

INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS • ASSOCIATION INTERNATIONALE DE PSYCHIATRIE DE L'ENFANT, DE L'ADOLESCENT, ET DES PROFESSIONS ASSOCIEES • ASOCIACIÓN INTERNACIONAL DE PSIQUIATRÍA DEL NIÑO Y EL ADOLESCENTE Y PROFESIONES AFINES • 国际儿童青少年精神医学及相关学科协会 • ASSOCIAÇÃO INTERNACIONAL DE PSIQUIATRIA DA INFÂNCIA E ADOLESCÊNCIA E PROFISSÕES AFINS •



# IACAPAP

JULY 2014 • **BULLETIN** • NUMBER 38  
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President's Report 2010 – 2014



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# President's Report 2010–2014

## THANK YOU FOR THE OPPORTUNITY TO SERVE!

*The new pathway for CAMH created by IACAPAP is safe*

I approach the end of my term as President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), feeling fulfilled and ready to pass on the baton to another child and adolescent mental health (CAMH) professional. It has been four years of monitoring trends in CAMH globally, surmounting obstacles and savouring triumphs.

On June 6, 2010, at the closing ceremony of the 19<sup>th</sup> IACAPAP World Congress in Beijing, I received the IACAPAP President's Medal from Professor Per-Anders Rydelius. After some speechless moments, I was able to address those in attendance. Highlights from my inaugural and impromptu speech titled "A New Pathway" were published in the IACAPAP Bulletin of July 2010. With my selection as IACAPAP President, I was convinced that IACAPAP and her member organizations had shown strength and courage by voting for 'a new pathway for CAMH' which would put the spotlight on children in especially difficult situations, who are abundant in my region.

I live and work in Nigeria, Africa's largest producer of petroleum and the 5<sup>th</sup> largest exporter in the world, with recent indicators suggesting we have the largest GDP in Africa. Paradoxically, Nigeria may have the biggest CAMH needs in the world. With over 50% of Nigeria's 170 million people being children and adolescents, less than 10 fully trained CAMH professionals were serving this population until recently. CAMH services are non-existent in most parts of the country. The nation has the world's highest number of out-of-school children; 40% of women are married off before the age of 18—this custom is supported by some highly placed government officials— one in four children is involved in child labour and unbelievable violence and atrocities are committed against school children. It is quite apparent that the CAMH needs of Nigeria are immense.

I write this last column as President with many sad thoughts about the state of CAMH in my region: street children, children within the juvenile justice system, children with mental and intellectual disabilities, children living in extreme poverty, working children, children in refugee camps, child slaves, child soldiers... all children who live in extremely difficult and mentally unhealthy circumstances weigh heavily on my mind. I remember the children burnt and massacred in their sleep at the Federal Government College of Buni Yadi in Yobe State, on February 25, 2014 and wonder about the mental health of the survivors. I remember the 276 girls kidnapped from the Government Secondary School in Chibok, Borno State on the night of 14-15 April 2014 and wonder about the effect of this trauma on their mental health and that of their family members. I also wonder if the perpetrators of these evil acts will have access to mental health assessments and treatment as well. Such are the extreme difficulties in my region where it appears that proponents of IACAPAP's vision for *a world in which all children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society and, when ill, they receive the best possible evidence-based care* may be fighting a losing battle.

As I took office four years ago, I was fully aware of the gap in services between my region and regions where the majority of IACAPAP's members live. My home country did not have a CAMH organisation and the South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP)—proudly hosting the first IACAPAP World Congress in Africa— was the only CAMH organisation in sub-Saharan Africa that was a member of IACAPAP.



I knew and I spoke out to the audience in Beijing that for 2010 to 2014, the main route to improving CAMH around the world would be through *partnerships*: *“It may appear like the ‘weak’ has been asked to lead the ‘strong’ but this is not entirely true for there is much to be learnt from each other by both sides. The strengths used to develop resources in the developed world will partner with the strengths used to keep work going in regions so deprived. This new pathway for CAMH created by IACAPAP will enjoy the benefits of both ‘strengths’ on this journey into the next four years”.*

With all sense of humility and appreciation for the opportunity to serve, I will now give a summary account for the four years the leadership of IACAPAP was entrusted to me as I again wonder if we are any closer to our vision. A full report will be available at the Durban Congress.

## **IACAPAP’S STRATEGIC PLAN FOR 2010 TO 2014**

For the first few weeks after taking office, with the help, commitment and dedication of the Bureau and members of the Executive Committee we developed the strategic plan for 2010-2014, receiving excellent input from several members who led various working groups, IACAPAP’s member organisations, and individual members.

At the end of this process we had five strategic goals:

1. Provide effective leadership and support to international, regional, sub-regional and national organisations devoted to promoting the mental health of children and adolescents and their families
2. Disseminate information and foster training through multidisciplinary study groups, congresses, publications and other educational initiatives
3. Strengthen the bonds between the different regions of the world to promote multi-disciplinary, multi-professional research and clinical practice in child and adolescent mental health
4. Promote international, state and community policies within all sectors of human services to ensure that evidence-based, culturally acceptable, affordable and accessible mental health services are available for all children and adolescents
5. Put in place a mechanism for a regular appraisal of IACAPAP’s structures and functions, to ensure that a constant strategic and effective response to the rapidly changing CAMH world is established and maintained, and that the stated mission and goals are being achieved.

This certainly sounded very ambitious but then most of the strategic goals were a continuation of work started with previous Executive Committees and we just built on the foundation laid and arranged this into an organised strategic plan. Each strategic goal had specific objectives and a detailed log frame with timelines and activities. Due to limitations of space, I will highlight only some of the achievements and areas where we could have done better.

### **STRATEGIC GOAL ONE: PROVIDE EFFECTIVE LEADERSHIP AND SUPPORT**

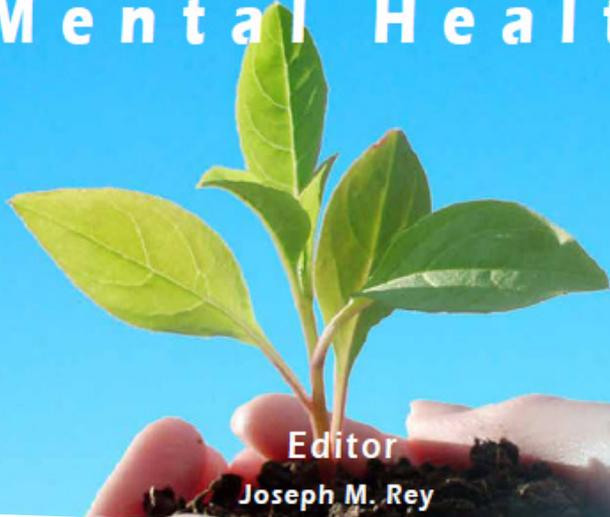
#### **Increase Participation**

One of the ways in which we felt we could provide effective leadership was by increasing the participation of members in IACAPAP’s activities. On January 29, 2011, on behalf of the Executive Committee I wrote a personal letter to each president of IACAPAP’s member organisations and to individual members in countries where there were no organisations. I requested that they comment on and correct the strategic plan draft and also asked for their views on how IACAPAP could better serve them.

We sent out 67 letters and received encouraging replies from organisations and individuals in Turkey, Taiwan, Sweden, Spain, Slovenia, Slovakia, Serbia, Romania, Palestine, Lebanon, Kosovo, South Korea, Iraq, Hungary, Greece, Germany, Finland, Estonia, Bulgaria, and Australia—almost one third of all recipients. Individual members were more likely to provide long, detailed replies with suggestions on how to improve the strategic plan and participation while

(The President’s Report 2010 – 2014 continues in page 29)

# IACAPAP Textbook of Child and Adolescent Mental Health



Editor  
**Joseph M. Rey**

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**INTRODUCTION** Chapter A.10

**CASE FORMULATION AND INTEGRATION OF INFORMATION IN CHILD AND ADOLESCENT MENTAL HEALTH**

**INTRODUCTION**

Schuyler W Henderson & Andrés Martin

**DIAGNOSIS AND TREATMENT PLANNING IN CHILD AND ADOLESCENT MENTAL HEALTH**

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**ADOLESCENTS** Chapter

**ADOLESCENTS**

Eric Bui, Bonnie Ohye, Sophie Palitz, Bertrand Olliac, Nelly Goutaudier, Jean-Philippe Raynaud, Kossi B Kounou & Frederick J Stoddard Jr

- 49 CHAPTERS
- MORE THAN 100 CONTRIBUTORS FROM THE 5 CONTINENTS
- DOZENS OF VIDEO CLIPS
- HUNDREDS OF LINKS TO FULL PUBLICATIONS



Parents and patients with autism spectrum disorder demonstrating in Kiev, Ukraine, April 2012. "Mother, I do not have schizophrenia. I have autism" reads the placard. The demonstration was organized by the Autism Foundation and supported by the Association of Child and Adolescent Psychiatrists (ACAP) and the National Institute of Mental Health (NIMH).

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# A GLIMPSE INTO THE PROGRAM

## 21st World Congress, Durban, South Africa

FROM RESEARCH TO PRACTICE: GLOBAL CHALLENGES IN CAMH CARE

11-15 August 2014

### PRE-CONGRESS INSTITUTES (half day): Monday 11 August

- *Psychopharmacology 1: ADHD, Autism Spectrum Disorders, Tic Disorders and other Repetitive Behaviour Disorders.* **John Walkup, Adelaide Robb**
- *Psychopharmacology 2: OCD and Other Anxiety Disorders, Major Depressive Disorder, and Bipolar Disorder.* **John Walkup, Graham Emslie, Karen Dineen Wagner**
- *Introduction to Cognitive Behavioural Therapy for Child and Adolescent Mental Disorders: Part 1.* **Cornelius Ani**
- *Introduction to Cognitive Behavioural Therapy for Child and Adolescent Mental Disorders: Part 2.* **Cornelius Ani**
- *Complex Developmental Trauma.* **Susan Kreston, Steven Collings**
- *Intervention in the first 3 Years of Life - why is it crucial and what makes it different?* **Astrid Berg, Miri Keren, Bea Wirz, Nicola Dugmore, Pavli Kaukonen**
- *Global Perspectives on Autism Spectrum Disorders.* **Petrus de Vries, Amina Abubaker-Ali, Susan Malcolm-Smith**
- *Fetal Alcohol Spectrum Disorder (FASD):* **Colleen Adnams**

- *Research in Sensory Integration and Praxis. From theory to practice: Part 1.* **Shelly Lane, Marguerite Monvoisin, Annemarie Lombard**
- *Research in Sensory Integration and Praxis. From theory to practice: Part 2.* **Ray Ann Cook, Shelly Lane, Vivyan Alers**

### WHO WORKSHOP (full day): Monday 11 August

- *World Health Organisation's Mental Health Gap Action Programme (mhGAP): Assessment and Management of Mental Disorders in Children and Adolescents.* **Chiara Servili, Olayinka Omigbodun**

### PLENARY LECTURES

- **Ian Goodyer:** *From Phenotypes to Therapeutics: Subtyping depressed youth to aid treatment success and be ready for treatment failure.*
- **Paramjit Joshi, The Gerald Caplan Lecture:** *The Practice of Child and Adolescent Psychiatry in the 21<sup>st</sup> Century.*
- **Stan Kutcher:** *Youth Mental Health Literacy, Schools and Primary Care: Challenges and Opportunities.*
- **Olayinka Omigbodun, the Presidential Lecture:** *The Rise of CAMH in Africa and less developed regions of the world: Trends, Trials and Triumphs.*
- **Linda Richter:** *Children and HIV: Global Challenges and Successes.*
- **Nomfundo Walaza:** *Exploring the Significance of African Language and Belief Systems in Addressing Psychological Wounds.*

### CONCURRENT KEYNOTE LECTURES

- **Blaise Aguirre:** *Emotion Dysregulation Problems of Adolescence.*
- **Cornelius Ani:** *CBT 'Without Frills': Delivering effective Cognitive Behavioural Therapy for Child and Adolescent Mental Disorders in Low and Middle Income Settings.*
- **Astrid Berg:** *From Practice to Research: Infant Mental Health Viewed Through a South African Lens.*



- **Soo Churl Cho:** *The Application of the Concept of Consilience in Child And Adolescent Psychiatry: A Biopsychosociospiritual Model.*
- **Petrus J de Vries:** *Autism in Africa.*
- **Gillian Galen:** *If Not Now, Zen? Using Mindfulness in the Treatment of Psychiatric Illness.*
- **Ian Goodyer:** *The Antisocial Brain: A Neurobiological Perspective on Emotion Processing Deficits in Conduct Disorders.*
- **Paramjit Joshi:** *Pediatric Bipolar Disorder – What Is the Controversy?*
- **Stan Kutcher:** *Electronic Interventions for Treatment of Adolescent Depression: Hot Idea or Hot Air?*
- **Shelly Lane:** *The Effect of Sensory-Based Therapeutic Activities on Arousal and Attention in Children.*
- **Mary McKay:** *Theory-Driven Programs Capable of Addressing Poverty-Impacted Children’s Health, Mental Health and HIV Prevention Needs: CHAMP.*
- **Helmut Remschmidt:** *Juvenile Murderers: Aetiological Factors, Psychopathology and Follow-Up after 14 Years. A Study of 114 Cases.*
- **Luis Rohde:** *An Update on the Assessment and Management of ADHD in Children and Adolescents.*
- **Per-Anders Rydelius:** *Assessment and Treatment of Swedish Children and Adolescents Under 18 Years with Possible Transsexualism (F64.0).*
- **Saji Thomas:** *Psychosocial Support in Emergencies: Current Efforts at Strengthening Evidence For Practice.*
- **Mark Tomlinson:** *Integrated Platforms for the Delivery of Child and Adolescent Mental Health Services: What Do We Need To Do Globally?*

**Brian Robertson**  
Congress Convenor



## At the Start of the Hunger

Every year the French Society for Child and Adolescent psychiatry & Allied Disciplines (SFPEADA) supports a congress organised by a team from a child psychiatry ward of a regional university hospital: “The National Days of the French Society for Child and Adolescent Psychiatry & Allied Disciplines”. This year the congress will take place at Poitiers, on the 6th and 7th of June, with the title: “At the Start of the Hunger” / *Au Commencement de la Faim* (in French *faim* means “hunger” and *fin*, with the same pronunciation, means “ending”). The topic of this congress is eating disorders. Below is an interview with the coordinator, Professor Ludovic Gicquel.

