



President's Column

The Istanbul Congress was a great event with more than 2000 participants coming from all parts of the world. The scientific program and the arrangements were of a very high quality and the generosity and warmth of our Turkish hosts was overwhelming. It was really a pity that the four congress days went by so quick. We thank Professor Füsün Cuhadaroglu Cetin and the Organising Committee from our hearts for their extraordinary work having in mind that they had actually only 18 months for their preparations.

A minute of silence took place in honour of deceased former IACAPAP officers: Gerald Caplan (Israel), Treasurer and Honorary President; Cyrille Koupernik (France), Monograph Editor; Peter Neubauer (USA), Secretary General; Winston Rickards (Australia), Vice president and organizer of the Melbourne congress 1978; and of Selahhatin Schenol (Turkey), a young member of the local organizing committee who died just before the congress.

Sir Michael Rutter was awarded the 2008 International Child and Adolescent Psychiatry Award "in recognition of your extraordinary lifelong contributions to the field of child and adolescent psychiatry and allied disciplines". The award was instituted by the Korean Academy of Child and Adolescent Psychiatry and will be presented next time when we meet in Beijing in 2010 to a distinguished person from our fields.

The IACAPAP Executive Committee met daily during the congress. Sir Michael Rutter was appointed Counsellor and joined the Executive Committee in Istanbul. In this way the scientific authority of IACAPAP is strengthened and IACAPAP will now establish a program for international child and adolescent psychiatry and allied professions for the next few decades.

The Constitution of IACAPAP is to be amended. The *ad hoc* committee chaired by Kari Schleimer presented a revision to be discussed and decided upon in 2010 at the Beijing meeting.

IACAPAP has the following international congresses scheduled: Beijing, China, 2010; Paris, France, 2012; Cape Town, South Africa, 2014. If an invitation is received from the Canadian Academy of Child and Adolescent Psychiatry, the 2016 congress will take place in Calgary, Canada. In this way we will meet more frequently to develop our disciplines in regard to science and clinical work.

Until the next Bulletin is published and until we meet in Beijing 2010.

All the best,

Per-Anders Rydelius MD, PhD
President



Contents

President's column	1	The 2 nd YIBcap Symposium	8	IACAPAP Officers	20
Declaration of the Consortium for Global Infant, Child and Adolescent Mental Health	2	DJ Cohen Fellowship Program	9		
18th World Congress	3	Spanish and Latin-American Child Mental Health in Istanbul	17		
Amendments to the Constitution	6	Cyrille Koupernik	19		
An Asian perspective	6	Gerald Caplan	19		

Declaration of the Consortium for Global Infant, Child and Adolescent Mental Health

A mentally healthy infancy, childhood and adolescence is essential for the future wellbeing of our societies

The mental health of infants, children and adolescents is essential for sustaining healthy and productive societies. Threats to the mental health of children are recognized worldwide in the form of exposure to violence, malnutrition, poverty, disrupted families, lack of opportunities for self-sufficiency, and mental illness. Despite an increasing body of evidence documenting the objective costs to society of ill mental health in children and adolescents, meaningful policies and financial support are lacking.¹ In fact, in some nations child mental health is suffering a set back because of lack of access to services previously available. This is a critical period in world history when there is a need to redress past failures and focus with a heightened sense of urgency on a few steps that could be undertaken globally to improve the mental health status of children.

The World Health Organization (WHO) has documented in the Mental Health Atlas 2005² the worldwide absence of services for children with, or at risk for mental disorders. The gaps are universal but with obvious differences between countries due to economic development, historical precedent, and impact of current events. Where the number of children is greatest, the resources are the least! The Atlas demonstrated that long held beliefs that the United Nation's Convention on the Rights of the Child ensured a level of access to care and the fulfillment of a mentally healthy life, and that training of primary care clinicians would have alleviated the need for other service initiatives were not true. The absence of infant, child and adolescent-focused mental health policy appears to be a significant limiting factor to the support for appropriate care, and that current influences from industry are distorting the development of services in ways that undermine the growth of *rational care*.³

Lack of a skilled workforce hampers the delivery of needed services. This coupled with a lag in the ability of primary health care services to incorporate mental health interventions, and a failure of public health initiatives to highlight mental health issues has led to continuing gaps in care over decades despite the public pronouncements of needs. Proven interventions for infants at the beginning of life, including home visiting to benefit both the mother and child in their bonding and to recognize difficulties in mother-child interaction, have failed to be implemented in the face of considerable evidence for its effectiveness.

