

## IACAPAP BULLETIN

March 2019 | Issue #53





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## Message from the IACAPAP President



IACAPAP President Dr Daniel Fung

As practicing child and adolescent psychiatrist, I cannot help but notice the increasing influence of the digital world on Today's generation of infants, growing up. children increasingly and are exposed to Infocomm Technology (IT) quite unlike any that our generation was used to (or so we are told). The truth is that IT has always been with us in different forms. I was born in the 1960s, and my first technological influence was the television. I remember how I was glued to the TV and how naysayers then spoke of TV addiction.

When I was a young man, personal computers became the new fad and video game arcades became the bane of Singapore's society to the extent that the government banned children from visiting the arcades.

In university, I experienced the social media of our time, the bulletin boards of communicating with fellow undergraduates (even though we may be sitting 2 metres apart). We are now hearing the same concerns of the Internet and social media. It would appear that we are called to take sides in the spectrum of possibilities that technology presents. You can be either technophilic or technophobic. Do we have to choose and categorise technology in this way?

Perhaps we need to take a more circumspect Technology in its myriad of approach. presentations are merely tools in our hands. We can use it, depending on how, for the boon or bane of our next generation. I would much prefer enabling technology to improve mental health than disable it. So between the extremes, perhaps we should take a nuanced and dimensional approach. Make the next generation of digital natives use technology to their benefit. How can we do that? We must embrace the technologies that appear before us. Learn how to use it to encourage healthy lifestyles. For example, having monitors in devices cellphones such as wearables allows the clinician new ways to interact with patients and families. Should we consider how such devices improve activity, exposure to light and sleep better? How can encourage relationships we and communication instead of expecting that only face to face interactions matter? When we didn't have messaging, the phone was the instant messaging system that teens used for communication. I know that guidelines have



Dec 2018: Gathering of past and present IACAPAP Bureaus

professional organisations emerged from advocating the limitation of digital time for young children. But this is really not based on evidence base but professional expert opinion. I have personally also written and spoken on balance in the use of digital technology but I wonder if I am just like our forefathers who predicted the destruction of Yet 40 years later, civilisation. globalisation has only improved the world as we know it, not destroyed it.

The IACAPAP is an 80 year old organisation trying to stay relevant. As an association of associations, we have strived to provide a global perspective on improving mental health, and treating mental illness in our young. We do this through shared learning and training. I have stated in my inaugural message, the goal of our new team was to improve our relationships so that we can

improve the relationships of the children that we want to care for around the world. We can only do this by spending time having a meaningful dialogue.

We started with a quick survey in which we received over 240 responses from 47 countries. In December last year, we gathered 7 individuals, the current bureau (consisting of the immediate past president, president, secretary general and treasurer) and the previous bureau and spent two days sitting together, reflecting on the survey results, brainstorming on what we needed to do about our mission and vision for IACAPAP.

We also ranked what needed to be done. It was painful hard work but it helped us clarify what needed to be done. We unanimously agreed on our first priority, to focus on organisational development. We needed to

identify a sustainable model of administration and link up with all our stakeholders, the national associations and their members. It was also painfully obvious that we cannot do this by having face to face meetings.

We needed to find ways of communicating and relating to one another across our globe. And we would leverage on what has already been started by our past president Bruno Fallisard during his presidency. Bruno has driven a number of initiatives that took IACAPAP to the world, chief of which was the website and its interactive contents. The new team will build on this and make this readily accessible. We have identified 3 areas to focus on in this next four years:

- 1. Developing a communication strategy that will connect our members
- Create an administrative framework for our global work including the hiring of professional staff
- 3. Achieve a financially sustainable model to carry out our mission

This bulletin will showcase the start of this effort and how we intend to use the digital medium to connect our dots. What we must remember is that in creating the forest of opportunities, we do not miss the trees that is our members. I hope to connect with every Association in whatever means we can have to better understand the needs to improve the mental health of children in that part of the world. If you have ideas, please send them our way (info@iacapap.org)



## **Message from the Editor**



Editor, Dr. Hesham Hamoda

IACAPAP Bulletin
Subscribe to our newsletter for instant updates at:
info@iacapap.org!

I am excited to share with you the new edition of the IACAPAP Bulletin. As you may have noticed, this 53rd edition comes to you in an entirely new format. In redesigning it our goal was to have a bulletin that is shorter, more frequent (every 3 months) and that allows you to readily share content that you like on social media. We remain committed to the long-standing values that have guided the creation of the bulletin, to be relevant to the daily practice of child and adolescent mental health, to be truly global and inclusive and to always present you with engaging content and informative articles. If you would like to submit an article or have any comments or feedback. would love to hear from Hesham.Hamoda@childrens.harvard.edu

I would like to thank our previous editor and my mentor Dr. Joseph Rey who for many years worked tirelessly in leading this effort and as you will see in this bulletin, continues to make outstanding contributions to the IACAPAP family. This bulletin would also not be possible without the efforts from the deputy editor Dr Maite Ferrin and many enthusiastic contributors from around the globe. Last but not least, I would like to thank Ms. Gayathri De Silva for her editorial assistance and being the mastermind behind the new design.