Could you explain the choice of the topic (eating disorders) as well as the title?

The National Days of the SFPEADA represent a unique occasion to develop a theme relevant for a large variety of working professionals in the field of psychological treatment for children and adults. The need to make some people aware of this subject and to increase the knowledge of others is related to my personal work experiences and influenced the choice of this topic. The title is a translation of a pun based on an oxymoron, like a wink to psychopathology, which underpins our experience and underlines the chronological and developmental nature of symptoms.

How does the program of these two consecutive days will run?

First of all, these two days are preceded by a training day for junior psychiatry students. This will be followed by five plenary sessions, twenty-one conferences set out in three thematic sessions, a best poster prize, two satellite conferences and some presentations. This program will cover the topic of eating disorders from the young child to the adolescent and, all the while, from a diagnostic, psychopathological and therapeutic point of view, and without forgetting research. The gala dinner—in “The Room of *les Pas Perdus*” of the Aliénor Palace of Aquitaine—against the background of music by the University of Poitiers’ orchestra group, will take place in the middle of the two days.

Do you expect participation from professionals working outside of France?

We would be delighted to not only to have our francophone neighbours and friends assist us on these two days but also all other professionals working outside France to attend and thus enlighten us by exchanging their work and experiences.

We know that these National Days also give the opportunity to visit our beautiful country of France, could you briefly explain about the cultural program?

The region of Poitou-Charentes and particularly Poitiers contain important aspects of our history. In this sense, we propose a guided tour of one of the jewels of Romanesque art, the church of *Notre Dame la Grande*, before the gala dinner, which as mentioned previously will take place in a palace hall where Richard *Cœur de Lion* may have been educated! As

## Journées Nationales Poitiers 2014

Journées Nationales de la Société Française de Psychiatrie de l'Enfant et de l'Adolescent et Disciplines Associées

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well as this, we are offering half price tickets for those who wish to extend their visit and jump in time by visiting the Futuroscope Park on the Sunday.

Finally, do you know which child psychiatric team will organize the next National Days of the French Society for Child and Adolescent Psychiatry & Allied Disciplines in 2015?

As it is traditional, we're going to close these national days in Poitiers on the 7th June 2014, by passing the torch to the next team from Dijon, who will organise the national days of 2015.

**Anne-Catherine Rolland MD, PhD**



Professor Ludovic Gicquel

# Maite Ferrin and Hesham Hamoda appointed Deputy Editors of the Bulletin

*A request for expressions of interest to fill two honorary positions of Deputy Editor of the IACAPAP Bulletin resulted in a number of applications by very well qualified professionals. From these, Maite Ferrin (Estella, Spain) and Hesham Hamoda (Boston, USA) were recommended by the selection panel (Andres Martin, Editor, Journal of the American Academy of Child & Adolescent Psychiatry; Garry Walter, former Editor of Australasian Psychiatry; and Joseph Rey, Editor of the IACAPAP Bulletin) and subsequently appointed. Apart from other duties, Dr Hamoda will take responsibility for contributions from North America and the Arab countries and Dr Ferrin for European countries.*

*IACAPAP is committed to increase the amount of information provided to its member societies and child and adolescent mental health professionals worldwide. To this end, the [Association's webpage](#), Facebook page, and the IACAPAP Bulletin are being expanded by reporting more and more relevant material to members. Congratulations to Drs Ferrin and Hamoda for their appointment, which will no doubt facilitate achieving these goals.*

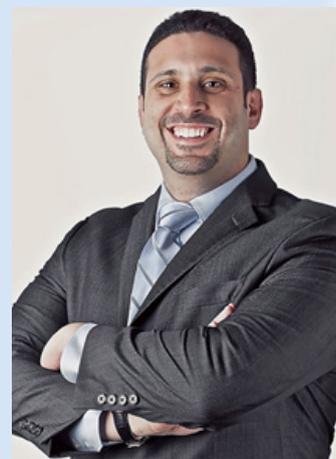


**Maite Ferrin MD, MSc, PhD**, is a Consultant in Psychiatry. Additionally, she trained in child and adolescent psychiatry at London's Institute of Psychiatry, and has worked as a Consultant in Child and Adolescent Psychiatry in Jaén and Estella (Spain). In Jaen, she initiated the Neuro-Developmental Psychiatry Research Unit, funded by the Alicia Koplowitz Foundation and the Spanish Ministry of Health and Innovation. The unit was designed to provide both clinical evaluation and research support for the various neurodevelopmental

conditions of childhood and adolescence. Recently, she has been working in Estella (Spain) seeking to establish a similar unit. Since 2007 she has been a visiting research associate to the Department of Child and Adolescent Psychiatry, Institute of Psychiatry, London. She was awarded a Donald J Cohen Fellowship at the XIX IACAPAP World Congress in Beijing 2010.

Dr Ferrin is active in research on ADHD and other neurodevelopmental disorders, with a number of peer-reviewed publications. She is involved with several Spanish and international research groups, including the Junior-Eunethydis (European Network for Hyperkinetic Disorders) and the EAGG (European ADHD Guidelines Group Eunethydis). She is also a peer reviewer for several international child and adolescent psychiatry journals. Her PhD thesis evaluated the attitudes towards treatment among adolescents with ADHD. She is also a member of the Steering Committee for the Continuum Programme, a pan-European project that aims to provide the highest standards of education to all healthcare professionals in order to improve the outcomes of their ADHD patients.

**Hesham Hamoda, MD, MPH**, is a Child and Adolescent Psychiatrist at Boston Children's Hospital and an Instructor in Psychiatry at the Harvard Medical School. A native of Egypt and Canada, Dr Hamoda graduated from Kuwait University Faculty of Medicine after which he completed training in Psychiatry at the Harvard South Shore Program followed by a Fellowship in Child and Adolescent Psychiatry at Boston Children's Hospital/Harvard Medical School. He also holds a master-degree in Public Health (global health) from the Harvard School of Public Health.



Dr Hamoda serves as a consultant for the World Health Organization (WHO) where he worked on an atlas mapping child and adolescent mental health services in the Eastern Mediterranean region, developed a school mental health manual, and will be serving on the WHO regional mental health advisory group. He is a member of the Executive Board of IACAPAP as a Presidential Fellow. His research interests include the use of advanced neuroimaging techniques such as Diffusion Tensor Imaging in childhood mental illness. He has over 30 publications and poster presentations and his accomplishments have been recognized through awards from Boston Children's Hospital, Harvard Medical School and several national and international organizations including AACAP, APA, GAP and IACAPAP.

# BANGLADESH

## 6TH ANNUAL CONFERENCE AND GENERAL MEETING OF BACAMH



Professor Pran Gopal Dutta, Vice chancellor of Bangabandhu Sheikh Mujib Medical University, during the opening program

Recently the BACAMH had its 6<sup>th</sup> Annual Conference and General Meeting, a two-day program held on the 25<sup>th</sup> and 26<sup>th</sup> February 2014 at the Milon Hall Auditorium of Bangabandhu Sheikh Mujib Medical University, Dhaka. Last year's conference could not happen due to political unrest and this conference took its place. The theme was "Bangladesh Child and Adolescent Mental Health: Cultural Perspective" highlighting that cultural factors play an important role both in the causation of psychiatric morbidity and in resilience. During the first day there were three interactive workshops and one training course conducted by experts from different disciplines such as pediatric neurology, child and adolescent psychiatry and clinical psychology from Bangladesh and from abroad. The topics of the workshops comprised non-epileptic seizures, creative therapy for children and adolescents and management of disruptive behavior disorders; the training course was on parent management training.

On the first evening the conference was formally open by the Vice Chancellor of Bangabandhu Sheikh Mujib Medical University, Professor Pran Gopal Dutta. During the inauguration ceremony the issue of improving mental health services, especially child and adolescent mental health, was raised by the speakers. Mental health services as a whole are neglected in Bangladesh not only because of lack of awareness but also due to the lack of trained mental health professionals, particularly psychiatrists. To provide child and adolescent mental health services, a country needs a sufficient number of professionals in child and adolescent psychiatry. Regrettably, Bangladesh still lacks postgraduate training in child and adolescent mental health. Professor Mohammad S I Mullick during his speech in the inauguration program mentioned that he had already proposed the creation of an MD degree in child and adolescent psychiatry to the Academic Council of Bangabandhu Sheikh Mujib Medical University. Delegates of different disciplines appreciated his initiative. Dr Murad Bakht, a child psychiatrist at Brampton Civic Hospital, Ontario, Canada, offered to help regarding the starting of the postgraduate course. The Vice Chancellor agreed about the importance of this issue and undertook to consider the matter carefully. The opening ceremony ended with a cultural soiree and a dinner arranged by BACAMH.



This year a new session was added to the program, the “Syed Kamaluddin Memorial Oration” in memory of the late Professor Syed Kamaluddin Ahmed, a respected and renowned Bangladesh psychiatrist and dedicated fellow of the association who had made an outstanding contribution to the advancement of child and adolescent mental health in Bangladesh. A short biography with a slide show was presented by Professor Jhunu Shamsun Nahar followed by the oration on “Gene-environment interaction in the causation of child psychiatric disorder” delivered by Professor Md Golam Rabbani. The keynote address was given by Professor Mohammad S I Mullick who is also the President of the association.

On the second day there were ten oral presentations delivered mainly by young psychiatrists and clinical psychologists. Three theme papers were presented on “Challenges to parenthood with the changing environment in Bangladesh” by Professor Jhunu Shamsun Nahar, “Service gap in child and adolescent mental health in Bangladesh: defining priorities” by Professor Faruq Alam and “Research approaches in child psychiatry in Bangladesh: role of qualitative and quantitative research” by Dr Manirul Islam. Delegates also enjoyed the plenary session presented by Professor Munimul Hoque on “Assessment and management of children with intellectual disability”, Professor Mizanur Rahamn on “Approaches to headache in children” and Dr Murad Bakht on “A guide to DSM-V focusing on child psychiatric disorders.”



In the annual general meeting, the Secretary General of the association announced that this year BACAMH will arrange a fellowship to train a young psychiatrist fellow of BACAMH in the United Kingdom with the support of the UK's Association of Child and Adolescent Mental Health (ACAMH). This is the part of the ACAMH-BACAMH collaboration whereby the ACAMH provides support in specialized training on child and adolescent mental health in UK for young and potential members of the BACAMH with leadership qualities.

The conference was very successful, part of the continuous success of BACAMH. Participants are looking forward to attend the 7<sup>th</sup> Annual Scientific Conference of BACAMH which will be held on 25<sup>th</sup> and 26<sup>th</sup> November 2014 with the theme “Child and Adolescent Mental Health: Connectivity.”



Top: discussion during the workshop on “Non-epileptic seizures” by Dr Narayan Chandra Saha and Professor Monimul Hoque. Above: Dr Srijonee of MD Psychiatry residency course performing a folk dance as part of the cultural program. Below: panoramic view.



## New remuneration-system “PEPP” causes major concerns in the German psychiatric community

In May 2012, a new law—PEPP, *Pauschalierende Entgelte Psychiatrie und Psychosomatik*, (roughly translated as “Consolidated Payment System for Psychiatry and Psychosomatics”)—was passed in Germany regulating the remuneration of psychiatric staff and of mental health-related services. The idea behind PEPP is to standardize remuneration for diagnostic procedures and treatment interventions by creating a number of patient categories according to diagnosis, similar to the well-known diagnosis related groups (DRGs).

Many clinicians from all German psychiatric and psychotherapeutic specialties are deeply concerned about the suggested forced introduction of this new remuneration system. In PEPP patients are to be categorized according to their diagnoses, allowing only for a fixed number of treatment days after which remuneration is gradually decreased by predefined algorithms. This system, which originated in general medicine and surgery, seeks to reduce hospitalization by defining a “reasonable” time for treatment for each condition. While the idea appears superficially reasonable it is not easily applied to mental health patients and in particular to children and adolescents with severe mental health problems.

Many professional societies, including the German Association of Psychiatry, Psychotherapy and Psychosomatics as well as the German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy, have communicated their strong concerns about this remuneration system in an open letter to the members of the *Bundestag* (Federal German parliament). Some of the major concerns of different clinicians and various mental health professionals are outlined below:

- The lack of regard for differences in cost between somatic medicine and psychiatry, namely large cost of diagnostic procedures in somatic medicine while the main costs in psychiatric care relate to therapy sessions and personnel. This is even more relevant when children and adolescents are concerned.
- No adaptation to demographic changes (e.g., aging of the population), which will lead to an increase in demand for psychiatric care.
- Inability to take into account individual differences in therapy requirements, which could cause inadequately short hospitalizations.
- No allowance for around-the-clock mandatory care, when required, and questionable suitability for emergency services.
- Lack of compatibility of the PEPP system with legal mandates of KHG (*Krankenhausfinanzierungsgesetz* or hospital financial law).
- PEPP will likely cause a significant increase in administration and paperwork, which will not be performed by extra staff but by staff already working with patients. This is likely to result in lower quality of care and less time to dedicate to individual patient’s needs.
- At this stage PEPP does not have an adequate coding system for very severely ill patients.
- Services that are not listed cannot be remunerated using PEPP. A system to pay for these services is not yet available.
- Pooling of resources, such as a shared therapist for several different disciplines, will most likely not be possible in PEPP.

