

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



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Meet and exchange views, experiences and new research findings with other child and adolescent mental health professionals from all over the world

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President's column

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

We are all highly motivated to promote child and adolescent mental health. We are all convinced that our specialty is obviously a public health priority and, often, we are frustrated to see that not everybody shares our views. Why such a discrepancy? Does it come from us? Because we are involved, are we likely to be biased? Or does it come from society itself? Is child and adolescent mental health being unfairly neglected?

When one looks at the scientific literature on the burden of child and adolescent mental diseases it is striking to see that there are very few good research studies. There are several explanations for this: classifications and epidemiological tools are not stable, transcultural issues are often not considered, impairment is a notion difficult to operationalize... The result is that prevalence of children's mental health disorders vary a lot with time and place. This is particularly the case with autism at the moment. But the strange thing is that, even if you consider all these technical difficulties, the results are clear: mental health problems are one of the major sources of burden for the young. This is well demonstrated by the 2008 seminal paper by Myron Belfer* and in the work of the WHO**. They also show that child and adolescent mental health problems are often not considered a public health priority.

Why? I put forward three lines of thought for discussion. Firstly, because for a long time there has been an irrational attitude in many societies about mental illness in general and child and adolescent mental illness in particular. Since Jean-Jacques Rousseau and even earlier it was considered that children were "pure", not corrupted by society, and thus they could not suffer from mental illnesses. Only adults, because of the heavy burden of living, could suffer from these problems. Hence, for example, depression cannot exist in children and ADHD is just a fantasy created by overzealous professionals.

Secondly, because unfortunately many child and adolescent psychiatric patients do not elicit empathy—opposite to what happens with most somatic diseases. This is particularly true for patients with externalized disorders who are just perceived as badly behaved children or evolving delinquents, rarely as children who suffer from overwhelming impulsivity and mood dysregulation.

Lastly, because of the "curse of care". More than any other medical speciality child and adolescent psychiatry relies on caring, and most societies consider that caring is valueless. Caring is for women, families or even religion, but not for professionals—and society should not pay for it. And this is basically the same for those psychological treatments that are often considered as nothing more than caring.

Of course, these attitudes are not explicitly and publicly stated but nevertheless they are deeply rooted in the collective psyche. When political or economic decisions have to be made between high-tech treatments or psychotherapies, rationality is not alone: people are fascinated by technologies, which often take the place of magic in our materialist societies.

What can we do to counteract these attitudes? We need to think of solutions to this crucial problem. I will be back in the next issue of the Bulletin with my own proposals.

Bruno Falissard

*Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *J Child Psychol Psychiatry*. 2008;49(3):226-36.

**WHO. Caring for Children and Adolescents with Mental Disorders: Setting WHO directions. World Health Organization. Geneva, 2003.

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IACAPAP Textbook of Child and Adolescent Mental Health



Editor
Joseph M. Rey



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ВСТУПЛЕНИЕ ГЛАВА
A.1

ЭТИКА И МЕЖДУНАРОДНАЯ ДЕТСКАЯ
И ПОДРОСТКОВАЯ ПСИХИАТРИЯ

Adrian Sandheimer & Joseph M. Rey

Перевод на русский язык
Переводчик: Екатерина Михайловна
Резниченко. Авторский текст: Мэрилин Джозеф



Joseph M. Rey, MD, PhD
Professor of Psychiatry, State
University of New York, Stony Brook
Campus, Stony Brook, New York
USA
E-mail: jrey@stonybrook.edu
Phone: 516.632.2000
Fax: 516.632.2000

**The 2015 edition
with chapters in French, Portuguese
and Russian,
self-assessment questions &
PowerPoint presentations for
teaching is now available**

The 2015 Edition of the eTextbook

Three years have elapsed since the publication of the eTextbook. During this period the eBook has gone a long way to achieving the objective of placing a “comprehensive textbook for CAMH [child and adolescent mental health] in the palm of every CAMH professional around the world”—in the words of Olayinka Omigbodun. The fact that many people from all corners of the globe access the textbook every day supports this assumption. The eBook is now being used to teach child and adolescent mental health from Addis Ababa to Vilnius and from the *Universidade Federal do Tocantins* in Brazil to Yale University in the US. The eBook has recently been evaluated as an example of global health projects operating outside academia: “This form of online knowledge-sharing appears to offer huge advantages to the health/public health sector, especially when conducted in the open, at a time when there is a huge global shortfall of healthcare workers and a need for cost-effective, high quality training” (Coughlan & Perryman, 2015).

Many barriers remain, the main one in low income countries being inadequate Internet access. “If the goals of the draft declaration and action plan of the African Higher Education Summit [Dakar, 10-12 March 2015] are to be achieved, there should be less focus on building traditional universities and more on expanding high-speed broadband internet that will enable global cutting-edge knowledge to be delivered to students cost-effectively” (Abeles, 2015).

The eBook has been enriched during these three years by updating four of the original chapters and by adding 11 new chapters. The text is in English and this is a big plus given the large audience that can be reached—many medical professionals speak or read English well enough even if it is not their mother tongue. However, language remains a barrier for many professionals who do not read English, particularly in low income countries where it is most needed. Aware of this, several individuals have taken on the task of translating the Textbook into other languages.

Thanks to their effort the 2015 edition includes many chapters in French, Portuguese and some in Russian. More are to follow in these and other languages. For example, versions in Spanish and Japanese are also in progress; they will be published gradually as they are ready. This is particularly heartening since all this work is being done without funding from the IACAPAP. In this line, the support of the Dutch SOFT Tulip Foundation (for the version in Russian), the French Society of Child and Adolescent Psychiatry and Allied Disciplines (SFPEADA, for the version in French), as well as the generosity and dedication of the respective language editors (David Cohen, Flávio Dias Silva, Olga Dolenko, Priscille Gérardin, Dmytro Martsenkovskiy), the team of translators they have assembled, and Nicolas Bodeau’s contribution are much appreciated.

The 2015 edition includes additional features for students and teachers for a growing number of chapters: self-directed exercises, self-assessment questions, and PowerPoint presentations. The last are incorporated to assist teachers who do not have enough time to prepare them themselves or for those who need an off-the-shelf presentation for teaching

in settings where there are few trained professionals in this field. The ideas and work of Julie Chilton and Henrikje Klasen in preparing extra resources and PowerPoint presentations for the eBook as well as Bruno Falissard’s support are valued very much. These resources will complement other training initiatives of IACAPAP and the WHO such as a Massive Open Online Course (MOOC) being prepared by IACAPAP, the WHO Mental Health Gap Action Programme (mhGAP), and iCAMH (supported by IACAPAP and the WHO).

Joseph M Rey

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IACAPAP 2016

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AND POSITIVE MENTAL HEALTH



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TRANSLATING THE e-TEXTBOOK INTO PORTUGUESE



Dr Flávio Dias Silva (fourth from right) and his team of students-translators, the “Neurologia UFT”

My association with IACAPAP began during 2013 AACAP Annual Meeting in Orlando, Florida, where I met professors Norbert Skokauskas and Daniel Fung at a meeting about international cooperation, where I was invited to help with the translation of the IACAPAP Textbook. My clinical practice is mainly with adults but the shortage of child and adolescent psychiatry professionals in Brazil compels general psychiatrists to see children and adolescents almost every day. The invitation provided an opportunity to learn more about the field on a very attractive way. I am aware also that translations can be of great help to Brazilian professionals—recent studies demonstrate that only about 10-15% of our medical practitioners read English. Here I tell you a little about how we are responding to this exciting challenge.

Back in Brazil, I discussed this with a group of students at the *Universidade Federal do Tocantins (UFT)*, in the city of Palmas, where I teach. In 2012, a group of medical students created an “academic league of neurosciences” (Neurologia UFT). This group has done an excellent work conducting community and academic education about neurologic and psychiatric problems. The students enthusiastically embraced the proposal of translating the eBook, dividing the chapters into groups of two or three students. The translated chapter was then revised by other group members and, finally, I revised and edited to get rid of minor errors. In the students’ words “child and adolescent psychiatry literature in Portuguese is scarce and the IACAPAP Textbook makes an important addition to the resources in this field”. Additionally, students said “we had the opportunity of learning medical English and about terms and expressions used in the international child and adolescent psychiatry field”.

As the only editor, I found my job challenging because I had to revise each chapter; this was made more arduous by my obsessiveness. However, colleagues from Brazil and Portugal came to my assistance. Dr Alexandre de Aquino Câmara, a child and adolescent psychiatrist from Fortaleza, state of Ceará (Brazil) and Dr Ana Moscoso, from Lisbon (Portugal), agreed to help with the translation. I thank these two new friends whose assistance will continue by reviewing some of the many chapters not yet finished.

