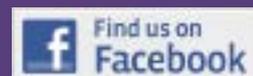


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War-displaced children

A new approach to school mental health in Korea



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President's column

WHY CHILD AND ADOLESCENT MENTAL HEALTH IS OFTEN NOT CONSIDERED A POLITICAL PRIORITY (II)?

In the last Bulletin I tried to determine why child and adolescent psychiatry is not considered a political priority. I pointed to three possible explanations: the curse of care, the ambivalence towards children and adolescents and the anti-psychiatry movement. To deal with these three issues, science is a good ally. Evidence-based medicine (EBM), health economics and the neurosciences are all of crucial importance to demonstrate that psychiatry offers treatments that are highly technical, effective and efficient. But in the end all this seems to be of limited value; even science cannot debunk the unfortunate statement that child and adolescent psychiatry is not a political priority.

Thus, we have to consider the problem differently; it is perhaps time to formulate a troubling hypothesis: psychiatrists could be in part responsible for the situation. Let us see how this is possible and what solutions can be proposed. More precisely, we are hypothesizing that in our attempt to change the image of psychiatry and also perhaps because of some narcissistic excesses, we have lost credibility among politicians and among a good part of the population.

First, we have chosen to become closer to the club of “hard sciences” (EBM, neurosciences, etc.). This has been indeed a good thing, in particular for the advancement of knowledge and for the de-stigmatization of psychiatric disorders, but at the cost of neglecting the subjective and humanistic part of psychiatry: it could be suggested that we are no longer interested in what patients feel and what patients say. Just look at the evaluation of treatments currently. A multitude of scales are compared across groups, but do we investigate what changes treatments bring to our patients' day to day experience? Too often we may seem cold-minded physicians, having lost most of our interest in what each individual person is.

In addition, results of epidemiological studies are sometimes unbelievable. In a recent paper published in a prestigious journal, it is claimed that the lifetime prevalence of any mental disorder during adolescence is about 50% (1). How can people believe that one adolescent in two has had at some stage during adolescence a psychiatric illness? This in large part contradicts the day to day experience: many adolescents can be weird or disconcerting, but only a few should be sent to the psychiatrist. These incredible numbers can have an underestimated side effect: more and more people think that psychiatrists will be satisfied only when the whole population is declared as having psychiatric problems.

How did we get here?

At the root of this misunderstanding is perhaps the confusion between psychiatry and mental health. WHO has proposed some operationalization of the notion of mental health, but with obvious limitations since the definition proposed in 2001 contains a paradoxical statement “From a cross-cultural

perspective, it is nearly impossible to define mental health comprehensively” (2). In the post-Darwinian era, some philosophers (F. Nietzsche and G. Canguilhem among others) have proposed an interesting angle of attack considering that health is more a flux or a struggle than a static entity. For instance, George Canguilhem suggests that: “[...] disease is characterized by the fact that it is a reduction in the margin of tolerance for the environment’s inconstancies.” (3).

It is suggested here that if a human being experiences problems with his/her mind or behavior then, by definition, this is a mental health problem. But all mental health problems are not psychiatric problems. High level severity and impairment are obviously two major characteristics that are likely to discriminate mental health from psychiatry. Unfortunately both severity and impairment lack conceptual strength, and have proved to be somewhat inoperative, in particular in the field of psychiatric epidemiology. In line with Canguilhem’s idea, it is proposed that psychiatry becomes relevant when a mental health problem cannot be fixed by a personal or societal adjustment.

At a certain point of their evolution, most of so the called “psychiatric disorders” become intractable by the patient and his/her environment. This is striking during the clinical interview: families are not here just to ask for advice, but because they are desperate, at a dead-end. This is where psychiatry finds its full legitimacy. Of course, psychiatrists can also be helpful to fix more common mental health problems. But in this situation they have no more legitimacy than other caregivers, whether they are health care providers or not.

Of course this is only one opinion among many others and it is presented here just to open the debate. But we do have to engage in this discussion because if we are clear about what psychiatry is, perhaps people will trust psychiatry more. If we delineate with as few ambiguities as possible which mental health problems are a priority for psychiatry, then society will be more inclined to listen to our patients’ needs more than they do at the moment.

Bruno Falissard

1. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-9.
2. The World Health Report 2001 - Mental Health: New Understanding, New Hope (WHO)
3. The Normal and the Pathological, Georges Canguilhem. Trans. Carolyn R. Fawcett & Robert S. Cohen (New York: Zone Books, 1991).

IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health



The 22nd International Association for
Child and Adolescent Psychiatry and
Allied Professions World Congress (IACAPAP)



36th Annual Conference for the
Canadian Academy of Child and
Adolescent Psychiatry (CACAP)

www.iacapap2016.org
#IACAPAP2016

September 18-22, 2016

Calgary TELUS Convention Centre
Calgary, Alberta, Canada

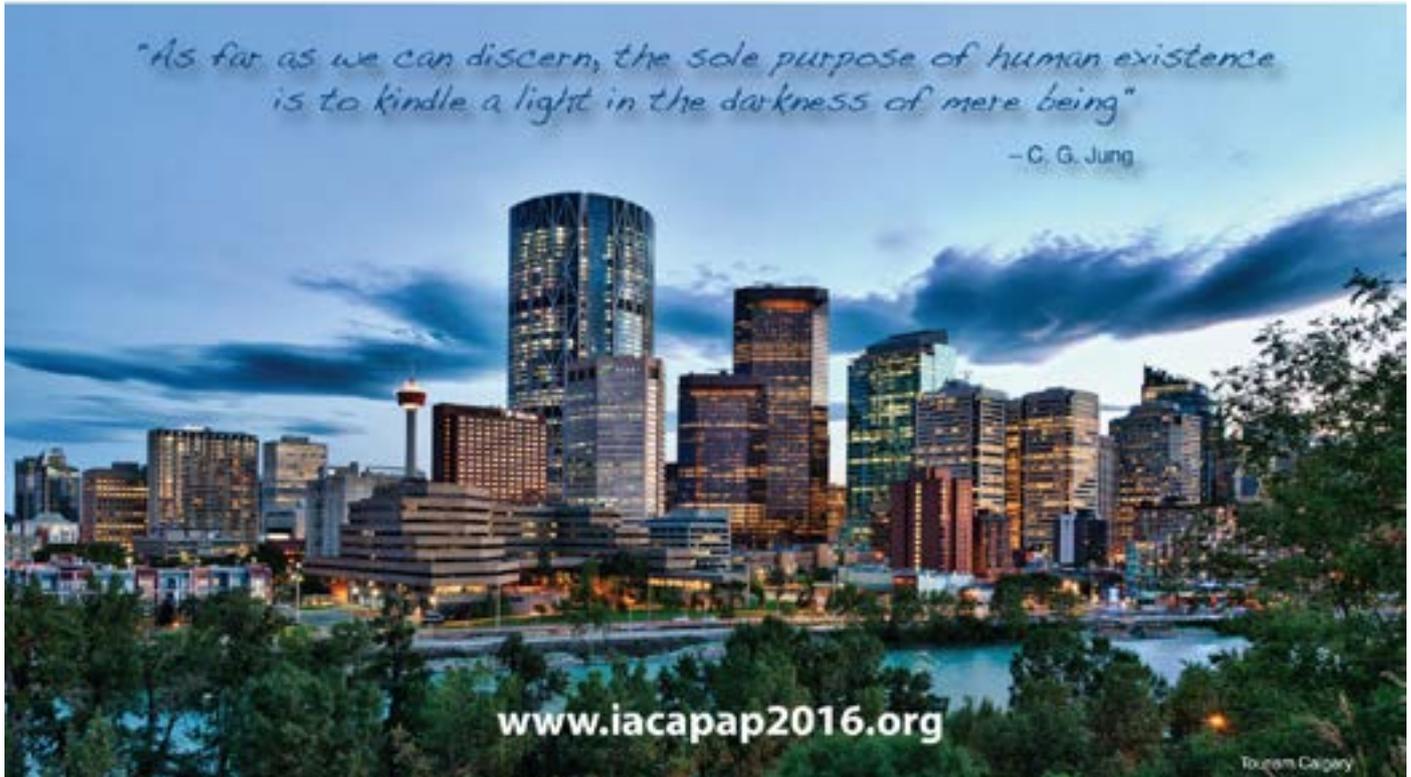
IACAPAP 2016

FIGHTING STIGMA: PROMOTING RESILIENCY AND POSITIVE MENTAL HEALTH

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

*"As far as we can discern, the sole purpose of human existence
is to kindle a light in the darkness of mere being"*

– C. G. Jung



Call for Abstracts is Open

The IACAPAP 2016 Congress will take place in Calgary, Canada, September 18-22, 2016 in conjunction with the 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (CACAP).

Knowledge transfer and networking will be the core theme of the Congress scientific program, featuring thought-provoking keynote presentations, oral and poster sessions, symposia, institutes and workshops. You'll have access to the foremost speakers in the field, including more than 20 keynote presentations, and have the opportunity to immerse yourself in an environment where sharing knowledge and ideas is the ultimate goal.

Congress **Abstract Submission is open** and abstracts that cover all aspects of child and adolescent mental health are welcome. The Congress theme is "Fighting Stigma: Promoting Resiliency and Positive Mental Health" and abstracts are grouped into the following three areas:

- General Child and Adolescent Mental Health
- Psychiatric Disorders and Co-Morbid Conditions
- Principles of Treatment and Care

The deadline to submit your abstract is Tuesday, March 1, 2016.

Download the [Call for Abstracts Brochure](#) or visit the Congress website (www.iacapap2016.org/abstract-submission/) for information on abstract preparation and to submit an abstract.

Abstract Submission Types

Abstracts can be submitted for any of the following presentation types:

1. **Free Paper** – Free papers are intended for the presentation of new research data or other scholarly work.
 - a. Oral – multiple oral presentations will be scheduled in sessions with presentations on similar topics. If your paper is not selected for an oral presentation, you may be offered the option to present your work as a poster.
 - b. Poster – posters will be on display for one day of the congress.
2. **Research Symposium** – Research Symposia should present new research data on related topics, with an overarching theme that is discussed by the chair. The new research should be described with reference to the relevant literature. Three or four presentations should be included, and it is permissible but not required for the chair to give one of these presentations. Approximately one-quarter of the time should be devoted to questions and discussion.
3. **Workshop** – Workshops should be interactive and provide instruction in a set of clinical, research, or educational skills. The information presented should be scholarly and evidence-based, with reference to the relevant literature. Workshops may be led by one or more presenters.
4. **Academic Perspectives** – Academic Perspectives generally do not present new research data, but provide complementary or opposing perspectives on a pertinent clinical, educational or advocacy issue that is introduced by the chair. The information presented should be scholarly and evidence-based, with reference to the relevant literature. Two or three presentations should be included, and it is permissible but not required for the chair to give one of these presentations. Approximately one-quarter of the time should be devoted to questions and discussion.
5. **Special Interest Study Group** – A Special Interest Study Group is an opportunity for networking and discussion among attendees who share a particular practice setting or academic interest. The chair is expected to provide learning objectives for the session, introduce the topic, and facilitate discussion.

The Congress Research and Scientific Program Committee look forward to receiving your abstract and putting together a program that will exceed your expectations.

The Congress Organizing Committee would like to thank the following sponsors for their support.

Diamond Sponsors: [The Mathison Centre for Mental Health Research and Education](#) and the [University of Calgary, Cumming School of Medicine, Department of Psychiatry](#)

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Visit the [website](http://www.iacapap2016.org) (www.iacapap2016.org) to sign up to receive Congress e-newsletters and be informed as soon as registration is open. See you in Calgary!

Essentials of Child and Adolescent Psychiatry Across the World

A proposed MOOC by IACAPAP

Bruno Falissard

What is a MOOC?