A petition against the final implementation of PEPP collected a total 43,656 signatures but the petition did not reach the required quorum that would have forced a reevaluation of the implementation of PEPP by the *Bundestag*. In spite of this, it was recently made public that Hermann Gröhe, the German health minister had extended an optional phase for using PEPP from the end of 2014 until the end of 2016. This means that using PEPP will be optional until the end of 2016, becoming the only remuneration system for psychiatric treatment in Germany in 2017. During an initial test phase, this change will not affect the budget of individual institutions treating psychiatric patients. However, with the start of the so-called convergence phase, there will most likely be major redistribution of funds between institutions. In summary, major changes in mental health services are imminent.

**Florian D Zepf & Caroline S Biskup**



“In recent years no other country has implemented such a comprehensive payment reform in psychiatric care as Germany”, emphasises Alexander Geissler, expert on health-care management at the Technical University of Berlin.

# Paper and Grant Writing Workshop by YICAP and DGKJP

Caroline S Biskup & Florian D Zepf

The Young Investigators in Child and Adolescent Psychiatry (YICAP) group was formed to support young scientists of all professions doing biological research in child and adolescent psychiatry. Together with the German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP), YICAP organized a paper and grant writing workshop in Berlin on March 13th and 14th 2014. 16 YICAP members attended this workshop held by board members of the DGKJP and external faculty.

The first day of the workshop focused on the writing of scientific papers, while the second day was devoted to grant writing. Board members of the DGKJP made several presentations. Andrés Martin, Editor-in-Chief of the Journal of the American Academy of Child and Adolescent Psychiatry, delivered a talk via video-conference, answered questions related to his editor role and issues related to publishing. Ben Vitiello, from the US National Institute of Mental Health (NIMH), answered attendees' questions via video connection. Professor Tobias Banaschewski discussed the general principles of writing a scientific publication. Dr Paul Plener, spokesman of YICAP, talked about dealing with writing blocks.

Attendees had the opportunity of working in small groups on rough drafts of publications—handed in prior to the workshop—with the assistance of Professors Banaschewski, Fegert and Dr Vitiello. The latter explained the principles of grant writing, whilst Professor Fegert shed light on the process of grant application, the current funding and grant related issues in Germany. Overall, attendees rated the workshop as very useful.



# THE NEW IACAPAP BOOK IS NOW AVAILABLE

## It will be offered to all participants in the 2014 Durban World Congress

### EDITORS

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

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

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

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

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

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

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## AN IDENTITY CRISIS IN CHILD/ADOLESCENT PSYCHIATRY?

In a century of creativity in the ways we help troubled children we have seen emerge, and sometimes subside, many contrasting approaches and service models; progress shaped by an expanding knowledge base and by changes in how we understand our youth and what we expect from them. Many of these developments have arisen in the West, with much adoption and some modification as they have been taken up in non-Western countries.

Midway through the first quarter of the 21st century, rapid change in our field—with major implications for the future—is occurring. Several trends, notable in the United States, may be narrowing the scope of our field. These trends can be put in terms of the balances we strike in key dimensions of our work. These include:

- Seeing children's troubles in terms of development or in terms of (relatively fixed) categorical diagnoses;
- Seeing children's troubles in terms of processes within the child or in terms of the context/ ecology and relationships in which the child lives and grows;
- Seeing children as the object of intervention or as agents, whose sense that they can shape their life we want to enhance;
- Promoting or neglecting the narratives of acknowledgement and meaning that support growth and recovery;
- Embracing a comprehensive range of ways to help children and families as opposed to limiting our interventions to pharmacology.

These are first attempts to describe these changes. Comments and suggestions will be welcome.

Gordon Harper [Gordon\\_Harper@hms.harvard.edu](mailto:Gordon_Harper@hms.harvard.edu)

## Child and Adolescent Psychiatry

### The Need to Cooperate with the Education Sector

We all want the field of child and adolescent psychiatry to actively grow and strengthen, keeping our traditions, constantly updating them and building new ones. In all countries, but particularly in those with limited resources, it is very important to work with politicians to decide priorities for funding. In this note I would like to share ideas and experience from the activities of the Society of Lithuanian Child and Adolescent Psychiatrists. During the last 8-10 years we have been actively building pathways for collaboration with the education sector and we found this—slowly and gradually—very effective. Various goals have been achieved during that process, starting with rising awareness, decreasing stigma, discovering opportunities and showing the benefits of joint projects.

Joint conferences, seminars and training courses were very helpful at the beginning. It emerged that theoretical and practical knowledge about children with special needs, autistic spectrum features, ADHD and comorbid learning and behavior problems was very

much needed among teachers and administrators. Other complex problems, like bullying, aggressiveness and self-destructive behavior, together with alcohol misuse and computer dependence were also found to need planning of after-school time and interventions. Cooperation among youth, parents, schools and mental health specialists becomes inevitable. To solve these problems, a fractured model of services splitting the medical and educational sectors leads to wasting time and money. Municipal governments should be particularly active and innovative in this area but this rarely happens—'passing the buck' between the various levels of government being the rule rather than the exception. We constantly received invitations to visit schools and conduct lectures, seminars or consultations. Media interest also grew considerably.

Several successful conferences have been organized throughout the country together with the Pedagogical Psychological Services and Mental Health Services and in close cooperation with the Lithuanian Society for Child

and Adolescent Psychiatrists and the National Centre for Special Needs Education and Psychology. Representatives of the ministers for health and education were also invited and actively involved. These meetings and events served as basis for research and service delivery projects. During the years, awareness about the need for intersectorial cooperation to solve complex child mental health problems has grown. Building interdisciplinary and intersectorial cooperation and that preparation joint proposals for municipal and other institutions, also schools, is essential. Using specialists from the different sectors working as a team is a reasonable solution considering the limited resources. For example, mental health professionals going to kindergartens and schools with preventative, early intervention and treatment programs could be done more actively in the future. Cooperation with the education sector is not easy but, if achieved, it can be very constructive.

Sigita Lesinskiene, Vilnius, Lithuania

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**IACAPAP Textbook of Child and Adolescent Mental Health**

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

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# NIGERIA



A few weeks ago very few people had heard of a town called Chibok in Borno State, north east Nigeria. On the 15<sup>th</sup> of April 2014, Nigeria and the rest of the world woke up to very disturbing news. More than 200 girls had been abducted from the government girls' secondary school in Chibok where they were taking their secondary school leaving examinations. They had been abducted by suspected Boko Haram Islamist guerrillas. Guards were shot, the school burnt down and the girls taken away in waiting trucks, possibly into the Sambisa Forest. The Forest, which covers an area of approximately 60,000 square km in north east Nigeria, was previously renowned as a game reserve but is now a base for Boko Haram insurgents. Unconfirmed reports say two of the girls have died of snake bite and many others are critically ill. Most worrisome are reports of the girls being ferried into neighbouring countries, Chad and Cameroon, where they might be sold into forced marriage or slavery for as low as ₦ 2,000 (\$12.50).

The Chibok girls' abduction is only one of many attacks aimed at schoolchildren in recent times in Nigeria. It is very troubling that the modus operandi of the Boko Haram sect has taken on a new dimension, that of targeting the most vulnerable: children—children who dare to go to school, children who have the courage of dreaming of a better future, children whose only offence is aspiring to a better life for themselves, their families and their communities.

Abduction, often accompanied by violence and abuse, is one of the most traumatic events a child can face and has enormous negative mental health consequences. If they survive the abduction and are returned to their families, they usually experience serious emotional and psychological problems such as depression, anxiety, post-traumatic stress disorder and eating and sleep disturbances. These children often blame themselves for their abduction and experience feelings of hopelessness and helplessness. Suicide while in captivity or after they are freed is not uncommon. In the case of these Chibok girls, it is likely they will also be exposed to violent acts, physical, emotional and sexual abuse. Apart from the short term effects such as difficulties re-integrating back into their communities and identity problems, longer term consequences are also likely, for example problems forming personal and social relationships and possibly difficulties raising their own children.

These attacks could also affect other non-kidnapped children in northern Nigeria and possibly other parts of the country. Northern Nigeria has the lowest indices of child education in the country and even more abysmal numbers of girls attending school. Many students, especially girls, will now be afraid of attending school and may thus be unable to break out of their families' cycle of poverty. Similarly, parents of abducted children—and even those of not abducted—are at risk of substantial emotional and

psychological distress. This may be coupled with the financial problems encountered during their struggle to rescue their children. Among the parents of the Chibok girls there is a profound sense of despair and helplessness. In the immediate days following the abductions, a number of them rallied into the Sambisa Forest on foot and motorbikes armed only with machetes, bows, arrows and sticks in a desperate bid to recover their children. These efforts had to be halted; the terrain was impenetrable without proper equipment.

Protests and rallies are taking place in major cities across Nigeria and all over the world to raise awareness of the abductions. As mental health professionals working in Nigeria, our immediate task is

to raise awareness of the mental health consequences of this act of terrorism, as well as to provide psychological support to the parents, families and the girls themselves when freed. Families and community members will need training on how to care and support these girls as they struggle to cope with the consequences of their experiences. The road to recovery and healing may be long and arduous and the victims will require ongoing psychological support. They will need help in being reunited with their families, re-integrated into their communities, as well as in returning to school. The girls' communities will also need support to overcome fear and to accept the girls back rather than stigmatising them.

The Chibok abductions represent an important challenge for the practice of child and adolescent mental health in Nigeria. Students of the pioneer class of the Centre for Child and Adolescent Mental Health, University of Ibadan, Nigeria (with students from the northern region as focal points) are now actively engaged in discussions on how to make these plans a reality so that every effort is made to help these girls and their families heal, and ultimately lead productive, happy lives.

Aisha Abubakar-Abdullateef and Tolulope Bella- Awusah  
Centre for Child and Adolescent Mental Health  
University of Ibadan, Nigeria

# IACAPAP EXECUTIVE MEMBERS IN THE MEDIA

(click on the image to access)

Dr. Hesham Hamoda, IACAPAP Presidential Fellow, speaking on the effects of violence on children on MBC TV (in Arabic).



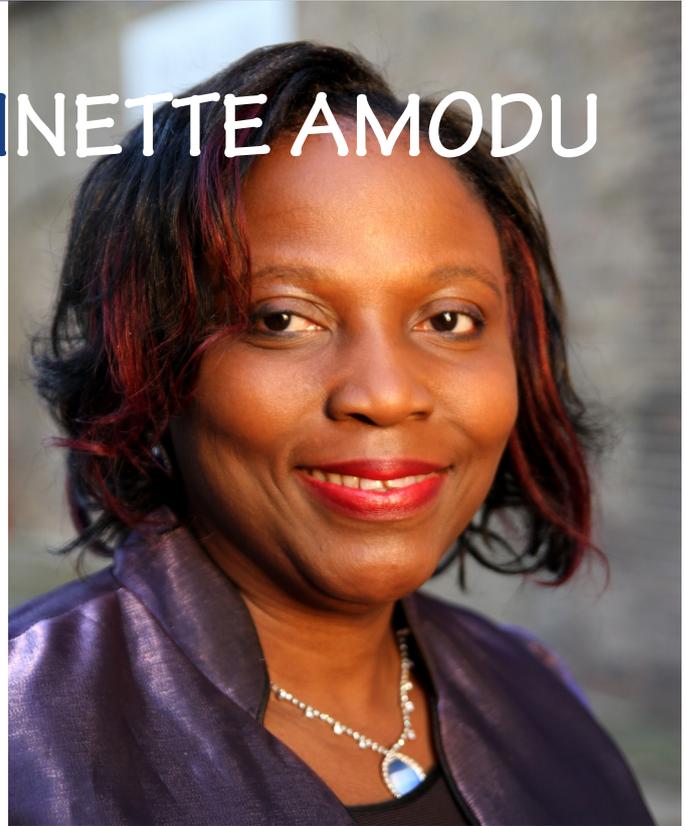
Dr. Daniel Fung, IACAPAP Secretary General speaking about stigma in "Mental Illness: Behind the Veil" in Singapore's Channel News Asia (in English)

Dr. Hesham Hamoda, IACAPAP Presidential Fellow, delivers a free, online basic course in child and adolescent mental health. The course is in Arabic; no prior knowledge required.



## DR IBIRONKE ANNETTE AMODU

### A Nigerian child psychiatrist gives back



I am a UK-trained consultant in child and adolescent psychiatry and a member of the Royal College of Psychiatrists. Although I was born in the UK, I completed my medical degree in Nigeria in 1987 at the College of Medicine, University of Lagos. After practicing briefly as a general practitioner, I travelled back to the UK with the intention of completing a postgraduate degree, which I did in renowned institutions such as Guys and St Thomas Hospital, and underwent specialist training in child and adolescent psychiatry at Great Ormond Street.

My interest in Africa was reawakened in 2010 after a family bereavement. I realized that I no longer had strong ties to Nigeria. This led to my reconnecting with family and friends, particularly those in the medical profession, as they sought help for their patients and family members. I became aware of the limited services of specialists like myself available in Nigeria—this was how my journey back began. I was motivated to give back to the society that had given me practically free medical education and became acutely aware that my skills were very much needed there. I began to actively network with colleagues on the ground—I am a strong believer in collaboration, the only realistic and sustainable

option. My focus was mainly to establish links with government institutions such as the Yaba Neuropsychiatry Hospital in Lagos and the Lagos University Teaching Hospital where I taught in 2011, 2012 and 2013. I was well received and forged long term relationships.

In my pursuit of giving something back to Africa, I joined a UK-based NGO—Mental Health Educators in the Diaspora. This led to my subsequent self-funded travel to Ghana in 2012 where, with another colleague of Ghanaian descent, I taught medical students and healthcare professionals at the University of Ghana Medical School, Accra. I did not receive remuneration for these activities; the aim was to invest back into the African community. I realized that providing training was a way to make a difference but also felt that the community needed to become aware of the challenges children and their families faced when having mental health disorders.

I was introduced to the proprietors of the Bridge Clinic, Lagos, that organized weekly radio broadcasts on health issues and was invited to speak on their radio programs in 2011 and 2012, mainly on neurodevelopmental disorders and learning disabilities, which are my areas of interest.