Typesetting—using Adobe InDesign—was a particular challenge. At the end this turned out to be easier than initially anticipated by using the template for the original chapters provided by professor Rey, although I had to purchase a copy of the program. The students who performed the translation replaced the English for the Portuguese text and I conducted a final checkup. Through this process we familiarized ourselves with software that many of us did not even know it existed.

Finally, I would like to say something about the challenges and opportunities of this project—considering that probably some colleagues are working elsewhere in translations into other languages and may learn from our experience. First, it is important to seek help. I have learned that almost all our colleagues would like to help with the development of our specialty, particularly if they are given the opportunity. Second, there is no need to worry about not doing things perfectly. Many practitioners (and medical students) who read English can help making an initial translation. Peer review and the work of the final editor make an excellent final product possible—professional translators are not necessary. Finally, being in touch with international experiences on child and adolescent psychiatry is essential to empower local development of mental health services. We know that we have a lot of work to do in Brazil in terms of translating and validating rating scales and questionnaires, for example. Above all, we learned that there is much creative thinking around the world about child and adolescent psychiatry that we can use to get better mental health care for our children.

Flávio Dias Silva MD, MSc
Universidade Federal do Tocantins – Brazil



The Global Promise of Wearable Technology in Children's Mental Health

A digital revolution is coming to mental health, having already established a foothold in business, education, and other areas in healthcare. This revolution is, however, not led by angry citizens, but is fueled by the rapid emergence of “exponential technologies”. Exponential technologies are those that are growing swiftly in power and availability and are opening up entirely novel fields, such as 3-D printing of body organs. These technologies have immense potential to disruptively change how we live our lives and how we manage our health. Exponential technologies include “wearable” sensors, artificial intelligence (AI), robotics (including drones), synthetic biology, 3-D printing (including the printing of body parts), and human-computer interfaces.

We may already have exponential technology in our pockets—even basic smartphones contain considerable computing power, and integrate the functionality of many other historically separate devices. We are on the cusp of an explosion in the number of people using wearables, interactive digital devices that can monitor our behavior and physiology. There are many examples of wearables, including smartwatches (e.g., Apple watch), smartglasses (e.g., Google glass), and activity trackers (e.g., Fitbit).

When we assess a children's mental health, we often consider their sleep, appetite, activity level, and relationships with others. These are all areas where wearable sensor-rich devices can collect data and, in some cases, potentially offer some type of intervention. In order for the data to be useful, it must lead to actionable change. The data must give us insights into a child's functioning and must therefore undergo an analytic process. Historically, data analysis was largely a human task, but the development of predictive algorithms in many industries has largely automated data analytics. These analytic algorithms are not based on a single person but on subtle associations that are discovered from the analysis of thousands of individuals.

In the US, wearable devices, in addition to other exponential technologies, are already transforming people from passive health seeking patients to actively engaged healthcare consumers. These consumers use technology to generate data, monitor their chronic health conditions, and shape the healthcare systems of the future. There

is immense potential for these technologies to create mental health solutions that can overcome geographic boundaries, and create global solutions.

How can wearable technologies transform pediatric mental health?

Quantitative data

Most of our information about a child comes from a combination of parental reports, clinician's observation, and collateral information. Most of this information is subjective and reliability may vary a great deal. We often ask parents to give us feedback regarding how a child has been doing for the preceding week, month or more. This is not an easy task; we are asking a parent to be an objective human data collector, compiler, analyzer, and reporter. We should therefore not be surprised if the “recency effect” (people recall the most recent events best) leads to bias. Wearable technologies can objectively and quantitatively monitor many aspects of a child's behavior, sleep patterns, arousal levels, and other physiologic markers. The data that these devices collect can be used to inform the clinician and, with the development of appropriate analytic tools, help monitor and guide treatment.

Scalable and affordable solutions

Worldwide, there are considerable mental health challenges, and many communities are highly under resourced. Children's mental health is an area of extreme need, with a substantial lack of trained clinicians. Technology has the potential to be a scalable solution, allowing for a digital means not only of communication, but also to help with assessment, treatment, and monitoring. New technology almost always is expensive, at least initially, putting it out of reach of many potential users. One of the common attributes of exponential technology is it is the rapidly falling price, especially per unit of performance/power. Training a mental health clinician may take months or years, while learning to use a wearable may only take a few hours, and downloading an app may only take a few minutes. There are already a number of companies who are leveraging technological solutions to deliver healthcare and education to the most disadvantaged parts of the world.

Monitoring in normative environments

Children spend most of their time at home



or in educational settings. Many healthcare systems assess the mental health needs of children outside these settings, only seeing children during “snapshot” assessments. Good clinicians routinely use collateral history sources, e.g., parental and teachers' reports, to understand the broader picture. Wearable devices can, by virtue of their portability, quantitatively and continuously monitor children 24 hours a day. Such data can be summarized in reports such as activity monitoring, physiologic markers of stress, sleep quality and quantity, attention and concentration. These reports may offer a supplemental, yet powerful, means of understanding how the child is functioning in different settings.

The Future

We still are a number of years away from this vision of a digitally-guided mental health future, but it is coming. However, barriers exist. Firstly, our understanding of the physiologic/behavioral correlates of children's mental health problems is poor. Secondly, the cost of these technologies is at present prohibitive for many people. The globalization of these technologies can only happen if the cost for use and maintenance is affordable across geographic boundaries. Another barrier is the lack of children's mental health content experts to help build such tools. Additionally, the mental health needs of children are rarely prioritized for innovative projects compared to other aspects of healthcare. We need politicians, healthcare leaders, and businesses, including technology companies, to realize the enormous benefit to be gained.

Arshya Vahabzadeh, MD

Fellow in Child and Adolescent Psychiatry, Massachusetts General Hospital/ Harvard Medical School. IACAPAP DJC Fellow 2014

In June 2015 the city of Dijon is hosting the National Days of the French Society for Child and Adolescent Psychiatry & Allied Disciplines (SFPEADA). The theme this year is "Sensations and Emotions". The main organisers are Jean-Michel Pinoit (child psychiatrist) and Fabien Joly (psychologist, psychoanalyst and psychomotor therapist), who agreed to answer our questions.

Why have you chosen this topic?

The national congress of the SFPEADA focuses on "interdisciplinary" themes that may be of interest to all practitioners from all the clinical and psychopathological fields dealing with children and adolescents. Better still, themes are included that allow all theoretical contributions—drawing upon anthropology, philosophy, the artistic world, and from all therapeutic perspectives.

The topic of sensations and emotions (in development, on adolescent issues, on becoming adult, in the therapeutic and support clinic of mental health teams) is central and ever-present. Moreover, the strong connection between "sensitive starting material" (towards perceptions and feelings, from the most archaic to the most complex) and the psycho-affective domain of the emotions (in a wide range of subjective and/or shared emotions) will be the first area of our psychopathological and child psychiatric reflexions: The "tensioning" between sensation and emotion, like a crossroad of the relationship between subject and his environment, the subjective and emotional sensory bond, will constitute the guideline of our work.

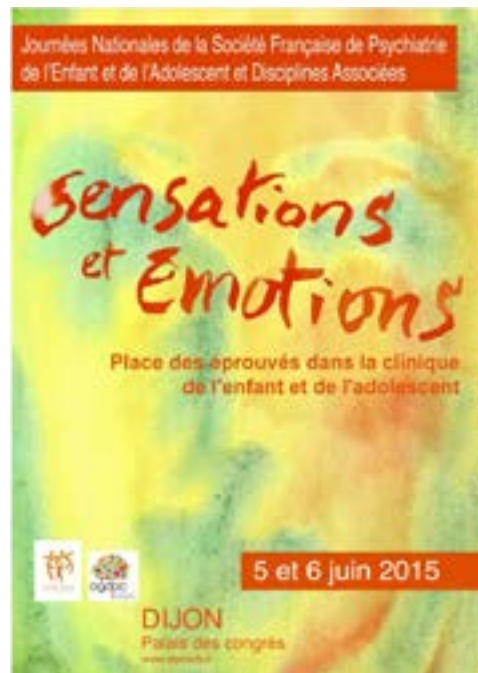
You have organized these days together, and you have different

qualifications and roles. What does this "co-responsibility" bring to the program?

In this way, we are faithful to the spirit of this society (SFPEA & *Allied Disciplines*). This partnership highlights a real, complementary approach at work, as well as the diversity in the ways of treating suffering children and their families and a therapeutic perspective that is always personalised. With our different qualifications and the professional diversity of participants we highlight the cross-disciplinary characteristics, which are more valid in the understanding of psychic phenomena.

In relation to the program, what are the main topics that will be addressed and by whom?