A massive open online course (MOOC) is an online course aimed at unlimited participation and open access via the Internet. In addition to traditional course materials such as filmed lectures, readings, and problem sets, MOOCs provide interactive user forums to support community interaction between students, teachers, and teaching assistants.

The IACAPAP MOOC

This MOOC is aimed to nurses, community health workers, teachers, general practitioners, medical students, parents and other people interested in the field. The MOOC will take place during a limited period (about 4-6 weeks). Students will have to watch about four to six 10-20 minutes long videos each week. There will be some assessment of knowledge through quizzes and peer reviewed exams, and a forum to facilitate interactions. A certificate will be given to students who complete the assessments satisfactorily.

Currently, the program of the MOOC includes:

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

Lecturers come from all continents. The MOOC is expected to be unveiled at the beginning of 2016. More than 10,000 registrations are expected for each course. Depending on the registrations, one or two cycles will be conducted each year (September and April). Videos and quizzes will be available through all year at the IACAPAP website.

The videos

Video clips last from 10 to 20 minutes, will be in English (subtitles in several languages will be provided at a later date). The lecturer appears at the top left corner of the slides.

The screenshot shows a video slide titled "A developmental view for depression" from the IACAPAP MOOC. The slide features a flowchart illustrating the developmental progression of depression. At the top left, a small video window shows a lecturer. The main content includes a flowchart with the following elements:

- Deprivation Hospitalism** (circled) leads to **Context: Social factors learning** (circled), which leads to **Context... and also MDE in the course of a chronic mental condition** (circled).
- Below this, the text **Mentalisation - Moral - Self-esteem - Existential questioning** is displayed.
- Two yellow boxes represent **Phenomenology: more somatic and psychomotor symptoms** (left) and **Phenomenology: adult-like MDE as mentalisation becomes possible** (right), connected by a blue arrow.
- A horizontal timeline at the bottom is labeled with **Infant**, **Child**, **Adolescent**, and **Young adult**.

The slide footer identifies the lecturer as **Pr. David Cohen**.

THE 2015 HELMUT REMSCHMIDT RESEARCH SEMINAR

Kananaskis, Alberta, Canada

James Shelly, Lorie Laroche & Jane Chang

(Photographs: Jon Lee)



September 13-18, 2015 saw the 5th Helmut Remschmidt Research Seminar (HRRS) being held at the Delta Lodge Kananaskis in Alberta, Canada. The event was hosted by the Cumming School of Medicine, the University of Calgary, and the Alberta Children's Hospital.

Running biennially, the seminar was originally conceived in 2006 by IACAPAP. The purpose of the seminar is to inspire young professionals from child and adolescent mental health disciplines to engage in research. This is in keeping with the IACAPAP constitution "to promote the study, treatment, care and prevention of mental and emotional disorders and disabilities of children, adolescents and their families". HRRS mentors share their knowledge and expertise regarding key aspects of research design in child and adolescent mental health, skills in presenting research to colleagues, and skills in critically assessing and commenting on the research of others. The intended product of the seminar is the submission of research abstracts to the 2016 IACAPAP Congress by the HRRS Fellows.

IACAPAP 2016 Congress Chair, Professor Chris Wilkes (University of Calgary, Canada), organized this year's Seminar, which was coordinated by Professor Petrus De Vries

(University of Cape Town, South Africa), and HRRS Chair, Senior Professor Per-Anders Rydelius (Karolinska Institute, Sweden). Other faculty (mentors) in attendance were Professor Helmut Remschmidt (Philipps University, Germany), Professor Bruno Falissard (Paris-Sud University, France; IACAPAP President), Professor Nicole Letourneau (University of Calgary, Canada), and Professor Alan McLuckie (University of Calgary, Canada).

Twenty candidates were selected to attend. Participants hailed from such diverse backgrounds as (in alphabetical order) Australia, Cambodia, Canada, India, Mexico, Sweden, South Africa, Taiwan, and Tunisia. All were relatively junior researchers and clinicians, ranging in disciplines from psychiatry, paediatrics, nursing, psychology, and social work.

All attendees were accommodated in the same section of the Delta Lodge, and meals were shared. This facilitated the development of both collegial and social relationships within the group, with hearty laughter as well as intense discussions often being overheard.

The theme for this year's seminar was "Social Adversity in Children's Mental Health". Mentors gave presentations each morning on a variety

of topics related to research and clinical work in child and adolescent mental health. All presentations addressed the seminar's theme either directly or indirectly. Each participant was asked to bring a particular research idea, plan, or an on-going project to present and work on in small groups. The groups were held in the afternoons supervised by one or two mentors. Following each of the smaller group work sessions, the whole group reconvened for feedback and discussion.

Arrival and welcome

The Delta Lodge at Kananaskis is approximately 100 kilometres from Calgary to the south and Banff to the North. It is nestled in the beautiful and majestic Rocky Mountains. Most attendees traveling from abroad or from further afield within Canada, arrived during the day of the 13th. However, some had arrived a day or two earlier and had already spent some time exploring the strikingly beautiful surroundings. Participants received a warm greeting in the hotel reception area by some of the mentors and were made to feel welcome from the outset.

The evening of September 13 saw the first of the official proceedings of the seminar, with a casual meet-and-greet over drinks, followed by our first meal together. During the course of

the evening, formal welcomes were extended and introductions were made, with mentors and participants having the opportunity to introduce themselves to the group and say a little about their work, their context, and their personal lives and interests. The food was excellent, the company warm and engaging, and a sense of interest and excitement for the week ahead prevailed.

Day 1

Following a varied continental breakfast, the day's proceedings started promptly at 9:00AM. Helmut Remschmidt delivered an informative and comprehensive overview of longitudinal studies in child and adolescent mental health. Drawing from his extensive experience, he set an inspiring example for the early career researchers in the group, and set the scene and context for the tough exercises and discussions to follow.

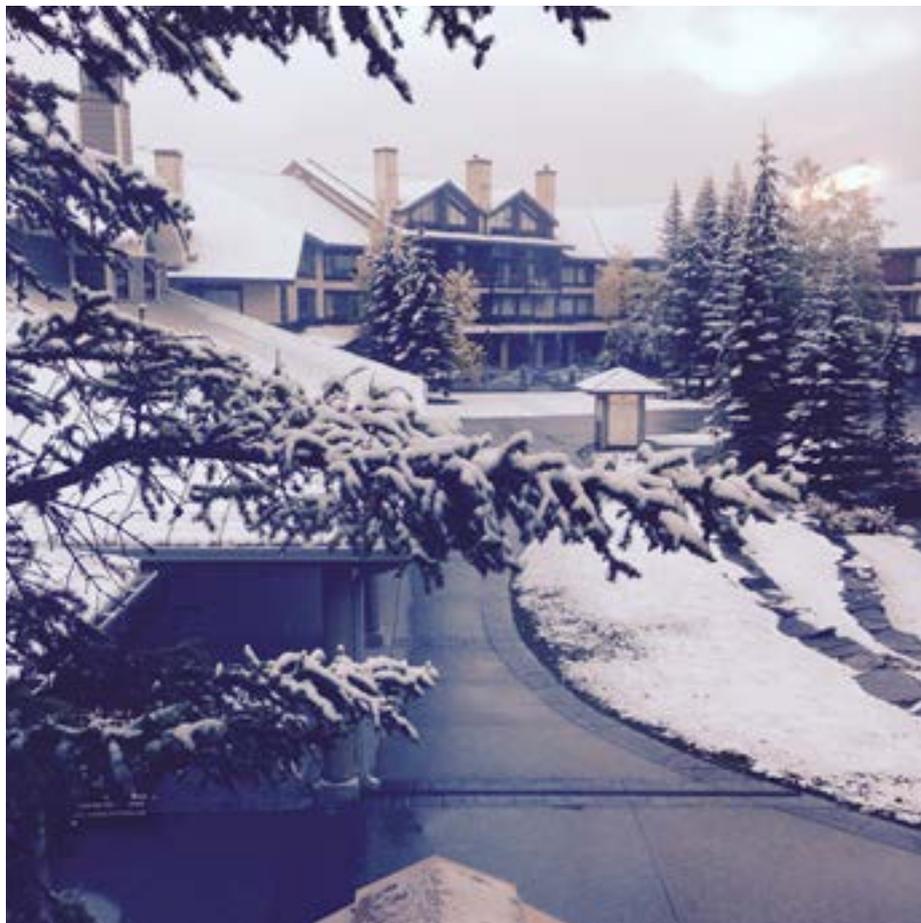
Bruno Falissard then spoke about practical research methods, how to write a research paper, and how to deliver a scientific presentation. He conveyed the message that the research process need not be complicated to be effective. In fact, his presentation stood as a case in point on how to deliver important information, with often complicated concepts, in a clear and graceful manner.

After lunch, the larger group separated into smaller groups of 4 or 5, each lead by one or two mentors. Participants were given the opportunity to describe their research projects or plans in their respective group. The mentors facilitated ensuing discussions around specific aspects as well as broader concepts regarding research and professional development. Upon reconvening, a representative of each group gave feedback to the larger group regarding the afternoon's proceedings and the content of their discussions. An interesting discussion about suicide in children and adolescents followed before the day was closed, around 5:00PM.

We met again in the evening for social drinks and a delicious meal, before retiring to our rooms for the night. The sounds of the fountain and the forest outside helped lull us off to sleep.

Day 2

Snow had fallen overnight and continued sporadically throughout the day. This was a source of excitement and wonder for those members of the group more accustomed to warmer climates, a reminder of the pristine beauty of the setting for some, and a precursor to the inevitable colder winter weather for those living in colder climates.



The morning's proceedings began with a presentation by Bruno Falissard on research and public health policies. His philosophical and thought-provoking perspective was awe-inspiring while unassuming and grounded. In addition, his introduction of concepts regarding the patient-clinician relationship, the meaning of mental health and disorders, disability, and neuro-diversity, made for stimulating and noteworthy discussions.

Alan McLuckie next delivered an inspired and enthusiastic talk on social determinants of child and adolescent mental health. Drawing from both his clinical and research experience as a social worker, he offered a passionate yet rational perspective on the importance of the social context within which to consider the determinants of mental health and the desired outcomes for our patients.

Following lunch, we separated again into our smaller groups, where our discussions and research plans were further developed. The late afternoon session saw discussion on stigma and discrimination regarding different research techniques, expectations and approaches within the research supervisor-supervisee relationships, and advice and counsel regarding grant writing, research proposal preparation, and research-oriented career planning. The day was capped-off by another delectable meal in the evening, and the conversation and laughter flowed freely.

Day 3

We started the morning with a presentation by Per-Anders Rydelius on resilience research in child and adolescent mental health in circumpolar regions. Setting the context with a historical and geographical background on the area and its people, he wove a rich tapestry of the interplay of culture and sociology and its influence on child and adolescent mental health, which paved the way for a group discussion on cross-cultural approaches to assessment and intervention.

Nicole Letourneau next gave a stimulating discourse on research in mother-infant mental health. Her pride in, and passion for her work on toxic stress, attachment, and parental reflective functioning shone through, and was a source of motivation for many. Discussion centred on concepts of attachment in autism development and possible prevention, as well as a correlational versus causative role of cortisol in mental disorders.

Following the third of the small group meetings, the afternoon's larger group discussion focused on the use of diagnostic tools and rating scales as a means to access services as opposed to their original purpose of informing clinical practice. Discussions also related to the evolving face of eating disorders, particularly in male adolescents.

Day 4

Petrus De Vries started the morning with an eye-opening presentation on research in child and adolescent mental health in Africa and other low-resource environments. It was a captivating and informative account of the continent and its challenges regarding mental health. The challenges were made especially obvious when the issue of the dearth of child and adolescent psychiatrists and the plethora of languages and cultures in Africa was discussed. It was a sobering, yet optimistic talk that opened the floor to discussions about the reality of highly skilled African professionals working overseas and the social determinants of health in low-income countries. Pitfalls, challenges, and considerations in developing socially and culturally appropriate assessments and interventions for mental health-related problems in Africa were also discussed.