Through my networking, I was introduced to the CEO of the Zamarr Institute, Abuja. This is an NGO committed to children with learning disabilities and provides educational facilities with intense hands-on care for these children. I was the keynote speaker at their annual fundraising event in December 2012. I have provided and continue to provide free training for their staff on the management of children with special needs. For example, about challenging behaviors and how to respond and about understanding the reactions of their parents and reacting appropriately. In addition, I trained—and will continue to train—their staff on first aid care, emphasizing the importance of being aware of physical disorders in this

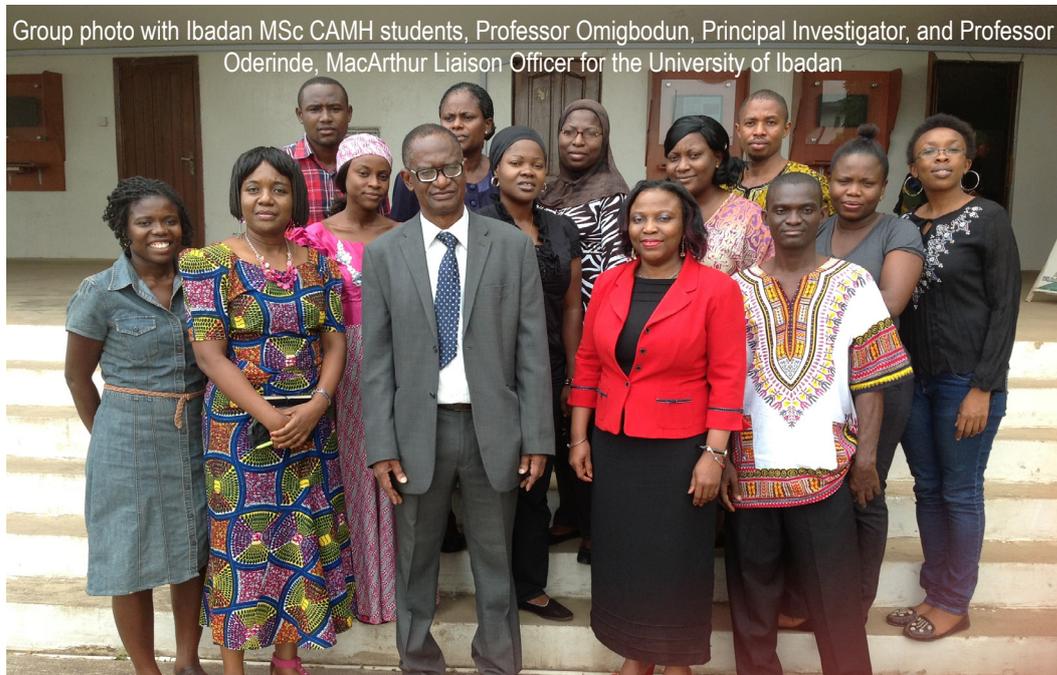


Teaching session at University of Lagos

group of children because they impact on behavior and, if not treated appropriately, increase mortality. In March 2014, I lectured about learning disabilities and neurodevelopmental disorders at the Master of Science in the Child and Adolescent Mental Health Program at the University of Ibadan.

I am also concerned about children who have been placed outside their family (foster care or adoption) and was an independent adviser for 5 years on the adoption panel in the UK. Due to my experiences on this panel and my passion for children in care, I have worked closely with an orphanage in Nigeria where I offer medical consultations as well as staff training. I am currently in negotiations with the orphanage to set up a specialist educational unit to address the emotional needs of children who are not able to manage 'mainstream only' education. The plan is to engage special needs teachers to support this initiative.

Another area of interest is working with children who have experienced trauma. I am currently liaising with a UK-based NGO to set up training in Northern



Nigeria to help victims of the ongoing terrorist activities in that region. The goal is to train professionals to identify these individuals (women and children in particular) with unrecognized post-traumatic stress disorder symptoms so that they can receive initial support or, depending on their symptoms, be referred to relevant professionals for treatment.

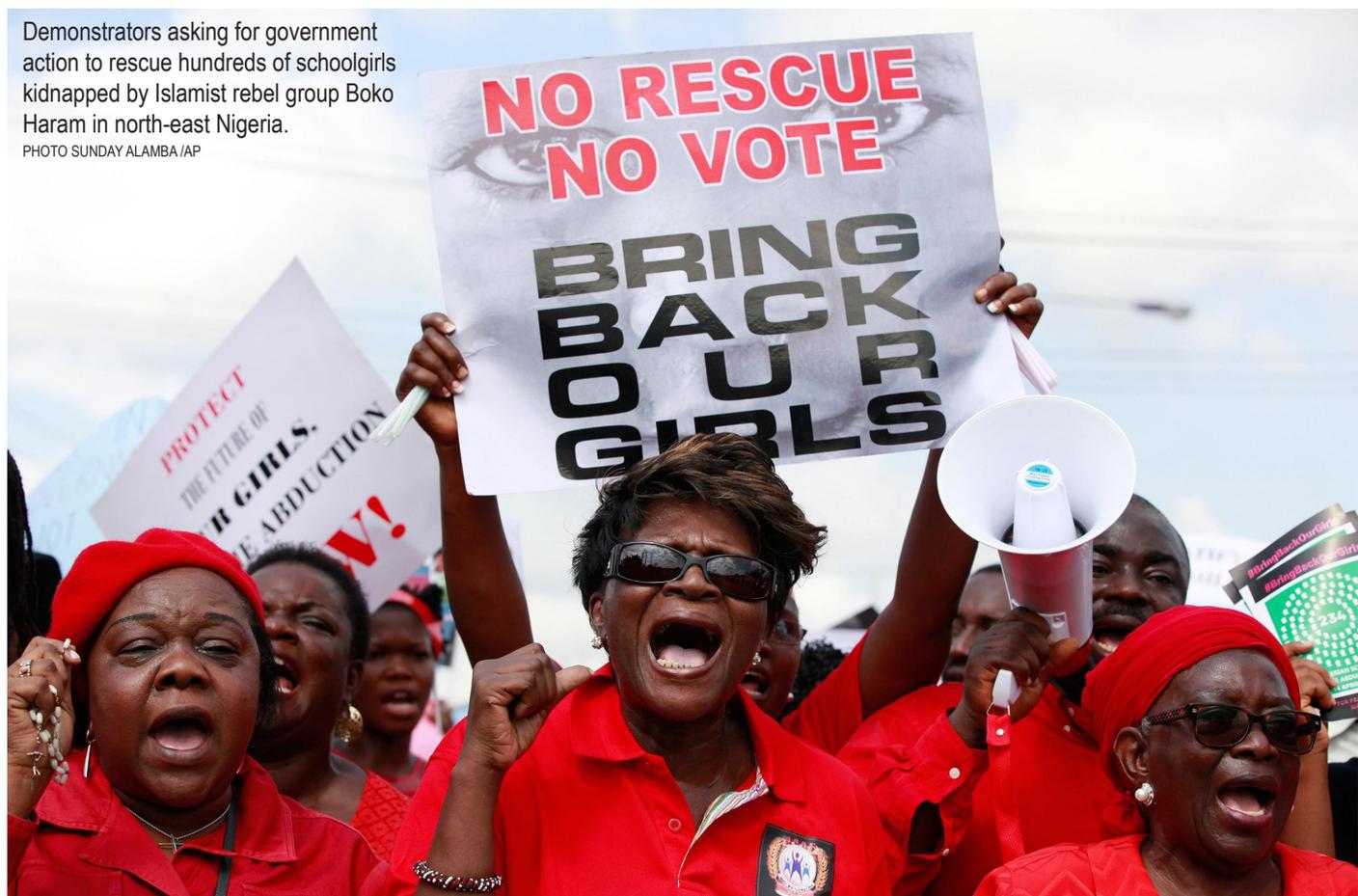
I work currently as a Consultant in Child and Adolescent Psychiatry within the Oxleas NHS Foundation Trust in the

UK where I have worked since 2004 and where I have been supported in pursuing my volunteer service in Nigeria. My long-term goal is to relocate back in Africa, continue to promote awareness of mental health problems in children, using the media to demystify the stigma and myths around it, and help in the training of child mental health professionals.

**Ibironke Annette Amodu**  
 anneteamodu@gmail.com

Demonstrators asking for government action to rescue hundreds of schoolgirls kidnapped by Islamist rebel group Boko Haram in north-east Nigeria.

PHOTO SUNDAY ALAMBA/AP



The genetics of autismS

Thomas Bourgeron  
(thomasb@pasteur.fr)



Stephen Wiltshire



**OPEN ACCESS LECTURES ON ASD BY LEADING EXPERTS**

An updated edition of the e-Textbook chapter on autism spectrum disorder (ASD) is under preparation and will be published later in the year. This review will include access to many new resources. In the meantime, interested clinicians may wish to view the excellent online course on ASD by international experts on the topic. To access the lectures that are available in English, Spanish, French, and Basque languages click on the image. They cover the following topics:

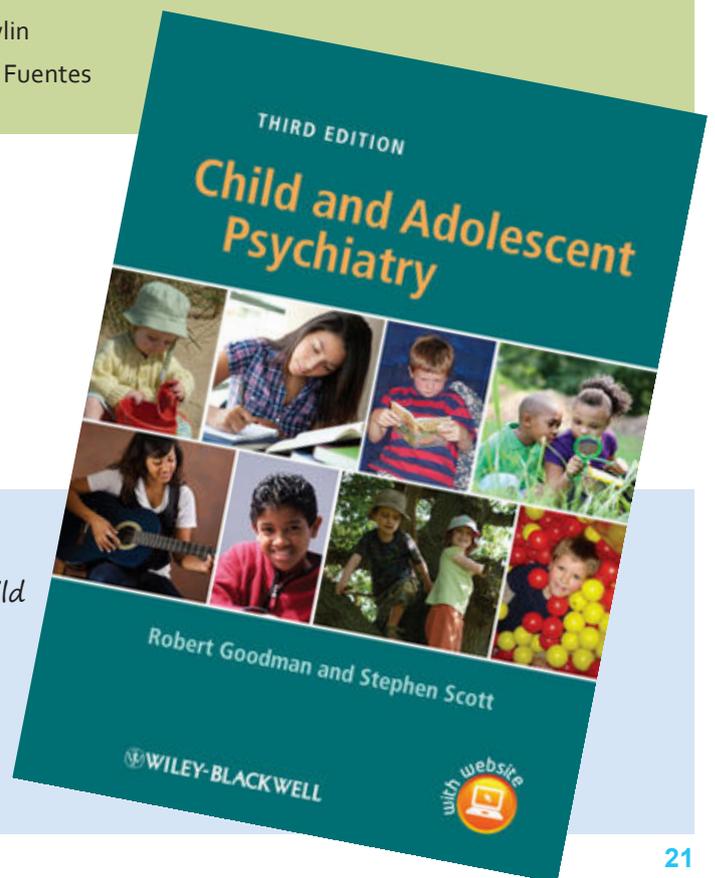
- The new definition of ASD (DSM5) by Andrés Martin
- Understanding the person with ASD by Francesca Happé
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- ASD: support and community development by Joaquín Fuentes



**NEW OPEN ACCESS RESOURCE**

Robert Goodman & Stephen Scott's textbook "Child and Adolescent Psychiatry" is now available to download free of charge in English and Russian. There are also 100's of multiple choice questions that one can access via the same page.

<http://www.youthinmind.info/py/yiminfo/GoodmanScott3.py>



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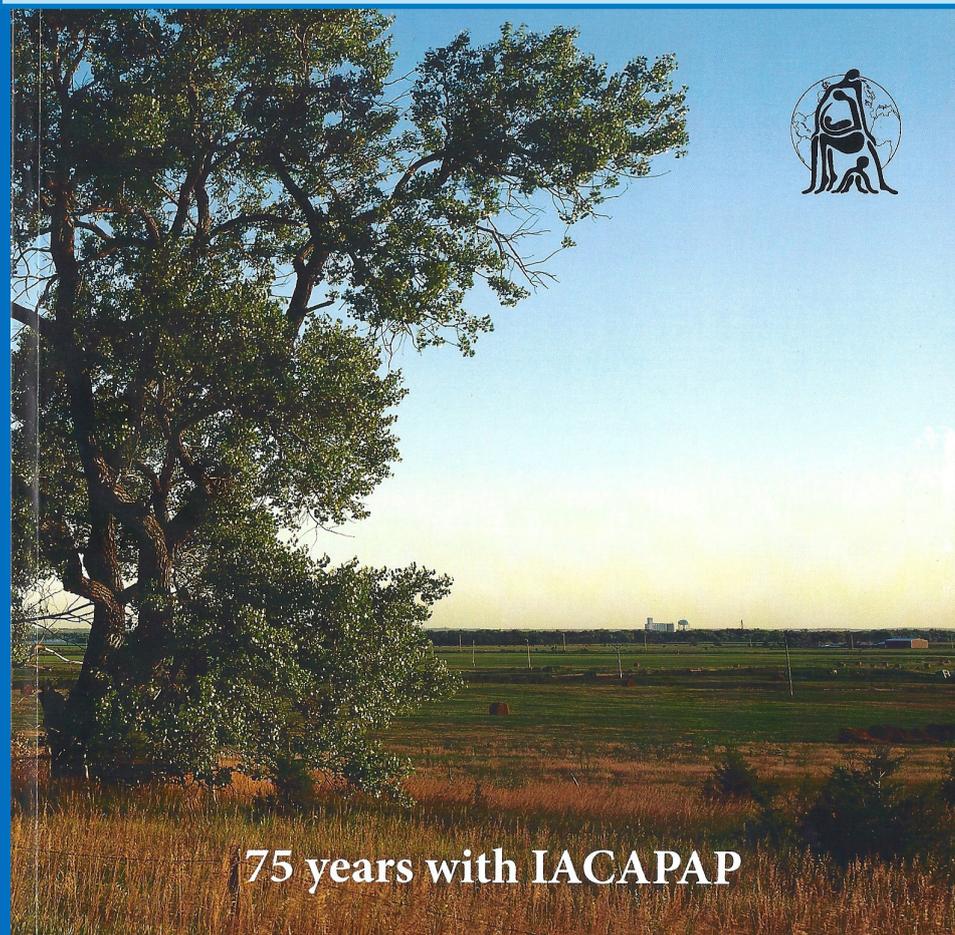


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The screenshot shows the IACAPAP Facebook page. The page header includes the IACAPAP logo and the text "International Association for Child and Adolescent Psychiatry and Allied Professions". Below the header, there is a post with the text "...because every child matters". The page also shows a "Recent" list of years from 2014 to 2010, and a "Founded" section. The yellow text overlay is positioned diagonally across the page.

