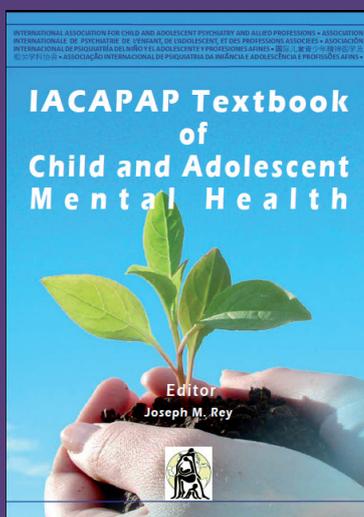
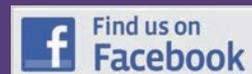




# IACAPAP

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## President's Column

### A COMPREHENSIVE AND COORDINATED CHILD AND ADOLESCENT MENTAL HEALTH RESPONSE

**A**t the just concluded meeting of the executive board of the World Health Organization (WHO), a resolution bringing to the fore the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level was passed. This resolution, proposed by India and supported by Switzerland and the United States of America, is a major triumph for mental health for the highest level of governance of WHO has given the priority and prominence needed to address this hitherto neglected public health concern, especially in low and middle income countries. This is good news for the world of child and adolescent mental health (CAMH) and the practice of child and adolescent psychiatry (CAP) early in the year.

As a non-governmental organization in official relations with WHO, IACAPAP received an invitation from the director-general of the WHO to appoint representatives to attend the 130<sup>th</sup> session of the executive board, which was held from 16 to 23 January 2012. A close scrutiny revealed a heavily packed child and adolescent mental health agenda. Apart from the global burden of mental disorders, there were other items very relevant to CAMH. Items such as infant and young child nutrition; nutrition of women in the preconception period, during pregnancy and the breastfeeding period; early marriages and adolescent pregnancies were on the agenda. Even though there is no direct mention of mental health in the Millennium Development Goals, the item on progress in the achievement of the health-related Millennium Development Goals relates to CAMH. Global health goals after 2015 and the implementation of the recommendations of the Commission on Information and Accountability for Women's and Children's Health were topics brought up for deliberation. The item on social determinants of health caught my attention as I thought about social determinants of child and adolescent *mental health*—an area in need of much research and attention. I found that virtually all items had significant implications for CAMH.

I had the privilege of being IACAPAP's delegate to this meeting but almost could not make it due to demonstrations and a nationwide strike in my country, Nigeria, in the period leading right up to the dates scheduled for the meeting. Fortunately, I arrived in the afternoon of day one of the crucial meeting just a few minutes before the item on the "global burden of mental disorders" came up. How relieved I was to be able to deliver IACAPAP's statement in support of the draft resolution as follows:

*"Investing early in mental and physical health of children is extremely important as this will yield optimal profits in the years to come for families, communities and countries. Current research reveals that investment in mental and physical health should start at conception and continue right through gestation, delivery and thereafter. Ensuring the mental health of children brings to the individual and society an improved level of health, reduced inappropriate use of healthcare, reductions in delinquency and violence and a more productive workforce. Worldwide research reveals that one in every five*

children has a treatable mental disorder and that 50% of adult psychiatric illness starts before age 14. Despite the availability of evidence-based interventions, there are virtually no resources to attend to the mental health of children and adolescents in developing world regions. The benefits of addressing child mental health have been demonstrated through rigorous economic research.

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) is a global non-governmental organization (NGO), established 75 years ago, with a purpose to advocate for the promotion of mental health and development of children and adolescents through policy, practice and research. IACAPAP and its affiliated organizations worldwide are a resource to countries considering policy development and program implementation. IACAPAP has an active, easily accessible web-based presence.

In 2010, WHO released 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. IACAPAP identifies fully with this programme and joins the call for the inclusion of a plan for child mental health in the comprehensive health agenda of every nation. Child mental health is relevant to every aspect of non-communicable disease and improves adherence to care for communicable diseases.

*There is no child health without child mental health!"*

When on Day 5 the draft resolution on "Global Burden of Mental Disorders and the Need for a Comprehensive, Coordinated Response from Health and Social Sectors at the Country Level" was approved with a very strong CAMH component, my feeling of delight was mixed with a sense of an urgent need for IACAPAP and its affiliated organizations to prepare to support a comprehensive, coordinated response.

Some of the key CAMH messages in the Resolution include:

- "Noting also that there is increasing evidence on the effectiveness and cost-effectiveness of interventions to promote mental health and prevent mental disorders, particularly in children and adolescents..."
- "Noting further that mental disorders are often associated with non-communicable diseases and a range of other priority health issues... maternal and child health..."

In the resolution, each member state is urged to collaborate with the WHO to develop a comprehensive mental health action plan. As CAMH professionals, we need to work closely with the relevant committees in our countries. In addition, the director-general was asked to collaborate with member states and, as appropriate, international, regional and national nongovernment organizations. We all need to be aware of and respond to the resolution with a comprehensive, coordinated CAMH response. As we prepare to come together during the IACAPAP Congress in Paris in July 2012, let us reach out to the relevant authorities in our countries with our CAMH plans and programmes.

Below are links to the full documentation of the World Health Organisation EB 130 and EB130-R8

[http://apps.who.int/gb/e/e\\_eb130.html#Main\\_documents](http://apps.who.int/gb/e/e_eb130.html#Main_documents)  
[http://apps.who.int/gb/ebwha/pdf\\_files/EB130/B130\\_R8-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB130/B130_R8-en.pdf)



**Olayinka Omigbodun** MBBS, MPH, FMCPsych, FWACP  
President



**iacapap**  
Paris 2012



## HAVE YOU VISITED IACAPAP'S FACEBOOK PAGE LATELY?

*If not, click on the picture above.*

*If you want to receive regularly the latest:*

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

*become a friend of IACAPAP in Facebook. This will allow you to interact and post comments. For example, a colleague from Brazil was looking for a child psychiatrist or psychologist in Uganda for one of his patients. A note was posted in IACAPAP's Facebook page and someone was found the very next day. Without becoming a Facebook friend you can still access all these services but not interact with them (e.g., post comments).*