Happy reading!



## US-Ukraine International Collaboration, Kyiv 2018

Boris Lorberg, MD, MBA

Assistant Professor of Psychiatry and Paediatrics, University of Massachusetts Medical School, Worcester,
Massachusetts. USA



Boris Lorberg, MD, MBA

Fresh out of high school, I left Kyiv, Ukraine with my family in 1991, to make a new life in the US.

Over quarter of a century later, I came back as a US-trained child psychiatrist. My visit to Kyiv was organized over the span of only 2 months with facilitation by the IACAPAP. The goal of the visit was to exchange experiences and practice models.

Returning to Ukraine as a US citizen, I was ready for a range of possible reactions from my Ukrainian hosts — from suspicious indifference to a controlled warm welcome. What I found instead exceeded all my expectations. The hospitality and genuine interest shown by Igor Martsenkovsky, MD, PhD, Inna Martsenkovsky, MD, PhD, Dmytro Martsenkovskyi, MD, Kateryna Boiarshinova, and dozens of other Ukrainian psychiatrists and psychologists, was simply overwhelming.

Igor Martsenkovsky, MD, PhD, orchestrated my visit. In addition to his extensive research

and clinical work at the Institute of Psychiatry, he advises the Ukrainian Ministry of Healthcare, government, and parliament on development of child mental health policies and programs.

I also met with Kateryna Boiarshinova, founder and president of the Independent Association of Psychologists (Ukraine). Kateryna has been engaged in building international collaborations and helping Ukrainian psychologists adopt best practices.

I was able to visit colleagues at the Institute of Psychiatry of Ukrainian Ministry of Healthcare, as well as the Psychology Department of Kyiv Shevchenko National University. I was very impressed by their level of interest in US successes and challenges in the area of child mental health.



Igor Martsenkovsky, MD, PhD, Boris Lorberg, MD, MBA, Viacheslav Mishyiev, MD

## Themes and outcomes of our discussion:

Established a learning collaborative focused on designing a Ukrainian system of residential adolescent psychiatric programs

Connected Ukrainian colleagues with an international video-conference-based psychiatry lecture series

Organized and delivered two presentations

Added AACAP links to Ukrainian websites for resources developed by AACAP, such as Parent Medication Guides and Facts for Families

Developed a collaborative for 1<sup>st</sup> Ukrainian child and adolescent DBT train-the-trainer initiative (Francheska Perepletchikova, PhD)

This visit sparked many productive conversations pediatric mental about healthcare. It also disproved my assumption that international health efforts required significant institutional funding and dedicated time away from work. I discovered many opportunities to provide informal policy/clinical consultations and build academic/clinical collaborations with limited expenses.

I returned to the US with a surge of anti-burnout appreciation for the small, everyday luxuries of my healthcare system that I had taken for granted – from access to psychostimulants for ADHD and residential programs for adolescents, to the capacity to work collaboratively as part of multidisciplinary teams. I also came back to my home institution inspired to motivate my colleagues to connect with partners in other countries.



Igor Martsenkovsky, MD, PhD and Boris Lorberg, MD, MBA

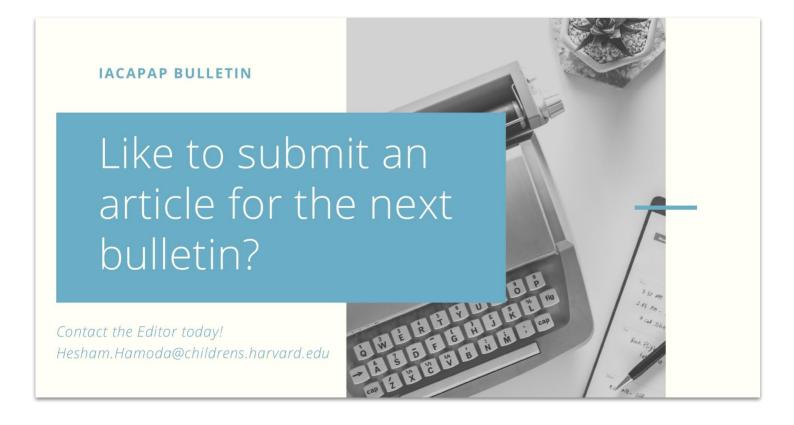


Igor Martsenkovsky, MD, PhD, Yuli Stratovich, MD, Iryna Savenko, MD, Inna Martsenkovsky, MD, PhD, Boris Lorberg, MD, MBA

In conclusion, if there is a high level of enthusiasm to collaborate across borders, initiatives such as this can take little time to put together. For my fellow child psychiatrists, my message is this: Is it possible that such a level of interest and readiness to engage is unique to only one country and one child psychiatrist? I

believe not. The world is ready for low cost, high tech international child psychiatry collaborations.

In the words of Dr. Andres Martin, "Приєднуйся до мене; Приєднайся до нас: Join me; join us!"