If not, click on the picture and become a friend of IACAPAP in Facebook to receive the latest:

- International news about child and adolescent mental health
- Research findings
- News about grants, fellowships and conferences
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75 years with IACAPAP

## The History of IACAPAP

By Kari Schleimer MD, PhD

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

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

## New Hope for Children with Autism in Egypt



In Egypt there is a wide gap between services needed for children with autism and those provided. Up until 2013, rehabilitation programs for children with autism have been provided exclusively by the private sector, creating a huge access problem for children from less privileged families.

In April 2013 the Egyptian Mental Health Secretariat (the government agency responsible for mental health) opened the first day care center for children with autism in Abbassia Mental health Hospital in Cairo. Services provided include applied behavioral analysis, verbal behavioral therapy and TEACCH programs. Programs were adapted to be suitable for Egyptian patients in plain Arabic language.

Following the opening of the first unit in Cairo, a second unit recently opened in Alexandria, Egypt's second largest city with a population of over 4.5 million. A multi-disciplinary team consisting of psychiatrists, psychologists and social workers from Mamoura Mental Health Hospital in Alexandria was trained at Abbassia Hospital in Cairo.

The pilot program at Mamoura Hospital follows the TEACCH Program guidelines and currently caters to children with autism aged from 3 to 5 years. We have plans to expand this program in the near future to serve more children and more age groups. Comprehensive services provided in this program

also include fine and gross motor skills training, multisensory skills, and speech therapy. Social and emotional skills training will also occur in both individual and group settings. Meals are served while children are in the program

With these new programs Egypt takes an important step forward in providing public services to children with autism. While we are certainly taking steps in the right direction there is still a long way to better serve our children with autism.

### **Dr Helen Soliman**

Head, Child and Adolescent Psychiatry Unit, Maamora Hospital for Mental Health

# SAUDI ARABIA

## 2<sup>nd</sup> International Child & Adolescent Psychiatry Review Course

Jeddah, April 18-20, 2014

Khalid A Bazaid & Muhammad Waqar Azeem



The Kingdom of Saudi Arabia is one of the most populous countries in the Middle East. Although children and adolescents represent almost half of the population, there are very limited resources regarding child psychiatry education. In light of this, the first child and adolescent psychiatry review course was conducted in April 2013. Because of its success, a 2<sup>nd</sup> child and adolescent psychiatry review course was held in Jeddah, Saudi Arabia, April 18 to 20, 2014, organized in collaboration with the Child & Adolescent Psychiatry Section of the Saudi Psychiatric Association.

The course aimed at educating general psychiatrists, child psychiatrists, pediatricians, family physicians, psychologists and trainees on the common child and adolescent psychiatric disorders. Topics covered on the first 2 days included: Introduction to Child and Adolescent Psychiatry, Assessment and Interview of Children and Adolescents, Mental Status Examination, Adolescent Psychotic Disorders: DSM 5, Assessment & Treatment, Depression in Children & Adolescents: an Update, Update on DSM 5 for Children and Adolescent Disorders, Disruptive Disorders, Intellectual Disability, Autism Spectrum Disorder, Anxiety Disorders and PTSD. The 3<sup>rd</sup> day was allocated to an in-depth review of ADHD.

Speakers included Dr Mona Alsaihati (University of Dammam, KSA), Dr Nihal Erfan

(King Fahad Medical City, KSA), Dr Khalil Algowfili (King Fahad Medical City, KSA), Dr Saad Alkhateeb (Ministry of Health, KSA), Dr Amal Yamani (Dar AlHekma College, KSA), Dr Mohammad Alghamdi (University of Alberta, Canada), Professor Norbert Skokauskas (Faculty of Medicine, NTNU, Norway), Dr Muhammad Waqar Azeem (Albert J Solnit Children's Center & Yale Child Study Center, USA), and Dr Khalid Bazaid (Children's Hospital of Eastern Ontario & University of Ottawa, Canada).

Dr Khalid Bazaid was the founder and director of both review courses while Dr Muhammad Waqar was the co-director. The support of Drs Mahdi Alqahtani (President,

Saudi Psychiatric Society) and Abdullah Alshargi (Vice President, Saudi Psychiatric Society) was instrumental in organizing this course. The course was very well received by the attendees from different disciplines from around the country. Based on the success of this course, it is planned to organize a similar course next year and in years to come.

Khalid A. Bazaid, MD, FRCPC  
Children's Hospital of Eastern Ontario,  
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Ottawa, Canada  
Muhammad Waqar Azeem, MD, DFAACAP,  
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Albert J Solnit Children's Center & Yale Child  
Study Center, Connecticut, USA



## BRIDGING RESEARCH GAPS IN DEVELOPING COUNTRIES

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Email:  
[icmhgroup@gmail.com](mailto:icmhgroup@gmail.com)

Thinking globally, much of what we currently know about mental health and psychiatry has come from researchers living in the more affluent parts of the world. Research knowledge from the developing world, which accounts for over 80% of the global population, is grossly underrepresented. For example, only 3.7% of published research articles in the six highest-impact general psychiatry journals for the period 2002–2004 originated in low income countries. We believe the situation in child and adolescent psychiatry is even worse. With this in mind, the International Child Mental Health Study Group (ICMH-SG) was formed on the occasion of the Excellence in Pediatrics International Conference, Istanbul, Turkey, 1-3 December, 2011.

The International Child Mental Health Study Group is a non-for-profit, research-oriented organization of child and adolescent psychiatrists, psychologists and other mental health practitioners that commit themselves to bridge knowledge gaps in child and adolescent mental health research in developing countries. The purpose of the Group is to improve the quality of evidence-based child and adolescent mental health services in developing countries by:

- Organizing research projects and promoting excellence in child and adolescent mental health research through projects aimed at improving evidence-based clinical and community services
- Organizing or supporting the development of public health policies relevant to child and adolescent mental health
- Disseminating information about child and adolescent mental health in developing countries through journals, books, newsletters, blogs, and other means of communication
- Contributing to initiatives aimed at improving ethical standards in child and adolescent mental health services and research
- Collaborate with, or participate in the activities of other national and international child and adolescent mental health and allied organizations; and
- Organizing other activities that directly pertain to child and adolescent mental health development in developing countries.

Membership of the group grew from 5 countries at outset to 15 countries currently. The key members are: Dejan Stevanovic, Clinic for Neurology and Psychiatry for Children and Youth, Belgrade, Serbia; Panos Vostanis, School of Psychology, Leicester University, United Kingdom; Yatan Pal Singh Balhara, Department of Psychiatry, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India; Olayinka Atilola, Department of Behavioural Medicine, Lagos State University College of Medicine Ikeja, Lagos Nigeria; Mohamad Avicenna, Faculty of Psychology, State Islamic University Syarif Hidayatullah, Jakarta, Indonesia; Tomislav Franic, Child and Adolescent Psychiatry, School of Medicine, University of Split, Croatia; Rajna Knez, Department of psychiatry, University Hospital Centre Rijeka, Croatia; Hasan Kandemir, Department of Child and Adolescents psychiatry, Harran University, San liurfa, Turkey; Petar Petrov, Department of Child and Adolescent Psychiatry, University Hospital St. Marina, Varna, Bulgaria; Olanrewaju Oladimeji Medical Center/Liverpool School of Tropical Medicine, UK.

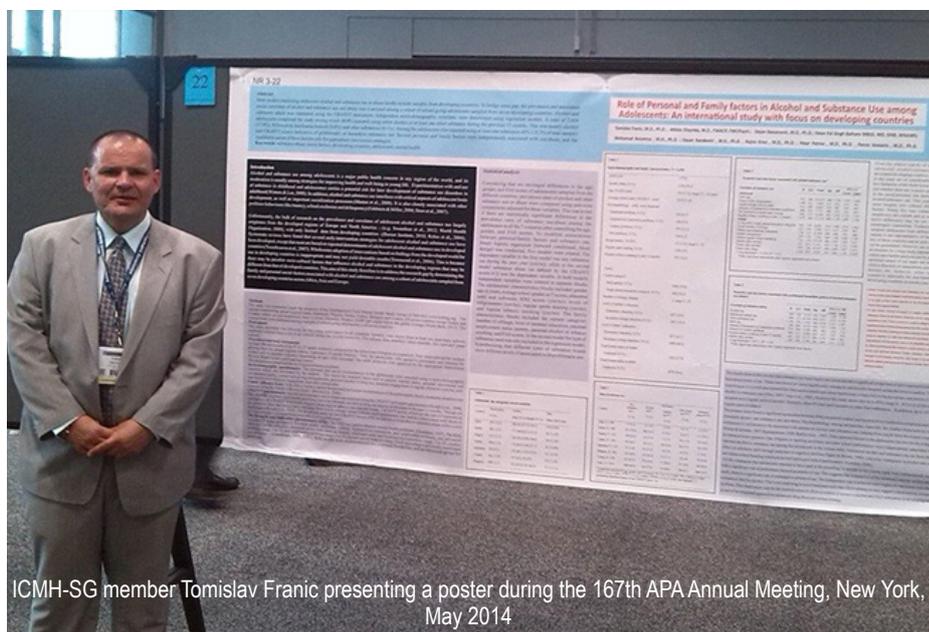
In the past two years, group members have published several articles—some of which are listed below—have participated in a variety

of national and international conferences and presented data and results from our studies. Further information about the group is available at [www.icmhsg.org](http://www.icmhsg.org).

**Dejan Stevanovic and Olayinka Atilola** on behalf of the International Child Mental Health Study Group

Examples of articles published:

- Stevanovic et al. Does the Strengths and Difficulties Questionnaire – Self Report yield Invariant Measurements across different nations? Data from the International Child Mental Health Study Group. *Epidemiology & Psychiatric Sciences*, DOI: 10.1017/S2045796014000201.
- Atilola et al. Role of Personal and Family factors in Alcohol and Substance Use among Adolescents: An international study with focus on developing countries. *Journal of Mental Health and Psychiatric Nursing*, 2014 doi: 10.1111/jpm.12133.
- Atilola O et al. Self-reported Mental Health Problems among Adolescents in Developing Countries: Results from an International Pilot Sample. *Journal of Developmental & Behavioral Pediatrics*, 2013, 34: 129–137.



ICMH-SG member Tomislav Franic presenting a poster during the 167th APA Annual Meeting, New York, May 2014



FIGHTING STIGMA, PROMOTING RESILIENCY AND POSITIVE MENTAL HEALTH

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

## Mental Health Highlights and Updates from Canada and Alberta

Greetings to the IACAPAP Bulletin readers from a cold and snowy western Canada. May 5 to 9 was our Mental Health Awareness Week and, despite the cold, passionate conversations occurred. It may be of particular interest to readers to know that May 7<sup>th</sup> is Canada's National Child and Youth Mental Health Day. As a society, we are trying to improve mental health literacy and reduce fear and prejudice. One part of our attempt to reduce stigma associated with mental illness is to promote discussions about what we know from published statistics from the Canadian Centre for Addiction and Mental Health. For example, 42% of Canadians are unsure about whether they would socialize with a friend who has a mental illness. Similarly, 46% of Canadians think people use the term mental illness as an excuse for bad behaviour and 27% say they would be fearful of being around someone who suffers from a serious mental illness. This week we are trying to encourage people to take time as family to engage in positive mental health activities such as going for a walk, playing a game or just spending time together. Additionally we are encouraging people to share with others how they look after themselves, their family and friends. Also, as part of mental health awareness activities it was recommended to check out [www.safeandcaring.ca](http://www.safeandcaring.ca), especially adults

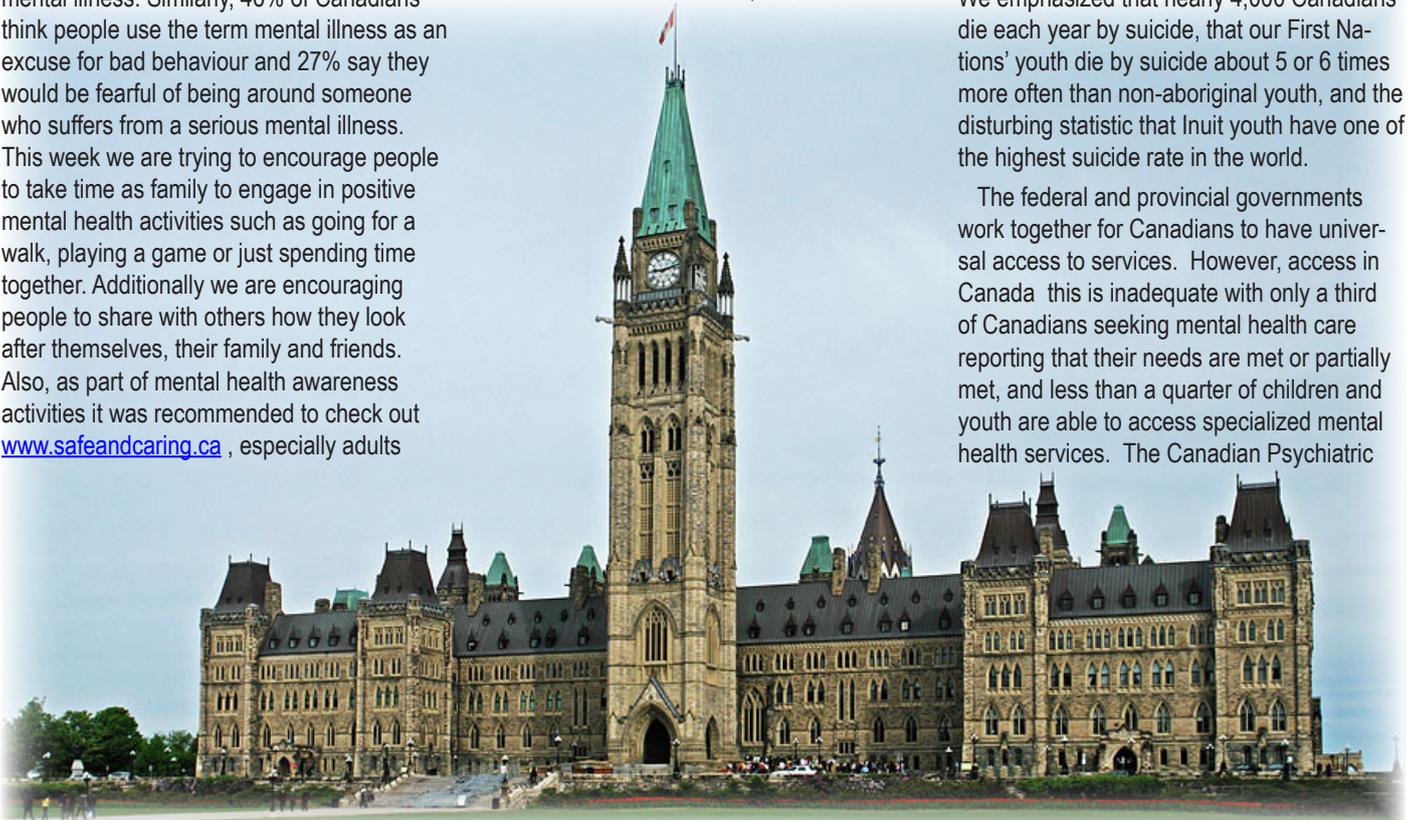
who work with children, watch this video and discuss over a cup of coffee their thoughts about self-care.