The imperfections in current diagnostic schema are acknowledged. Better understanding of the place of culture in both recognizing and ameliorating pathology is essential. Likewise, recognizing the singular importance of schools and the tragedies that result from school dropout must become

part of the public debate.

For the purpose of gaining a consensus on the needed steps an unprecedented coalition of interested parties has been formed, the *Consortium for Global Infant, Child and Adolescent Mental Health*, representing consumers and professionals across disciplines and a broad range of institutional supporters.⁴

The Consortium has endorsed the following recommendations:

Recognize a place for the consideration and utilization of child mental health intervention in international bodies such as WHO, UNICEF, UNESCO, the International Organization for Migration, the Office of the United Nations' High Commissioner for Refugees, and others who engage children and adolescents in the aftermath

Resources are the least where the number of children is greatest!

of war, natural disaster and other upheavals, and responsible for the mental health needs of children. Currently, in none of the identified organizations is there a focal point for infant, child, or adolescent mental health.

Foster the development of child and adolescent mental health policy as an integral part of health policy and health reform. Many guides to policy development exist with a most useful one being the WHO's child and adolescent mental health policy guidance.⁵

Recognize and support inter-sectorial responses to child and adolescent mental health. Utilize childcare, educational resources, community education resources, and health care promotion initiatives to focus on mental health as an essential component of health awareness.

Recognize and intervene at the earliest possible developmental stage to avert the consequences of growing up with conditions that interfere with healthy mental development. The field of infant mental health provides sophisticated guidance for promoting mental health. Likewise, it is now recognized that over 50% of all adult mental disorders begin before the age of 14.

- It is the intention of the Consortium to initiate a *Global Infant, Child and Adolescent*

Mental Health Report Card. Data will identify continuing gaps in policy, services, and economic support, and report on examples of distortions and crises in care. Core data for the Report Card will be derived through the resources of Consortium members but others are invited to participate in this global initiative.

- Further, the Consortium will initiate the free distribution of an annual *Yearbook* containing articles on best practices, newer scientific findings and systems development. The Yearbook will be specifically aimed to enhance the resources of low income countries.

In the final analysis the Consortium aims to alleviate the suffering of vulnerable infants, children and adolescents so that the trajectory for healthy development can be supported. The Consortium also seeks to gain a better understanding of the clinical and policy issues that either impede or support the ability to deliver culturally relevant, responsible and responsive services to infants, children and adolescent.

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¹ Belfer ML. Child and adolescent mental disorders: the magnitude of the problem across the globe. *Journal of Child Psychology and Psychiatry*, 2008; 49: 226–236. Available at <http://www.blackwell-synergy.com/doi/full/10.1111/j.1469-7610.2007.01855.x>

²World Health Organization. *Mental Health Atlas 2005*. Available at: http://www.who.int/mental_health/evidence/mhatlas05/en/index.html

³Rational care defines care for children and adolescents that includes an appropriate diagnostic process, involvement of the family, recognition of the child's environment, treatment of any disorder in a manner that is based on efficacy and effectiveness, and the utilization of interventions that do not inappropriately utilize medications.

⁴Consortium members include the World Association of Infant Mental Health (WAIMH), International Society for Adolescent Psychiatry and Psychology (ISAPP), World Federation for Mental Health (WFMH), the International Alliance for Child and Adolescent Mental Health and Schools (Inter-CAMHS), and IACAPAP.

⁵World Health Organization. *Mental Health Policy and Service Guidance Package: Child and Adolescent*. Geneva, Switzerland: WHO, 2005. Available at: www.who.int/mental_health/policy/Childado_mh_module.pdf



Per-Anders Rydelius, President of IACAPAP

18TH WORLD CONGRESS



'Carrying Hope between East and West for 3 C's: Children, Cultures, Commitments'

The congress, one of the largest in our field, took place from April 30 to May 3, 2008 in Istanbul, Turkey, with 2039 registrations from 81 countries.

'We, as the Turkish Association for Child and Adolescent Mental Health, are very honored and pleased to have hosted this scientific event.'