## **IACAPAP - Ukraine Partnerships**

#### Letter by the Head of the Child Section of Ukrainian Association of Psychiatrists

Igor Martsenkovsky, MD, PhD



dissolution of the Soviet Union. Since Ukraine's academia has experienced various challenges with training, research. and workforce development in child and adolescent psychiatry, psychology, and neurology. Growing partnerships with IACAPAP have helped Ukraine's educators, clinicians, and researchers cope with these challenges, while developing mutually beneficial relationships with international colleagues. During the past several years, collaborations these produced results: IACAPAP's e-Book of Child and Adolescent Mental Health has been translated into Russian, and many IACAPAP experts have partnered with Ukrainian experts to lead training workshops for child psychiatrists and neurologists in Ukraine.

In March 2018, IACAPAP's mentors participated in the conference "Days of French Neurology and Psychiatry in Ukraine" that was held in Kyiv.

Among other presentations, Vice-President of IACAPAP, Kerim Munir, MD (Boston Children's Harvard Medical School, USA) discussed the economic burden of autism (ASD). spectrum disorders Dr. Munir presented data on economic implications of medical and social interventions for ASD across the lifespan and around the world. Dr. Munir's presentation galvanized great interest in the development of a comparable Ukrainian management model for ASD. Ukrainian child neurologists and psychiatrists learned that indirect non-medical costs of autism in adulthood exceed the costs of medical and educational support in childhood. interventions reduce the total lifespan costs due to improved outcomes in social and work adaptation.

This discussion attracted attention of stakeholders from the administration of Ukraine's President and the Ministry Healthcare. As a result, policy makers and thought leaders in child psychiatry and neurology began to explore development and implementation of cost-effective early childhood interventions in Ukraine.

Olivier Bonnot, MD (University of Nantes, France) urged psychiatrists to learn more about early diagnosis of hereditary metabolic disorders since some of the schizophrenia and ASD symptoms can be caused by neurometabolic disorders.

In November 2018, the Institute of Psychiatry of the Ukrainian Ministry of Healthcare organized a round-table discussion on the problems of pediatric

psychopharmacotherapy with the support of IACAPAP, Ukrainian Association of Psychiatrists, and Ukrainian National Medical University. Boris Lorberg, MD, MBA (University of Massachusetts, Worcester, USA) delivered a keynote presentation, "Pediatric psychopharmacology through the evidence lens."

Later that week, Dr. Lorberg met with Ukrainian psychiatrists and healthcare stakeholders to discuss general models of psychiatric care for adolescents as well as models for pre-adjudicated and adjudicated adolescents. All parties agreed that there is an urgent need to create such services in Ukraine.

Dr. Lorberg also discussed "Interdisciplinary Collaboration in Mental HealthCare" with the Psychology Department students and faculty at the Kyiv National University (KNU). This discussion covered child psychiatry clinical trial evidence for combining psychopharmacology and psychotherapy as well as importance of a multidisciplinary team approach.

In December 2018. IACAPAP's representatives and Ukrainian experts discussed pediatric neuropsychiatry the challenges at the Third Annual Ukrainian International Neuropsychiatry Conference in discussed Dnipro. The topics included assessment tools. pediatric depression, epilepsy. autism spectrum disorders. degenerative diseases of the nervous system, and disorders of motor speech and development.

IACAPAP's Matthew Hodes, MD, MBBS, PhD (Imperial College, London, UK), discussed "Depression, Anxiety Disorders, and OCD In



Children and Adolescents: Main Comorbidities and Main Treatment Points."

IACAPAP's Gordon Harper, MD (Harvard Medical School, Boston, USA), devoted his talk to "Moving Treatment Planning: Review of Conventional Approaches and Consensus-Based Focal Treatment Planning."

**KNU** In February 2019, Psychology Department held a Forum "International Consultations on Collaboration for Reforms in Ukraine's Child Mental Healthcare System." This conference organized by Independent Association of Psychologists and Ukrainian Association of Psychiatrists with the support from IACAPAP and Verkhovna Rada's (Ukraine's Parliament). It brought together disciplines of child psychiatry, psychology, social work, thought leaders in regional and national governance.

Discussions and workshops focused on both clinical and policy topics, such as educational inclusion of students with disabilities in Ukraine, discipline role definitions, interdisciplinary collaboration, and legal aspects of violence and delinquency.

Naoufel Gaddour, MD (University of Monastir, Monastir, Tunisia) led an ASD management



workshop on guidance for parents and professionals. He described skill building interventions for joint attention, imitation, symbolic play, declarative skills, etc, for children with ASD.

Dennis Ougrin, MD, PhD, MBBS, MRCPsych, PGDip, (King's College, London, UK) discussed self-harm in adolescents. He described a vicious cycle diagram of self-harm and ways of breaking this cycle with psychotherapeutic interventions.

Boris Lorberg, MD, MBA spoke about the role of residential adolescent psychiatric services in the overall continuum of mental healthcare. He also reviewed the evolution of adolescent residential treatment approaches - from reformatory obedience traditions to psychoanalytic therapy, to evidence-based models of care, such as DBT and patient/family-centered interventions.