Chris Wilkes then presented a noteworthy address about research on adverse life events in childhood. Leading with the notion of an eco-bio-developmental framework, he focused on research using the Adverse Childhood Events questionnaire, and inspired discussion around ideas of discrete versus continuous trauma of varying severity, and ethical considerations around the use of screening tools. He closed with the following quote, by the Dalai Lama, as an apt invitation for the group to enjoy some leisure time for the afternoon:

When asked what surprised him the most about humanity, he replied,
“Man surprised me most about humanity. Because he sacrifices his health in order to make money. Then he sacrifices money to recuperate his health. And then he is so anxious about the future that he does not enjoy the present; the result being that he does not live in the present or the future; he lives as if he is never going to die, and then dies having never really lived.”

The afternoon's free time was spent in a variety of ways—rock climbing, mountain biking, trail running, walking in the forest, visits to Banff, horseback trail riding in the mountains, and relaxing in hot tubs or hotel rooms. Apart from the need to let our brains engage in something non-academic, this time gave us the opportunity to see some of the magnificent sights the area has to offer, to get some fresh air and exercise, and to get to know some of our colleagues outside of the academic context. Fun was had by all, and lasting fond memories made.

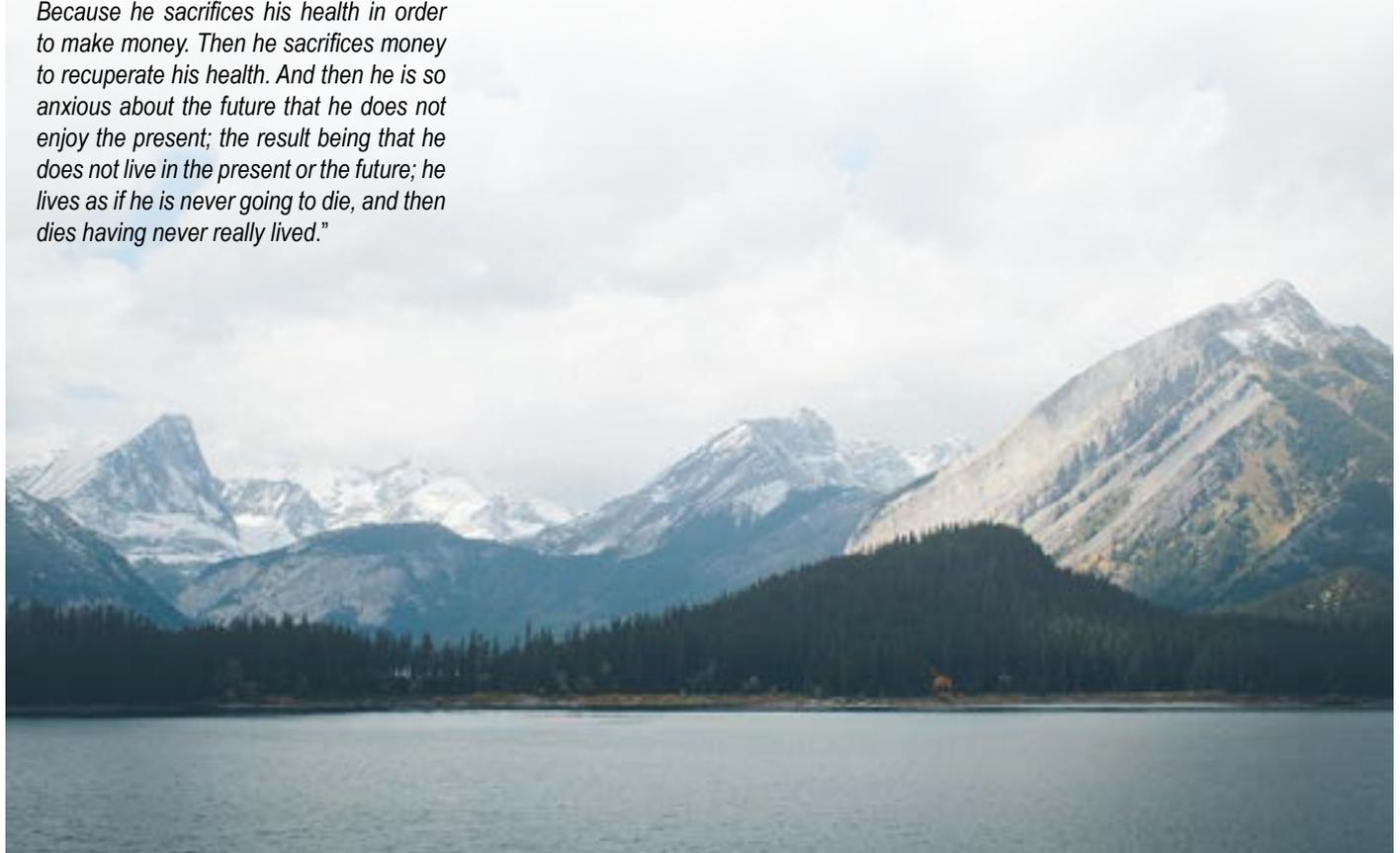
The evening and week's end was celebrated with a gala dinner, with all donning dresses, suits, and academic ties. The food, once again, was exquisite, and the conversation stimulating. We finally got to taste the famous Alberta Beef. But more important than the tastes and the talking was a sense of joy and camaraderie that permeated the room—laughter abounded.

Day 5

The morning started with the usual continental breakfast, followed by a comprehensive review on Asperger's syndrome by Helmut Remschmidt. His talk had not been scheduled but further attested to his stature, knowledge, and experience, providing a balance of cognitive neuroscience and personal narrative. Discussion centred on concepts of dimensional versus categorical diagnostic systems and a brief mention of emerging work on the role of oxytocin in psychiatric disorders.

Following this, was an opportunity for group feedback on the seminar as a whole. While there were a variety of acknowledgements made by the participants regarding different aspects of the seminar and particular learning points, there seemed to be a theme that emerged around the personal interactions, development of personal and collegial relationships, and a sense of community established through a journey of professional and personal growth over the past five days. The creation of a closed Facebook page for the 2015 HRRS fellows and mentors was suggested and wholeheartedly endorsed by all. The page will be created with the aim of encouraging on-going communication between participants to share research ideas, experiences, and knowledge. The page will, in addition, allow participants to continue building relationships with one another.

Following the awarding of certificates of attendance and closing remarks by the mentors, the group said their goodbyes and dispersed, secure in the hope that we would meet again at the IACAPAP Congress in 2016, or perhaps at some other future date in an academic meeting or in a collaborative research context. And, even failing that, secure in the knowledge that we had experienced something important together, something enriching and inspiring, which would hold us in good stead for our future, whatever that may bring.





APPLICATIONS CLOSE
JANUARY 15, 2016

Donald J. Cohen Fellowship Program

The Donald J. Cohen Fellowship Program (DJCFP) for International Scholars in Child and Adolescent Mental Health is a training program for young professionals modelled on successful activities at previous IACAPAP Congresses and Research Seminars. Its main goal is to facilitate access of aspiring leaders to the international organized community of child and adolescent mental health.

The DJCFP Awards aim to foster the professional development of emerging leaders in child and adolescent psychiatry throughout the world. We understand 'leadership' in its broadest context – whereas some countries may benefit most from advancing their scientific and research development forward, others will benefit from effecting organizational change in their pediatric mental health infrastructures, and yet others from enhancing the education and training of a new cadre of specialists.

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

In order to maximize their chances of being award recipients, applicants should convey in their application how their individual engagement could play a pivotal role

in addressing the very specific needs of their country of origin. To this end, a prerequisite for all applicants is a submission of a project suitable for a poster or oral presentation at the Congress.

Potential applicants should be proficient in English, which will be the official language of the written application and the various educational activities of the Program.

The program includes:

1. Daily small group meetings with leading experts serving as mentors
2. Dedicated poster presentations attended by senior faculty members
3. Special seminars
4. Social activities
5. Free registration fee for the general sessions
6. Accommodation

Potential partial support of travelling expenditures to Calgary will be examined for specific situations but is not granted for all awardees. Priority for limited travel assistance will be given to participants from low/middle income countries according to the World Bank rating. Fellowship activities will not be scheduled at the same time as other highlights of the Congress.

Approximately twenty-five fellows will be selected to take part in this valuable training opportunity.

Application Form:

Interested candidates should [submit their application](#) no later than **January 15, 2016** in order to be considered by the Selection Committee.

Selection Process:

The independent ad hoc international Selection Committee will contact all applicants by March 15, 2016 with notification of award results. The Selection Committee reserves the right to select award recipients and all decisions will be final.

Of note, IACAPAP has in the past worked collaboratively with national organizations in cost-sharing programs to support the attendance of travel fellows: we welcome and encourage any such inquiries or proposals.

Coordinators of the Donald J. Cohen Fellowship Program IACAPAP – Calgary 2016

Naoufel Gaddour, M.D., Monastir, Tunisia

Ayesha Mian, M.D., Karachi, Pakistan

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A CRISIS INTERVENTION PROGRAM TO PREVENT POSTTRAUMATIC PSYCHOPATHOLOGY AMONG WAR-DISPLACED CHILDREN IN IRAQI KURDISTAN



Children in a displaced persons' camp

War and disaster almost always lead to devastating consequences for children's mental health and development (1). Preventive interventions for posttraumatic psychopathology have so far led to ambiguous results (2-3).

The Islamic State of Iraq and Syria (ISIS) launched a war in Iraq in June 9, 2014, when the city of Mosul in the Nineveh province in northern Iraq was occupied. The majority of the population, mainly consisting of Assyrian Christians, fled north to the Kurdistan region of Iraq. Later on, ISIS continued its march eastwards leading to further mass exodus of mainly Sunni Muslims from central Iraq. On the 3rd of August the same year, ISIS extended its attacks to the Yezidi dominated area of Sinjar (Shingal) in Iraqi Kurdistan (see map). Christians were given three options by ISIS: convert to Islam, pay a fee—Cizye—to keep their religion, or leave the region. Yezidis were not given the second option because their religion does not belong to the "People of the Book" (Judaism, Christianity and Islam).

ISIS attacks resulted in mass exodus to neighboring areas in the Kurdistan region of Iraq. The mass escape from the Shingal Mountain was particularly dramatic—following

long escape routes across the border with Syria and returning back to Iraqi Kurdistan. The majority of the fleeing people ended up in the Duhok province, which is bordering Syria in the west, Nineveh in the south and Turkey in the north. The Yezidis who could not flee were captured by ISIS and subjected to brutal violence such as mass executions of men, abduction of women, girls and children to be raped and used as sex slaves.

Internally Displaced People in Duhok from Shingal

Approximately 500,000 Yezidis have been reported to have fled from the Shingal region to settle in the Duhok province. A team from Sweden (consisting of one child psychiatrist—the author—and two social workers) visited Duhok about one month after this exodus to provide psychosocial support to the displaced children—the majority had lost family members who had been executed, were in ISIS captivity, or missing. The search for loved ones was the initial priority; extended families (up to three generations) gathered together when they found each other. Hierarchical family structures started to be re-established as a survival strategy. Most of the young men were still in the war zone fighting against ISIS forces. In the beginning, displaced persons settled in empty schools, unfinished buildings, uninhabited houses, or in parks and forests seeking protection from the heat that sometimes exceeded 40°C. Indigenous people were the first who lined up for relief operations. The displaced persons' reception system was still in chaos. The local authorities in Duhok formed mobile teams with the help of local





and international NGOs to provide lifesaving measures. Preliminary camps were erected by local authorities and NGOs around the city of Duhok. While adult displaced persons were busy trying to survive, children were being often neglected. As usually happens in major crises and disasters, relief operations concentrate on life saving measures and psychosocial care is left for later, particularly for children.