Topics vary, from neurobiology (J.P. Tassin from *Collège de France*) to psychoanalysis (B. Golse et A. Konicheckis), through philosophy (M. Richez), social anthropology (D. Le Breton), basic research (*Le Centre Européen du Gout* [The European Centre for Taste]), neurosciences and cognition (O. Houdé), infant and developmental psychiatry (F. Muratori), psychomotricity and sensitive motricity (D. Chadzynski et A. Kloeckner), and adult psychiatry (B. Bonin); all will be



explored in plenary sessions and in more focused workshops and symposia. The topics of emotion, sensation, and their fertile connections or pathologic avatars—the most serious in the child and adolescent psychiatric clinic—will be addressed in a multi-dimensional way.

The city of Dijon, the ancient capital of the Dukes of Bourgogne, is hosting these two national days. Is there a cultural program for the participants?

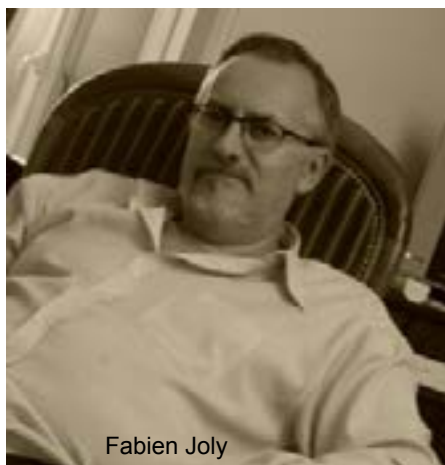
For the accompanying guests and those not participating in the meeting the historical city of Dijon offers a wealth of discoveries; it is the capital of the "good life" (future international city of gastronomy) and culture (with all its free museums) and its proximity to the *route des vins* (wine route) and the climate of Bourgogne create many tempting options.

Even within the congress, culture will have a significant impact on our reflexions regarding the cross-disciplinary matter of feelings and emotions. The Evening Gala will take place at *The Grand Théâtre de l'Opéra de Dijon*, after a cocktail offered by the mayor in the Palace of the Dukes of Bourgogne, accompanied by a musical piece from Janacek (*Carnet d'un Disparu*) with the opportunity to meet the director after the show as well as actors and musicians, around the topic of emotion and the transmission of feelings in the musical piece. Beyond the traditional organisation of a congress, we want to offer "the feeling" to those who wish.

Anne-Catherine Rolland



Jean-Michel Pinoit



Fabien Joly

THE CENTRE FOR CHILD AND ADOLESCENT MENTAL HEALTH, UNIVERSITY OF IBADAN, NIGERIA (CCAMH)

Building Child and Adolescent Mental Health Capacity in Africa

Despite the predominantly young population in most of the sub-Saharan region and the vital mental health needs of this population, up until recently there were no formal training programs for child and adolescent mental health. The exception was South Africa, which had a 2-year postgraduate training in child and adolescent psychiatry for general psychiatrists since 1983.

Most health professionals who wanted to train in child and adolescent mental health (CAMH) had to travel to better resourced regions of the world to acquire this much needed training—many times failing to return to work on the African continent. In addition, learning was taking place in a cultural context quite different from where they would eventually be returning to practice.

In 2010, the John D. and Catherine T. MacArthur Foundation awarded a grant to the University of Ibadan, Nigeria to establish a Centre to “build up child and adolescent mental health capacity in the African region”. Thus the Centre for Child and Adolescent Mental Health (C-CAMH) was born. The Centre provides a forum for a multi-professional, multidisciplinary, multi-agency team of trainers, researchers, policy makers,

practitioners, providers and recipients to work together to improve child and adolescent mental health in this continent.

With faculty from four continents (Africa, Asia, America and Europe), the centre offers several short CAMH courses, and clinical internships for child health students and professionals around the world. It delivers an 18-month multidisciplinary master’s programme in child and adolescent mental health (MSc CAMH), designed for professionals such as nurses, physicians, psychologists, social workers, occupational therapists and educators. This program aims to train leaders for CAMH in the African continent and consists of two semesters of intense course work, seminars, clinical exposure and one semester for research and the writing up of a dissertation. Courses include clinical assessments, CAMH disorders, the interface of physical and mental health, psychosocial and pharmacological treatments, leadership, service development, and ethics in child and adolescent mental health, child protection and legal considerations, as well as epidemiology and research methodology.

On the 8th of January 2013, after a long period of preparation, the pioneer group of 15 students from various parts of Nigeria,

Sierra-Leone and Liberia started the MSc CAMH programme and on the 16th of June 2014, the “day of the African child”, they completed their training and returned to their respective services.

Almost a year after graduation, this pioneer group of CAMH professionals are involved in several CAMH activities. Jibril Abdulmalik, a psychiatrist at the University of Ibadan is developing services for doubly disadvantaged children who not only suffer from mental health challenges but also find themselves in trouble with the law. He also teaches undergraduate and postgraduate students at the University of Ibadan and has joined the Faculty at CCAMH where he teaches leadership and policy.

Rotimi Adejumo, a psychiatrist, with Ibadan’s University College Hospital is developing mental health services for children with HIV/AIDS in collaboration with the Department of Paediatrics. After completing the MSc CAMH programme, he was selected for a mentored research fellowship at the Centre for Global Health, Northwestern University, Chicago where he studied Paediatric NeuroAIDS. He recently returned to Ibadan and is also faculty at the CCAMH where he teaches mental health aspects of HIV/AIDS.



Members of the pioneer CAMH class with the Vice Chancellor, Director of the Centre, and other members of faculty on graduation day (16th June 2014)

Victoria Onilemo, a senior nurse at the University College Hospital and the first nurse in Nigeria to receive training in CAMH, is now the nurse in charge of the child and adolescent mental health facilities in the hospital. She trains and supervises other nurses in CAMH care and works with patients and their relatives in various activities such as group therapy, individual counselling and therapeutic games. She is currently pioneering a parent support group.

Tolulope Bella-Awusah a psychiatrist at the University of Ibadan has joined the faculty at CCAMH where she teaches psychological interventions, service development and disorders. Her MSc CAMH research work titled "Effectiveness of brief school-based, group cognitive behavioural therapy for depressed adolescents in Southwest Nigeria" has been published in the Journal of Child and Adolescent Mental Health. She is looking into ways of scaling up this intervention within a school mental health programme.

Mary Akpobi-Madu and Aishatu Abubakar-Abdullateef, both psychiatric trainees in Zaria, a city in Northwest Nigeria are providing mental health care services for children and adolescents. They are now able to carry out family interventions for the children and adolescents they see.

Grace Ijarogbe, a psychiatrist at the Yaba Psychiatric Hospital in Lagos, reports markedly improved services at the child facility where she works. With the knowledge acquired from her training she carries out comprehensive assessments for referred children, adolescents, and their families and now has better communication

methods with other members of the multidisciplinary team, a credit to the multidisciplinary training she received.

Yetunde Adeniyi, a psychiatrist with special skills and an interest in neurodevelopmental disorders, has also joined the faculty at CCAMH and teaches courses on intellectual disability. She also runs the mental health outreach clinic at the University of Ibadan health services, helping several young adolescents adapt to college life.

Other countries in the West African sub-region have not been left out. Augustus Quiah, a physician from Monrovia, Liberia, had to join the Ebola Treatment Unit at Monrovia's Island Clinic soon after returning to his home base. He has been involved in assessing patients and family members for mental health symptoms, having regular psychotherapy sessions with patients, health workers and family members, providing home visits for discharged patients to assess their psychological wellbeing, and helping those quarantined.

Bomposseh Kamara, a nurse from Freetown, Sierra Leone, has been involved in psycho-education and stress reduction protocols for patients and relatives with Ebola. She has also conducted training

Augustus Quiah during a home visit in Monrovia, Liberia



on infection control measures and stress management techniques for nurses. Together with Massa Mambu, also from Freetown, Sierra Leone, they both have been involved in psychosocial interventions during the Ebola epidemic.

With just one group of trained CAMH professionals having graduated, CAMH capacity on the African continent is on the rise. The second cohort of students from Kenya, Ghana, Sierra Leone and parts of Nigeria will complete their training shortly and return to their home bases to start the CAMH work thus further building up CAMH capacity in Africa. For more details see www.ccamh.ui.edu.ng and <https://www.facebook.com/CCAMHUnibadan?fref=ts>

Tolulope Bella-Awusah & Olayinka Omigbodun

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)

September
18-22
2016

Calgary TELUS Convention Centre
Calgary, Alberta, Canada



THE NEW IACAPAP BOOK IS NOW AVAILABLE

EDITORS

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

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

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

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

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

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

METHODOLOGICAL AND LEGAL ASPECTS OF DIAGNOSIS, TREATMENT AND SOCIAL CARE OF MENTAL AND BEHAVIORAL DISORDERS IN DIFFERENT AGE GROUPS

23-24 April 2015
Kyiv, Ukraine

In times of war the need for child and adolescent mental health care becomes even more important than usual. This congress, organized by Igor Martsenkovsky and sponsored by the Ministry of Health of Ukraine, The Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse, The Association of Psychiatrists of Ukraine, and The Charitable Foundation Research Innovations in Medicine (RIMON) was thus of particular relevance.

