the second stage, nonverbal communication options were formed, and the semantic content, the meaning of things, appeared. In the third stage, the child was taught written language, Braille, that made self-learning possible.

One of Sokolyansky's students, Olga Skorokhodova (1911-1982), who had lost her sight and hearing at the age of five due to meningitis, after graduating from the school for children with disabilities of Sokolyansky, worked as a researcher in the Institute for the Handicapped of the USSR Academy of Pedagogical Sciences and was known as the first deaf-blind researcher in the world. From the very beginning Sokolyansky set the goal of teaching self-observation to her. She was taught to record her observations—the journal provided the bases for three of her books—describing how a person deprived of the most important senses, sight and hearing, perceives, imagines and comprehends the world around [1]. Olga authored many books, articles and poems, and lectured at various universities.



Ivan Sokolyansky top, and  
Alexander Meshcheryakov



Olga Skorokhodova

A.I. Meshcheryakov (1923–1974) followed Sokolyansky's ideas and was another significant scholar in this field. In 1961 he established a laboratory for the education of blind-deaf-mute children and in 1963 he set up a boarding school for these children in Zagorsk (now Sergiev Posad), a small town near Moscow. The best known pedagogic project of Meshcheryakov was "the Zagorsk Experiment" [2] to prove that blind-deaf-mute children were capable of learning like normal children. During this "lifelong experiment" four disabled students of the boarding school finished not only secondary school but graduated from the Moscow State University and undertook postgraduate studies. S. Sirotkin, a PhD, and Professor A. Suvorov continued their work not only in Russia but in Europe.

Currently, there are about 200 schoolchildren with different disabilities (blind, deaf, hard of hearing and other), who live and study in the "Sergiev Posadsky Orphanage for Deaf-Blind Children." From the first day in the orphanage, every child is accompanied by a psychologist, who supports him or her throughout their stay. In the preparatory stage, children learn self-care skills, spatial orientation, and sign or Braille language; they learn to play games, work with clay, and design simple models with building blocks. While children learn sign languages, their images of subjects are forming; this plays an important role in the development of verbal language and communication skills. Interpersonal interactions include shared activities,

drawing, molding, scheduling, natural gestures, sign language, written and oral speech. Children are taught also to use computers, useful for future employment.

In 2014, the deaf-blind support foundation "Connection" was established in Russia with the mission of supporting deaf-blind people and to become an intermediary between their world and the world of people who can see and hear. As highlighted in [the Foundation's web-site](#), its creation "was motivated by the fact that, regardless of the rich historical experience and achievements of deaf-blind people in Russia, that has not received much attention from the government and society during the last decades." The key projects of "Connection" are the creation of a deaf-blind family association, a resource center for deaf-blind people ("Yasnaya Polyana"), to establish supported accommodation for deaf-blind people ("Silent House"), professional education, and so on. "Connection" also digitalized the Meshcheryakov's archives of "Zagorsk Experiment", which are now available to researchers all over the world [3].

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Del 7 al 9  
de junio 2018  
Palma  
Illes Balears

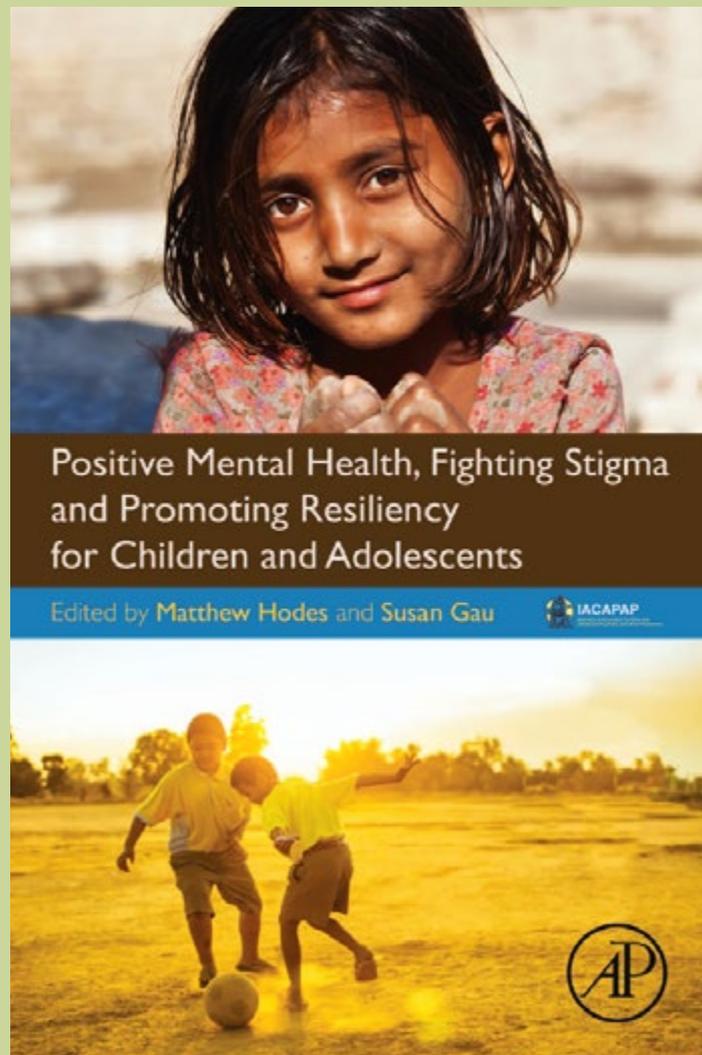
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Y del Adolescente**