A Crisis Intervention Program

A crisis intervention program for children and adolescents was devised by the author to provide timely and cost effective intervention to prevent posttraumatic psychopathology (4). Professionals working with children were trained to train other professionals (training of trainers) on how to provide a single 60-minute group intervention to 10-30 children (6-11 years) or adolescents (12-18 years), both male and female. Each group session was led by two trained professionals, one conducting the Crisis Expression Guidelines (Box 1) to support children to verbalize negative experiences and replace them with positive thoughts and emotions, and the other using the Crisis Screening Instrument (Box 2) to identify children showing psychological distress to be referred for individual psychiatric assessment. The training program lasted 30 hours; 10 hours of theory and 20 of practice.

Metin Health House, the first center in the region for the prevention and treatment of child mental health problems (5-7), formed a taskforce in collaboration with health authorities and the WHO to send psychosocial teams to support children and adolescents inside the displaced persons' camps. Trained volunteers visited the camps every morning to train displaced teachers and returned in the afternoon to plan the following day's tasks. Once trained, every two displaced teachers worked as group leaders to provide the crisis intervention program to groups of 10-30 school children.

In a pilot project, 10 professionals (5 women and 5 men) were trained in the crisis intervention program. Each day the group received 2 hours of theory and 4 hours of practical training with children in the displaced persons' camps scattered around Duhok. During two weeks 315 children participated in the program. Approximately 10% showed at least one of 10 symptoms in the Crisis Screening Instrument and were referred to the MHH for individual assessment and further management.

The positive results of the pilot project encouraged the health authority in Duhok to implement the program in a larger scale with financial support from the WHO. During another two weeks, 20 medical staff completed a train the trainer course at Metin Health House. Every two trainers provided training to 30 teachers in the displaced persons' camps. In total, 300 teachers completed the training and started to provide the intervention to a total of 67,500 school children when schools started inside the displaced persons' camps. Additionally, four physicians from Mosul, two professionals from Sweden, and one child psychiatrist from Turkey participated in the train the trainer program to further train other professionals to provide the displaced children with the crisis intervention program.

The crisis intervention program was timely, probably cost effective, and was welcomed by the displaced children and their parents. A randomized controlled trial is planned to test the effectiveness

Above: a perspective of the mass escape from Shingal. Below: a session of the WHO supported training of trainers.



Box 1. Crisis Expression Guidelines

In order to help children speak, ask them to tell their experiences of the disaster, starting by the following question: *Who wants to tell us about an experience during the disaster?*

In turn, each child should be given time to tell her/his story.

- Help to find out and reinforce positive thoughts and feelings.
- In each story, help the child describe the event as a clear situation, using step-by-step the following questions:
- What happened? Did somebody die or get wounded? (Who, how many?).
- When did it happen? (Recently or long ago, day or night, for how long etc).
- Where did it happen? (At home or outdoors, in a building or outside, nearby or far away etc).
- Who was there? (Alone, a few, many, familiar or strangers etc).
- How did it happen? (Encourage spontaneous telling without forcing or interrupting).
- What did you think? (Personalize, differentiate thoughts from feelings).
- What did you feel? (Support expressing feelings, give time and comfort).
- What did you do? (Behavior, action, participation, avoidance, reaction etc).
- What do you think the cause of the event was?
- What do you think the future will be like?

Box 2. Crisis Screening Instrument

Children who show one or more of the following symptoms/signs must be offered further individual intervention. Write down their names and contacts:

- Not responding to questions/refuses to participate
- Seems mostly absent/ daydreaming/sleepy
- Hypersensitive to stimuli/startle
- Crying/depressed
- Wetting him/herself
- Stuttering/ not speaking
- Hyperactive
- Aggressive
- Sulking
- Fainting
- Any somatic complaint
- Any unusual behavior

of this program to prevent posttraumatic psychopathology (8). Discussions are ongoing with the relevant authorities, WHO and other NGOs to find sponsors for the treatment of the 10% to 15% of children detected as being particularly distressed.

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Group leaders delivering the crisis intervention program to school children inside a displaced persons' camp



A New Approach to School Mental Health in Korea



Opening of the Student Mental Health Research Center (SMHRC) in 2012. Congresswoman Yee-Jin Shin is 7th from the left, the Minister of Education, Joo-ho Lee, 8th, and the Director of the SMHRC, Unsun Chung is 1st from the right.

Hyun Ju Hong MD, PhD
Professor, Department of psychiatry,
Hallym University & Director, Suicide
and School Mental Health Institute

Un-Sun Chung MD, PhD
Professor, Department of Psychiatry,
Kyungpook National University &
Director, Student Mental Health
Resources and Research Center

Korea's economy has developed in a short period of time but at a cost: society has become overly competitive, traditional community networks have weakened, and inter-generational conflicts have become more obvious. The result is that Korea has the highest suicide rate among OECD countries, low levels of subjective wellbeing, and a high prevalence of severe school bullying.

On November 20, 2011 a middle school boy in Daegu, the fourth largest city, killed himself after leaving a suicide note describing how he had suffered from bullying at school. This event had a dramatic impact. The whole Korean society realized the seriousness of the problem and began to develop policies to reduce bullying and improve student mental health. The formation of the Suicide and School Mental Health Institution (SSMHI) and Student Mental Health Resources and Research Center (SMHRC) are examples of this movement. Child and adolescent psychiatrists, Drs. Hyun Ju Hong and Un-Sun Chung, direct both institutes. At the same time Dr. Yee-Jin Shin, a child and adolescent psychiatrist and professor at Yonsei University, was appointed Member of the National Assembly. It was the first time that a child and adolescent psychiatrist had become a politician to advocate for the mental health of children and adolescents. These changes have brought a new impetus in connecting child psychiatry and school education.

Suicide and School Mental Health Institute

The SSMHI (www.ssmhi.com) is financed by the Ministry of Education and affiliated with Hallym University. It was set up to develop policies to improve students' mental health and for suicide prevention. The SSMHI is the only institute affiliated with a medical school among 11 policy-focusing institutes—think-tanks—working with the Ministry of Education. The SSMHI was named as the top institute in 2014 in the annual evaluation of these institutes. About 12 researchers work full time or part time for the Institute; their backgrounds include psychiatry,

criminal justice, psychology, education, social work and child studies.

The SSMHI has conducted research on efficient and evidence-based policies for improving mental health and prevent suicide among students, respond to each school's needs and intervene rapidly. Networking with other professional groups, community organizations and school personnel, both in Korea and internationally, has been an important aspect of SSMHI as a multidisciplinary new institute.

Current projects on school mental health of the Ministry of Education of Korea on which the SSMHI has a major role include:



Congresswoman Yee-Jin Shin

- The School-Based Mental Health Screening Test (SBMHS)
- Suicide prevention
- The School-Community Cooperation Model for promoting students' mental health.

The School-Based Mental Health Screening

All 1st and 4th graders in elementary school, 1st graders of middle school, and 1st graders of high school must

participate in the SBMHS every year. Participation rate in 2014 was 99%. The Institute organized public consultation meetings with Congresswoman Yee-Jin Shin and with various professionals to improve the SBMHS, as well as analyzing SBMHS data and developing an implementation manual for schools.

Online screening tests began in 2013. Data from 200,000 students collected every year has become a valuable source of information to evaluate student mental health,

effectiveness of the policy, and research on shortcomings and strengths of the Korean school system. Analysis of these data showed that schools with high mean scores in the screening test had a greater likelihood of emotional and behavioral problems among students, higher drop-out rates, and lower academic achievement. Questionnaires completed by teachers and parents showed that they felt the need for mental health screening at school and believed this test had drawn attention and increased awareness of the emotional status of students and of the need to improve their mental health.

Suicide prevention

Since 2009, suicide has been the main cause of death among Korean adolescents. Suicide rates in people under the age of 19 in Korea are ranked about the middle level when compared with other OECD countries. However, female youth suicide rates are amongst the highest. Currently the Ministry of Education is emphasizing student suicide prevention policies. The Institute has been involved in suicide prevention activities in various ways. Dr. Yongsil Kwon, a child and adolescent psychiatrist and professor of the Catholic University, is the principal investigator. The Institute has organized in conjunction with the media a public competition and a publicity campaign of comics, posters, and videos for

Research staff at the Suicide and School Mental Health Institute. From left, front row: Hyeseung Yoo, Ahreum Kim, Yoonkyoung Seo, Eunji Oh, Jihyeon Jang, Eunju Bang, Jina Kim, Hyun Ju Hong. Back row : Hannah Cho, Woosik Kim, Mi Jeong Lee, Beop Rae Roh.



the prevention of youth suicide. The Institute has conducted several research projects examining school-based education on suicide prevention and teacher's needs in relation to suicide prevention education. A study of the psychological autopsies of adolescent suicides was launched in 2015 as a major initiative to understand better the causes of youth suicide in Korea.

School-Community Cooperation

The SSMHI also plays a role supporting the School-Community Cooperation Model project. This is a pilot project for intervention with at-risk students, working with their schools and community. The Institute supports Ministry of Education offices throughout the country by monitoring this project, producing an implementation manual, and by training staff. Preliminary analysis shows significant positive changes in referral rates to specialized clinics for at-risk students and increased recognition of the importance of mental health in school.

Critical Incidents

One of the important tasks of the Institute has been to provide consultation and support during critical incidents; a number have occurred since its opening. For example, in June 2013, five high school students drowned during boot camp training. Last year, 250 high school students lost their lives in the Sewol ferry tragedy. The Institute provided psychological support to students and teachers by working with various organizations, including the SMHRC. Following the

Sewol ferry tragedy, the Institute together with SMHRC and sponsored by the Children and War Foundation, brought in international experts (Dr. Atle Dyregrov from Norway and Dr. Stephen Regel from the UK) to provide Korean professionals with training on teaching recovery techniques and psychological support for bereaved youth and parents. The institute, SMHRC, the Korean Academy of Child and Adolescent Psychiatry, and Congresswoman Yee-Jin Shin also held a symposium titled "Long-term Psychological Support for the Survivors and Bereaved Families of the Sewol Ferry Disaster".

Other activities

The Institute has tried to establish networks that include researchers with various academic backgrounds and from different schools, and hosts regular school mental health fora and symposia. In October 2013, the Institute hosted the "First Symposium on Student's Mental Health" in conjunction with the Korean Academy of Child and Adolescent Psychiatry. The "8th School Mental Health Forum" was held recently with topics such as further directions of school based mental health policies, student mental health and teacher burnout, suicide prevention strategies in school, psychological autopsy in adolescent suicides, school consultation by psychiatrists, and crisis intervention at school, with excellent audience response. In June 2015, the Institute and Congresswoman Yee-Jin Shin held a symposium on student mental health—School, a Field of Growth and Recovery—in spite of the concurrent MERS crisis in

Korea. Dr. Daniel Fung, Vice President of IACAPAP, gave a keynote lecture on "Positive Mental Health and Resilient Schools: Strengthening Mental Health in Schools". Dr. Fung also met with members of the Korean Association of Neuropsychiatry and shared his experiences in Singapore.

School Mental Health Resource and Research Center (SMHRC)

Daegu was the city with the highest suicide rate in Korea after the school bullying incident of 2011. The SMHRC was established in 2012 to improve student mental health using evidence based practices. It was initiated by Congresswoman Yee-Jin Shin and the Minister of Education, Science and Technology, Jo-ho Lee, as part of the Korea Brain Research Institute in Daegu.

SMHRC aims to be the national hub to support school mental health, to empower school teachers, and to foster trauma-informed schools by research, education and networking. The Ministry of Education entrusted the management of the SMHRC to Kyungpook National University Hospital and is located in the Children's Hospital of Kyungpook Medical Center in Daegu. Dr. Un-Sun Chung, a child and adolescent psychiatrist and professor at Kyungpook National University, is the director. The team consists of four social workers, four clinical psychologists, two administrative staff, and two part-time psychiatrists.