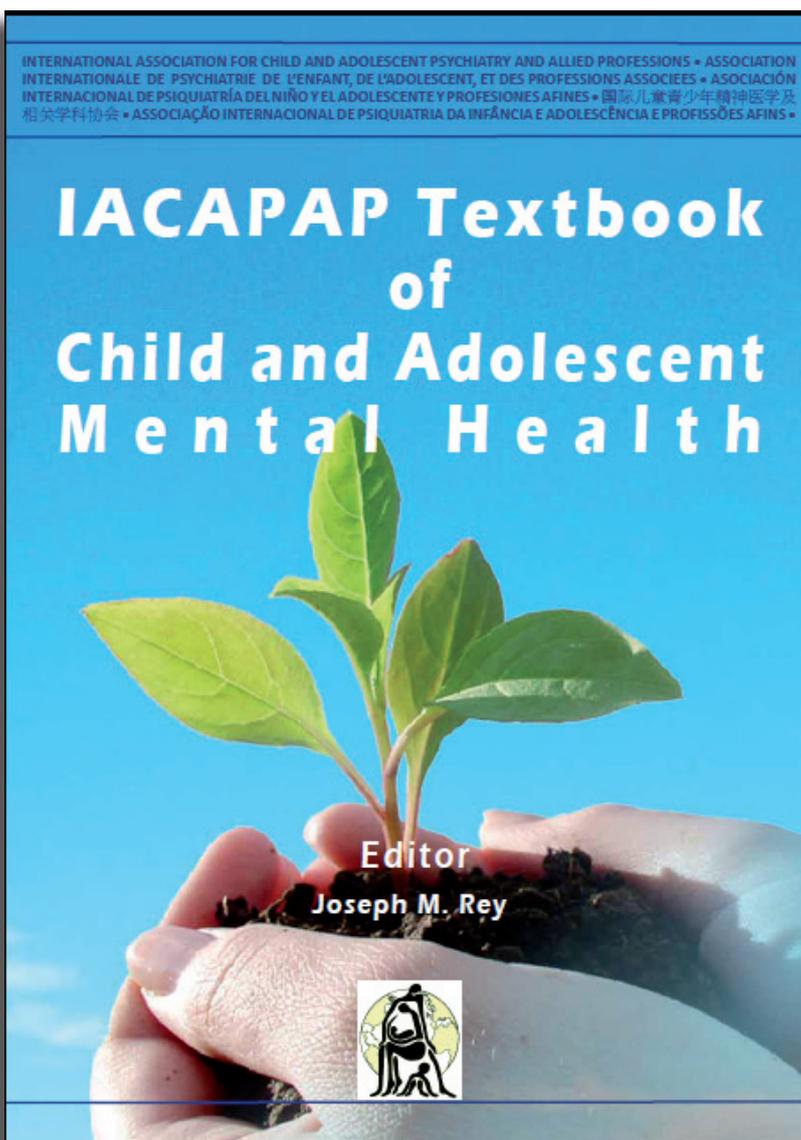
# IACAPAP TO PUBLISH TEXTBOOK

*“IACAPAP’s e-book will provide a powerful tool for change and improvement in human resource development for child and adolescent mental health worldwide”* said Olayinka Omigbodun, President of IACAPAP.

One of the main aims of IACAPAP is to “promote the study, treatment, care and prevention of mental and emotional disorders and disabilities of children, adolescents and their families.” Producing a book that seeks to meet the needs of practitioners and trainees in child and adolescent mental health, particularly those working in low income countries, is consistent with this aim.

The textbook is to:

- Be available free of charge.
- Be available only digitally (PDF). Users will be able to read it on line, download it (e.g., using a computer, iPad and similar), or print the whole book, specific sections or chapters.
- Make use of internet tools such as hyperlinks to optimise quick access to original documents and the latest information
- Include audio-visual material to illustrate issues and problems
- Emphasize resources available free
- Be updated and expanded regularly
- Include contributors from all over the world.



The first edition of the e-book comprises 45 chapters and will become available after the Paris congress. However, it is expected that each year several new chapters will be added to gradually make the textbook one of the most comprehensive texts available to mental health professionals (in this line the editor welcomes proposals for new chapters to be added in 2013). Chapters are also expected to be updated when major advances occur.

As professor Garry Walter, one of the contributors to the book said: *“It is rare for a book to be ‘all things to all people’ and yet the IACAPAP textbook of child and adolescent mental health has that potential. Relevant to both developed and developing countries, across different service settings within those countries, and for a wide range of possible clinical presentations and modalities of treatment, the book will prove a highly practical, cutting-edge resource for a variety of health professionals and workers.”*

Some of the book’s features include links to a variety of resources such as websites, questionnaires and rating scales available free as well as relevant video material.

*“We want to provide updated, practical, culturally appropriate, user friendly materials so that those who work with the mental health issues of children, adolescents and families, which can be accessed freely anywhere in the world”* said Daniel Fung, secretary general of IACAPAP. He also said that the textbook *“is an attempt to match the traditional medium of a textbook as a repository of professional knowledge with the new medium of the internet.”*

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INTRODUCTION

Chapter  
A.8

## PRINCIPLES IN USING PSYCHOTROPIC MEDICATION IN CHILDREN AND ADOLESCENTS

Benedetto Vitiello\*



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MISCELANEOUS

Chapter  
J.2

## TRADITIONAL AND ALTERNATIVE MEDICINE TREATMENTS IN CHILD AND ADOLESCENT MENTAL HEALTH

Nerissa L. Soh, Garry Walter



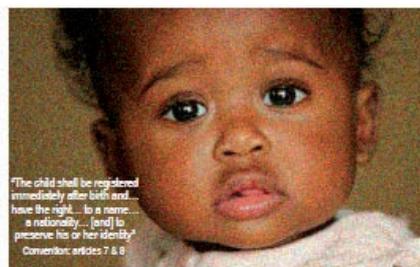
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Chapter  
J.7

## THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD AND IMPLICATIONS FOR CLINICAL PRACTICE, POLICY AND RESEARCH

Myron L. Belfer, \*Suzan Song



"The child shall be registered  
immediately after birth and  
have the right... to a name...  
a nationality... [and] to  
preserve his or her identity"  
Convention: articles 7 & 8

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Children and  
Adolescents with Disabilities"  
prepared with Diane  
Sameroff. The views  
expressed in this chapter do  
not necessarily reflect those of  
Ms Sameroff.

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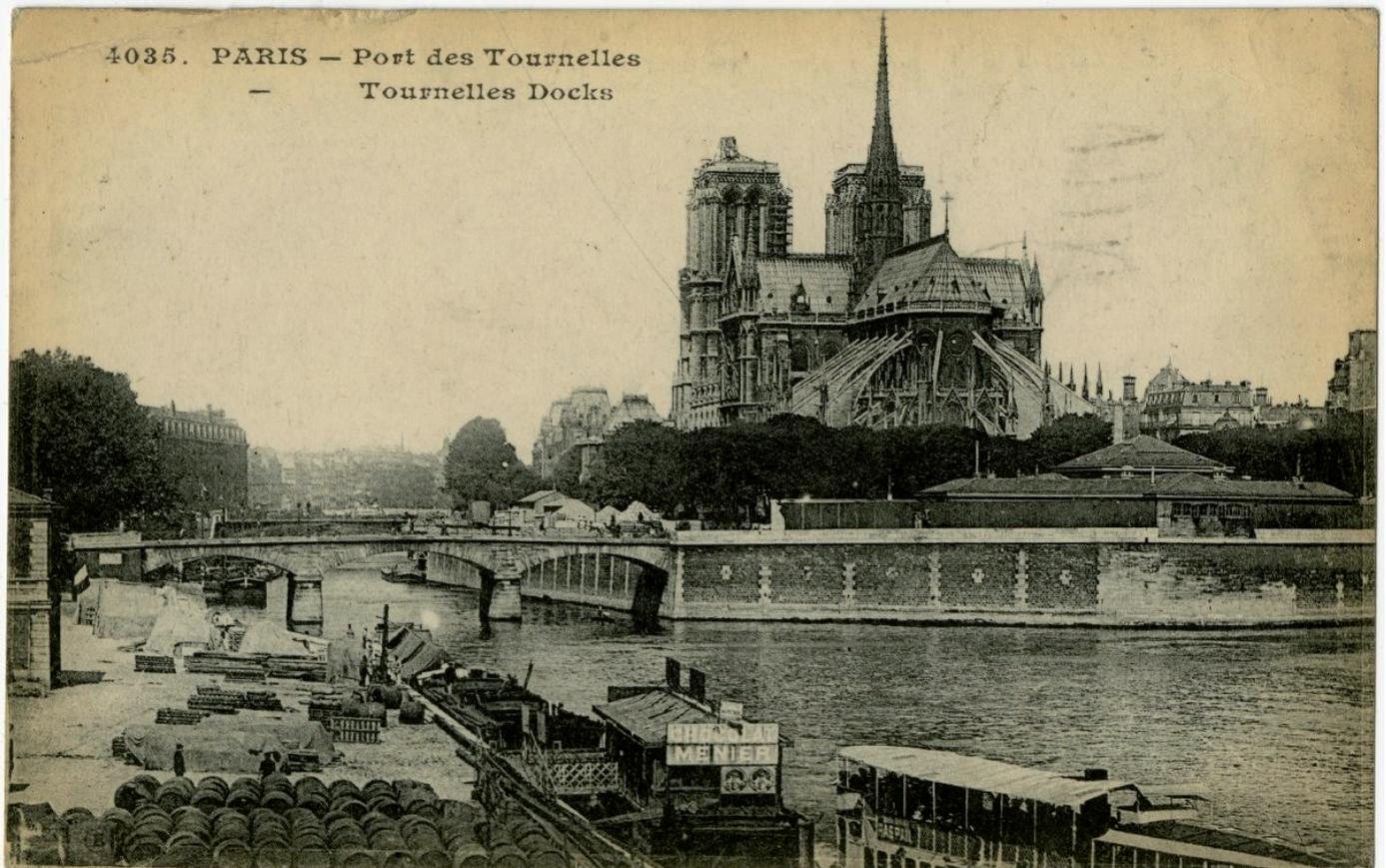
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You will meet colleagues from all around the world, share your work and practices, hear and discuss "live" what's new in research and clinical practice.