In conclusion, collaboration with IACAPAP colleagues has greatly helped Ukrainian clinicians enhance clinical skills. IACAPAP has helped Ukrainian policy makers learn about the successes and challenges of mental health policy in other countries. This collaboration has also engaged Ukrainian early career scientists in international research programs.

The role of IACAPAP's initiatives and dedication of its mentors to improving quality of mental healthcare for children in Ukraine is greatly appreciated and cannot be overestimated!



Congress website www.saacapap.co.za

#### Letter by the President of the Ukrainian Independent Association of Psychologists

Kateryna Boiarshinova



Psychology higher education in Ukraine has witnessed little change since Ukraine's independence from the Soviet Union. While our universities offer mainly outdated theoretical knowledge, our students are keenly interested in theory that is up-to-date and provides rationale for effective and evidence-based practical psychological interventions.

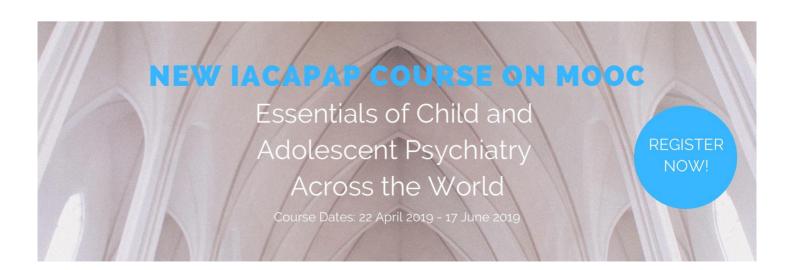
This interest of students and faculty of the Kyiv Shevchenko National University's Psychology Department was addressed when they met with Dr. Boris Lorberg – child psychiatrist and a representative of IACAPAP on November 15, 2018. Dr. Lorberg's

workshop focused two themes: on interdisciplinary collaboration of psychologists and psychiatrists and the choice psychological pharmacological versus interventions in the treatment of adolescents with mood and behavior disorders.

Students and faculty demonstrated great interest in learning about multidisciplinary teams, and the professional roles of psychologists working collaboratively with psychiatrists and social workers. Attendees also expressed interest in learning about the up-to-date effective evidence-based psychotherapeutic modalities.

This meeting is one of the first examples of academic and clinical cooperation between Ukrainian psychologists and psychiatrists. We hope that interest in development of a multidisciplinary collaborative team approach in Ukraine will continue to grow.

We are deeply grateful for IACAPAP's support. We hope that IACAPAP will continue to facilitate the mental healthcare reforms that Ukraine's children desperately need.



# JM Rey's IACAPAP eTextbook of Child and Adolescent Mental Health

Co-editors: JM Rey and Andres Martin

As translations into other languages have grown (there are now chapters in 10 different languages: English, Arabic, Chinese, French, Hebrew, Japanese, Norwegian, Portuguese, Russian, and Spanish), and as new chapters have been added (for example in 2018: "The practice of child mental health nurses" and "Wellbeing: Identification and prevention of burnout, depression and suicide among child mental health clinicians"), access to specific chapters of the eTextbook has become cumbersome, particularly for the non-English versions (see image below).

Because of that, a more streamlined approach has been designed. Please go to <a href="http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health-v2">http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health-v2</a> to see the new contents access portal.

A version in Russian of the whole eTextbook, carried out by Ukrainian colleagues, is now available and will no doubt fill a very important gap. We hope there will be in 2019 more non-English versions of the book, as well as updates of some chapters and new chapters. We also expect to have available a new, updated app for easier access when using mobile devices. Watch this space.

VERSION IN SPANISH: "El fracaso en el crecimiento o retraso sonderal en un marco de atención primaria", Edited by Daniel Martínez Unibe & Matias Irarrázaval Translated by Manuela Casas Sevilla, Francisco Belliver Pradas, Beatriz Ortega

Section C.
DEVELOPMENTAL
DISORDERS

C.1 Intellectual Disability (965 KB PDF) Xiacyan Ke & Jing Liu

POWERPOINT PRESENTATION FOR TEACHING (5.34 MB PPT)

Henrikje Klasen & Julie Chilton

VERSION IN ARABIC: " LANGE VE

Editor: Hanan El-Mazahy. Translated by Kareem A. Ibrahim

VERSION IN FRENCH: "Déficience intellectuelle" (1.16 MB PDF)

Editor: David Cohen. Translated by Praveen Jagaraj

VERSION IN PORTUGUESE: "Deficiência intelectual" (1.64 MB PDF)

Editor: Flávio Dias Silva. Translated by Izadora Fonseca Zaiden Soares & Rafaei Ramalho Vale Cavalcante

VERSION IN RUSSIAN: "ИНТЕЛЛЕКТУАЛЬНАЯ НЕДОСТАТОЧНОСТЬ" (772 КВ PDF)

Editors: Olga Dolenko, Dmytro Martsenkovskyi. Translated by Kostiantyn Muzhanovskyi

VERSION IN SPANISH: "Discapacidad intelectual"