During the congress we discussed options for the reform of psychiatric care in Ukraine in terms of the European and transatlantic integration of Ukraine. The main topics were cooperation and interaction with international professional associations, mental health consumers associations, institutions of the European Union, specialist training, rights of consumers, organization of services for children and young people and the elderly, medical and social assistance to people with addictions, and the organization of psychological and psychiatric support for people affected by the conflict and occupation of Crimea and parts of Eastern Ukraine. More important, however, were the more clinically relevant topics such as epilepsy, depression, first episode psychosis, autism, substance abuse, and PTSD.

The congress brought together 285 specialists in mental health from all regions of Ukraine: child and adolescent psychiatrists, forensic psychiatrists, psychologists, social workers, correctional educators, and speech therapists. Non-Ukrainian experts also contributed. All the presentations were translated into English and Ukrainian and broadcast online.

Among the speakers it is worth mentioning Liausedas Algimantas

From left: Iryna Pinchuk (Director of the Ukrainian Research Institute of Social, Forensic Psychiatry and Drug Abuse), Igor Martsenkovsky (Head of the Department of Mental Disorders of Children and Adolescents of the Ukrainian Research Institute of Social, Forensic Psychiatry and Drug Abuse), Norbert Skokauskas (Secretary of the Section for Child and Adolescent Psychiatry of the WPA), Bruno Falissard (President of IACAPAP), Giovanni De Girolamo (Head, Unit of Epidemiological and Evaluation Psychiatry IRCCS St John of God Clinical Research Centre)



(Lithuania), Hartmut Berger (Germany), Giovanni De Girolama (Italy), Bruno Falissard (France), Albert Feldman (Israel), Igor Koutsenok (USA), Norbert Skokauskas (Norway) and, from the Ukraine, Olga Bogomolets, Dmitry Lebedev, Yurieva Ludmila, Valeria Lutkovska, Igor Martsenkovsky, Levada Oleg, Olexandr Minko, Irina Pinchuk, Malyarov Sergiy and Sergiy Shum.

Bruno Falissard drew attention to the fact that mental health problems of children and adolescents should be a political priority for every country and spoke about ways of achieving this. Norbert Skokauskas devoted his presentation to autism, answering questions about the organization of medical and social services for patients with this condition. Giovanni de Girolamo spoke about the organization of psychiatric care for children and adolescents based on the results of a European multicentre study. Albert Feldman, spoke about helping services personnel who participated in combat.

Igor Martsenkovsky spoke about the implementation of current therapeutic strategies for autism spectrum disorders in Ukraine. He also spoke about directions for reforming children's mental health services, emphasizing that service provision for this age group has not been a priority; services have been chronically underfunded and are now in urgent need of reform. He highlighted areas in particular need of attention: changing the emphasis from biological treatment to psychosocial care; redistributing resources between emergency, primary, specialized and highly specialized



psychiatric care; developing services in the community; creating psychiatric departments within multidisciplinary children's hospitals; bringing care to the levels expected by current scientific evidence; ensuring children's access to medicines and psychological treatments; and protecting children and detecting child abuse. He highlighted that military conflict around the Donetsk and Lugansk regions has resulted in a significant loss of resources: children's general hospitals, psychiatric hospitals (e.g., the psychiatric hospital in Slavyansk), orphanages, and pharmacies have been destroyed and looted. More than half of the mental health experts have left the region. A large number of refugees have materialized in all regions of the country, many of them children. There is an enormous lack of medicines. The

situation is particularly difficult in the areas held by separatists. Starvation, lack of medical care, and displacement are common. Ukraine was poorly prepared to assist traumatised children and families. When trying to provide such assistance many children have been unnecessarily separated from their families in an effort to keep them safe.

Other aspects of the program included a symposium devoted to addiction in which Irina Pinchuk described the problems associated with misuse of psychoactive substances. Igor Koutsenok spoke about the peculiarities and problems of amphetamine use, organization of substance misuse services and specialist training in this field.

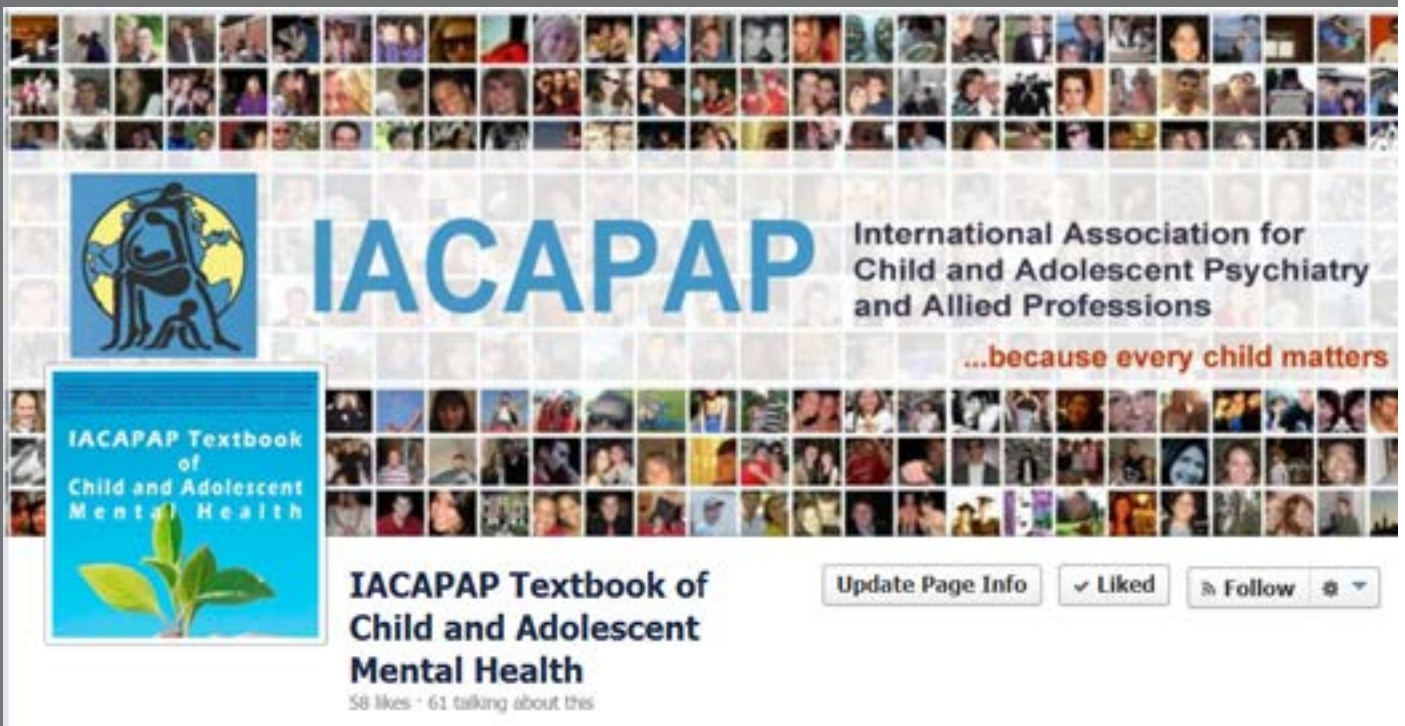
Igor Martsenkovsky



The young faces of the Ukrainian conflict (photo Louise Turner)

DO YOU USE THE IACAPAP TEXTBOOK?

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

To access this facility click on the figure.

Egypt's Autism Awareness Month 2015

For the fifth consecutive year the Egyptian Autistic Society in collaboration with the Mental Health and Addiction Secretariat of the Ministry of Health held a campaign to help raise awareness about autism as a growing public health problem.

The campaign involved multiple dimensions including lighting up the pyramids in blue, and campaigns at schools, hospitals, in the media as well as scientific activities and awareness weekends.

“With this campaign and its multi-faceted events we are hoping that a new era in autism care and inclusion has started in Egypt”

Dr Eman Gaber

Head of Child & Adolescent Administration in the Mental Health Secretariat, Egyptian Ministry of Health. DJC Fellow 2014

“Light it up Blue” on Autism Day

In partnership with Universal, Egypt joined the worldwide campaign of “Light it up Blue”; we proudly lit up the Pyramids and Sphinx in blue in a symbolic gesture of solidarity with this initiative, gaining worldwide media attention. In addition, the American University in Cairo, the Italian Cultural Institute, the Cairo Opera and several places in the city of Hurgada were lit up blue on April 2nd.

Schools Campaign

This campaign started in March 2015; the team “Autism Awareness Egypt” went to nurseries, schools and universities to spread awareness about autism and encourage them to initiate their own activities.