Some examples of international plenary lectures:

- François ANSERMET and Pierre MAGISTRETTI (Switzerland): The ever-changing brain. Neuronal plasticity and the unconscious.
- Myron BELFER (USA): Child Psychiatrists. How are we seen? What do others think we know?
- Monique ERNST (USA): Functional neurodevelopment underlying motivated behavior in adolescents: The Triadic Model.
- John FAYYAD (Lebanon): When was target children, how effective are mental health weapons of intervention?
- Ruth FELDMAN (Israel): Interactive synchrony: A biobehavioral model of mutual influences in the formation of affiliative bonds in healthy and pathological development.
- Daniel FUNG (Singapore): Child psychiatry without psychiatrists: Developing new technologies for old problems.
- Susan GAU (Taiwan): Can we distinguish ADHD and ASD? Evidence from behavioral phenotype, endophenotype and genotype.
- James LECKMAN (USA): Development of bonding and psychopathology.
- Crick LUND (South Africa): Poverty and children's mental health: observational and intervention data from low and middle-income countries.
- Carol NEWNHAM (Australia): At last! Hard evidence for the negative effect of stress and the positive effect of sensitive mothering for brain development in preterm infants.
- Helmut REMSCHMIDT (Germany): Asperger syndrome and high-functioning autism: are they different?
- Philippe ROCHAT (USA): The baby and the self
- Maria Conceição de ROUSARIO (Brazil): Obsessive Compulsive disorder: developmental and dimensional perspectives
- Gustavo TURECKI (Canada): Early-life trauma, epigenetic changes and suicide risk.
- Marinus VAN IJZENDOORN (Netherlands): From diathesis-stress to differential susceptibility: How risky genes might turn into high potentials.

Jean-Philippe Raynaud and the Steering Committee

# NIGERIA

## RESTRUCTURING A CHILD AND ADOLESCENT MENTAL HEALTH SERVICE IN LAGOS, NIGERIA

### IMPACT OF A GLOBAL PARTNERSHIP PROGRAM

As a psychiatrist, my work with children and adolescents so far had been in the setting of a general psychiatry department service within a teaching hospital. Common referrals have been from the child neurology clinics and include children with seizure problems but only a few with other emotional disorders. The need to improve this structure, relocating into the mainstream tertiary hospital and expanding the range of services became gradually clear to me as the means to develop CAMH services.

This led me in search of further exposure and training that would assist in achieving this goal. A conversation with Dr Tolu Bella Awusah, a Nigerian child and adolescent psychiatrist who was then a fellow at the University of Pittsburgh, encouraged me to explore the Children's Hospital Global Partnerships Program (CHGP) in Boston, US. While these enquiries were ongoing, I was also fortunate to be selected as one of the Donald Cohen Fellows for the IACAPAP conference in Beijing in 2010. The IACAPAP experience, among other immense benefits, gave an added motivation to conclude plans toward applying for the CHBP.

I was accepted as one of two visiting international observers in child and adolescent psychiatry at Children's Hospital Boston (CHB) from April to June 2011 and the three months visit was a rewarding experience.

The CHGP is coordinated by the tireless effort of Dr Patricia Ibeziako and the wise guidance of Professor Myron Belfer who, together with their team, made the experience smooth and of lasting impact. Along with Dr Diego Mora, another psychiatrist from Costa Rica, we had the opportunity to discuss, learn and share experiences with child and adolescent mental health professionals at CHB.

*I was fortunate to be selected as one of the Donald Cohen Fellows for the IACAPAP conference in Beijing in 2010. The IACAPAP experience, among other immense benefits, gave an added motivation to conclude plans toward applying for the Boston Children's Hospital Global Partnerships Program.*



From left, Dr Diego Mora, Professor Myron Belfer, Dr Yewande O Oshodi

The entire experience consisted of rotations at the inpatient psychiatry service, the consultation liaison service and multiple outpatient subspecialty clinics. The inpatient psychiatry service is a unique, tailor made unit created to suit the needs of children requiring higher levels of care. The psychiatry consult service integrates care delivery from the emergency room through the medical wards, pre-surgery, post-surgery and even critical care.

Special moments included the opportunity to meet with and listen to interesting CAMH leaders from different Harvard hospital and educational programs. A particular highlight was attending the CHB psychiatry grand rounds and listening to Dr Daniel Fung from Singapore deliver a special guest lecture. Additional visits to the Head Start program, the Harvard Child Development Center, and the Brazelton institute all helped in gaining an understanding of the importance of preventive interventions, especially in resource-poor nations like Nigeria. Advocacy and prevention became further defined for me as important components of CAMH practice upon which to build our future policies.

The multidisciplinary team approach at CHB was also seen first hand and at its best. In Nigeria, although we also encourage a team approach to care, we are faced with limitations due to the inadequate number of suitably trained or qualified staff.

Clinical practice and patient presentations were quite different from the ones observed back home. I quickly realized that not all the services back home could be structured in the same way as in the US (e.g., CHB), but rather, we need culturally suitable adaptations of relevant services to meet the needs of children and their families in developing nations like mine.

Having this opportunity to be involved in and observe the structure at CHB gave me a reference-point for how a CAMH service can be structured. The Boston experience gave me fresh ideas for setting up relevant networks to ensure improved quality of CAMH care delivery at my center.

Some activities developed since my return home include the IACAPAP Bulletin. February 2012

*"I quickly realized that not all the services back home could be structured in the same way as in the US"*

relocation of our child and adolescent psychiatry clinic, away from the hospital annexe in Yaba area, back into the mainstream – the tertiary hospital in the Idiaraba area of Lagos. This move is expected to improve access, use, and consultation-liaison services, since it is in close proximity to other child care departments in the hospital. It may also contribute to decrease the stigma associated with receiving services from a stand-alone psychiatric facility – erroneously associated by many with chronic severe mental illness. The CAMH service at the main site of Lagos University teaching hospital is growing slowly; over time, it is expected to include collaboration with community health and other services in promoting child survival and integrating screening services for CAMH conditions.