In 2014, the SMHRC developed an online education program for teachers on understanding adolescent



Participants in the symposium "School, a Field of Growth and Recovery". Congresswoman Yee Jin Shin is 7th from the left, next to Daniel Fung, Youngsook Kwak, Jeong Seop Lee, Yoon Hyeong Kang, and Youngbo Kim

mental health from the biological and psychological perspectives. The on-site educational program on school mental health is delivered by several child and adolescent psychiatrists and has had six runs, each for 200 school nurses and counselors in six different regions. Three-hour long case conferences moderated by two child and adolescent psychiatrists have been conducted six times, each for 30 school nurses and counselors in six regions. The center also provided a three-session program for students to detect depression early. SMHRC also developed educational content for teachers, parents, and students. This year, the child and adolescent psychiatrists completed 38 three-hour, on-site educational programs on adolescent suicide for 11,110 school principals from all schools in Korea. They are also planning to produce a 15-session online program—“Understanding and Preventing Adolescent Suicide for Teachers”.

The second focus of SMHRC is crisis intervention at school. After a student’s suicide, the team makes a school visit and develops an intervention plan in conjunction with the regional office of education and school administrators. They educate school teachers about normal grief reactions and acute stress symptoms, educate teachers, parents and students in every classroom and help the school communicate with parents, students and teachers more appropriately. They screen high risk students and psychiatrists visit the school three times to interview them and refer to clinics those who need further professional help. They also screen the teachers.

Some examples of this practical work include intervening after incidents such as:

- The drowning of five students from a Gonju high school during a school camp
- The death of nine students at Busan University of Foreign Studies when the roof of a gymnasium collapsed
- The drowning of 250 Danwon High School students in the infamous Sewel ferry sinking accident
- Six school student suicides.

The name of the program can be translated as “saying goodbye to trauma—a journey that mental health professionals take together with the



A sample of educational content for teachers, parents, and students developed by the SMHRC

victims”.

The third focus of the SMHRC is the development of school-based mental health programs and networking. With permission from the RAND Corporation, SMHRC has developed the Korean version of the Support for Students Exposed to Trauma (SSET) program and plan to develop psychological first aid for schools. Professors Jeff Bostic, Harvard University, Sharon Stephan, University of Maryland, Stacy Drury, Tulane University, and Dr. Soon-jo Hwang, NIMH, were invited in 2014 to lecture 200 teachers on school mental health issues at the international symposium “School, the Space for Limitless Possibilities” at Seoul and Daegu. They also instructed 30 Korean professionals in the training and implementation of SSET.

In 2013, through the SMHRC, international school mental health professionals visited Korean elementary, middle and high schools to better understand the situation and provide consultation. This international

collaboration, led by SMHRC and SSMHI, was presented as the “new wave” on school mental health in Korea at the 21st IACAPAP World Congress in Durban in 2014 and also at the 61st AACAP Annual Meeting in San Diego, where it was highly acclaimed. The SMHRC also collaborates with Dr. James Blair (NIMH) in a research study about functional MRI in adolescents with conduct problems. In addition, the SMHRC tried tele-consultation by child and adolescent psychiatrists for school counselors in remote areas without resources in Korea. In 2015, 36 schools in 6 different areas have been consulted by 14 child and adolescent psychiatrists twice a month.

On July 10th 2015, a Second International Symposium—Safe and Supportive School—was held in Seoul. It focused on child abuse issues. In spite of the MERS outbreak, 300 school teachers attended lectures by Dr. David Corwin and Dr. Douglas Gray from Utah University, Dr. Alexander Randell, and Principal Vicki Corwin from the Odyssey Elementary School (Utah), on the importance of trauma-informed schools and adolescent suicide. The Director of SMHRC, Un-Sun Chung and the director of SSMHI, Hyun Ju Hong also presented at this symposium. Because of the MERS outbreak, SMHRC also prepared educational materials and training for schools about topics such as infection control, psychoeducation, and managing unrealistic fears.

Conclusion

Over the last 3 years the SSMHI and SMHRC have been trying to raise awareness of the importance of child and adolescent mental health, supporting government policies towards this goal, as well as to improve the mental health of each school student in Korea. This was only possible because of the combined effort and contribution of government, research and professional groups. Korea has several advantages for the successful implementation of school mental health strategies. National policies can be rapidly implemented because of the efficiency of the system and the ability to increase public awareness, so that large scale change can occur. But there are limitations also, such as difficulties scaling up pilot projects and resource restrictions. Stigma about mental illness is another barrier. We hope this new approach can be sustained and improved.

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PROGRAMME HIGHLIGHTS

- Advances in ADHD research, assessment and interventions
- Community & educational measures in supporting ADHD
- Ongoing support for ADHD
- Relationship between screen time and ADHD

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6th Congress

LATIN AMERICAN LEAGUE FOR THE STUDY OF ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER

Santo Domingo, Dominican
Republic, 22-24 July, 2015

The Children's' Neuropsychiatry and Related Professions Team of the Dominican Republic, together with the Dominican Pediatric Society, hosted the 6th Congress of the Latin American League for the Study of Attention-Deficit/Hyperactivity Disorder (ADHD) (LILAPETDAH). The Congress, held at the Dominica Fiesta Convention Center in Santo Domingo, was co-sponsored by FLAPIA, the Latin American Federation for Child and Adolescent Psychiatry.

Teachers, child psychiatrists, pediatric neurologists, child psychologists and special educators from fourteen Latin American countries participated. Luis Augusto Rhode, President of the World Federation of ADHD, honored the meeting with his presence. Laura Viola and Gordon Harper, officers of IACAPAP, attended and made presentations emphasizing culturally appropriate interventions.

The event included two pre-congress workshops, four symposiums and four keynote lectures. The emphasis was on sharing ideas between pediatric neurologists and child psychiatrists.

The aims of the conference were achieved: 2,000 pediatricians—who in Latin America are often the first to see children with these problems—attended. Presenters shared information on the psychological dimensions of ADHD.

To reflect the commitment of Congress participants to supporting the youth of Latin America, Dr Harper recalled the words of the Chilean poet, Gabriela Mistral:

Many things we need can wait.

The child can't wait.

Now is when his bones are forming,

And his blood,

And his senses are developing.

To the child we cannot reply,

Wait till tomorrow.

His name is today.

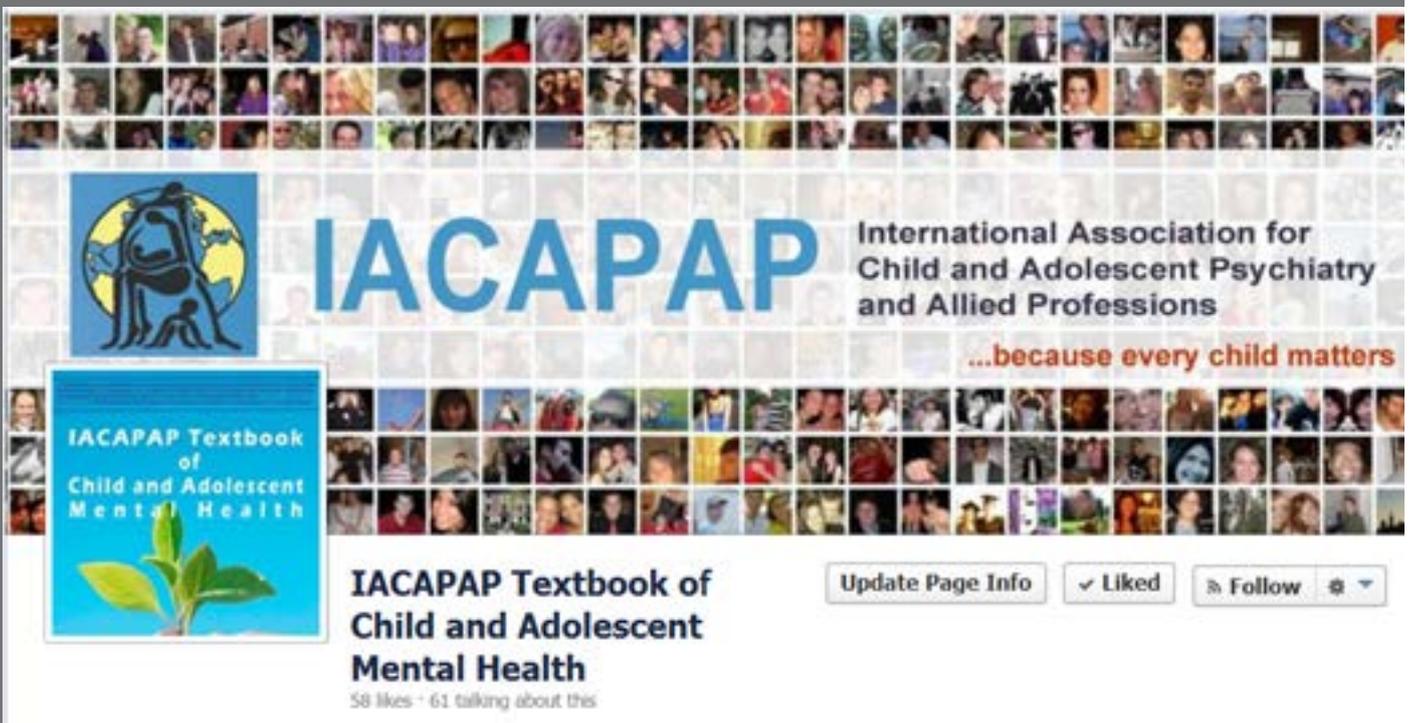
The next Congress of LILAPETDAH will take place in 2017.

Zuleika Morillo de Nieto MD
Vice President, FLAPIA



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3rd International Child & Adolescent Psychiatry Review Course

April 19 - 22, 2015

Jeddah, Saudi Arabia



Khalid A Bazaid MD, FRCPC
Muhammad Waqar Azeem MD,
DFAACAP, DFAPA

The Kingdom of Saudi Arabia (KSA) is one of the most populous countries in the Middle East and children and adolescents represent almost half of the population. Yet, there are very limited child psychiatry education resources. In light of this, the First Child and Adolescent Psychiatry Review Course was conducted in April 2013 in which 25 health professionals of diverse professional backgrounds participated. Following the success of this course, a 2nd was subsequently held in Jeddah, Saudi Arabia in April 2014, organized in collaboration with the Child & Adolescent Psychiatry Section of the Saudi Psychiatric Association; it attracted 40 attendees.

Because of its growing popularity, a 3rd Course was held in April 19-22, 2015, in collaboration with Dar Al-Hekma University in Jeddah. There were 102 attendees of whom 19 were physicians, 8 clinical psychologists, 5 speech and language therapists, the remaining were special education students from Dar Al-Hekma University. The course sought to educate this varied group of professionals about the common child and adolescent psychiatric disorders. On the first two days topics such as an introduction to child and adolescent psychiatry, assessment and interviewing of children and adolescents, mental status examination, child and adolescent development, adolescent psychotic disorders, depression, disruptive disorders, ADHD, anxiety disorders and PTSD were covered. The 3rd and 4th days were allocated to an in depth review of autism spectrum disorders including a 12-hour workshop on assessment of basic language and learning skills by James Partington PhD, an internationally recognized expert on autism. Additionally, other keynote speakers included Professor Norbert Skokauskas (Faculty of Medicine, NTNU, Norway), Dr. Muhammad Waqar Azeem (Albert J. Solnit Children's Center/ Yale Child Study Center, US), Dr. Khalid Afzal (University of Chicago, US), Dr. Ammar Albanna (Ministry of Health, United Arab Emirates), Dr. Yasser Ad'Dabbagh (King Fahad Specialist Hospital, KSA), Dr. Hani Abualross (Ministry of Health, KSA), Dr. Amal Yamani (Dar Al-Hekma University, KSA) and Dr. Khalid Bazaid (Eastern Ontario Children's Hospital & University of Ottawa, Canada).