Hospitals Campaign

The team visited several paediatric hospitals in Cairo and Alexandria, the 2 largest cities, targeting medical staff to raise awareness. On the 21th of April, the Autism Day Care Centre at Elabbassia Mental Health Hospital celebrated 2 years of success of the first centre dedicated to autism care in the Ministry of Health.

Media Campaign

Most TV and radio stations covered the activities of the autism awareness month in Egypt especially the “Lighting up Blue” of the Pyramids.

Autism Awareness Weekends

Several activities took place including a bike ride, a run by the group “Cairo Runners” as well as a Harley Davidson Motorcycle ride

for Autism

Scientific Activities

A workshop was held on the 5th of April at Al Ahram Scientific Club discussing the inclusion of children with autism spectrum disorders in schools as well as the national curriculum that has been developed for autism by the Egyptian Autistic Society and the Ministry of Health. The workshop was also presented with a prototype of the classrooms that the Ministry is opening in different Egyptian locations. An evidence-based medicine workshop was held on the 30th of April at El Mamoura Mental Health Hospital in Alexandria. Finally, during the closing ceremony of the Autism Best Practices Conference held in Cairo on May 25th, a session was held entitled “Widening the scope of assessment and treatment in ASD”.

Other Achievements at the national level so far include:

- Military service exemption procedures are now in place for children with ASD
- The Ministry of Communications is willing to employ adults with ASD
- The Ministry of Health launches “Together We Can” initiative for children with special needs
- Admission of students with ASD at the American University in Cairo
- Provision of on site training in computer graphics for students with ASD.



GLOBAL EMPOWERMENT IN AUTISM

Ten Tips to Support Me is available in the following languages:

- Arabic
- Afrikaans
- Basque
- Bengali
- Catalan
- Chinese
- Croatian
- Dutch
- English
- English Pictograms
- Estonian
- Farsi
- French
- Galician
- German
- Greek
- Hausa
- Hebrew
- Hindi
- Hungarian
- Igbo
- Indonesian
- Italian
- Japanese
- Korean
- Latvian
- Lithuanian
- Malay
- Norwegian
- Polish
- Portuguese
- Romanian
- Russian
- Serbian
- Slovak
- Slovene
- Spanish
- Spanish Pictograms
- Swedish
- Turkish
- Ukrainian
- Urdu

Click [here](#) to read the article and find the translations in the Supplemental Materials

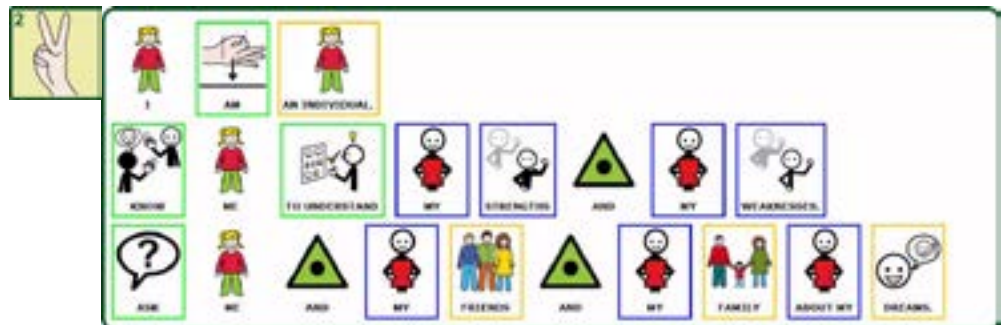
For a more in-depth look at the Altmetric information about this article, including a geographical breakdown of social media activity, click [here](#).

An article published recently in the *Journal of the American Academy of Child and Adolescent Psychiatry* (JAACAP, Volume 53, number 11, November 2014), provides a framework for clinical practice and global advocacy with a set of ten practical, evidence-based tips to provide holistic support to individuals with autism spectrum disorders. The article, *Autism Spectrum Disorders: Ten Tips to Support Me*, was authored by Dr. Joaquin Fuentes, of Spain, who collaborated with numerous local stakeholders to write the “tips” in a friendly and approachable style. The article was originally published in English, with online translations in Basque, French, and Spanish.

Through the volunteer efforts of friendly colleagues around the world, the article has now been translated into 38 other languages, in an effort to make this valuable content available to a truly global audience. With the support of JAACAP and its publisher, Elsevier, the translations are freely accessible to anyone who wishes to read them. The release of the additional translations in early April 2015 coincided with celebrations of World Autism Awareness Day.

As of early May 2015, the article and its many translations have been accessed and downloaded over 15,000 times and it is listed as the #1 “most read” JAACAP article. According to *Altmetric* (<http://www.altmetric.com>), a service that monitors social media sites, newspapers, blogs, and other public online sources for mentions of scholarly articles, *Ten Tips* is in the top 5% of all articles scored by *Altmetric* and is among the highest-scoring articles from JAACAP. *Altmetric* estimates that 92% of the Twitter activity related to this article has been from members of the public. Although these statistics may indicate worldwide interest in material of this kind, they represent only one way of measuring the impact of an article. The true value in this material will come from its readers around the world, who we hope will use the “tips” to improve their communities and the lives of their family members and friends.

Joaquin Fuentes (below, left), as the author, and Mary Billingsley, on behalf of JAACAP, wish to express their deep gratitude to the international community of volunteer supporters whose efforts made this project possible.



Example of pictogram (Tip # 2)

Translators: JM Marcos & D Romero, Department of Education, Government of Aragon, Spain. The pictographic ARASAAC symbols have been produced under the Creative Commons Attribution (BY-NC-SA). Author of the pictograms: Sergio Palao. Created with AraWord.



HISTORY AND STRUCTURE OF THE HELMUT REMSCHMIDT RESEARCH SEMINAR (HRRS)

Helmut Remschmidt

The HRRS started as “The European Research Seminar” in 1998 in Heidelberg, following a model that had already been used before in Germany by Martin Schmidt and Helmut Remschmidt. The aim of the seminars was to help young researchers in the field of child and adolescent mental health (CAMH) pursue a scientific career. The following activities were considered to be helpful and were implemented:

- Experienced mentors talking about their own research: role models.
- Mentors becoming consultants for the projects that participants want to complete.
- Participants preparing and presenting their research plans as a basis for small group—no more than 6 participants—discussions.

This strategy had been successful over the years and it was believed there was no need to change it. Participants—mostly child psychiatrists and psychologists in training—were selected by a committee of three experts according to the following criteria; participants should:

- have carried out some research already and preferably published some papers
- have been recommended from their national society
- not be older than 35 years and
- have prepared a plan for a research project as part of their application.

The seminars usually started on a Sunday with a get together and introduction of participants and mentors. From Monday to Friday there usually are 2 lectures given in the morning by the mentors and followed by an intensive discussion. After lunch

the participants are split into small groups in which their research projects are presented and discussed with one or two of the mentors. Before dinner, one participants from each group gives a summary of the discussions in the respective small group for the plenum. After dinner, informal discussions and social activities take place. So the whole group (mentors and mentees) stay together and have a chance to know each other very well. Because of this, we always use meeting places outside big cities, giving participants the opportunity to remain together for the duration.

One afternoon (usually a Wednesday) is reserved for an excursion or a social event. In recent years, a workshop on “how to write a paper” has become a feature of the seminar. This was very much appreciated by the participants.

The first European Research Seminar started 1998 in Heidelberg, supported by the Volkswagen Foundation, and was devoted to the topic “Research fields and strategies in child and adolescents psychiatry”. The following seminars

were held in Italy—a joint venture with the European Society for Child and Adolescent Psychiatry (ESCAP) and the Foundation Child (chaired by Professor Ernesto Caffo from the University of Modena, Italy).

When Helmut Remschmidt was elected President of IACAPAP in 1998, he transferred the Research Seminars to an international level. From 2001 to 2006 the Seminars were co-sponsored by ESCAP, IACAPAP and the Foundation Child in Italy. In 2006 IACAPAP resolved to name the Research Seminars after Helmut Remschmidt. The first of the HRRSs took place in Istanbul (2008), followed by Beijing (2010), Paris (2012) and Stellenbosch, South Africa (2013). The next HRRS will take place in Calgary, Canada, in September 2016.

Every seminar try to focus on a specific topic relevant for both research as well as for clinical practice. The themes of the 4 HRRS were:

- Istanbul (2008): How to integrate research into clinical practice
- Beijing (2010): How to integrate basic and clinical research into

1st European Research Seminar. Heidelberg, 1998



child and adolescent mental health

- Paris (2012): How to evaluate effects of treatment strategies in child and adolescent psychiatry
- Stellenbosch (2013): Developing research on child and adolescent mental health in Africa.

It was intended that participants would network with each other after the seminars via the internet. Many of them have remained in contact and have qualified themselves as researchers.