In response to the dearth of other mental health personnel necessary to support this service, discussions are underway for intern psychologists and social workers to be assigned to the CAMH service for dedicated periods of time.

An additional impact of the CHBP experience has been to reflect on the structure of training of residents rotating through the child and adolescent psychiatry unit. With increased emphasis on a fixed duration in child and adolescent psychiatry along with focused learning and supervision sessions, it is expected that the quality of training will significantly improve in the long term.

Further activities coming up in 2012, in collaboration with some key resource persons I met during the Boston visit, include a workshop targeted at providers caring for children to foster knowledge and skills in relation to CAMH care. It is good to know that much can be done in this area.

While appreciating the progress in promoting CAMH in our African continent despite its sociocultural and political challenges, a Nigerian proverb comes to mind. "It is not only the rabbit that gets to its destination..., even the tortoise will eventually get there too." Essentially, slowly but steadily, child and adolescent mental health will continue to develop and improve in the African continent.

**Dr (Mrs)Yewande O. Oshodi**

Lecturer in the Department of Psychiatry, College of Medicine University of Lagos(CMUL) and Consultant Psychiatrist with the Lagos University Teaching Hospital (LUTH) Lagos, Nigeria. Yewande Oshodi has since returned to her department where she continues to work in child and adolescent mental health and community mental health.



Lagos University Teaching Hospital



## A free application to generate a personal communication board in your computer or tablet

A joint autism research team (from San Sebastian and Madrid, Spain) presented in September 2011 their "e-Mintza" product (e-Mintza means "electronic language" in Basque). This is an application that can be freely downloaded (click the picture above to access the site). By the end of 2011, there had been more than 13.000 downloads from more than 40 countries.

For the time being, there are Spanish and Basque versions as well as a bilingual version in both. English and French versions are expected to be ready before the IACAPAP 2012 Congress in Paris, France.

The leader of this two-year project – funded by the Spain's Ministry of Industry – is Joaquin Fuentes MD, one of the Vice-presidents of IACAPAP. The project involved clinical teams from the *Fundacion Dr Carlos Elósegui (Policlínica Gipuzkoa)* and *GAUTENA (Autism Society of Gipuzkoa)* as well as experts in adapted communication from the *Fundacion Orange (Madrid)* and technical staff from *Nesplora*, an information technology firm from San Sebastian's Technology Park. Both the *Dr Carlos Elósegui (Policlínica Gipuzkoa)* and *Orange Foundations* are not-for-profit organisations; their goal has always been to allow free, universal use of this device.

Since the beginning, researchers have benefited from the contribution of the ultimate users, in this case people with autism spectrum disorders and their families. An active group of 20 families with IT knowledge and children in need of improved communication skills have influenced

the development of e-Mintza.

e-Mintza is designed for use in 10" or larger Windows touch screen tablets or a minimum of 7" (1024 x 600) Android tablets – portable hardware that is rapidly decreasing in price (much as mobile phones do now...) that acts as a personal support device, such as wheel chairs or lenses, to be partially covered by the health or social welfare systems. e-Mintza can be downloaded – as a learning step – to personal computers or classrooms, using the mouse. e-Mintza is compatible with Windows, Mac OS, Linux, Android 2.2 and up; an iPad version is expected soon.

e-Mintza is user friendly and there is no need to learn new technologies to program it or use it. The adult or the therapist personalizing the system only needs to know how to send e-mail and attach files: that is enough! The application can be personalized in terms of appearance, content and

complexity. A total of 400 pictograms are included but there is room for 9,000 pictograms or pictures or videos. Each user must have his or her own e-Mintza. Depending on need, the screen can show between one and 12 "boxes" and there is the possibility of matching up to six pictograms for specific actions to facilitate access by the user.

Once the user clicks on a pictogram or a photograph the system verbalizes (speaks) the name of the object, emotion or action portrayed. The pictogram then goes into the white-board and by tapping an arrow, a whole sentence can be produced. The project has benefited from the donation of real voices from children and adults of both genders, and users can choose which one is appropriate for them. The sound can be personalized and modified in any language... so, one can say that the system is ready to become global.





Joaquín Fuentes MD (Photo: Carlos Carrión - XL Semanal)

A timetable or appointment diary is another application included in e-Mintza; in a very simple way a multimedia timetable or appointment diary can be generated for the user. This is particularly useful for people who have difficulties with temporal sequencing or imagination but have good visual skills.

Although the main emphasis of the project has been on children with autism – as they often use “analog” visual augmentative devices – the authors stress that e-Mintza can and should be tried in all people with communication disabilities: deafness, cerebral palsy, Alzheimer and Parkinson’s disease, speech and language disorders, acquired brain damage from stroke or accidents, or even patients having mechanical ventilation.

It is exciting to have available innovative communication applications to meet the needs of so many children and their families, potentially at no cost to them. Addressing these needs is crucial to improve their quality of life and to increase their participation in society.

For further information:  
fuentes.j@telefonica.net

IACAPAP Bulletin. February 2012

Click on the picture to view “e-Mintza: what is it?” (Spanish and Basque languages)



Click on the picture to view “how do you program e-Mintza?” (Spanish and Basque languages)



Click on the picture to view “how to use e-Mintza” (Spanish and Basque languages)



AEPNYA 2012 BARCELONA  
57 CONGRESO 10-12 MAYO



# BANGLADESH

## 4<sup>th</sup> Annual Conference & General Meeting of BACAMH

### Another achievement story



The Bangladesh Association for Child & Adolescent Mental Health (BACAMH) was formed on the 17<sup>th</sup> May, 2008 to promote the welfare and awareness of mentally ill children and adolescents as well as comprehensive service delivery by skilled professionals. For the last four years this Association has been working hand in hand with psychiatrists, pediatricians, clinical psychologists, social workers, special education teachers and pediatric neurologists. Starting with 35 members, this organization has 180 members now (41 life fellows, 58 fellows, 78 active members, and 3 international fellows). The BACAMH became a full member of IACAPAP in 2010 in recognition of the comprehensive, structured and productive activities throughout these years.

From 22<sup>nd</sup> to 24<sup>th</sup> November 2011, BACAMH had its 4<sup>th</sup> Annual Conference and General Meeting in Bangabandhu Sheikh Mujib Medical University, Dhaka. The theme

of the Conference was "Child and adolescent mental health: increasing awareness and care." Two hundred participants from Bangladesh and abroad were in attendance. Professor Md Waziul Alam Chowdhury, President of BACAMH and professor of the National Institute of Mental Health, Dhaka, presided over the opening. The ceremony started with a welcome address by Professor Jhunu Shamsun Nahar, Secretary General of BACAMH and Professor of Psychotherapy, Department of Psychiatry, BSMMU, Dhaka. Professor Mohammad SI Mullick, Chair, program committee of the conference and President Elect, BACAMH, Professor of Child & Adolescent Psychiatry and Chairman, Department of Psychiatry, BSMMU, Dhaka, highlighted the program. Professor Pran Gopal Dattam, Vice Chancellor of Bangabandhu Sheikh Mujib Medical University, was present as chief guest and Professor Hidayetul Islam, former Director of National Institute of Mental Health and

Advisor, BACAMH, was present as special guest at the opening ceremony and the evening cultural soirée. National Professor M R Khan inaugurated the scientific program and Dr Anula Nikapota gave the keynote address on "Increasing awareness and care". The presentation commenced with an outline of what we mean by awareness (knowledge and consciousness) and care (worry/ concerned and responsible for) followed by an overview of the changes that have occurred in the understanding of child and adolescent mental health.