### Meeting with government ministers

In April this year, as one of my duties as the new President of the Canadian Academy of Child and Adolescent Psychiatry, I participated together with representatives of the Canadian Psychiatric Association in the first ever lobby day at Parliament Hill in Ottawa to promote and advocate for better services for people who struggle with mental illness. Together with patient representatives, we had breakfast with several ministers and Senator Ogilve, Chair of the Senate Standing Committee on Social Affairs, Science and

Technology, to advocate for the mental health needs of Canadians and promote the highest standards of professional psychiatric work regarding excellence in education, research and clinical practice. Later we all had the opportunity to meet with different ministers to emphasize that one in five Canadians experience a mental health problem or addiction each year—which comes with a price tag for absenteeism and attending work while sick of around \$60 billion in lost productivity. This fact that is often disputed by non-professionals especially when it comes with the alarming statistic that 75% of mental health problems have their onset in childhood or adolescence and that 23% to 67% of homeless people report having a mental illness. We emphasized that nearly 4,000 Canadians die each year by suicide, that our First Nations' youth die by suicide about 5 or 6 times more often than non-aboriginal youth, and the disturbing statistic that Inuit youth have one of the highest suicide rate in the world.

The federal and provincial governments work together for Canadians to have universal access to services. However, access in Canada this is inadequate with only a third of Canadians seeking mental health care reporting that their needs are met or partially met, and less than a quarter of children and youth are able to access specialized mental health services. The Canadian Psychiatric



Association and the Canadian Academy of Child and Adolescent Psychiatry advocate for government policy changes regarding child and youth mental health. Unfortunately this situation will continue while mental health illnesses constitute more than 15% of the burden of disease in Canada but these illnesses receiving less than 6% of health care dollars. So it is anticipated that the Canadian Psychiatric Association and the Canadian Academy of Child and Adolescent Psychiatry will continue to lobby government for more funds in future years.

### Truth and Reconciliation Commission

Meanwhile the Alberta national and final event of the Truth and Reconciliation Commission took place in Edmonton, March 27-30, 2014, concluding the five-year mandate to gather statements from survivors of the Indian Residential Schools. Thousands of people gathered to testify and bear witness to the legacy of unresolved trauma transcending generations as a result of the Indian Residential Schools. For over 100 years, more than 150,000 Aboriginal children across Canada were apprehended and imprisoned in these government-funded, church-run institutions with the purpose of eliminating parental involvement, as well as language, cultural identity and traditions. Although the attempt to wipe out Aboriginal cultures failed, the effects are profoundly felt, especially on the relationship between Aboriginal people and other Canadians, creating an urgent need for reconciliation. During the final event of the Truth and Reconciliation Commission, statements from survivors were heard in private or publically as 'Honorary Witnesses' and the general public listened. Witnesses were asked to store and care for the events they witnessed and, most importantly, to share this with their own people when they return to their homes. The documentation of all statements, symbolic gestures, etc., will be housed at the National Research Centre on Indian Residential Schools at the University of Manitoba in Winnipeg, MB. In addition to the gathering of statements, traditional ceremonies, education, cultural performances, contemporary arts, and exhibits were fea-



Blanket representing Aboriginal cultures (Photo TRC Canada)

tured during the week. For further information go to [www.trc.ca](http://www.trc.ca).

### First Nations' health

Chiefs and community leaders have always placed great importance on connecting with government and health professionals to ensure effective communication and collaboration with our respective families and communities for the purpose of strategizing and promoting understanding for better health outcomes. The First Nations' ways of life and their planning recommends a more holistic approach to health and wellness, including some of the factors that affect the health of our peoples, such as the crises in housing and socio-economic factors.

However siloed approaches to programs, funding and the Federal Government's assimilation policies and legislation make flexibility and adapting to emerging issues almost impossible. Socio-economic determinants such as poverty, lack of employment and inadequate housing contribute to the First Nations' inability to improve health status. Poor access to care is also an ongoing issue that contributes to poor health outcomes for First Nations. This includes mental wellness. So, in short, the vision of a First Nations health system is based on two fundamental concepts—sustainability and integration—to incorporate

health services and programs across jurisdictions to create a new holistic framework of First Nations' health. One of the challenges' is the issue of mutual collaboration, respecting First Nations' autonomy, values and practices. The future direction is to work with federal and provincial governments to find solutions for our communities and to ensure a health care system that has the capacity to deliver quality care to Alberta First Nations and not shift responsibility of care between governments. Many mechanisms already exist for First Nations' consultation, which has to be respected and implemented by Canada and Alberta in legislation, policy, programs, services and First Nations' participation.

Finally I would add that, as a participant in the lobby group in Ottawa from the Canadian Psychiatric Association, we were asking the government of Canada to establish a time limited mental health innovation fund to accelerate the spread of evidence-based mental health services that we know are effective at a community level. These innovations would directly benefit those populations for which the federal government is responsible, such as First Nations, Canadian Forces, Correctional Services, Veterans, RCMP and Public servants.

T.C.R. Wilkes, Calgary



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

11-15 August 2014 | Durban-South Africa | [www.iacapap2014.co.za](http://www.iacapap2014.co.za)

Hosted by The South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP)

## What is Continuum?

Continuum is a peer-to-peer, expert-led educational initiative in ADHD, supporting psychiatrists, paediatricians and other healthcare professionals at the front line of ADHD treatment. The overarching aim of our initiative is to improve patient outcomes by promoting best practice and implementing practice change in those who treat ADHD.

## Continuum's outreach programme

Continuum recognises that every doctor has their own educational needs. To address this, our outreach programme was developed with a unique principle in mind: high-quality, peer-to-peer education that can be tailored to individual educational needs.

The Continuum educational curriculum was developed by our expert Steering Committee:

- Professor Philip Asherson, King's College London, UK
- Professor Celso Arango, Hospital General Universitario Gregorio Marañón, Madrid, Spain
- Professor Tobias Banaschewski, University of Heidelberg, Germany
- Dr Maite Ferrin, Centro de Salud Mental, Estella, Navarra, Spain
- Dr Mats Johnson, Queen Silvia's Hospital for Children, Gothenburg, Sweden.

Working alongside the Steering Committee is our National Faculty – national experts in ADHD, who adapted the educational materials for local use according to guidelines, legislation and current practice. The National Faculty also provided training to our National Educators, who are experienced practitioners and educators in their own right, making them ideally placed to deliver the curriculum to our Continuum members.

Continuum's curriculum has been designed to be used in a non-linear and flexible way, thereby allowing topics to be adapted to the needs of the participants,



making for a highly personal and thought-provoking learning experience.

Our curriculum has been split into a series of modules covering all aspects of ADHD management. Each module is delivered at small, interactive, CME-accredited roundtable meetings, run by Continuum's National Educators who aim to facilitate best practice sharing and group discussion. Presently, our roundtable meetings are being run throughout Germany, Sweden and Spain.

## Continuum live events

Last year at the 21<sup>st</sup> European Congress of Psychiatry, Continuum ran its first CME-accredited live event, an interactive case study entitled Evolution in ADHD.

Accredited by the European Accreditation Council for Continuing Medical Education (EACCME), symposium participants followed a patient from childhood to young adulthood, and voted on complex treatment decisions throughout the patient's journey.

## Continuum eLearning

In a bid to provide greater flexibility to our learners and to expand Continuum's reach, we are excited to announce the development of our global eLearning platform, which will cover many of the topics addressed in our existing curriculum as



As a result of attending the Continuing symposium at the 21<sup>st</sup> European Congress of Psychiatry:

**79%**  
of respondents committed to changing their clinical practice

**100%**  
of respondents had maintained their initial changes or made new changes to their clinical practice

well as a host of additional content. As with much of Continuum's existing education, our e-learning modules will use the same individualised, interactive and blended approach to cater for different learning styles. Our eLearning modules will be available through the Continuum portal in late 2014.

## Reasons to join Continuum

If you are a psychiatrist, psychologist, or allied health professional working in ADHD, you can register for free to receive:

- CME-accredited education
- peer-to-peer learning at small, local roundtable meetings
- the opportunity to take part in Continuum live events
- access to our eLearning modules
- regular newsletters, keeping you abreast of the latest developments in the field of ADHD.

## How is Continuum funded?

In line with Good Continuing Medical Education (CME) Practice guidelines, Continuum is run at arm's length from the financial supporters. All content is created by the expert Steering Committee and PCM Scientific, the medical education company acting as secretariat. Continuum is currently funded by an educational grant from Shire International the manufacturers of Vyvanse®, which is used for the treatment of ADHD, and funding from other organisations is being sought.

To find out more, visit Continuum online at [www.adhdcontinuum.com](http://www.adhdcontinuum.com)

Dr Maite Ferrin, Estella, Spain  
On behalf of the Continuum Steering Committee

## CONTINUATION OF PRESIDENT'S REPORT 2010–2014

correspondence received on behalf of organizations provided a brief comment and promise to get back after meetings. In most instances, those follow-up comments never arrived. Some of the suggestions we received requested that IACAPAP identify focal points in each country and the second was for IACAPAP to assemble a team of volunteer consultants to support CAMH in resource poor regions.

### Facilitate the establishment of national, regional and sub-regional organizations

Attempts were also made to facilitate the establishment of national, regional and sub-regional organizations of CAP and CAMH professionals with a particular focus on resource-poor regions of the world. In order to facilitate this, regional and sub-regional coordinators to actively engage countries and territories were put in place from within the Executive Committee, similar to the suggestion made from the individual member in Lebanon.

In our collective efforts as Executive Committee members working with national organisations we were privileged to attend and speak at congresses of organisations in Australia, Bangladesh, Cuba, Finland, Germany, India, Ireland, Russia, South Africa, Switzerland, Taiwan, Turkey, and the US to mention a few.

### New members of IACAPAP

Between June 2010 and June 2014, IACAPAP admitted three new full members. The Taiwanese Society of Child and Adolescent Psychiatry, formerly an affiliate member, was admitted as a full member on June 10, 2011. The Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria was admitted on July 20, 2012. On 26 January 2013, the Kuwait Association for Child and Adolescent Mental Health was admitted into IACAPAP. The European Federation of Psychiatric Trainees was accepted as affiliate member in 2013.

In 2010, IACAPAP had 54 full-member organisations, seven affiliate members and seven individual members. There are now 57 full-member organisations, seven affiliate member organisations and nine individual members representing over 60

countries. Following our activities, there are further potential members from Pakistan, the Pacific Islands of Fiji, Kiribati, Papua New Guinea, Samoa and Cook Islands, Cuba, and Egypt.

### Face to Face Meetings with Presidents of Member Organisations

A face to face meeting with presidents of IACAPAP's full and affiliate member organisations and other international and regional CAMH organisations was held in Paris during the 20<sup>th</sup> IACAPAP Congress in keeping with the strategic plan. At this meeting there were representatives from Argentina, Australia, Bangladesh, Belgium, Brazil, Canada, Chile, China, Denmark, Egypt, Estonia, France, Germany, Hungary, Iceland, Iran, Israel, Italy, Japan, Lebanon, New Zealand, Nigeria, Norway, United Kingdom, United States of America, Lithuania, South Korea, South Africa, Spain, Sweden, Switzerland, Taiwan, Turkey, United Kingdom and Uruguay. Also present were presidents or representatives of other CAMH organisations such as the International Society for Adolescent Psychiatry and Psychology, the World Association for Infant Mental Health, the World Psychiatric Association's Section on Child and Adolescent Psychiatry, and the European Union of Medical Specialists Child and Adolescent Psychiatry Section.

Presidents and representatives from regional organisations from around the world, namely the African Association for Child and Adolescent Mental Health, Asian Society for Child and Adolescent Psychiatry & Allied Professions, Child Psychiatry Association of Latin America, Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professions, European Society for Child and Adolescent Psychiatry, and the Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists also attended this meeting.