The most recent HRRS that took place in Stellenbosch, South Africa, in December 2013, incorporated two new features in the program:

- Professor Petrus de Fries, coordinator of the seminar together with P-A Rydelius (Stockholm), produced a booklet with the CV's of the mentors and the participants as well as a short description of the participants' projects to be discussed
- He also organized a public lecture at the University of Cape Town delivered by Helmut Remschmidt on "Asperger Syndrome: from clinical observation to neurobiology and genetics". The lecture was well attended; the audience comprised not only professionals

but also people from outside the mental health field, parents and members of self-help organizations.

Social events at the Stellenbosch meeting included an excursion to a mountain near the small and intimate guesthouse of the University of Cape Town where the seminar took place and a wine tasting competition in a vineyard nearby.

Every seminar always concludes with an evaluation and the participants are given a certificate of attendance.

The next HRRS will take place in Kananaskis, Canada, from September 13 to September 19, 2015 (see details in the next pages).



Top: Faculty and participants, HRRS in Paris (2012), and (bottom), Stellenbosch, South Africa (2013). Side: Faculty of the HRRS in Istanbul (2008)



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The 28th International Association for
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38th Annual Conference for the
Canadian Academy of Child and
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Invitation to submit applications/nominations for the 2015 Helmut Remschmidt Research Seminar (HRRS) ‘Social Adversity and Children’s Mental Health’

February 2015

Dear Colleagues,

We are delighted to invite you to submit applications/nominations for young child and adolescent mental health workers to attend the 2015 Helmut Remschmidt Research Seminar which will be held from Sept 13th to 19th 2015 at Delta Lodge at Kananaskis, Alberta, Canada.

Background

The Helmut Remschmidt Research Seminar (HRRS) Series is a prestigious international seminar series organized under the auspices of the IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions). The format is a 5-day residential research training workshop for about 24 young child and adolescent mental health professionals, which takes place in the country that will host the next IACAPAP Congress. The seminar combines teaching/discussion and mentored work on research projects. Topics include research design, presentation skills, review etc. The main purpose of the seminars is to inspire young and emerging researchers to do research in child and adolescent mental health. The product of the research workshops is submission of an abstract for the next IACAPAP conference.

The 2015 Helmut Remschmidt Research Seminar (HRRS)

The 2016 IACAPAP Congress will be held in Calgary, Alberta, Canada and the Congress Chair (Dr. Chris Wilkes, University of Calgary, Canada), and the HRRS Chair (Senior Prof Per-Anders Rydelius, Karolinska Institute, Sweden) decided that the focus of the 2015 HRRS should be on “Social Adversity and Children’s Mental Health”.

Dates and location of the Seminar

The seminar will be held from September 13-19, 2015 in Kananaskis, Morley Alberta, Canada. Kananaskis is approximately 100km from Calgary and is on the edge of the famous Rocky Mountains.

Sponsorship

We are delighted that the University of Calgary, Department of Psychiatry and the Alberta Children's Hospital Research Institute (ACHRI) will be sponsoring the accommodation and subsistence of participants. Staff from the ACHRI and University Department of Psychiatry will act as mentors and trainers over the course of the week. In addition to these local mentors there will also be a panel of international experts, including Prof. Remschmidt from Germany.

Who is eligible to apply/be nominated?

The HRRS priority aims are to support young and emerging child and adolescent psychiatrists, psychologists and other mental health professionals. For the 2015 Seminar, we will consider candidates who are either currently in training at a recognized institution from around the world.

Applicants in senior clinical posts, with extensive research experience will not be considered.

Application/Nomination Process

Candidates and Universities, Child and Adolescent Mental Health Organizations and Clinical Units are invited to apply/nominate candidates for participation.

Please submit the following:

- a) Completed Personal details form
- b) A letter by the candidate explaining why they would be a good candidate to attend the seminar
- c) An outline of past and current research activities, including publications, presentations at conferences etc. of the candidate
- d) A copy of the candidate's resume
- e) A letter of support from the candidate's university, department or clinical unit. The letter should also indicate whether financial support for travel of the candidate is being provided (travel is NOT covered by the HRRS).

A panel of reviewers will select candidates from all applications received. The selection panel will aim to include candidates from a range of countries across child & adolescent mental health disciplines.

Deadline for applications

All nominations/applications need to be submitted electronically to the IACAPAP Congress Secretariat (hrrs@iacapap2016.org) and should be received by **May 31st 2015**. No late or incomplete applications will be considered.

Successful candidates will be informed in July 2015.

If you have any queries about criteria for selection or would like to discuss potential nominations, please do not hesitate to contact hrrs@iacapap2016.org.

Yours sincerely



Dr. TCR Wilkes
IACAPAP 2016 Congress Chair



**The 8th Congress of the Asian Society for Child
and Adolescent Psychiatry and Allied Professions
(ASCAPAP)**

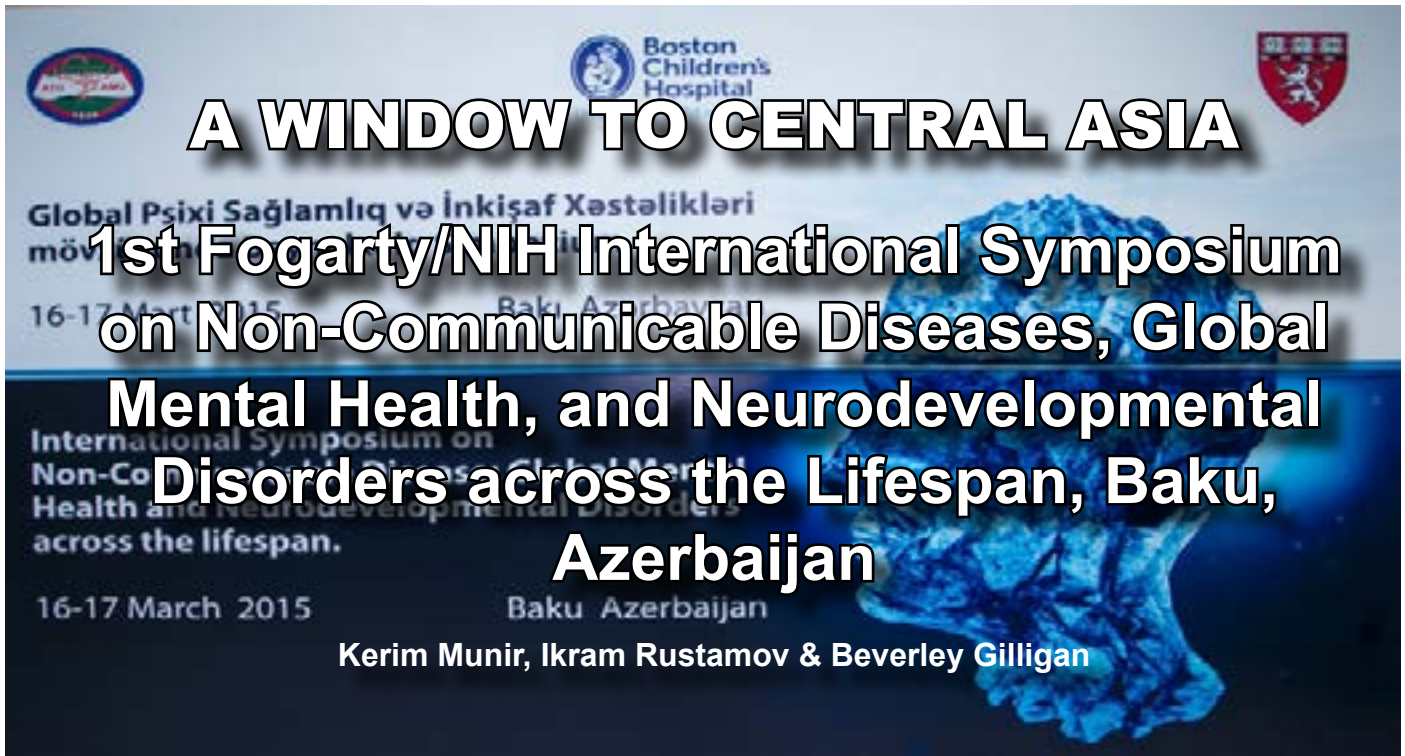
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The 1st International Symposium on Non-Communicable Diseases on Global Mental Health and Neurodevelopmental Disorders was held in Baku, Azerbaijan, hosted by the Azerbaijan Medical University on March 16-17, 2015. The symposium was an activity of the Fogarty International Center / National Institutes of Health (FIC / NIH) at the Boston Children's Hospital and Harvard Medical School, targeting postdoctoral trainees in the newly independent states in Central Asia, and in particular, Azerbaijan, Kazakhstan and Kyrgyz Republic. The program was organized

in collaboration with scholars in mental health and public health fields in Ankara, Turkey. The FIC / NIH program home is the Boston Children's Hospital Division of Developmental Medicine and the University Center for Excellence in Developmental Disabilities. The program director is Dr Kerim Munir, a current Vice President of IACAPAP. Representing IACAPAP in an official capacity was Dr Gordon Harper, Treasurer, and Director of Child and Adolescent Mental Health Services in the Massachusetts Department of Mental Health. The symposium is a first for FIC /

NIH and IACAPAP in the region. The FIC / NIH program has a record of support from senior officers of IACAPAP that have included Dr Myron Belfer, President Emeritus and Dr Harper, who participated in training activities in Turkey dating back to 2001. Dr Nese Erol, Professor of Developmental Psychology in the Department of Child and Adolescent Psychiatry, Ankara University School of Medicine was the first major foreign collaborator and IACAPAP Vice President. Finally, Dr Fusun Cuhadaroglu, Professor of Child Psychiatry and former Chair of the



Panel discussion with Dr Munir (podium) with Dr Geray Geraybeyli, Chief of Psychiatry (center, sitting) flanked by the Fogarty Fellows Drs Nigar Sadiyeva and Ikram Rustamov.