There were five international delegates attending from the US, UK, India and Canada. These included Dr Anula Nikapota, Senior Tutor, Institute of Psychiatry, Emeritus Consultant in Child and Adolescent Psychiatry to the South London & Maudsley NHS Foundation Trust, UK, who attended as part of the Association for Child and Adolescent Mental Health (ACAMH)-BACAMH collaboration; Dr Gordon Harper, Medical





Opposite page: delegates. Above left: National Professor M R Khan and Dr Anula Nikapota. Above right: Yoo Soon Taek, wife of UN Secretary General, Ban Ki-moon, visiting the Centre for Neurodevelopment and Autism in Children (BSMMU). Below: Professor Pran Gopal Datta at the opening ceremony and cultural soir e.

Director, Child and Adolescent Services, Massachusetts Department of Mental Health, Boston and Treasurer, IACAPAP; Dr. Avinash De Souza, Consultant Psychiatrist and founder trustee of the De Souza Foundation, Mumbai, India, and others.

Three interactive workshops were conducted on the first day: "Psychopharmacological update in child psychiatry" by Dr Avinash De Souza; "Treatment planning – don't get caught in categorical diagnoses" by Dr Gordon Harper; and "Parenting techniques in the management of oppositional-conduct disorders" by Dr Anula Nikapota. A training course on "Psychoactive medication in children: paradigm shift" was also conducted by Dr Gordon Harper.

There were two theme papers: "Needs for the development of child and adolescent mental health services in Bangladesh" by Dr Md Faruq alam Associate Professor of Child, Adolescent and Family Psychiatry, NIMH, and "Pediatric-psychiatric liaison: a key element for developing child and adolescent mental health services in Bangladesh" by Professor Naila Zaman Khan, Professor of Pediatric Neurology Dhaka, Shishu Hospital. The conference had four plenary sessions in the last two days. The papers were on: "Child and adolescent mental health in Bangladesh: yesterday, today and tomorrow" by Professor Muhammad S I Mullick; "Pediatric bipolar disorder – recent updates" by professor Jhunu Shamsun Nahar; "Depression in childhood and adolescence: the way forward" by Professor Waziul Alam Chowdhury;

"Intellectual disability disorders: Etiology and investigation" by Professor Monimul Haque; "Educating autistic children using a multi-pronged approach" by Dr Rownak Hafiz ; "First episode psychosis in children and adolescents" by Dr Shamsul Ahsan; and "Media, violence and child health" by Professor Shah Alamthere. Eleven papers were presented in the oral presentation sessions by delegates from both Bangladesh and abroad.

The annual general meeting, held under the chair of Professor Md Waziul Alam Chowdhury, followed the scientific sessions. The reports of the Secretary General and Treasurer were presented and endorsed. The meeting ended after a lively discussion about different organizational issues. It was announced that the necessary steps will be taken by the Association to start a postgraduate course on child and adolescent psychiatry in Bangladesh in 2012. The conference was closed by a brief session chaired by Professor Mohammad S I Mullick. In his reflection as chief guest, Professor Monimul Haque expressed his optimism about the advancement of child

and adolescent mental health in Bangladesh and the critical role of BACAMH in this regard. Professor Jhunu Shamsun Nahar and Professor MA Salam thanked the program committee and organizing committee of BACAMH for organizing such a successful and energetic conference.

The day before the Conference, Dr Gordon Harper accompanied by officers of BACAMH visited the Center for Neurodevelopment and Autism, which had been established recently in BSMMU. This center is a government initiative to establish a nationwide pediatric neurodevelopment and autism-related management, training and research centre in Bangladesh. Dr Harper expressed his satisfaction after visiting the center. As autism is still a novel concept in Bangladesh, he believed that both this center and BACAMH could achieve a better management and outcome for children and their parents. Dr Harper also made a short visit to the "Autism Welfare Center" run by Dr Rownak Hafiz; again he felt satisfied and expressed his gratitude towards these centers who are working hard to help these children with special needs.



## Erratum

In page 21 of the November 2011 issue of the Bulletin it was stated that "Heuyer was appointed to the first European chair of child psychiatry in 1940 in Paris". This is incorrect; the year of Heuyer's appointment to the chair was 1948.

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# 4<sup>th</sup> World Congress on ADHD

From Childhood to Adult Disease

6 – 9 June 2013 | Milan, Italy



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

## FACULTY OF CHILD AND ADOLESCENT PSYCHIATRY

### ANNUAL MEETING

3–5 October 2012

NOVOTEL MANLY PACIFIC Sydney Australia

General Conference Enquiries: Conference Secretariat: [fcap@optusnet.com.au](mailto:fcap@optusnet.com.au)

## to infinity and beyond

## EUNETHYDIS

2<sup>nd</sup> INTERNATIONAL  
ADHD CONFERENCE

*The Eunethydis 2012 conference programme is based on key themes which provide a coherent progression from basic science (genetics, environmental influence, neurobiology) through to sharing best clinical practice (assessment, comorbidities and treatments).*

23<sup>rd</sup>-25<sup>th</sup> May 2012  
Barcelona, Spain

A global faculty of leading experts in ADHD will host a scientifically challenging programme of plenary sessions, workshops and short-courses...relevant to daily clinical practice.

**Our confirmed key note speakers are:**

Professor Jeffrey Halperin (USA)  
Dr Max Muenke (USA)  
Professor Trevor Robbins (UK)  
Professor Sir Michael Rutter (UK)  
Professor Rosemary Tannock (Canada)

For further information, please email the Congress Organiser, ChoiceLive, at [pal@eunethydisconference.com](mailto:pal@eunethydisconference.com) or [info@eunethydisconference.com](mailto:info@eunethydisconference.com)

Or alternatively visit [www.eunethydisconference.com](http://www.eunethydisconference.com) to see the latest information and details of how to register.

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# IACAPAP BOOK SERIES

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

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

## INCREASING AWARENESS OF CHILD AND ADOLESCENT MENTAL HEALTH

edited by

M. ELENA GARRALDA AND  
JEAN-PHILIPPE RAYNAUD

### Increasing Awareness of Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

### Culture and Conflict in Child and Adolescent Mental Health

Edited by M. Elena Garralda and Jean-Philippe Raynaud

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

## CULTURE AND CONFLICT IN CHILD AND ADOLESCENT MENTAL HEALTH

Edited By

M. ELENA GARRALDA AND  
JEAN-PHILIPPE RAYNAUD

## WORKING WITH CHILDREN AND ADOLESCENTS

An Evidence-Based Approach to Risk and Resilience



EDITED BY  
M. ELENA GARRALDA AND MARTINE FLAMENT

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

Edited by M. Elena Garralda and Martine Flament

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

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

# TAIWAN



Dr Daniel Fung (Singapore), Dr Susan Gau (Taiwan), Professor Sir Joseph Sergeant (The Netherlands), Dr Wei-Tseun Soong (Taiwan)

## The 2011 Asia ADHD Forum

Kaohsiung, Taiwan, November 2-3, 2011

The Forum was hosted by the Taiwanese Society of Child and Adolescent Psychiatry (TSCAP), and co-organized by Janssen-Cilag. The theme was "New frontiers in ADHD". The agenda was comprehensive, including advanced ADHD knowledge, current hot topics in the treatment of ADHD, ADHD management, ADHD treatment update and sharing the Asian ADHD treatment experience. It was a pleasure for TSCAP to host this forum.