Editors: Matias Irarrázaval, Andres Martin. Translated by Fernanda Prieto-Tagle, Olga Fuertes

C.2 Autism spectrum disorders (1 MB PDF)

Joaquín Fuentes, Muideen Bakare, Kerim Munir, Patricia Aguayo, Naoufel Gaddour & Özgür Öner

VERSION IN FRENCH "Troubles du spectre autistique" (3 MB PDF)

Editor: David Cohen. Translated by A. Rio And D. Perisse

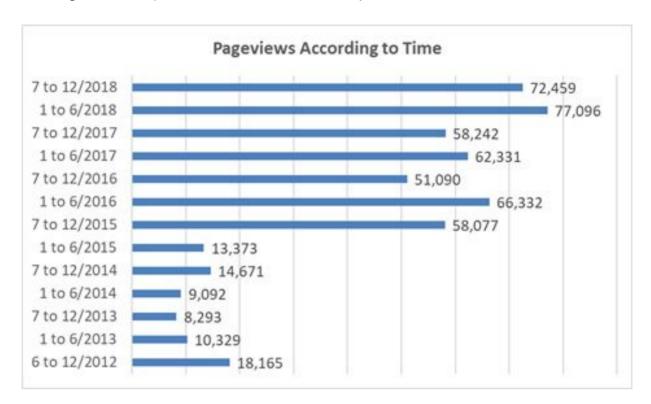
VERSION IN HEBREW: "sersish processor arren" Editor: Paz Toren. Translated by Fida Mugrabi

VERSION IN RUSSIAN: "PACCTPOЙCTBA AVTИСТИЧЕСКОГО СПЕКТРА" (1.07 MB PDF)
Editors: Olga Dolenko, Dmytro Martsenkovskyi. Translated by Kostiantyn Muzhanovskyi

VERSION IN SPANISH "Trastorno del Espectro del Autismo"

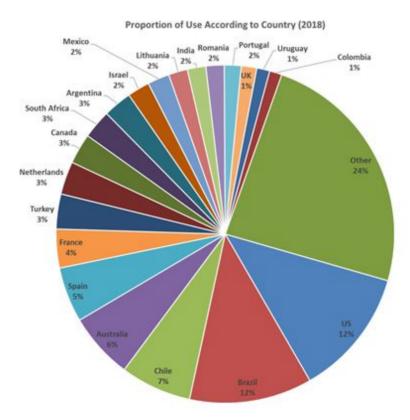
Editors: Matlas Irarrăzaval & Joaquin Fuentes. Translated by M. Fernanda Prieto-Tagle.

In relation to usage of the eTextbook, the main news is that use has continued to grow, as shown in the figure below (this is an underestimate because it includes only website views and does not include use of printed downloads or other forms of access).



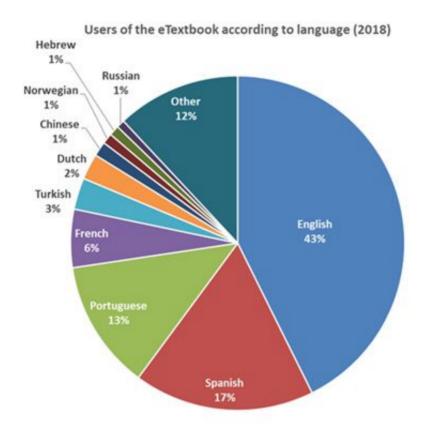
People from 159 countries have accessed the eTextbook during 2018. The chart below lists the top 20 countries. The United States and Brazil had the largest proportion of users (12% each), while Yemen had the lowest (two

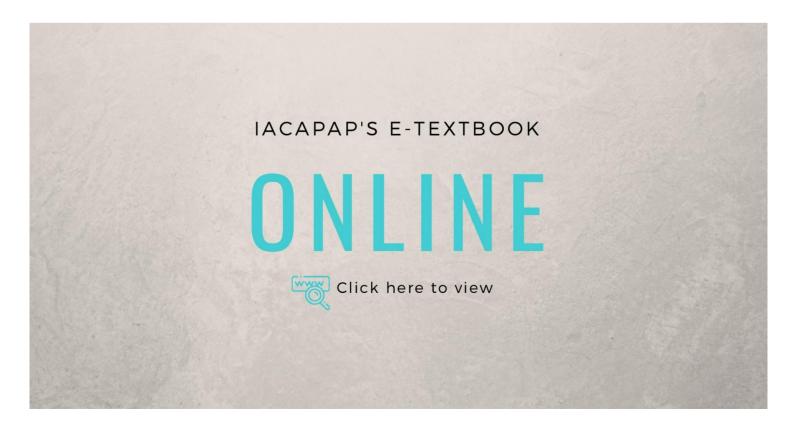
pageviews). The relative proportion of use according to country did not differ widely from that in 2017, with the exception of an increase in use among Spanish-speaking countries.



The figure below shows the language of users during 2018. Compared with 2017, the relative proportion of English-speaking users has declined (from 48% to 43%), while the

proportion of Spanish-speaking users has almost doubled (from 9% to 17%). This is probably due to the availability of a full version in Spanish.