Dr. Khalid Bazaid was the organizer of the 1st Child and Adolescent Psychiatry Review Course and director of the 2nd and 3rd courses. Dr. Muhammad Waqar Azeem was co-director of the 3rd review course. The support of Professor Norbert Skokauskas, Dr. Abdullah Alshargi (Vice President, Saudi Psychiatric Society), Dr. Amal Alyamani and her wonderful team from Dar Al-Hekma University and its management was instrumental in organizing this course. The course was very well received by the attendees. Based on the success of this course, the organizers are planning to have a similar course in 2016.

Photo (from left): Ms Dalia Hamada, Ms Mona Alhaddad, Dr James Partington, Dr Khalid Bazaid, Dr Amal Alyamani, Professor Norbert Skokauskas, Dr Yasser Ad'Dabbagh, Dr Vicky Spencer, Dr Ammar Albanna.

THE "VILNIUS VIRUS"

IACAPAP CONTRIBUTES TO THE 65TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE



It was a pleasure and a great honor to represent IACAPAP at the 65th session of the WHO Regional Committee for Europe, held in Vilnius, Lithuania, 14–17 September 2015. That was an intense and constructive meeting to provide guidance for further developments in health. I would like to share my impressions with the readers of the Bulletin. 354 participants from 53 member states had registered; 16 of the 31 NGOs participating made submissions. IACAPAP prepared a written statement that was included in the records of the session (full text available at <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/statements-from-the-nongovernmental-organizations-ngos>).

Child and adolescent psychiatry, one of the most socially and multidisciplinary-oriented medical specialties, has been stressing intersectorial collaboration for many years. It was rewarding to see that this important issue was one of the main items of the agenda ("Health 2020: Promoting intersectorial and interagency action for health and well-being"). Intersectorial collaboration was highlighted as essential for building healthy societies. Intersectorial action remains a complex and challenging area of policy development and practice.

Health was described as a political choice. Delegates from 53 member states of the WHO European Region strongly supported this approach during the numerous debates and presentations.

Good practices, successful examples, innovative programs together with the need to build comprehensive, continuous services were mentioned as means to achieve a better quality of care. How to achieve the best balance between public health interventions and individual medical care was actively discussed. The economic aspect and funding of prevention interventions was also discussed. The need for international cooperation to solve environmental pollution, health inequalities, and to build real partnership relevant to different political agendas was emphasized.

Other topics discussed included: migration and health, physical activity strategy 2016–2025, roadmap of actions to strengthen the implementation of WHO framework convention on tobacco control in Europe 2015–2025, European action plan for tuberculosis prevention and control 2016–2020, and the role of health systems. The concluding statement highlighted that there is no alternative to an intersectorial approach

if the ambitious goals of Health 2020 are to be realized.

The Regional Director, Zsuzsanna Jakab, supported the organizers of the program. Among the VIP guests were Her Royal Highness Crown Princess Mary of Denmark, Patron of the Regional Office for Europe, Mrs Dalia Grybauskaitė, President of Lithuania, Dr Margaret Chan, Director General of the World Health Organization, Dr Vytenis Andriukaitis, European Commissioner for health and food safety, Dr Mark Dybul, Executive Director of the Global Fund. As the Minister of Health of Lithuania, Rimante Salaseviciute, said during the evening reception at the Palace of the Grand Dukes of Lithuania, *a new type of virus has been detected in Vilnius during the sessions – the virus of healthy lifestyle, which is spreading very rapidly and widely, an invasive, non-treatable type of virus. I wish that all of you will catch this "Vilnius virus" and hope it will contribute to better health in a rapidly changing world.* For more information go to

<http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session>

Sigita Lesinskienė
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CHILD AND ADOLESCENT PSYCHIATRY IN THE FAR EAST

At the World Psychiatric Association (WPA) regional congress in Osaka, Japan (June 4th to 6th, 2015) the Consortium on Academic Child and Adolescent Psychiatry in the Far East presented their work on the current status of child and adolescent psychiatry in that region. WPA President Professor Dinesh Bhugra (UK) and past WPA President Professor Norman Sartorius (Switzerland) led the session.



Prior to this study there was relatively little known about child and adolescent psychiatry needs, training and academic child and adolescent psychiatry in the Far East region. However, this is one of the most dynamic and rapidly developing world regions, with a very young population. The Far East includes Brunei, Cambodia, People's Republic of China, East Timor, Hong Kong (a special administrative region of the People's Republic of China), Indonesia, Japan, Lao People's Democratic Republic, Macau (a special administrative region of the People's Republic of China), Malaysia, Myanmar, Mongolia, North Korea, Philippines, Russian Far East Region, Singapore, South Korea, Chinese Taipei (also known as Taiwan), Thailand, and Vietnam. In the study, information was provided by consortium members who represented 17 of the 20 identified countries and regions in the Far East (East Timor, North Korea, and Macau were not represented).

At the Congress, the chair of the consortium, Professor Norbert Skokauskas (visiting Professor at the University of Nagoya, Japan at the time of the study), presented the concept of the consortium and provided a summary of its main activities. Dr Masaru Tateno spoke about Child and Adolescent Psychiatry in Japan. Despite

the fact that child and adolescent psychiatry is not an officially recognized subspecialty, there is a national child and adolescent mental health service policy in Japan. Singapore has shown impressive progress in this area, mainly due to the strong leadership of Drs Daniel Fung and Say How Ong, who represented Singapore in this symposium. Professor Bung-Nyun Kim provided an overview of child and adolescent psychiatry in South Korea, which appears to have, in comparison to other countries in this region, the strongest biological research programs. Dr Abang Bennett is the first and currently the only child and adolescent psychiatrist in Brunei. His presentation focused on developing child and adolescent psychiatry services in a very small but relatively resource-rich country.

The Consortium on Academic Child and Adolescent Psychiatry in the Far East is once again grateful to Professors Dinesh Bhugra and Norman Sartorius for their advice and leadership. The Consortium also wants to thank Professor Bennett Leventhal, WPA child and adolescent psychiatry section chair, for his advice and support. The latest Consortium study can be found in *Psychiatry Clin Neurosci.* 2015 Mar;69(3):171-7.

Norbert Skokauskas



(From left) Professor Bung Nyun Kim (South Korea), Dr. Masaru Tateno (Japan), Professor Dinesh Bhugra (WPA President, UK), Professor Norbert Skokauskas (Norway), Professor Norman Sartorius (Past WPA President, Switzerland), Dr Abang Bennet (Brunei), and Dr. Say How Ong (Singapore)

Reflections on Reviving Child and Adolescent Mental Health Services in Harare, Zimbabwe

Isabella Omogbeja, Florence Muchirahondo, Bazondlile Dube-Marimbe, Arnold Mutemeri, Theodora Mildred Chikwanha



Zimbabwe, located between the Zambezi and Limpopo rivers, is a landlocked country in Southern Africa. It has a population of approximately 13.1 million people, 41% younger than 15 years. There are two main ethnic groups: the Shona, accounting for approximately 70% of the population and the Ndebele, 20%. Shona, Ndebele and English are the official languages.

There is an air of expectancy and hope in the Department of Psychiatry, University of Zimbabwe College of Health Sciences, as the IMHERZ (Improving Mental Health Education and Research in Zimbabwe) program—a collaboration between the University of Zimbabwe, London's Institute of Psychiatry, University College London, London School of Hygiene and Tropical Medicine, the University of Cape Town, Stanford University, and Harvard Medical School—draws to an end. The five year IMHERZ programme was funded from 2010-2015 through the US's Medical Education Partnership Initiative. It has increased the number of psychiatrists in the country, stimulated research and enhanced research skills, and facilitated the development of new specialist mental health services including the re-establishment of child and adolescent mental health services (CAMHS) in the capital, Harare.

Harare, popularly known as the "Sunshine City" and the "City of Flowering Trees" is home to more than 1.5 million people, approximately 40% of these are children and young people. The city sits on one of the higher parts of the Highveld plateau, with a subtropical highland climate that has been described by various authors as memorable for its "crisp champagne air." However, on the backdrop of great weather and a pleasant climate, life in Zimbabwe remains challenging due to the economic decline of the early 2000's. Although there has been some improvement since 2009, major challenges remain in providing quality health services, particularly CAMHS.

Following training of existing psychiatrists and mental health staff in the University of Zimbabwe's Department of Psychiatry, staff visits to CAMHS units in South Africa, and a stakeholder's meeting by the IMHERZ programme in 2012, staff were able to set up a multi-disciplinary CAMHS in Harare in May 2013. This clinic initially ran once weekly at the Parirenyatwa Hospital Annexe and in mid-2014, a second clinic was started at Harare Central Hospital. There is no dedicated CAMHS unit in Harare and the clinics are being run from the outpatient adult mental health unit in both hospitals. On average, both clinics see 15 to 20 patients per week. The number has steadily risen from 187 in 2013, to 300 in 2014, and it is estimated the number will be about 500 by the end of 2015. The growth in patient numbers is encouraging and may signify increased awareness of the child and adolescent service, however due to the constraints of running a CAMHS within an adult unit, there are concerns that it may prove difficult to continue running this service efficiently.

Florence Muchirahondo, a consultant psychiatrist, described the teething processes as overwhelmingly frustrating because of the inherent difficulties that arose due to the lack of "a



Harare child psychiatry team

dedicated space for children” and, at the same time, acknowledged that a significant step forward has been made in starting this new service. Dr Muchirahondo’s greatest wish was for a dedicated unit. She recognises this is not achievable now but hopes that it would be attainable in the not too distant future.

Bazondile Dube-Marimbe, a mental health nurse, described working with children and adolescents as immensely rewarding. However, she felt at times disheartened when faced with children with acute mental disorders who warranted inpatient admission or more intensive support in the community but there were no resources to cater for their needs. She felt that these needs could be addressed to some extent through engaging and training primary community nurses.

Arnold Mutemeri, a clinical psychologist, has been working as a volunteer in CAMHS. He is concerned about the lack of an appropriate setting to deliver therapeutic interventions. He observed that a substantial number of children with mental health problems required behavioural interventions, which the service is unable to provide. These children are being seen at other centres on a voluntary basis, making it difficult to ensure continuity of care, essential for good outcomes. He is hopeful that building on the already existing network of partners that has developed since the restarting of the CAMHS will eventually pave the way for well-established pathways to care in the future. He felt that since CAMHS has managed to thrive so far, bringing in other

service providers, such as the Department of Child Services, humanitarian and corporate organizations, will improve the service.

The occupational therapist, Theodora Chikwanha, echoed the same sentiments as her colleagues. She felt that a lot more could be done in terms of occupational therapy interventions for the clients, however due to limited space, time and human and material resources at the CAMHS clinic it is currently not possible to provide these much needed interventions. Her greatest desire is for clients who cannot afford to come for therapy as frequently as would be necessary to have access to occupational therapy services.

Isabella Omogbeja, a consultant child and adolescent psychiatrist and clinical tutor in global mental health at London’s King’s College, completed her undergraduate medical training in Zimbabwe. On completion of her specialist child and adolescent psychiatry training in the UK, she returned to Zimbabwe to give back to the community that raised her through working together with colleagues in the Department of Psychiatry, University of Zimbabwe. Her chief objective is to enhance the move towards evidence based care and improve the quality of care provided by the child and adolescent mental health service. She observed that great strides have been made in setting up the service but due to resource and financial constraints, the clinic still faces major challenges such as a shortage of essential medical equipment, an inadequate multi-disciplinary team and

lack of child-friendly inpatient facilities. The staff has been creative in addressing these problems but in some cases they had to resort to admitting severe, high risk, acutely ill young persons into the adult unit. The need for a dedicated CAMHS unit is a pressing issue. Dr Omogbeja also noted that as the IMHERZ programme draws to an end, there remains a need for ongoing support, mentorship, training and capacity building of child mental health practitioners through partnerships with centres of clinical and academic excellence. She hoped that this could be achieved through continued input into service development, partnerships with academic institutions that have been built with the College of Health Sciences of the University of Zimbabwe, and through the formation of new relationships with new partner institutions.