There were 23 delegates from China, 15 from Hong Kong, 7 from Japan and Singapore, 5 from Malaysia, 2 from Korea, and 47 from the host country, Taiwan. Unfortunately, delegates from Thailand had to cancel their trip at the last moment due to the severe flooding in Bangkok.

We were honored to have Professor Eric Taylor, Institute of Psychiatry, London, and Professor Sir Joseph Sergeant, Free University, the Netherlands, who presented updates on key ADHD aspects. Professor Taylor's lecture "Treatment guidelines across the world" was both comprehensive and inspiring. Differences in the diagnosis between the ICD and DSM have resulted in differences in the clinical management of ADHD and deserve further investigation. Sir Joseph Sergeant's lecture, "Neuropsychological studies in ADHD", impressed by his scholarship and excellent presentation.

During the session on "Sharing the Asian ADHD treatment experience" we

were able to learn about similarities and differences, gaps and achievements in the various Asian countries. This forum had indeed provided all the delegates with a very useful platform to exchange information, research ideas and clinical experiences.

Dr Saito, Japan's Nippon Medical School, suggested that there should be exchanges in postgraduate training among Asian countries. Specialists from other countries also suggested more cross-country and cross cultural studies in ADHD.

I am sure the "Asia ADHD Forum" is just the beginning of many happy similar events in the future. I would like to take this opportunity to thank all the participants for their enthusiasm and dedication during the forum. It was a wonderful event!

Hsueh-Ling Chang



Dr Hsueh-Ling Chang (President, TSCAP)



Professor Eric Taylor (UK)

# ARGENTINE & URUGUAY

On the weekend commencing December 9, 2011, a meeting took place in Colonia city, Uruguay, between two schools of child psychiatry from Rio de la Plata. The event brought together students from Montevideo and Buenos Aires led by Professor Viola, Uruguay, and Professors Pallia and Abadi, Argentine. During the two days, students exchanged clinical experiences from their services.

Professor Viola lectured about bipolar disorder and schizophrenia in childhood, Professor Abadi about the neurobiology of ADHD and its impact in the life of children, and Professor Pallia shared an interesting session about the changes proposed for DSM-5 in relation to pervasive developmental disorders.

Students discussed the diagnostic difficulties they encountered in their daily practice and different approaches to psychopharmacology in relation to their patients. This was interrupted by breaks in which students could network and enjoy the peace of the place while sharing *mate*, the traditional beverage of the “river of silver” (Rio de la Plata).

The exchanges generated between the groups when deciding on diagnoses and treatment strategies used in their respective country was really illuminating. In addition to scholarship there was also time to share a few drinks with the typical Uruguayan *chivitos* (special beef sandwich with multiple toppings).

During the meeting, the academic faculty of the two countries decided on the location for the 5th meeting of the Latin-American League for the study of ADHD together with the Congress of the Latin-American Federation of Child Psychiatry. Both meetings will be held in November 2013 in Colonia – them same place where this weekend’s meeting took place. The venue is in a unique landscape, in a beautiful university campus near to an old bull ring that has amenities to cater for both meetings. Colonia is an exciting, friendly old town, a perfect place for sharing knowledge and friendship between colleagues throughout Latin America and beyond.

Andrea Abadi

## Weekend in Colonia del Sacramento



Above: a teaching session. Right: participants together with Professors Viola, Abadi and Pallia



# JAPAN

## A DELINQUENCY PREVENTION PROGRAM IN KOBE

*“My interest in preventive mental health has allowed me to work in a program with Dr Shirataki, my mentor. This is a prospective follow up of children aged 18 months that is extended to all toddlers seen in municipal public health centres. This is unique in Japan as most services tend to see patients when problems have already begun and do not take the approach of screening, follow up and early intervention. Leveraging on the developmental screening program that has been in place for the last 50 years – in which up to 96% of toddlers are screened at 18 months of age – we have worked closely to incorporate a system to identify pervasive developmental disorders”* said Dr Miyaguchi, a Kobe child and adolescent psychiatrist who has been working for nine years in this field. He currently plies his trade in a juvenile correctional facility where juvenile delinquents with developmental disorders are treated; he is the administrator of the program and its focus is to prevent recidivism. The beautiful prefecture of Kobe, well known for its beef and beer, is also the home of some of the more innovative child mental health programs in Japan.

Dr Miyaguchi's project involves advising child-parent pairs during physical health visits to public health centers at 3-monthly intervals. A multidisciplinary team consisting of a child and adolescent psychiatrist,

psychologist and community health nurse focus on detecting developmental and other mental health disorders in the children and their parents.

*“I have been involved in the visits by child and adolescent psychiatrists to every kindergarten, primary and high school in Kobe as a part of the school mental health program”* said Dr Miyaguchi. *“This program had started some 25 years ago in a city of approximately 500,000 inhabitants as a co-operation between the Bureau of Education of the city and a group of child and adolescent psychiatrists. Now, 13 child and adolescent psychiatrists, including ourselves, visit each school to consult over 100 times a year. Each visit takes about 2 hours.”*

The flow of the consultation is as follows: a teacher in charge of a child whose symptoms have concerned the teacher explains the problems; the consultant

psychiatrist discusses the problem with the teacher and gives recommendations on how to observe and manage the behavior. If a case is particularly difficult or the school's need of further advice is strong, then another consultation can be held in the same year.

The current opinion in Japan is that signs of delinquency begin to first appear after second grade in primary school but we speculate that it is possible that some signs may have been overlooked before. From the point of view to preventing delinquency, early detection and intervention are essential and we are convinced that our school screening program is of great importance.

### **Koji Miyaguchi MD & Sadaaki Shirataki MD**

Dr Miyaguchi is from the Miyagawa Medical Reformatory, Mie Prefecture, Japan and Dr Shirataki



Dr Koji Miyaguchi (on the right) and Dr Sadaaki Shirataki (on the left) at one of the meetings

# VENEZUELA

## Autism in Venezuela

# BEYOND TRANSLATION, ACCULTURATION AND TESTING

In Venezuela there are few health organizations that offer structured assessment of autism spectrum disorders (ASD), which emphasizes the need to develop a model for the study of these disorders. The model would need to be accurate and able to be used across sites for the diagnosis and identification of ASDs. The Genetic Unit together with the Psychology Department of La Universidad del Zulia in Maracaibo, Venezuela, has been trying to standardize the diagnostic process of ASDs while following scientific guidelines and all within our limited resources. This research group consists of two child neurologists, two child psychologists, a social worker, and three geneticists. So far we have ascertained cases through advertising in newspapers and by contacting local organizations of parents and educators interested in autism.