Department of Child Psychiatry at Hacettepe University School of Medicine in Ankara, and current IACAPAP Secretary, was among the first group of FIC / NIH scholars to visit Boston in the summer of 2002. Beverley Gilligan is the Program Administrative Coordinator at Boston Children's Hospital. This FIC / NIH program therefore is a progression of the program in Turkey. The symposium was an important next step in linking FIC / NIH and IACAPAP training missions in central Asia. It is hoped that it will lead to the development of corresponding national societies in child and adolescent psychiatry and allied child mental health professionals.

The opening ceremony included remarks by Professor Ahliman Amiraslanov, the Rector of Azerbaijan Medical University, and Professor Nadir Ismayilov, President of the Azerbaijan Psychiatric Association. This was followed by presentations by national leaders Professor Geray Geraybeyli, Chief Psychiatrist, Azerbaijan Republic and Chair, Azerbaijan Medical University Department of Psychiatry, and by Professor Fuad Ismayilov, Director of the National Center for Mental Health.

The symposium had a broad impact on mental health awareness, research capacity development, as well as building a knowledge base on neurodevelopmental disorders including autism spectrum disorders, attention deficit and hyperactivity disorders, and psychosis spectrum conditions. More than 150 postdoctoral physicians in child and adolescent psychiatry, general psychiatry, developmental pediatrics, pediatric neurology, as well as clinical psychology, counseling/guidance and special education were in attendance. The FIC / NIH program also sponsored the international travel and lodging of 9 special guests from Kazakhstan and the Kyrgyz Republic that included child and adolescent psychiatrists and general psychiatrists. Simultaneous translations were offered to participants in English-Azeri and English-Russian languages throughout the meeting.

We are very grateful to all the colleagues who travelled long hours to reach Baku and share their academic experiences. In particular, we thank: Dr Sarah Spence (Boston Children's Hospital Pediatric Neurology) for her presentations on seizure disorders and ASD across the Lifespan; Dr Fedik Rahimov (Boston Children's Hospital Genetics/Genomics), for his presentation on ASD genetics and genomics; Dr Harper (IACAPAP Treasurer) for his presentations on community care, Dr Ozgur Oner (Chair, Department of Child Psychiatry, Ankara University School of Medicine) for his



presentation on ADHD across the Lifespan; Dr. Bora Baskak (Director of the Psychiatric Day Hospital, Ankara University School of Medicine) for his presentation on psychotic spectrum conditions; Dr Tuncay Ergene (Professor of Counselling Psychology, Hacettepe University) for his presentation on special education. In addition the program director, Dr Munir, gave overarching presentations on the relationship between NCD and global mental health, and on neurodevelopmental disorders. We were delighted to listen to a presentation on child development in Azerbaijan by Dr Nigar Sadiyeva, Fogarty Fellow and Azerbaijan Medical University Department of Pediatrics.

The program would not be possible without the organizational skills of our in-country coordinator Dr Ikram Rustamov, Fogarty Fellow and Azerbaijan Medical University Assistant Professor of Child Psychiatry and who introduced the speakers and tirelessly coordinated the panels.

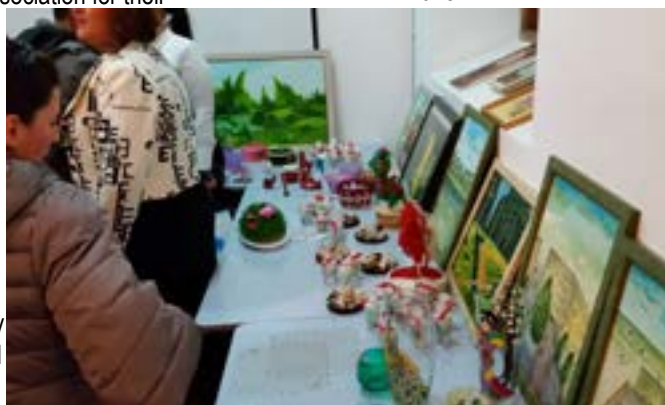
The event was a major step forward in the recognition of child and adolescent mental health in the region and we are particularly pleased by the enthusiasm of the Azerbaijani, Kazakh and Kyrgyz participants. The next conference will be scheduled in the spring of 2016. The Journal of the Azerbaijan Psychiatric Association will publish an abridged version of the presentations before the end of 2015. We offer our thanks to the Azerbaijan Medical University and the Azerbaijan Psychiatric Association for their support and Heydar Aliyev Center for their endorsement. Baku served as a worthy capital of global mental health over three exciting days.

Last, but not least, the conference activities were capped the next day with a visit to the National Center for Mental Health

and a memorable evening commemorating the patients and their families in the "Fight Against Stigma". This was a truly unique occasion that included a theatrical mime performance, as well as traditional dancing and singing by current and former patients. The evening was organized by the State Psychiatric Institute with the sponsorship of the Azerbaijan Psychiatric Association and the Embassy of the Federal Republic of Germany. The ceremony ended in a reception with soft drinks and food offered by the families that gave us further opportunity to witness the exhibition of the patients' artwork displayed in the conference hall. It was altogether a deeply inspiring experience and we feel privileged to share conversations with staff, volunteers, patients, families, the larger community, and the international leadership during such a meaningful occasion.

Acknowledgments: The symposium was supported by the Fogarty International Center and the National Institute of Mental Health co-funded NIH grant under award number D43TW009680 at the Boston Children's Hospital (PD/PI, Dr Kerim Munir).

Top: opening ceremony address by Dr Fuad Ismayilov, Director, National Center for Mental Health and Department of Psychiatry, Azerbaijan Medical University. Below: exhibits of patient artworks on the occasion of the "Fight Against Stigma" special evening event on March 18, 2015.



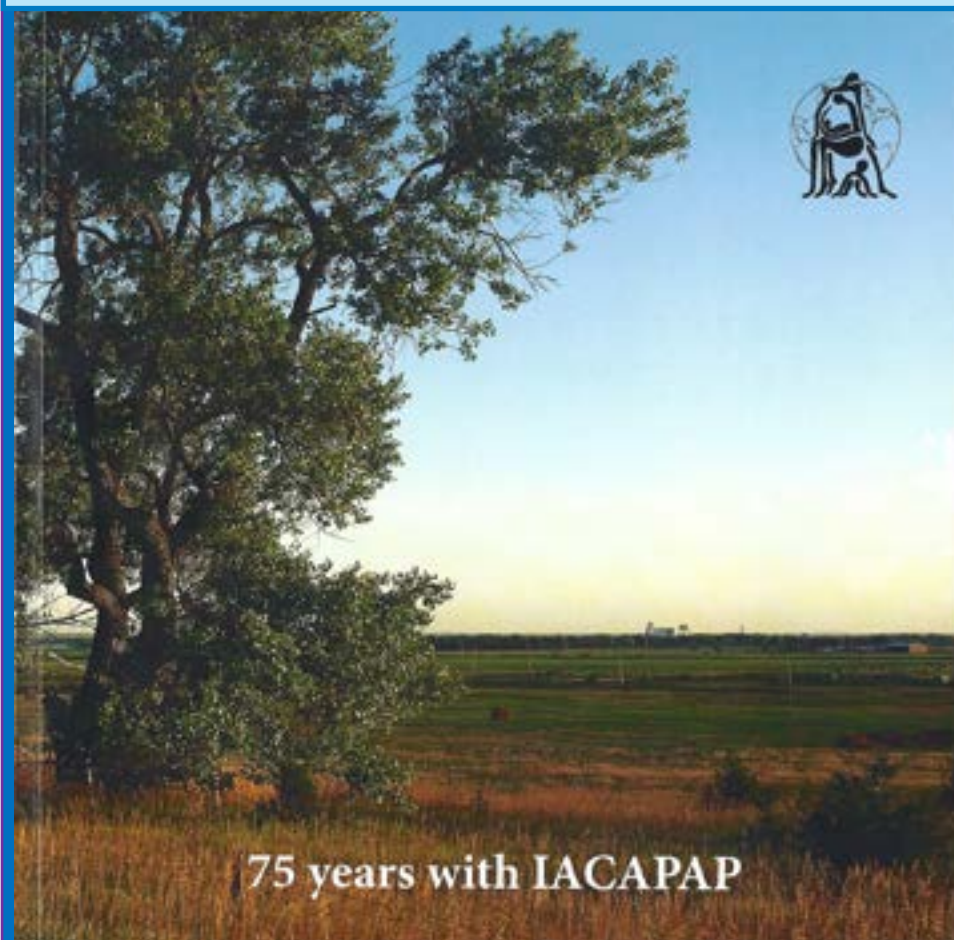
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The History of IACAPAP