### The 11<sup>th</sup> Annual Conference of BACAMH

Sifat E Syed, MBBS, FCPS (Psychiatry)
Assistant professor of Psychiatry, BSMMU, Academic Secretary, BACAMH



The opening ceremony of BACAMH conference on 12 November, 2018

The Bangladesh Association for child and adolescent mental health (BACAMH) is the national organization for professionals working in the area of child and adolescent mental health in Bangladesh. Established in 2008. **BACAMH** has received organizational membership of Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) and full membership International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

With 856 members, BACAMH has become the largest mental health organization in Bangladesh incorporating members from all disciplines who work in the field of child mental health. BACAMH recently organized the 11<sup>th</sup> Annual Conference and General Meeting on 12-13 November, 2018.

The Conference was held in Shaheed Dr. Milon Hall at Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka. The theme of the conference was 'Child and adolescent mental health and family'. Around 250 participants registered in the 2 day program, including psychiatrists, psychologists, pediatricians, social welfare and child developmental workers.

The inauguration program was presided by president of BACAMH Prof. M A Salam and inaugurated by Prof. Kanak Kanti Barua, Vice



The auditorium full of participants

Chancellor of BSMMU. Pro Vice chancellor eminent Prof. Shahidullah Sikder and psychiatrists - Prof. Md. Golam Rabbani and Prof. Waziul Alam Chowdhury were special guests of the inaugural ceremony. Secretary General Dr. Helal Uddin Ahmed started the ceremony with his welcome address followed by an inspirational speech by Prof. MSI Mullick, the founder of BACAMH and Prof. Jhunu Shamsun Nahar, immediate past president. President-Elect Prof Md. Faruq Alam closed the inauguration by his vote of thanks.

There were 15 scientific presentations including 4 plenary, 1 theme paper and 8 oral presentations. The Keynote presentation was delivered by Prof. Md. Faruq Alam with the title- 'Child and adolescent mental health and family'. A special oration is named after Late Prof. Syed Kamaluddin Ahmed, an eminent and respected psychiatrist in Bangladesh and this year the memorial oration was delivered by Prof. MSI Mullick with the title 'Trends in child and adolescent mental health'.

Two interactive workshops were conducted by international participants Dr. Murad Bakht (Canada) on 'Disruptive behavior disorders in children' and Dr. Aman Shaikh (UK) on Family Therapy.

On Day 1, two plenary lectures were delivered by Psychiatrists -Prof. A A Mamun Hussain (Title: Understanding adolescence – the period of storm and stress) and Dr. Helal Uddin Ahmed (Title: Family: the focus for change). Pediatricians delivered two plenary – Dr. Humaira Rafiqa Quaderi (Title: Pattern of sleep problem in children with Autism and other mental health disorder), Dr. Razia Sultana (Title: Co-morbidities of Autism in Dhaka Children Hospital)

On the second day, the theme paper was presented by Brig Gen Prof. Azizul Islam. Also there was an exciting scientific debate on the topic 'Family intervention is the main focus for managing child and adolescent psychiatric disorders'.



The New Executive Council of BACAMH

On the 2<sup>nd</sup> day, the Annual General Meeting was presided by Prof. M A Salam. There was lively discussion on different organizational activities. The meeting ended by declaration and installation of the new Executive Council members.

Apart from the scientific program, there was an excellent cultural night where the residents of psychiatry performed in singing, dancing and drama.



## Remembering John Fayyad: The Quiet Visionnaire

Naoufel Gaddour, MD (University of Monastir, Monastir, Tunisia)

John was very sick when he decided to respond to the Tunisian Young Psychiatrists' Association "Jeunes Psy" request for organizing the EMACAPAP (Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions) research training seminar in Monastir, Tunisia.

Neither the eternal transitional situation of EMACAPAP after the tragic loss of important founder members, nor the pain that resisted all available medications, prevented him from keeping to his trajectory of fostering evidence-based and consistent child and adolescent mental health services and policies in the Middle East. While chairing his

State-of-Art lecture in Prague, I thought I noticed one or two unusual movements and mimics, but he kept everything secret until 3 or 4 weeks before he passed away.

John was officially Secretary General of EMACAPAP (but in reality the actual backbone of this association), a former IACAPAP vice-president, and a regular pillar of the many training programs throughout the world, becoming the mentor of many of the leaders in CAMH. He was a Professor at Balamand University in Beirut and a leading researcher in implementing services for children in situations of war, displacement and threat. These were some of his numerous



John Fayyad in Prague 2018. From left to right: Julie Chilton (USA), John Fayyad (Lebanon), Naoufel Gaddour (Tunisia). Photo Courtesy of Joaquin Fuentes (Spain)



John Fayyad at the Infant Mental Health Meeting. Kuwait, 2014

titles, however, most important to my eyes, he was the incarnation of the improbable mixture of science and humility. Always respectful, polite, incredibly zen and a very good listener. I am sure his musical talents contributed to this gift. For all the groups he attended, he was the musician, playing on his piano the music of the world, with an incredible art of transition from one style and one region of the world to another.