Perspectives of Maracaibo. Clockwise from right: bridge Rafael Urdaneta; World Run Day; building from La Universidad del Zulia

As part of the project we follow an ascertainment protocol which involves several measures and procedures. Parents or guardians must complete an informed consent form with the help of a psychologist or social worker. Subsequently, parents are interviewed using the Vineland Behavior Adaptive Scales, a structured interview about adaptive behavior (observed communication, social behavior, and daily living skills at home and in the community). A detailed developmental history is obtained, probing for obstetric information, non-psychiatric medical problems, neurological disorders, medication history, education and treatment history. Parents are administered the Autism Diagnostic Interview-Revised (ADI-R), a structured interview for the identification of the ASD symptoms, while children are assessed using the Autism Diagnosis Observation Schedule-Generic (ADOS-G). Children who meet criteria according to ADOS-G go to the next phase which includes physical and neurological examinations in order to identify dysmorphic features, neurological abnormalities, head circumference, and signs of neurocutaneous disorders. In the genetic unit, karyotyping and the screening for fragile-X syndrome are conducted in all cases.

Although we use a standardized assessment process, we do not meet the need for the identification of children with ASD in our region. One institution in a city of more than two million people is not enough but it is a start. Our progress in the field of ASD research is dependent on our ability to incorporate the guidelines into our daily practice in an affordable manner. This might be better achieved by bringing together professionals from all Latin American Countries and develop a common training and assessment program.

Cecilia Montiel Nava PhD  
Psychology Department, School of Education, La Universidad del Zulia, Maracaibo, Venezuela



# TURKEY

## Excellence in Child Mental Health 2011

30 November - 3 December 2011

ICC, Istanbul, Turkey

**E**xcellence in Child Mental Health (EICMH) is an annual conference on child mental health organized in collaboration with the Turkish Association for Child and Adolescent Psychiatry. It took place in Istanbul, Turkey from November 30 to December 3, 2011. Leading international speakers presented cutting-edge scientific findings as they related to clinical practice. The conference was co-located and took place alongside the annual Excellence in Paediatrics conference which is led by the Institute of Excellence for Child Health, thus allowing for networking with more than 1,000 international delegates from the child health care sector.

There were attendees from 34 countries, the five largest groups were from the US, UK, Turkey, Australia and Serbia. Boursaries were provided for young colleagues. EACME and ACME credits were available.

Among the many notable speakers were Maria Kovacs (depression), Tom Anders (sleep disorders in early childhood), Eric Taylor (ADHD), Frank Verhulst (epidemiology), Philip Hazel (self-injury), David Cohen (psychopharmacology), Resmiye Oral (child abuse). IACAPAP executive members Helmut Remschmidt and Ellena Garalda were on the meetings's scientific advisory board while Olayinka Omigbodun and Daniel Fung were on the international scientific committee. Myron Belfer gave a plenary lecture on "Global Child Mental Health", Elena Garalda run a session on "Current Issues on Somatizing Disorders", Andreas Warnke presented the "Guidelines for Learning Disorders and Developmental Dyslexia" and Füsün Çuhadaroğlu Çetin gave a speech on "Understanding Adolescent Development : Implications for Clinical Practice".

The next Excellence in Child Mental Health Conference will be held in Madrid on December 1-4, 2012. Year round learning will be provided through "expert interviews" and "selected webcasts", **which are** freely available at [www.excellence-in-child-mentalhealth.org](http://www.excellence-in-child-mentalhealth.org).



Füsün Çuhadaroğlu Çetin

Füsün Çuhadaroğlu Çetin

# BRAZIL

## Brazil Creates a National Institute of Developmental Psychiatry for Children and Adolescents

In 2008, the Brazilian National Council for Scientific and Technological Development (CNPq) – the leading research agency in Brazil – in collaboration with the Research Foundations of the various Brazilian states, called for the creation of “National Institutes of Science and Technology” (CNPq), one of the most important research initiatives that Brazil has seen. CNPq’s National Institutes were conceptualized to be built upon collaborative work of national and international research groups focused on cutting edge areas of science or areas of national priority. The mission of the Institutes is to stimulate the development of competitive scientific research, innovation and objective gains for the country, besides training of human resources.



Guilherme V Polanczyk is one of the directors of Brazil’s newly created National Institute of Developmental Psychiatry for Children and Adolescents

One of the 127 Institutes funded is the National Institute of Developmental Psychiatry for Children and Adolescents (<http://inpd.org>), supported by CNPq and also by the São Paulo Research Foundation (FAPESP). Access the Institute’s website by clicking on the picture below.

The National Institute of Developmental Psychiatry for Children and Adolescents’ mission is to develop research and knowledge in child and adolescent mental health using developmental psychiatry as its main reference. The Institute is composed of four branches: (1) research; (2) education and training; (3) knowledge transference to society; (4) telemedicine. The research program has the following objectives:

- To develop observational and experimental studies in the field of developmental psychiatry
- To develop new research methods in developmental psychiatry
- To develop technology to prevent psychiatric disorders in primary care and specialized care level
- To create new technologies to educate health professionals and teachers to better identify psychiatric disorders to intervene early
- To enhance medical education by providing medical students with knowledge about developmental psychiatry;
- To stimulate the creation of new centers of excellence in child and adolescence

psychiatry

- To use telemedicine resources to disseminate knowledge and provide consultation and treatment supervision
- To develop an electronic medical record in psychiatry to be implemented in the public health system.

The Institute is based at the department of psychiatry, University of São Paulo Medical School, and consists of approximately 50 researchers from 10 Brazilian and international universities. The Institute coordinators are Professor Euripedes Constantino Miguel (University of São Paulo) and Professor Luis Augusto Rohde (Federal University of Rio Grande do Sul), the Institute directors are Marcos T Mercadante (in memoriam), Guilherme V Polanczyk (University of São Paulo), Helena Brentani (University of São Paulo), and Rodrigo A Bressan (Federal University of São Paulo). Some of the leading international collaborators are James F Leckman (Child Study Center, Yale University), David Pauls (Harvard University), John March (Duke University), and Philip McGuire (King’s College - London) among others.

The Institute was launched in March 2009 with initial funding for 5 years. CNPq and FAPESP allocated 5 million reais (reals) to the program. Additionally, the Institute has already received 350,000 reais from Brazilian private donors and 170,000 reais from other research agencies.

In times of global economic crisis and considering the historical lack of investment in child and adolescent psychiatry all over the world, particularly in developing countries, these is excellent news. The Institute is now getting its first results, and the researchers hope to serve as inspiration and reference to colleagues in other low and middle income countries, where child and adolescent psychiatry development is urgent. We hope to be back soon with news about the product of this huge effort!

Ana Soledade Graeff-Martins & Guilherme Vanoni Polanczyk

A S Graeff-Martins is a postdoctoral research fellow, child and adolescent division, department of psychiatry, University of São Paulo; G V Polanczyk is an assistant professor of child and adolescent psychiatry, department of psychiatry, University of São Paulo, Brazil.





# AACAP+CACAP JOINT ANNUAL meeting

TORONTO | OCTOBER 18-23, 2011 | SHERATON CENTRE + HILTON

The international presence at the American Academy of Child and Adolescent Psychiatry (AACAP) meeting has been impressive for a number of years now. This year too, a large number of international attendees could be seen walking the corridors of the Sheraton and Hilton Center in downtown Toronto. Given the diverse, multicultural backdrop of Toronto, it only made sense that they formed a substantial and integral part of not only the participants but also the presenters at the annual meeting.