As Zimbabwe looks to the future, the multidisciplinary team aspires to build on the success and continue to develop CAMHS. This will be achieved mainly by lobbying for and attaining a dedicated child and adolescent mental health facility. Capacity building through adolescent mental health training programmes in collaboration with other international centres of excellence, particularly in Africa, will also be essential. In conclusion, unless we continue to be proactive and influence positive change, providing high quality CAMHS in Zimbabwe is likely to remain a challenge in the foreseeable future.

16th INTERNATIONAL ESCAP CONGRESS

FROM RESEARCH TO CLINICAL PRACTICE:
LINKING THE EXPERTISE



European Society for Child
ESCAP
and Adolescent Psychiatry

MADRID, SPAIN 20th- 24th JUNE 2015



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Cesar Soutullo MD, PhD & Ana Figueroa-Quintana MD

This year's ESCAP Congress was a great success; 1,350 delegates from 48 European countries attended, including 300 from the host country, Spain. Despite being a European congress, speakers also came from Asia, Africa, Australia and the Americas. The congress, co-organized by AEPNYA (Spanish Society of Child & Adolescent Psychiatry), had over 780 presentations, including 465 poster presentations, 9 keynote speakers and 9 state of the art lectures.

Keynote lectures on child & adolescent mental health by Norman Sartorius (Switzerland), autistic spectrum disorders by Sally Rogers (USA), brain imaging in ADHD by Katya Rubia (UK), and depression in children and adolescents by Ian Goodyear (UK), to mention a few, attracted large audiences in the main auditorium. The lectures fostered discussion and networking, and following these, delegates attended symposia and workshops of specific interest.

On June 20th there were 23 workshops covering topics as diverse as: gait and motor problems, parental experience of hematopoietic cell transplantation in children with sickle cell anemia, psychosocial functioning of Syrian refugees in Jordan and Turkey, motivational interviewing for adolescents with substance use, internet gaming disorder, selective mutism, and ADHD comorbid with anxiety.

There was a focus on early recognition, early intervention, prevention of mental health problems in children and adolescents, and evidence-based multimodal



2015-2019 ESCAP Board, left to right: Óscar Herreros (Spain), Milica Pejovic-Milovancevic (Serbia), Carl-Göran Svedin (Sweden), Stephan Eliez (president, Switzerland), Sofie Crommen (Belgium), Ruud Minderaa (past president, Netherlands), Füsün Çuhadaroglu (Turkey), Dimitris Anagnostopoulos (Greece), Maeve Doyle (board secretary, Ireland), Johannes Hebebrand (Germany), Jean-Philippe Raynaud (France), Henrikje Klasen (Netherlands), Andreas Karwautz (Austria)

interventions including advanced psychopharmacology, different types of psychotherapy, family, community, social and cross-cultural aspects.

Prior to the congress, 43 young researchers (future leaders of European child and adolescent psychiatry) from 20 countries received the "ESCAP Research Academy Madrid Workshop Award". The researchers presented their projects, took part in critical discussions and were given feedback by peers and mentors; an excellent opportunity to foster future careers in child and adolescent psychiatry and to build relationships for future collaborations. In addition to this, the researchers were also involved in seminars on grant proposal submission, how to balance an academic career with a personal life, and how to read and write a scientific paper.

In short, this congress was very well-attended and the level of scientific interchange among the participants was very high. The next ESCAP Congress will be held in Geneva, Switzerland, from 8-12th of July 2017. Geneva is the European Headquarters of The United Nations, The World Health Organization, and The International Red Cross/Red Crescent.



Dr Josefina Castro-Fornielles, President, Spanish Society of Child and Adolescent Psychiatry (AEPNYA), co-organizer of the Congress, at a press conference. There was considerable interest in the recent approval of child and adolescent psychiatry as a specialty in Spain. There were also numerous questions regarding bullying, internet addiction, mental health in children victims of abuse, neglect and displacement due to violence or war, and on the biology of ADHD.



Drs Huss (Germany), Newcorn (USA), Coghill (UK) and Soutullo (Spain) during a Symposium on long term psychopharmacology of ADHD.



Dr Ana Figueroa during her very well-attended workshop on ADHD comorbid with anxiety, which included a case discussion and videos of patients in therapy sessions.

Vilnius, October 14, 2015

To the Editor,

We, five residents in child and adolescent psychiatry in Vilnius University, Lithuania, attended the ESCAP congress in June this year. For most of us it was the very first experience of attending such an international professional event. We've decided to write briefly about that experience for the IACAPAP Bulletin, which we read regularly with great interest.

Time has already elapsed since the congress but we are still very grateful for the experience we had. We had a great feeling of belonging in the community of child and adolescent psychiatrists. It was a really extraordinary experience to meet experts, scientists, practitioners from many countries, and their sharing their knowledge with all of us. It was a very intensive program but really interesting and worth it.

We found it challenging to learn more about autism and the impact of inflammatory processes in the developing brain, about anxiety disorders, autism spectrum disorders, ADHD, and other conditions. It was inspiring to see how much attention was devoted to the patient, and to specialist communication, its importance and benefits. We are thankful for the knowledge, updates, insights and experience that the congress provided and are doing our best to apply them to our everyday work.

An added benefit was to learn more about the activities not only ESCAP but also of IACAPAP. It was exciting to meet colleagues from many countries. One of the most vivid memories was a meeting spontaneously organised during a lunch break during which we had a fruitful discussion with child psychiatry residents from Tunisia; an opportunity to know each other better, to learn about cultural aspects, similarities and differences of the residency programs and clinical work. Two members of the IACAPAP executive committee and our tutors, Dr Naoufel Gaddour from Tunisia, and Dr Sigita Lesinskienė from Lithuania, also participated. After the vivid discussions we made plans for future scientific cooperation and hope to meet Tunisian and other colleagues in other conferences. We wish good luck to all IACAPAP activities reaching colleagues all over the world.

Best regards,

Jovita Anikinaite, Egle Tilvikaite, Viktorija Palubeckiene, Urte Rucinskaite, Aiste Lauzadyte



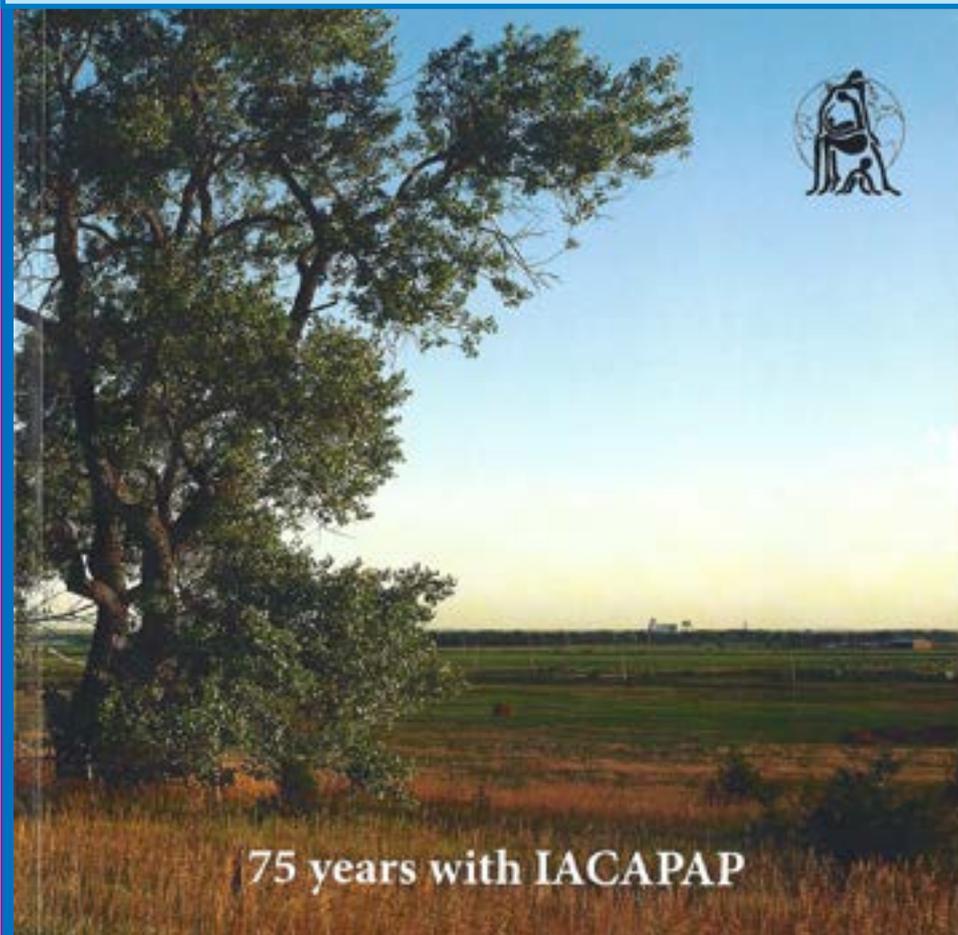
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- Research findings
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- IACAPAP news.



75 years with IACAPAP

The History of IACAPAP

By Kari Schleimer MD, PhD

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

To obtain a copy (20 €) email Kari Schleimer kari.schleimer@bredband.net

IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health

September
18-22
2016



The International Association for Child and Adolescent Psychiatry and Child Psychology and Psychiatry (IACAPAP)



36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (CACAP)

Calgary TELUS Convention Centre
Calgary, Alberta, Canada

SAVE THE DATE!

The IACAPAP 2016 Congress will take place in Calgary, Canada, 18-22 September, 2016 in conjunction with the 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry (CACAP). The Congress theme is ***Fighting Stigma, Promoting Resiliency and Positive Mental Health.***

Knowledge transfer and networking will be the core theme of the Congress scientific program, featuring thought-provoking keynote presentations, oral and poster sessions, symposia, institutes and workshops. You'll have access to the foremost speakers in the field, including more than 20 keynote presentations (see the preliminary speakers list at the end of this article), and the opportunity to immerse themselves in a classroom-like environment alongside colleagues in Congress institutes and workshops.

At the end of each day, attendees can discover Calgary, a safe, vibrant, and cosmopolitan city. The Congress venue and hotel are right downtown, within easy walking distance of restaurants, bars, and shopping. Attractions not to be missed include the Glenbow Museum (next to the Congress venue), featuring a tremendous collection of Canadian art, or you can reach for the skies at the top of the Calgary Tower.

Calgary is centered around four UNESCO World Heritage

Sites - Canadian Rocky Mountain Parks, Dinosaur Provincial Park, Head-Smashed-in Buffalo Jump and Waterton-Glacier International Peace Park - making it the perfect starting point for vacation adventures. There are also numerous day trips to take, including the Cowboy Trail and the Royal Tyrrell Museum, offering one of the world's largest displays of dinosaurs a great family day out. Vancouver and British Columbia, just a short distance from Calgary, also offer unique vacation opportunities, including an Alaskan cruise and a train ride through the Rockies. The challenge is not figuring out what to do, but how to do it all! For more pre- and post-Congress vacation ideas see the list at the end of this article.

Visit www.iacapap2016.org and sign up for the IACAPAP 2016 e-newsletter to be notified of congress developments as details are confirmed, including abstract submissions, registration, sightseeing opportunities, program details and more.