#### As a very good representative of a country

and a culture on the "cross roads" (East and West, Islam and Christianity, English and French, Modernity and Tradition) he was able to connect people and create links for that he will always be remembered.

What better than the lyrics of this song Ya Msafer Wahdek of the Egyptian Singer Mohamed Abdelwahab to accompany him:

يا مسافر وحدك وفايتني ليه تبعد عني وتشغلني؟

Oh, lone traveler, passing me, Why do you leave me, and occupy my thoughts?





John Fayyad at the Infant Mental Health Meeting. Kuwait, 2014

## Rey-ification: J.M Rey's IACAPAP e-Textbook of Child and Adolescent Mental Health

Andrés Martin

Riva Ariella Ritvo Professor, Child Study Center, Yale School of Medicine

#### Reify, reification

To consider or represent (something abstract) as a material or concrete thing:

to give definite content and form to (a concept or idea);

to make something real, to bring something into being.

Merriam-Webster Dictionary

Editors need to know their targets well. I first met Joe Rey, via email, in 2002, when putting together my first edited volume, Pediatric Psychopharmacology: **Principles** and Practice[i]. Joe was unusual from the outset among the book's many contributors. For starters, he seemed to respond to my email messages even before I even sent them, a singularity that I attributed to the advanced Australian time zone and date line. Even more uncannily, he responded to my invitation not only in the assertively, excitedly affirmative he in fact one-upped me. He and his colleague Garry Walter would gladly write the invited chapter on ECT, a topic they had the most global experience in[ii]. But would we editors please consider adding a chapter on complementary and alternative medicine (CAM) as well, an emerging area we had little knowledge about. Joe and his Aussie gang

had me at hello.

During a family visit to Sydney in 2011, I was the lucky recipient of Joe's home turf hospitality. I had the privilege of presenting him then with a plaque recognizing his superb contributions as editor of IACAPAP's Bulletin[iii]. The consummate gentleman that he is. Joe introduced me to leaders in Australian child psychiatry – colleagues who remain close friends to this day. I remember clearly a conversation we had while driving to the historic Rivendell Hospital, an august institution for which he had served as medical director years before. I had made an unabashed pitch to Joe, the latest of many: would he please update his chapter on oppositional defiant and conduct disorders to the fifth edition of Lewis's Child and Adolescent Psychiatry[iv]?

He agreed to come on board, but I could sense that his thoughts were elsewhere. Would I, Andrés, in turn consider joining a new venture that he had recently dreamed up and which then-president Olayinka Omigbodun was enthusiastically supportive of. By then I could not turn Joe down, or Olayinka. Not even as I recognized that their

<sup>[</sup>i] Martin A, Scahill LS, Charney D, Leckman JF (Editors). *Pediatric Psychopharmacology: Principles and Practice*. New York: Oxford University Press, 2003

<sup>[</sup>ii] Rey JM, and Walter G. Half a Century of ECT Use in Young People. *American Journal of Psychiatry* 1997; 154:595-602

<sup>[</sup>iii] Martin, A. Home Delivery: Celebrating Editorial Excellence. *International Association of Child and Adolescent Psychiatry and Allied Professions Bulletin XXVII 2011:13* 

<sup>[</sup>iv] Martin A, Bloch MH, Volkmar FR (Editors). Lewis's Child and Adolescent Psychiatry:

A Comprehensive Textbook, Fifth Edition. Philadelphia: Wolters Kluwer, 2018



Editor Triad, Sydney 201
Garry Walter (at the time, Editor of Australasian Psychiatry), Andrés Martin (of the Journal of the American Academy of Child and Adolescent Psychiatry) and young ambassador Jacob Donald Martin salute the editorial excellence of their friend and mentor, IACAPAP Bulletin and e-Textbook Editor Joe Rey. Photo credit, Ariela Martin.1

idea was lunacy destined to certain failure. The grand project went something like this: Joe would edit a textbook in child and adolescent mental health that was: a) free; b) accessible online; c) updated piecemeal, one relevant chapter at a time; and d) authored in partnerships between authors from developed and less-resourced nations. To top the grandiosity, the book would be available in a number of translations, and have associated educational clinical resources such as applications, multiple choice questions, self-assessment exercises, and downloadable slide decks allowing users to 'take the show on the road'.

I was polite. I tried to, anyway. This folly of his was a house of cards with no chance of success. It would soon collapse into nothing but yet another unbuilt blueprint. How could such a dreamed-up book, a *virtual* book at

that, compete with the staid, blue-chip, paper and two-tone ink tomes of learnéd knowledge that we had professionally grown up with? How could the lowly Joe Rey of Sydney Australia compete with the titans of the international, for-profit scholarly publishing juggernaut?

Oh, the joys of being short-sighted and unimaginative!

Oh, the pleasures of being on such the wrong side of history!

Oh, to eat my shorts and realize I was so far off the mark – that I was *not even wrong*.

Consider this my reframe, my rationalization, my post-facto revisionism.