Including Canadians, there were 1,132 international attendees from 47 countries at the meeting. This was the second largest group of international attendees at an AACAP Annual Meeting. The International Relations Committee sponsored seven programs and the meeting had over 150 international speakers. The following countries had 10 or more representatives: Australia, Belgium, Brazil, Canada, China, Finland, France, Germany, Ireland, Italy, Korea, Mexico, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, and United Kingdom.

An international symposium open to all members of the Academy was offered on the first day of the meeting. This symposium, chaired by Gordon Harper, focused on the *WHO mhGAP Report*: its origin, application

and implications for countries like Barbados, Singapore and Nigeria. For attendees not familiar with the *WHO mhGAP* initiative, the symposium offered keen insights into the nuts and bolts of the project and how it is mapping out in different regions of the world.

Another symposium chaired by Norbert Skokuaskas focused on global perspectives on child protection and rights. Discussions covered topics on public health approaches, child protection concerns in care centers in Japan, and a web-based sexual abuse reporting system in Germany.

A number of international experts discussed school-based mental health programs in various countries in a symposium, again open to all attendees. These included school-based interventions for children affected by war as well as model school

programs addressing truancy. Bullying and its effects, both on victims and perpetrators was discussed in the backdrop of school-based prevention programs in Israel.

A clinical perspectives session brought together a number of training and teaching models from around the globe and presented on a varied range of subjects like model psychopharmacological curricula, commercial bias and problem based learning techniques in resident teaching. Another clinical perspectives presentation examined international suicide patterns and prevention programs. These included talks on deliberate self-harm and suicide in Ireland, youth suicide patterns in Japan and prevention programs in Israel.

A group of international experts came together in a special





interest group to discuss bullying from a global perspective and its ramifications. Bullying is a major concern for parents, school mental health professionals and communities; it has become a major public health problem globally. This interest group addressed the current knowledge and research on various clinical aspects of bullying behavior. The status of evidence-based programs designed for the treatment and prevention of bullying was brought forth and participants discussed what could be done clinically to help children and adolescents affected by bullying in anticipation of developing a set of practical steps to aid in the process of assessment and treatment.

The tradition of an international reception was set four years ago. The reception brings together informally the international attendees. In keeping with tradition, individual tables were set with the flags of the different countries participating in the meeting. Cuisine was as diverse as the attendees, ranging from Indian curry chicken to Japanese sushi and Mexican fajitas. As always the reception offered networking

opportunities which in the past have often led to international collaborations and lasting relationships.

The international relations committee meeting highlighted the various internationally focused presentations offered and sponsored by the committee, the ideas of most of which had been initiated in last years' Academy meeting. There was discussion about creating a product that brought together curricula that are being used for international teaching and training in child mental health. The idea of having an organized forum for international medical graduates in child and adolescent psychiatry was raised forth and committee members offered their opinions around the pros and cons of initiating such a forum.

There was also some discussion on the topic of AACAP membership for international colleagues and the criterion, responsibilities and

expectations associated with it.

Overall, the meeting had a distinctive flavor – that of diversity, globalization and multiculturalism. While one expects to learn all about cutting edge research in various aspects of the practice of child and adolescent psychiatry at the Academy annual meeting, over the years the meeting has been increasingly showcasing incredible efforts in child and adolescent mental health from around the globe.

Ayesah Mian  
Boston



# SAUDI ARABIA

## THE FIRST SAUDI ADHD CONFERENCE

The first Saudi ADHD conference took place in Riyadh, Saudi Arabia, on December 6 and 7, 2011. Organized by the National Guard Health Affairs and the King Saud bin Abdulaziz University for Health Sciences, the conference brought together psychiatrists, psychologists, primary care providers, educators and parents from all regions of the Kingdom. International and regional speakers included Drs Rosemary Tannock (Canada), Edmund Sonuga-

Barke (UK), Jan Assheton (UK), John Fayyad (Lebanon) and Ahmad Al Ansari (Bahrain). Dr Omar Al Modayfer, chair of the scientific committee and head of the mental health section at the King Abdulaziz Medical City in Riyadh, conducted a pre-conference workshop on December 5. He was joined by many Saudi Arabian colleagues in arranging two parallel tracks during the conference: one in English and another in Arabic.

The goal of the conference

was to present a comprehensive approach to the understanding and management of ADHD. Highlights from some of the topics presented were new leads and future perspectives on the neuroscience of ADHD, challenges in characterizing and diagnosing ADHD in classification systems, the epidemiology of ADHD in the Arab world, associated speech, language and reading problems in ADHD, classroom management strategies, the role of the environment in etiological models of ADHD, the improvement of working memory in ADHD, a review of non-pharmacologic interventions in ADHD, and various workshops on building parenting skills, family interventions, coaching skills and classroom-based strategies for ADHD. Many local researchers presented scientific work from Saudi Arabia on recent surveys of children and adolescents in various regions of the Kingdom.

The conference highlighted the importance of having mental health and allied professionals come together to build capacity and to network in a true multi-disciplinary fashion. Strategies to increase awareness within schools and communities were discussed as well as thresholds for referral and evaluation.

John Fayyad  
Lebanon

Left to Right: Rosemary Tannock, Omar Al Modayfer, John Fayyad, Edmund Sonuga-Barke, Jan Assheton



# My Career Journey

**M**y career started many years ago with my Mother. She taught me how much children had to offer and what we as caregivers needed to provide to support their strengths and developmental growth. Since then I have been working with children, families and communities to build up their protective factors and decrease risk factors.

During my career I have had plenty of opportunities to grow and learn from fantastic people. One of those people being Dr. Lynn McDonald, creator, founder and professor of social work at Middlesex University for the "Families and Schools Together" (FAST) program. The aims and objectives of the program are to improve relationships in a family and reduce conflict; to create a supportive community of parents within a school; to improve child educational performance and behaviour; to strengthen links between parents and teachers. There are FAST programs in more than 2,000 schools in Australia, Austria, Canada, Germany, the Netherlands, the Philippines, Russia, the UK and the US. Just recently the United Nations endorsed FAST as one of the top evidence-based interventions with families. This program has been one of the highlights in my career.

I was fortunate to be working for The Catholic Family Service of Calgary at the time when the CEO had the vision to bring FAST to Calgary. The process began; I became one of the two first trainers within Canada in 1996. From there I worked as a mental health partner on the FAST multidisciplinary team and began training all across Canada as well. My first stop was Fort Good Hope (-68 degrees Celsius). From there I have trained over 200 teams and approximately 100 trainers in Canada, US, UK and the Netherlands. During my 14 years with the FAST program, I was the local supervisor, then became the 2<sup>nd</sup> national training coordinator and then moved to the UK to direct the first ever FAST project for Middlesex University. The project was funded by the Department of Child, School and Families. They created the National Academy for Parenting Practitioner to ensure that every individual that works with children and families would have the opportunity to increase their competency within their local authority. This would be done by choosing one of the 10 evidence-based programs that the government had chosen. As FAST was a new program in the UK, I needed to run from the North of England to the South to educate all the local authorities on what the program had to offer and its benefits to children, families and the community at large. When I left, UK Save the Children announced that they will be rolling out 430 programmes by 2014.



I was able to be part of this collective effort to support families to build on their strengths and utilize the community to support their parenting and school success. I so believe that the community needs to work together to provide parents and children with the best opportunities to create an environment where children can learn, play, grow and parents can become the number one protective factor for them.

**Betty Lepps** ECE, RSW

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