IACAPAP 2016 keynote speakers

More than 20 keynote speakers have been confirmed and will cover a diverse range of topics to appeal to a wide audience. The following list of keynote speakers and their topics have been confirmed:

- Keli Anderson, Institute of Families for Child and Youth Mental Health, Canada
Rising Above the Stigma, Blame and the Wait and See...A Family and Advocate's Journey
- Tony Boeckh, Graham Boeckh Foundation, Canada
Innovative Approaches to Improve the Access, Support and Treatment for Youth in the Community
- Dr Anne Duffy, University of Calgary, Canada
Child and Adolescent Psychiatry: a Critical Opportunity to Recognize Trajectories into Psychiatric Disorders and to Differentiate this from Normative Development
- Dr Bruno Falissard, Université Paris-Sud, France
The disappearance of the subject in psychiatric research and clinical practice
- Sheldon Kennedy, Sheldon Kennedy Child Advocacy Centre, Canada
Systems Collaboration
- Michael Kirby, Partners for Mental Health, Canada
Out of the Shadows Forever
- Dr Stanley Kutcher, IWK Health Centre, Canada
Integrated Youth Mental Health: an African Odyssey
- Dr Alain Lesage, University of Montreal, Canada
Perspectives de santé publique sur les déterminants du suicide et actions sociétales pour les enfants et adolescents (Public Health Perspective on the Determinants of Suicide and Social Actions for Children and Adolescents)
- Dr Connie Lillas, Interdisciplinary Training Institute, USA
Building Resilience Through Community Partnerships: A Short Intro to the Neurorelational Framework (NRF)
- Lt. Col. Chris Linford, Retired, Canada
The Impact of PTSD Upon the Military Family- A Personal Journey
- Dr Ashok Malla, McGill University, Canada
Youth Mental Health: The New Frontier
- Dr Rod McCormick, Thompson Rivers University, Canada,
Mental Health Challenges for Indigenous people
- Prof. Patrick McGorry, University of Melbourne, Australia
Youth Mental Health: Strengthening Psychiatry and Society through Reform and Investment in the Mental Health, Well-being and Productivity of Young People
- Dr Olayinka Omigbodun, University College Hospital, Ibadan, Nigeria
Child Mental Health Challenges in Africa
- Dr Bruce Perry, Child Trauma Academy, USA
The Impact of Trauma and Neglect on the Developing Child
- Prof. Helmut Remschmidt, Philipps-University Marburg, Germany
Longitudinal Studies in Child and Adolescent Delinquency: Continuities, Discontinuities and Resiliency
- Prof. Heather Stuart, Queen's University, Canada
Stigma and its Consequences for Youth
- Dr Stephen Suomi, National Institutes of Health, USA
The determinants of mental disorders, including resilience to the social ecology
- Dr Peter Szatmari, Centre for Addiction and Mental Health, Canada
Stigma in ASD: Lest History Repeat Itself?
- Dr Richard Tremblay, University College Dublin, University of Montreal, Canada
Unraveling the Developmental Origins of Behaviour Problems: from Social Learning to Epigenetics
- Dr Tracy Vaillancourt, University of Ottawa, Canada
Understanding the Heterogeneity in Mental Health Outcomes Among Bullied Youth: Genetic, Neurophysiological, and Neuroendocrine Considerations



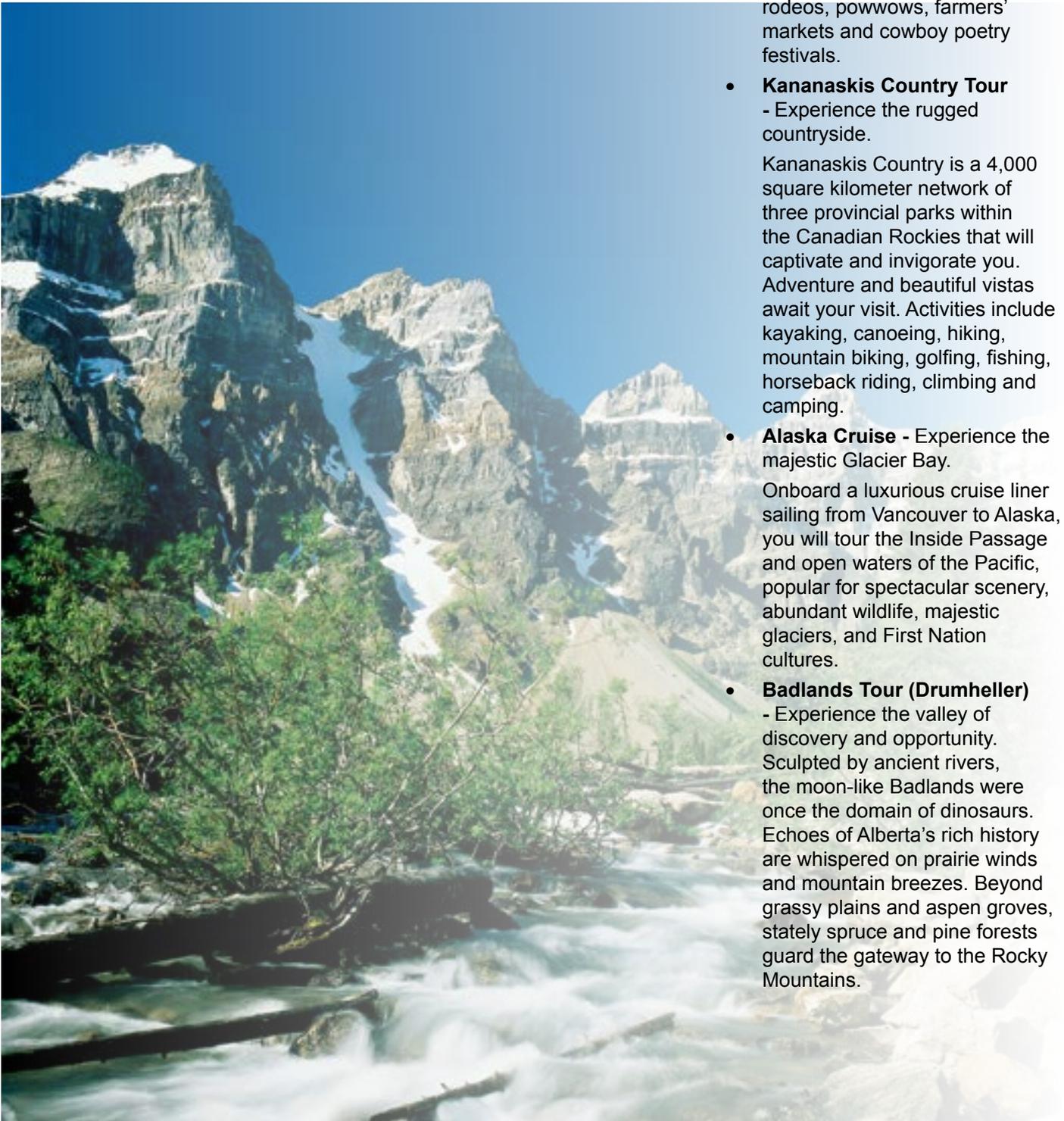
- Hon. Michael Wilson, Barclays Capital Canada, Inc., Canada
Mental Health: A Social and Economic Imperative for Our Kids and Our Country
- Dr Ken Winters, University of Minnesota Medical School, USA
Drugs, Neuro-development, Cognitive Functioning and Mental Illness: Intersections on the Adolescent Highway
- Dr Charles Zeanah, Tulane University School of Medicine, USA
Infant Mental Health Meets Cell and Molecular Biology: Models of Risk and Recovery

Pre-and post-Congress vacation experiences

- **Rocky Mountaineer -**
Experience the Rockies in style aboard the world renowned Rocky Mountaineer train, you will follow an historic train route from Calgary to Vancouver, enjoying the mountains, valleys, lakes, and rivers of Alberta and British Columbia.
- **Banff National Park -**
Experience the awe-inspiring mountain peaks. Banff is approximately 90 minutes from Calgary and is

one of the country's top tourist attractions. Visit the resort town of Banff and see some of the most beautiful and picturesque scenery in the world, including emerald lakes with snow-capped mountains in the background.

- **Cowboy Country Tour -**
Experience the real west from a saddle.
Your Western adventure will take you into the heart of Alberta's high country, home to legendary ranches, rich grasslands, and friendly small towns, where cowboys still tip their hats and Western culture flourishes at rodeos, powwows, farmers' markets and cowboy poetry festivals.
- **Kananaskis Country Tour**
- Experience the rugged countryside.
Kananaskis Country is a 4,000 square kilometer network of three provincial parks within the Canadian Rockies that will captivate and invigorate you. Adventure and beautiful vistas await your visit. Activities include kayaking, canoeing, hiking, mountain biking, golfing, fishing, horseback riding, climbing and camping.
- **Alaska Cruise -** Experience the majestic Glacier Bay.
Onboard a luxurious cruise liner sailing from Vancouver to Alaska, you will tour the Inside Passage and open waters of the Pacific, popular for spectacular scenery, abundant wildlife, majestic glaciers, and First Nation cultures.
- **Badlands Tour (Drumheller)**
- Experience the valley of discovery and opportunity. Sculpted by ancient rivers, the moon-like Badlands were once the domain of dinosaurs. Echoes of Alberta's rich history are whispered on prairie winds and mountain breezes. Beyond grassy plains and aspen groves, stately spruce and pine forests guard the gateway to the Rocky Mountains.



60° Congreso de AEPNYA – una iniciativa compartida con la AACAP *60th Congress of AEPNYA – a shared initiative with AACAP*

We are delighted to invite you to the 60th Congress of AEPNYA (Spain's Child and Adolescent Psychiatry Association), that will be held at the Kursaal Congress Palace on the 1st, 2nd, 3rd and 4th of June 2016 in Donostia / San Sebastián, Spain. This special event is a joint initiative with the AACAP (American Academy of Child and Adolescent Psychiatry) from the USA, the very first time this world leading organization comes to Europe.

There will be many scientific activities scheduled, with top experts from our both countries. We will have simultaneous English-to-Spanish and Spanish-to-English translation in all the key sessions. The City of Donostia / San Sebastián is widely recognized as one of the most attractive places in the world, based on its geography, gastronomy, climate, and, above all, by its people who will welcome you with the hospitality that characterizes the Basque Country. You will surely have an unforgettable experience. And, on top of this... for 2016, Donostia / San Sebastián, founded in the 12th century, is the Cultural Capital of Europe! Good science, clinical knowledge and the wonderful environs make it essential that you attend this excellent conference!

Joaquin Fuentes, MD & Bennett Leventhal, MD (On behalf of AEPNYA and AACAP)



60º Congreso de AEPNYA – una iniciativa compartida con la AACAP
60th Congress of AEPNYA – a shared initiative with the AACAP

 **Asociaçón Española de Psiquiatría del Niño Y del Adolescente**

 **AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY**

Junio / June 1 - 4, 2016

ABSTRACTS DEADLINE!!
SYMPOSIA & CLINICAL PRACTICA: 15th. DECEMBER 2015
POSTERS: 15th. JANUARY 2016

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For full information please visit www.aepnya-aacap2016.eu



PUBLISHING IN CAPMH

FAQs

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

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

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

1. High visibility: open access policy allows maximum visibility of articles published (all articles are freely available on the journal website)
2. Speed of publication: fast publication schedule whilst maintaining rigorous peer review; publication immediately on acceptance
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- **How can manuscripts be submitted to CAPMH?**

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

- **How are manuscripts processed?**

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

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

Open access publishing is not without costs. BioMed Central, the publisher of the journal, defrays these costs through article-processing charges (APC) because it does not have subscription charges.

- **How much is CAPMH charging?**

CAPMH levies an article-processing charge of £1170/\$1990/€1480 for

each article accepted for publication.

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

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

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

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

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

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



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Full members

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