62 congreso de la  
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de psiquiatría del niño  
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# 2016 IACAPAP CONGRESS MONOGRAPH

## Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents



This monograph was published by IACAPAP as a companion to the 22nd international congress held in Calgary, Canada in September 2016 reflecting the theme of the congress. The authors address conceptual issues including positive mental health (Falissard, University of Paris-Sud); new classification systems in child psychiatry (Garralda, Imperial College London); risk and resiliency for disorders drawing on biological perspectives from genetics (Peskin & Zalsman, Tel Aviv University) and brain abnormalities (MacMaster et al, University of Calgary); psychosocial influences including adjustment of left behind children following parental migration (Zheng, Capital Medical University, Beijing), and promoting resilience in indigenous youth (Kirmayer et al, McGill University, Montreal). Service and treatment chapters address the promotion of mental health literacy and reducing stigma (Kutcher et al, Dalhousie University, Canada), youth mental health services (McGorry & Goldstone, Orygen, Victoria, Australia), promoting parenting (Hawes, University of Sydney & Allen, University College London), resilience in autism spectrum disorder (Szatmari et al, University of Toronto), treatment of anorexia nervosa (Derenne & Lock, Stanford University School of Medicine), psychopharmacology of depression (Chapman et al, University of Texas Southwestern Medical Center), and helping very disturbed children in secure settings (Yurtbasi et al, Monash University, Australia).



# PUBLISHING IN CAPMH

## FAQs

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

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

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

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

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

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

- **How are manuscripts processed?**

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

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

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- **Will I have to pay APC if my institution is a Member?**

Generally, if the submitting author's organization is a Full Member, the cost of the article-processing charge is covered by the Membership. In the case of authors whose institutions are Supporter Members of BioMed Central, however, a discounted article-processing charge is payable by the author. Please check if your institution is a Member. BioMed Central now has 508 Members in 54 countries. Browse the Members and their pages by country via the following link [www.biomedcentral.com/inst](http://www.biomedcentral.com/inst).

- **Do authors from low-income countries have to pay APCs?**

Authors from more than 90 low-income countries receive automatic waivers on submission and do not have to pay article-processing charges. This policy is supported by BioMed Central open access waiver fund. BioMed Central provides an automatic waiver to authors based in any of the countries listed in the website: [www.biomedcentral.com/authors/oawaiverfund/](http://www.biomedcentral.com/authors/oawaiverfund/)

- **Can charges be waived if the author cannot pay?**

Individual waiver requests will be considered on a case-by-case basis and may be granted in cases of lack of funds. To apply for a waiver please request one during the submission process.



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## Full members

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología de la Infancia y la Adolescencia (ASAPPIA)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Associação Portuguesa de Psiquiatria da Infância e da Adolescência (APPIA)
- Asociación de Psiquiatría y Psicopatológica de la Infancia y la Adolescencia, Uruguay (APPIA)
- Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)
- Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN)
- Asociación Mexicana de Psiquiatría Infantil AC (AMPI)
- Association for Child and Adolescent Mental Health, United Kingdom (ACAMH)
- Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS)
- Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)
- Bangladesh Association For Child & Adolescent Mental Health (BACAMH)
- Bulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)
- Canadian Academy of Child and Adolescent Psychiatry (CACAP)
- Child Mental Health Association of Egypt
- Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA)
- Chinese Association for Child Mental Health (CACMH)
- Chinese Society of Child and Adolescent Psychiatry (CSCAP)
- Croatian Society of Child and Adolescent Psychiatry (GROSIPAP)
- Czech Association of Child and Adolescent Psychiatry
- Danish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)
- Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie
- Dutch Association of Psychiatry – Department of Child and Adolescent Psychiatry
- Egyptian Child and Adolescent Psychiatry Association (ECAPA)
- Emirates Society for Child Mental Health
- Estonian Child and Adolescent Psychiatry Section of the Estonian Psychiatric Association
- Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Finnish Society for Child and Adolescent Psychiatry
- Flemish Association of Child and Adolescent Psychiatry
- Hellenic Society of Child and Adolescent Psychiatry (HSCAP)
- Hungarian Association for Paediatric Neurology and Child and Adolescent Psychiatry
- Icelandic Association for Child and Adolescent Psychiatry
- Indian Association for Child and Adolescent Mental Health
- Iranian Academy of Child and Adolescent Psychiatry (IACAP)
- Iraqi Association for Child Mental Health (IACMH)
- Israel Society of Child and Adolescent Psychiatry
- Japanese Society of Child and Adolescent Psychiatry
- Korean Academy of Child and Adolescent Psychiatry (KACAP)
- Kuwait Association for Child and Adolescent Mental Health (KACAMH)
- Latvian Association for Child and Adolescent Psychiatry (LACAP)
- Lithuanian Society of Child and Adolescent Psychiatry
- Malaysian Child and Adolescent Psychiatric Association (MYCAPS)
- Norwegian Association for Child and Adolescent Psychiatric Institutions
- Österreichische Gesellschaft für Kinder- und Jugendneuropsychiatrie
- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
- Romanian Society of Neurology and Psychiatry for Children and Adolescents (SNPCAR)
- Russian Association for Child Psychiatrists and Psychologists (ACPP)
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- Turkish Association of Child and Adolescent Mental Health

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- Pakistan Psychiatric Society (PPS)
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