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



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)

September 18-22 2016

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



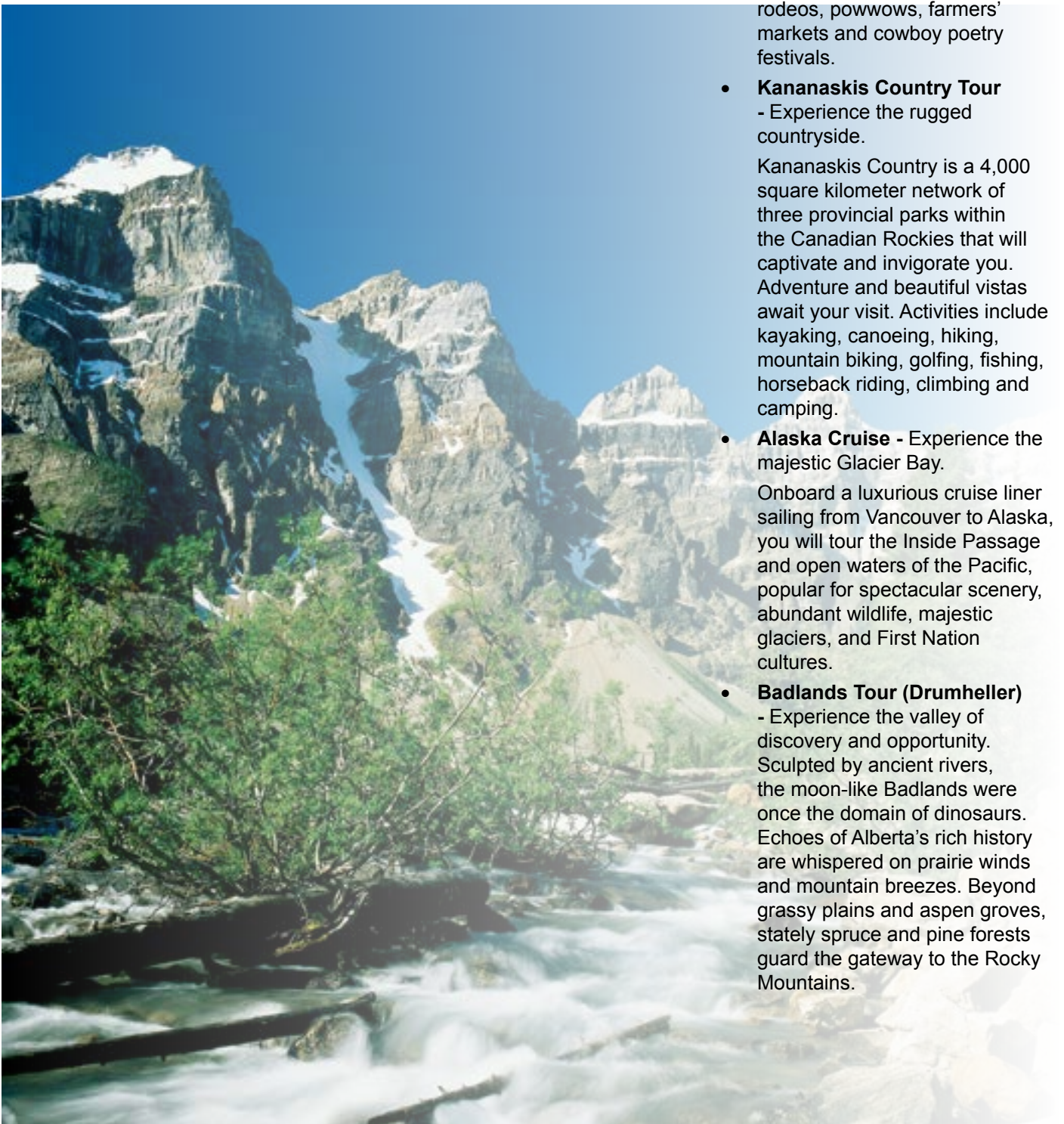
- Hon. Michael Wilson, Barclays Capital Canada, Inc., Canada
Mental Health: A Social and Economic Imperative for Our Kids and Our Country
- Dr Ken Winters, University of Minnesota Medical School, USA
Drugs, Neuro-development, Cognitive Functioning and Mental Illness: Intersections on the Adolescent Highway
- 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.





PUBLISHING IN CAPMH

FAQs

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

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

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

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

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

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

How are manuscripts processed?

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

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

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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- 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)
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- Chinese Association for Child Mental Health (CACMH)
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- 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
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- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
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IACAPAP OFFICERS

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President

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Professor of Public Health,
Université Paris-Sud. Paris, France.
bruno.falissard@gmail.com

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Professor of Child and Adolescent
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fusuncuha@gmail.com

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Associate Professor of Psychiatry,
Harvard Medical School, Medical
Director Child & Adolescent
Services, Massachusetts
Department of Mental Health. 128
Crafts Road, Chestnut Hill, MA
02467, USA.
gordon_harper@hms.harvard.edu

Past President

**Olayinka Omigbodun MBBS,
MPH**
Professor of Psychiatry, Centre for
Child & Adolescent Mental Health
(CCAMH), University of Ibadan;
College of Medicine, University of
Ibadan; University College Hospital.
Ibadan, 200010, Nigeria.
Olayinka.omigbodun@gmail.com



Honorary Presidents

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Vqanthony@aacap.org

**Myron L. Belfer MD, MPA
(USA)**
Myron_Belfer@hms.harvard.edu

**Colette Chiland MD, PhD
(France)**
cchiland@orange.fr

**Helmut Remschmidt, MD,
PhD (Germany)**
remschm@med.uni-marburg.de

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(Sweden)**
kari.schleimer@bredband.net

Vice Presidents

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daniel_fung@imh.com.sg

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PhD (Taiwan)**
gaushufe@ntu.edu.tw

**Hesham Hamoda MD, MPH
(USA)**
Hesham.Hamoda@childrens.
harvard.edu

**Sigita Lesinskiene MD, PhD
(Lithuania)**
sigita.lesinskiene@mf.vu.lt

Kerim Munir MD (USA)
Kerim.Munir@childrens.harvard.edu

**Christina Schwenck Dr Phil
(Germany)**
cschwenck@yahoo.de

**Laura Viola MD, PhD
(Uruguay)**
viollaura@gmail.com

**Chris Wilkes BSc, MB, ChB,
MPhil (Canada)**
chris.wilkes@albertahealthservices.
ca

**Yi Zheng MD (People's
Republic of China)**
yizheng@ccmu.edu.cn

Monograph Editors

**Matthew Hodes MBBS, BSc,
MSc, PhD, FRCPsych (UK)**
m.hodes@imperial.ac.uk

**Susan Shur-Fen Gau MD,
PhD (Taiwan)**
gaushufe@ntu.edu.tw

Bulletin & eTextook Editor

**Joseph M. Rey MD, PhD
(Australia)**
jmrey@bigpond.net.au

Donald F. Cohen Fellowship Program

Naoufel Gaddour MD (Tunisia)
naoufel.gaddour@gmail.com

Ayesha Mian. MD (Pakistan)
ayeshamian174@gmail.com

Helmut Remschmidt Research Seminar

**Per-Anders Rydelius MD,
PhD (Sweden)**
per-anders.rydelius@ki.se

**Petrus J de Vries MBChB,
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petrus.devries@uct.ac.za

Liaison with CAPMH Journal

Christian Kielsing MD (Brazil)
ckielsing@gmail.com

**Andres Martin MD, MPH
(USA)**
andres.martin@yale.edu

Counsellors

Joaquin Fuentes MD (Spain)
fuentes.j@telefonica.net

**Patrick Haemmerle
MD, MPH (Switzerland)**
haemmerlep@bluewin.ch

**Bung Nyun Kim MD, PhD
(South Korea)**
kbn1@snu.ac.kr

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