Consider this, above all, my salute and tipping of the proverbial hat to Joe Rey, Editor-Supreme, Editor-Visionaire.

Less than a decade later, that dream's history

has been writ large, a folly no more. The IACAPAP Textbook of Child and Adolescent Mental Health[v] comprises 10 sections, 59 chapters, and over 175 authors hailing from 24 nations. The book's chapters have been viewed over 400,000 times online[vi]. Chapters printed in distant locations with limited web access are photocopied and circulated as so much samizdat. The book has been translated in its entirety into Spanish[vii], and translations into 7 other languages are currently underway, ranging from Arabic, Chinese and French, to Hebrew, Japanese, Portuguese and Russian. If imitation is the truest form of flattery, the Textbook may have reached a new success milestone when its first unauthorized translation appeared, a two-volume monster of more than 4,000 pages of printed paper. After all, if the good Don Quijote had an unauthorized seguel, why not the Textbook?

Why not, indeed? After all, the ultimate goal of the work is to reach as far and wide as possible, to go where no textbook can reach or be afforded. By this and every other conceivable metric, the *Textbook* has been a stunning success. In a very literal way, it has been a game-changer in child and adolescent

psychiatry. I know of what I speak, having had my edited textbooks relegated to the dustbin of history (or to a sad ultimate fate as heavy doorstops).

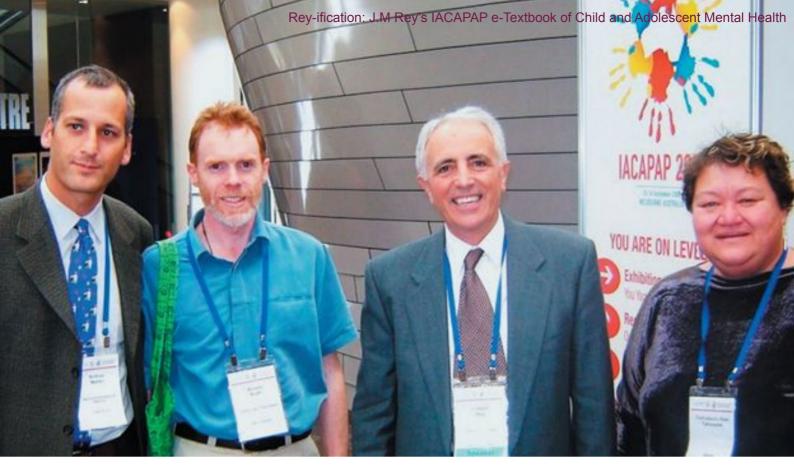
The state of the *Textbook* is strong, its health and vital statistics in great shape. With a vibrant board of international contributors and associate editors, and with a young and energetic pipeline of authors and junior editors working alongside an experienced and committed senior editorial board, the book will continue to blossom in the years to come.

Were it not for one piece of business that required urgent attention by the summer of 2018. During IACAPAP's 23rd Congress in Prague, the organization's Executive Committee made a recommendation that was as timely as it was obvious. The motion was proposed by presidents Daniel Fung, Bruno Falissard and Olavinka Omigbodun, and unanimously embraced within minutes by the recommendation board. The vehemently resisted at first by the founding editor, but he ultimately came to accept it, in no small measure thanks to his loving wife Helen talking sense into the man.

#### [v]http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health

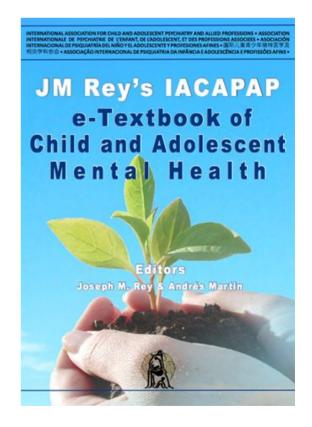
[vi] Rey JM, Martin A. A Child and Adolescent Mental Health Guide in Every Palm: The IACAPAP eTexbook of Child and Adolescent Mental Health. *International Association of Child and Adolescent Psychiatry and Allied Professions Bulletin 2018; 50: 34-35* 

[vii] Irarrázabal M, Fuentes J, Martin A. ¡Y ahora, en español! The IACAPAP e-Textbook's first complete translation. International Association of Child and Adolescent Psychiatry and Allied Professions Bulletin 2018 (in press)



**Down Under, Melbourne 2006**Andrés Martin, Alistair Bush, Joe Rey and Hinemoa Elder

It is with great pleasure and shared pride that this labor of love, this game-changer of a virtual and ubiquitous volume, this beautiful piece of scholarship that has already touched the lives of so many, that this masterpiece is renamed after its creator. From here on out, that erstwhile work will be known by its new name: J.M. Rey's IACAPAP e-Textbook of Child and Adolescent Mental Health. Please take note and update accordingly. And please celebrate its master creator when you next see him, this man who gave definite content and form to such a masterfully curated collection of our field's best. In the words of my land's classic mariachi song by José Alfredo Jiménez, the book's new title says it all: Pero sigo siendo el Rey.



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