### Highlights of the Presidents' Meeting

This meeting provided a tremendous opportunity for interaction among leaders of CAMH organisations around the world with exchange of contacts, ideas and the forging of connections at the individual and group level. A theme that emerged from this meeting was a need for stronger and creative partnerships to be facilitated by IACAPAP to meet the different CAMH needs around the world. A need for stronger partnerships between the differently resourced



regions of the world was clearly articulated to encourage reciprocal learning and sharing of resources. IACAPAP was also encouraged to facilitate partnerships between immigrant fellows and trainees who would like to volunteer or serve in their home country with CAMH professionals working there. There was also a really strong call for special efforts to be made by IACAPAP to include allied CAMH professionals in the running of IACAPAP.

### **Attendance at CAMH meetings of Regional and Member Organisations**

My tenure as president of IACAPAP was filled with journeys as I and other members of the Executive Committee attended congresses of member organisations and sister organisations, where we were invited to attend and speak. Apart from the opportunity of giving a plenary presentation, these meetings provided opportunities for group and individual discussions, which helped to strengthen linkages and partnerships. I am grateful to the various groups and organisations that provided funding for my travel to these meetings as evidence of their support and commitment to partner with IACAPAP. I will highlight some of these trips below.

#### ***Travel Opportunities***

I was honoured to be invited by the Child Psychiatric Department of Tampere University and University Hospital, Finland together with the Central office of WAIMH and ESCAP to deliver a keynote address in the seminar to mark the United Nations Convention of the Rights of the Child in November 2010. I returned to Finland in June of 2011 to attend the 14<sup>th</sup> ESCAP Congress organized by the Finnish Society for Child and Adolescent Psychiatry in close co-operation with ESCAP Board. Apart from having an IACAPAP Executive Committee meeting and making a presentation on “Partnerships for Child and Adolescent Mental Health (CAMH) Training: Impact of IACAPAP Study Groups on the African Continent”, I participated in a symposium on the future of child and adolescent psychiatry along with leaders of ESCAP, WAIMH, and the Chair of the World Psychiatric Association’s Child and Adolescent Section. IACAPAP also held a symposium at the 8<sup>th</sup> Congress of the International Society for Adolescent Psychiatry and Psychology in Berlin, Germany titled: “Adolescent Mental Health Around the World: Policy and Practices in Primary Care”. Myron Belfer, IACAPAP’s External Relations Chair (Boston, US), Fusun Cuhadaroglu Cetin, IACAPAP’s Counsellor (Ankara, Turkey) and I spoke at this symposium in September, 2011. I was a part of the celebration of the 20<sup>th</sup> anniversary of the Child & Adolescent Psychiatric Clinic in Fribourg, Switzerland, and spoke at a Symposium titled “Child in the Digital Age” in March, 2012.

I received a very kind invitation from Hsueh-Ling



Per-Anders Rydelius and Olayinka Omigbodun at the Beijing Congress 2010

Chang MD, President of the Taiwanese Society of Child and Adolescent Psychiatry to attend their 14<sup>th</sup> Annual Meeting in Taipei in June, 2012. This trip involved multiple stops across the Asian continent and I was privileged to share my journey into the world of CAMH with several young professionals during the pre-congress workshop. I also gave a keynote address on “Social Determinants of Child Mental Health” during the congress.

On behalf of the German Society for Child and Adolescent Psychiatry, I received a kind invitation to attend and speak at their 33<sup>rd</sup> congress themed ‘*Transitions*’, which was held in Rostock, Germany in March 2013. I gave a presentation titled: “The Changing Landscape of Child & Adolescent Psychiatry & Mental Health” and met with Joerg M Fegert, Editor-in-Chief of the journal Child and Adolescent Psychiatry and Mental Health, a few weeks after concluding negotiations with the Journal to become IACAPAP’s official journal.

I was privileged to attend the first WAIMH congress held on the African continent in Cape Town, South Africa in April, 2012. The IACAPAP’s symposium—“Supporting Infant Development in the Face of Adversity: Natural and Human-made Disasters and the Role of the Protective Factors of Culture and Community”—provided an opportunity for me to speak on the African viewpoint in addition to my giving a keynote address, “Reducing the Burden of Infant Mental Health Problems in Africa: Our Collective Responsibility” at the opening ceremony. Attending these congresses also gave IACAPAP’s Executive Committee members present the opportunity to meet with the leadership of ISAPP and WAIMH and strengthen partnerships.

The invitation I received to be a keynote speaker at the Royal Australian & New Zealand College of Psychiatrists, Faculty of Child and Adolescent Psychiatry Conference in Melbourne, Australia, in October, 2013 and the extensive dialogue with Dr Paul Robertson, the meeting convener, for over a year before the event, provided me the opportunity to share my perception of the impact of two IACAPAP study groups in Africa. I requested that we explore the possibility for a study group for CAMH professionals from the Pacific Islands. After several months agonising about raising funds for

the event and whether it would work out, it turned out to be an amazing experience. In addition to the team from Australia, and me from Nigeria, we had delegates from New Zealand, Cook Islands, Fiji, Kiribati, Papua New Guinea and Samoa participating in the 2-day study group, which had the goal of promoting the development of effective and sustainable child and adolescent mental health within the Pacific region. It is our hope that the proposed organization, the "Pacifica Infant, Child & Adolescent Mental Health Association" will eventually take off. I gave two keynote addresses titled "Global Child & Adolescent Mental Health Trends, Disparities & Partnerships" and "Training for Child and Adolescent Mental Health in Africa: It only takes a Spark!" The Islanders' experiences embodied much of the content of a symposium ("Resilience in the Face of Adversity: Conceptual Origins and New Perspectives") that I chaired during the conference in Melbourne. Professor Suzanne Dean, a Vice President of IACAPAP, organized this symposium. The highlight for me was when Professor James Anthony, IACAPAP's honorary president, husband of AACAP's former Executive Director, and a 97 year old child psychiatrist, spoke live from Washington DC about his personal experiences and about his extensive work on resilience and vulnerability. During my time in Melbourne, the eBook and Bulletin Editor, Joseph Rey flew in from Sydney for a lunch meeting with me to discuss future directions for IACAPAP.

Meeting again with several Executive Committee members at the 60<sup>th</sup> Annual Meeting of the American Academy of Child and Adolescent Psychiatry where I was privileged to listen to Paramjit T. Joshi MD, President of AACAP give her inaugural address titled: "Partnering for the world's children" was of great benefit. Orlando, US, October, 2013 allowed face to face meetings for the Executive Committee as well as other CAMH professionals from across the world.

## Presidential Fellows

In 2005, I was invited to join the Executive Committee as the first IACAPAP presidential fellow. During my term as President and in a bid to increase participation and allow outstanding CAMH professionals participate in Executive Committee activities and receive mentoring, I appointed Hesham Hamoda (US, originally from Egypt) and Susan Gau (Taiwan) as presidential fellows. Before joining the

Executive Committee as a presidential fellow, Hesham had been actively engaged with IACAPAP as Bulletin correspondent and Facebook page coordinator. Susan Gau was appointed as a monograph assistant editor.

## Strengthening the Links between IACAPAP and Intergovernmental Organizations

We have worked hard to improve our relationship with organizations such as the World Health Organisation, UNFPA and UNICEF and some of these activities are highlighted below. We were able to maintain IACAPAP's position as an NGO affiliated with WHO.

I was IACAPAP's delegate to the 130<sup>th</sup> Session of the Executive Board of the WHO, Geneva, Switzerland in January, 2012 and delivered a statement under Agenda 6.2: Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level thereby supporting the adoption of the Mental Health Gap Action Programme Intervention Guide to support the implementation of treatment for mental, neurological, and substance-use disorders in primary-care health settings. In October, 2013, the External Relations Chair, Dr Myron Belfer represented IACAPAP at the launch of the Mental Health Action Plan (2013 to 2020) approved by the World Health Assembly in May 2013. Apart from these activities, members of the Executive Committee of IACAPAP and I were actively involved in the revision of the International Classification of Diseases, Consultation on Autism Spectrum Disorders and other developmental disorders (from awareness raising to capacity building) in September 2013. Members of IACAPAP's Executive Committee and I have worked with the WHO Regional Office for Eastern Mediterranean (EMRO) Inter Country Meeting for finalization of the strategic directions and actions for maternal, child and adolescent mental health care in Cairo, Egypt, the WHO Child Atlas project in the EMRO region, and as EMRO consultant in school mental health service development.

In July 2013, Dr Chiara Servili, child psychiatrist and neurologist became IACAPAP's technical officer in WHO. I was able to meet with her a few weeks afterwards to plan for our continued relationship. One of the key areas for collaboration between IACAPAP and WHO is to provide opportunities for WHO staff to be present at IACAPAP Congresses, and regional meetings. Therefore we have negotiated with Dr Servili and are supporting her travel to attend the IACAPAP congress in Durban to facilitate a pre-congress workshop on the Mental health Gap Action Programme (mhGAP) in partnership with IACAPAP.



IACAPAP Executive Committee Meeting in Paris, 2010

## STRATEGIC GOAL TWO: DISSEMINATE INFORMATION AND FOSTER TRAINING

IACAPAP uses several media and opportunities to disseminate information and foster training through educational programmes such as Study Groups, the Donald J. Cohen Fellowship Programme and the Helmut Remschmidt Research Seminars. IACAPAP's publications, website, Facebook page and more recently twitter are various social media used to provide learning opportunities for CAMH professionals around the world.

### Educational Programs

#### *Donald J. Cohen Fellowship Program (DJCFP)*

My journey into IACAPAP started out with the DJCFP in Berlin in 2004 and the ripple effect has been tremendous. In terms of numbers, by Durban 2014, there will have been 304 Donald Cohen fellows (Berlin 59, Melbourne 64, Florence 45, Istanbul 25, Budapest 30, Beijing 30, Paris 26... and Durban 25). I was also privileged to have been a DJCFP mentor in Melbourne and Istanbul and that means I am one of the 79 mentors who would have worked with younger CAMH professionals over the years. Overall, 85% of participants in the DJCFP rate the program as outstanding. Since its inception in 2004, the DJCFP has been privileged to have two exceptional and creative stars shining lights into all regions of the world, Andres Martin and Joaquin Fuentes, who have been outstanding in their commitment to the program over the years and ensuring the program continues to select leaders for CAMH. They have run this leadership training with much personal sacrifice during the congresses.

We made a decision to bring on additional DJCFP coordinators and after a highly competitive process, on July 1, 2011, two assistant coordinators were selected: Ayesha Mian from Pakistan and Naoufel Gaddour from Tunisia, representing Asia and Africa which house over 90% of the world's children. I know that Andres and Joaquin will give a really special valedictory edition as they transition to behind-the-scenes mentoring

and support of Ayesha Mian and Naoufel Gaddour, who will take over as the DJCFP coordinators after Durban.

#### *Helmut Remschmidt Research Seminars (HRRS)*

Between June 2010 and 2014, there have been two HRRSs. The 3<sup>rd</sup> HRRS, held in Paris from January 22 to 27, 2012 had the theme: "How to Evaluate Effects of Treatment Strategies Used in Child and Adolescent Psychiatry". There were 19 participants from Austria, Brazil, Bulgaria, Finland, France, Germany, Hungary, Kosovo, Lithuania, Romania, Russia and Slovenia. The 4<sup>th</sup> HRRS held from December 8-13, 2013 in Stellenbosch, Cape Town, with the theme "Developing Sustainable Research in CAMH in Africa". There were 16 participants from the Democratic Republic of Congo, Ethiopia, Kenya Liberia, Nigeria, Rwanda, South Africa, Uganda and Zambia, who described this experience as a life-changing opportunity.

### IACAPAP publications

It has been an absolute delight to have experienced the transformation of the IACAPAP Bulletin and the launch of three IACAPAP publications during the period I have been president. At the Paris Congress in July 2012, a history book on IACAPAP, the Congress book and the IACAPAP electronic Textbook of Child & Adolescent Mental Health were launched.

#### *IACAPAP History Book*

IACAPAP was founded in 1935. Kari Schleimer, IACAPAP's archivist and a former Secretary-General, traced IACAPAP's 75 year old history in a book titled: "75 Years with IACAPAP: The History of IACAPAP". I had the privilege of purchasing the first copy for 20 Euros during the Executive Committee meeting held the day before the 20<sup>th</sup> congress started.

#### *IACAPAP Bulletin*

Between Beijing 2010 and 2014, the IACAPAP Bulletin edited by Joseph Rey has undergone a remarkable transformation. The Bulletin now enjoys production three times a year instead of twice and the front





cover was redesigned. Joe Rey proposed the idea of having correspondents from all continents of the world and from a start of 20 this number has increased to 30. The excellent outcome is evident in the increasing content, variety and geographical distribution of contributions to the Bulletin. One of the objectives of the correspondent project was for potential editors to receive mentoring. This has been achieved with the appointment of Hesham Hamoda (USA, originally from Egypt) and Maite Ferrin (Spain) as Deputy Editors in February 2014.

#### **IACAPAP Monograph Book Series**

The IACAPAP monograph series have continued to be released every two years during the IACAPAP Congress. In line with tradition, and in tune with the 20<sup>th</sup> IACAPAP congress theme, the book "Brain, Mind and Developmental Psychopathology in Childhood", edited by Elena Garralda and Jean-Philippe Raynaud, was presented. Elena Garralda stepped down as Editor at the Paris Congress and Jean-Philippe took over as Editor while two assistant monograph editors (Matthew Hodes, UK, and Susan Shur-Fen Gau, Taiwan) were appointed bringing in a rich and diverse perspective into the editorial work. For the 21<sup>st</sup> Congress in Durban the IACAPAP book is titled "*From Research to Practice in Child and Adolescent Mental Health*" with JP Raynaud, S Gau and M Hodes as Editors.

#### **IACAPAP e-book**

On December 7, 2010, I received a proposal, which then looked unachievable, from Professor Joseph Rey about producing an electronic book (ebook). The book would be free of charge, downloadable, updated regularly, written to meet the needs of practitioners and trainees in CAMH, particularly those working in less developed countries, written by a mix of CAMH professionals from the differentially resourced regions of the world and to be posted on the IACAPAP website by the commencement of the Paris Congress in 2012. Impossible as it sounded, in July 2012, after 18 months the ebook, '*A CAMH Guide in Every Palm*' was on the IACAPAP website. Thanks to Joseph Rey's foresight, vision and energy and the more than 100 authors who

delivered. In his report to the EC at the meeting in Dublin in July 2013, Joe wrote: *Of the 35,793 visitors to the IACAPAP website in the past 12 months, 33,282 (93%) visited the Textbook. Of these, 61% were new visitors and 39% repeat visitors.* The impact of the eBook around the world continues to increase with about 50 people accessing the book each day. In response to the several requests for permission to translate the book into other languages, we now have 'Guidelines for Translation'. Presently several new chapters have been added on, the updating of information is continuous, translations into Russian and French are ongoing and two excellent reviews have been published in the *Journal of the American Academy of Child and Adolescent Psychiatry* and in *Australasian Psychiatry*.

#### **Autism Declaration (2012)**

IACAPAP has a strong history of advocating for the promotion of the mental health and development of children and adolescents through policy, practice and research. One of the ways in which this mission is fulfilled is through the publication of declarations and statements to support the development of child and adolescent mental health. These declarations and statements are advocacy documents and they are widely disseminated to policy makers, CAMH professionals, and ministries of education, health and youth. The Bureau took a look at the declarations and statements to ensure they are all up to date with evidence-based research and practice. In line with current findings, we updated the "Declaration of Venice 1998: Autism and Pervasive Developmental Disorders" to the "Autism Declaration – 2012". A world renowned expert on autism spectrum disorders, Professor Fred Volkmar was contacted and he put together a team to carry out this update. [http://iacapap.org/wp-content/uploads/Autism\\_Declaration\\_2012.pdf](http://iacapap.org/wp-content/uploads/Autism_Declaration_2012.pdf)

#### **Official Journal of IACAPAP: Child and Adolescent Psychiatry and Mental Health (CAPMH)**

After several months of discussion and negotiation, on February 6, 2013, CAPMH became the official Journal of IACAPAP with the signing of a memorandum



of understanding between the two bodies. Andres Martin sacrificed his time, energy and resources to represent IACAPAP in the negotiation process and each member of the Bureau, the External Relations Chair, Bulletin and E-book editor, and Archivist provided useful input during this process.

Christian Kiel (Brazil) and I initially represented IACAPAP on the Editorial Board of CAPMH. More recently Andres Martin, DJCFP coordinator and Editor of the *Journal* of the American Academy of Child & Adolescent Psychiatry has replaced me as a representative on the board.

#### **IACAPAP Website**

On the 14<sup>th</sup> of September 2010, I wrote to the EC requesting help with IACAPAP's website. When I became president, IACAPAP's website was hosted by the Karolinska Institute and very kindly updated by Per-Anders Rydelius (Past-President). It was obvious that this arrangement was not sustainable. A solution came on the 19<sup>th</sup> of September 2010 through Chris Wilkes, the Convenor of the 22<sup>nd</sup> IACAPAP Congress in Calgary, Canada in 2016. He was able to arrange for us to get pro bono arrangement to set up a web-page and work on the maintenance of the web-page. On 1<sup>st</sup> November 2010, I signed a memorandum of understanding on behalf of IACAPAP with CFSATA Trust Association (CFSATA), pertaining to activities involved with the development and maintenance of the IACAPAP website. Basically CFSATA will in conjunction with the IACAPAP leadership, at no charge, maintain the webpage until December 31, 2016. So, with help from the Bureau and members of the EC, we worked with Sea to Sky Meeting Management to build the webpage. By June 2011 the new IACAPAP website, [www.iacapap.org](http://www.iacapap.org), came alive. We are extremely indebted to Chris Wilkes and the Calgary team for hosting IACAPAP's website. I have received prompt responses from Sea to Sky through Sherri Corrie for requests to update the website. The new correspondence email for IACAPAP through the webpage is [info@iacapap.org](mailto:info@iacapap.org).

#### **Facebook page**

IACAPAP came on Facebook for the first time in our first year in office. Thanks to Joseph Rey for initiating this. Joe Rey, Hesham Hamoda, and Daniel Fung, IACAPAP's Secretary-General, have worked very hard to post regularly up to date information about CAMH and keep the page creative, informative and relevant. IACAPAP now has 3,360 friends with the top 7 countries including Egypt, Nigeria, USA, Brazil, India, Taiwan and Turkey.

#### **Twitter**

A twitter account for IACAPAP was opened on the 8<sup>th</sup> of July, 2014: @IACAPAP. Participants can tweet at the 21<sup>st</sup> IACAPAP congress in Durban and beyond as they exchange CAMH information.

### **STRATEGIC OBJECTIVE THREE: STRENGTHEN BONDS BETWEEN WORLD REGIONS**

In order to strengthen the bonds between the different regions of the world to promote multi-disciplinary, multi-professional research and clinical practice in child and adolescent mental health, IACAPAP has strived to facilitate partnerships for training, research and service development.

#### **YEAH for IACAPAP**

One of the working groups inherited from the previous EC was the IACAPAP ambassadors in the various regions of the world with emphasis on resource poor regions. Young, Early and Aspiring Child Mental Health Professionals (YEAH for IACAPAP) was introduced in 2011 and is coordinated by Daniel Fung (Secretary-General) along with Norbert Skokauskas (Formerly in Ireland, now in Norway) and Jibril Abdulmalik (Nigeria). The first YEAH symposium held during the Paris congress and focused on successful career development in CAMH, with sub-themes on leadership, management, training and mental health economic needs. YEAH for

IACAPAP receives the DJCFP and the HRRS alumni and we hope this aspect will be strengthened in the years to come. Hesham Hamoda has joined this group to further strengthen its activities.

## Educational Committee

We set up an Educational Committee to facilitate the establishment of regional research and training facilities for child and adolescent mental health professionals and to facilitate partnerships between facilities in developed and developing countries for education and training of CAMH professionals, research collaborations and CAMH service development. This committee chaired by Bruno Falissard (France) and co-chaired by Chiara Servili (Italy, also IACAPAP's focal person in WHO), with participants from all the continents conducted a survey to determine priorities in education and research training from around the world. The next stage to be continued by the incoming EC (2014-2018) is to develop courses in partnerships with member organizations and multilateral organizations such as WHO.

## STRATEGIC GOAL FOUR: PROMOTE INTERNATIONAL, STATE AND COMMUNITY CAMH POLICIES

A key area identified as a hindrance to resource development for CAMH was the lack of CAMH policies. We also had a role to ensure that evidence-based, culturally acceptable, affordable and accessible mental health services are available for all children and adolescents. Working groups to facilitate CAMH policy development, to ensure the inclusion of CAMH evaluations in the regional, and country report on the implementation of the Child Rights Act and to review IACAPAP's relationship with consumer, indigenous & other special groups were set up. I hope that the incoming Executive Committee will identify with this goal and strive to obtain results.

## STRATEGIC GOAL FIVE: REGULAR APPRAISAL OF IACAPAP'S STRUCTURES AND FUNCTIONS

Several mechanisms were put in place to maintain an effective and efficient governance structure characterized by transparency, accountability and inclusiveness and the application of standard management strategies in the search for continuous improvement. Every member of the Executive Committee had a specific role to enable

IACAPAP to fulfil its mission and attain its goals through participation on at least one working group. While we have struggled in several areas due to an evolving administrative structure, we have made gains through the selfless work of the Bureau, the Executive Committee and many other CAMH professionals from around the world who support the work of IACAPAP. **The gains we have made are due to our collective effort working in partnership together.**

I am happy to report that the review the IACAPAP's Constitution commenced by the precious Executive Committee was completed during my time as president. On July 23, 2012, Kari Schleimer, chair of the ad hoc committee for the revision of IACAPAP's constitution, presented the Constitution to the extraordinary general meeting held during the Paris congress and this was accepted.

A formal memorandum of understanding was drafted, reviewed and signed by me on behalf of IACAPAP and the hosts of the 2016 IACAPAP congress, All Children's Trust Association Calgary and Canadian Academy of Child and Adolescent Psychiatry (CACAP), a practice we hope to maintain.

I tried hard to give as detailed a report to the Executive Committee as often as possible and discovered pleasantly that I had written over 30 detailed letters to the Executive Committee between June 2010 and June 2014. In a bid to 'maintain an effective and efficient governance structure characterized by transparency, accountability and inclusiveness and the application of standard management strategies in the search of continuous improvement', we have provided an item by item report of all income and expenditure at all EC meetings on a spreadsheet for all to view and comment. Gordon Harper, IACAPAP's Treasurer, has done an outstanding job keeping the accounts and writing to the over 70 members on a regular basis to obtain dues. His efforts must be applauded. Daniel Fung has regularly updated the IACAPAP directory and kept in close touch with our members, while Per-Anders as Past-President has provided much guidance. The numerous Skype meetings at inconvenient times due to our time zone differences have been very productive. With the Past-President in Sweden, Treasurer in the USA, Secretary-General in Singapore and me in Nigeria, we have had some truly amazing and diverse perspectives coming together.



Per-Anders Rydelius and Gordon Harper at the School for Young Psychiatrists, Suzdal, Russia, 2011.



YEAH for IACAPAP. From left: Jibril Abdulmalik, Hesham Hamoda, Norbert Skokauskas, Daniel Fung, Myron Belfer

We developed a clear travel policy for the Bureau and Executive Committee members and I am happy to report that most of our travel was funded by organisations who made the invitation and by self. In the four years I was President, I received travelling support from IACAPAP's funds twice, for accommodation and air travel to Geneva to attend the Executive Board meeting in support of the Mental Health Gap Action programme (mhGAP) and air travel to the AACAP meeting in Orlando.

### **IACAPAP Partnership and Friendships Establish CAMH Training Programme in Africa!**

While all these activities were going on, a group of IACAPAP friends working closely together were able to win a highly competitive MacArthur Foundation Grant to support the implementation of a masters programme in child and adolescent mental health (MSc CAMH) to be administered by the University of Ibadan, Nigeria with guest faculty from Children's Hospital, Boston, Imperial College London and Sangath NGO, India. Partnerships in IACAPAP opened a new opportunity to build up CAMH capacity in Africa.

During my term as IACAPAP's president, I also had the singular privilege to start the John D. & Catherine T. MacArthur Foundation funded Centre for Child and Adolescent Mental Health in the University of Ibadan, Nigeria to provide training, research and service to the continent of Africa. After many struggles, on January 8, 2013, 15 students from parts of Nigeria, Liberia and Sierra Leone commenced studies in an extremely intense 18 month MSc CAMH. On June 16, 2014, the Day of the African Child, 13 fully trained CAMH professionals completed the MSc CAMH and have returned home to start active work. Virtually all of them will present their research work at the 21<sup>st</sup> IACAPAP congress in Durban. Invariably a key IACAPAP strategy to facilitate the establishment of regional research and training facilities for CAMH professionals in areas where there is currently no formal training is being

followed through. In the second cohort of students in this programme, there are 13 training professionals from Ghana, Sierra Leone, Kenya and different regions of Nigeria.

Combining this with my role as president and all my other duties has been rough and tough. In the few moments of reflection I enjoyed after the pioneer students in the MSc CAMH completed their final examinations, I opened a card given to me a week earlier by one them and I discovered a handwritten poem titled:

#### ***'Because You Tread the Path Less Travelled'***

*Somewhere ages and ages hence  
Two roads diverged into a wood, and I  
I took the one less travelled by  
And that has made all the difference.*

Robert Frost 1874-1963

*Because you tread the path less travelled,  
We didn't have to grope in the dark.  
Because you coursed waters uncharted,  
We could navigate easily.  
You spent sleepless nights  
So we could sleep easy.  
The journey was long, and tasking  
Tears flowed freely  
Yet at the end of it, we are the better  
Having passed through fire, we are now like steel  
15 CAMH professionals!!!  
I pray that from now on, you sleep easy  
Knowing that 15 leaders are out there  
Keeping on the work you started.*

Aishatu Abubakar - Abdullateef, Zaria,  
Northwest Nigeria, June 2014

This poem struck a happy chord of fulfilment in me as I realized that I could actually rest for longer periods now and start to live a normal life again. **I confident that**

from now on, no one will walk alone in CAMH in my zone. I think this best captures my thoughts as I hand on the baton. The new pathway created by IACAPAP in June 2010, has come to stay. I am grateful for the opportunity to serve! Thank you.



**Olayinka Omigbodun** MBBS, MPH, FMCPsych, FWACP  
President 2010-2014

### Acknowledging Administrative Support (2010-2014)

I must thank Ms Shirley Chen (Institute of Mental Health, Singapore) who helped in executing many of IACAPAP's secretarial functions, Sherri Corrie (Sea to Sky, Canada) for promptly updating IACAPAP's webpage, Kari Schleimer (Sweden) for digging into IACAPAP's archives each time information was required, Centre for Child & Adolescent Mental Health (CCAMH) Administrative Staff for keeping the office base going while I travelled.

I am grateful to my round-the-clock available and capable administrative support, Akinyinka OreOluwa Omigbodun and Akinyinka Omokolapo Omigbodun for editing my write-ups at the most inconvenient times and at very short notice, and Iyeyinka Omigbodun for always providing novel ideas.



From left, Mohammad S I Mullick, Gordon Harper, Füsün Çuhadaroğlu Çetin, Ayesha Mian



Helmut Remschmidt Research Seminar, Stellenbosch, Cape Town, 2013

# MEMBER ORGANIZATIONS

## Full members

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología de la Infancia y la Adolescencia (ASAPPIA)
- 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)
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- 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
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- Chinese Association for Child Mental Health (CACMH)
- Chinese Society of Child and Adolescent Psychiatry (CSCAP)
- Croatian Society of Child and Adolescent Psychiatry (CROSIPAP)
- 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
- 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)
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- Lithuanian Society of Child and Adolescent Psychiatry
- 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)
- Section of Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine
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- Association for Child Psychoanalysis, USA
- KCHAMHA, Kosovo
- Romanian Association for Child and Adolescent Psychiatry and Allied Professions (RACAPAP)
- Section of Child and Adolescent Psychiatry - Slovak Psychiatric Society



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