Registrations

Countries with more than 25 professionals attending were:

Turkey	277
Germany	143
UK	98
USA	90
Netherlands	75
Spain	74
Australia	60
Sweden	55
Denmark	52
Belgium	39
Romania	39
France	35
Japan	34
Norway	33
Israel	31
Korea	28
Portugal	26

Other countries represented were (according to number of attendees) People's Republic of China, Finland, Greece, South Africa, Taiwan, Brazil, Egypt, Ireland, Switzerland, Palestine, Italy, Saudi Arabia, Canada, Croatia, Iceland, New Zealand, Malaysia, Mexico, Russia, Serbia, Austria, Lithuania, Singapore, United Arab Emirates, Morocco, Hun-

gary, India, Nigeria, Poland, Slovenia, Yemen, Albania, Bosnia, Bulgaria, Iran, Lebanon, Tunisia, Ukraine, Algeria, Bangladesh, Estonia, Georgia, Indonesia, Kuwait, Latvia, Macedonia, Philippines, Thailand, Uruguay, Afghanistan, Argentina, Bahrain, Iraq, Jordan, Kazakhstan, Kyrgyzstan, Kosovo, Luxemburg, Montenegro, Nepal, Uzbekistan, Pakistan, and Tajikistan.

Scientific Program

The program consisted of 8 keynote speeches, 8 courses, 10 lectures, 80 symposia, 45 workshops, 5 clinical case conferences, 3 video-film sessions, 256 oral presentations, and 382 poster presentations.

The opening lecture *Toward a Model of Healthy Development in Cultural Context* was given by Çiğdem Kağıtçıbaşı, a highly honored Turkish social psychologist who has received numerous international awards and prizes. A lecture on *Challenges in Global Child Mental Health* by Myron Belfer from Harvard Medical School was dedicated to Gerald Kaplan, a former president of IACAPAP who had contributed greatly to the field (see page 18 of this issue). The keynote lectures

reflected the themes of each day: policy issues, developmental psychopathology, clinical conditions, and socio-cultural issues, and were given by Tuula Tamminen (Finland), president of the World Association of Infant Mental Health (WAIMH) and European Society for Child and Adolescent Psychiatry (ESCAP) on *Infant Mental Health in Cultural Context*; Efrain Bleiberg (USA) from the Menger Institute, on *Mentalization, Attachment, and Emerging Personality Disorders in Adolescents*; Sir Michael Rutter (UK) on *Research into Autism: Accomplishments, Puzzles, and Challenges*; Ellen Liebenluft (USA) from the National Institute of Mental Health (NIMH), on *Bipolar Disorder and Severe Mood Dysregulation*; Felton Earls (USA) from Harvard University, on *Defining, Measuring and Influencing Social Context in Human Development*; and by Marie Rose Moro (France) on *Trans-cultural Issues for Children and Parents in a Changing World*.

The courses were delivered for two hours in the morning for three or four days each. Subjects covered included mentalization-based treatments, dialectic behavior therapy for self-injuring children and adolescents, rational psychophar-



Füsün Çuhadaroğlu, Chair, Organizing and Scientific Committee

macology, trauma-focused CBT, dealing with group dynamics in family therapy, team work, supervision, teaching and research, imaginative psychotherapy, and clinical interviews in assessment. The IACAPAP's Education Initiative Group organized a basic child and adolescent mental health course for selected colleagues from countries where there are no formally established child and adolescent mental health training programs.

The lectures highlighted important aspects of child and adolescent development and psychopathology, assessment, and epidemiology and were delivered by Helmut Remschmidt (Germany), Robert Hendren (USA), Peter Noack (Germany), Charles Zeenah (USA), Thomas Achenbach (USA), Frank Verhulst (Netherlands), Colette Chiland (France), Rasim Diler (Turkey-USA), Alan Krenawi (Palestine), Samuel Tyano (Israel).

The two-hour symposia, mainly reported recent research data and discussions on subjects relevant to the theme of the Congress. Workshops covered practical application of clinical, psycho-socio-cultural, and political context issues.

The Donald J Cohen Fellowship Program sponsored by IACAPAP (see special report in pages 8-15) provided sponsoring and educational opportunities

for young colleagues. Helmut Remschmidt (Germany), Barry Nurcombe (Australia), and Phyllis Cohen (USA) formed the selection committee.

Each regional association within IACAPAP organized a symposium covering the child and adolescent mental health issues of relevance in their region. Other professional organizations like the International Association for Adolescent Psychiatry and Psychology (ISAPP), European Forensic Child and Adolescent Psychiatry (EFCAP), and the World Association for Infant Mental Health (WAIMH) also held sessions discussing their subjects. One of the highlights of this congress was the large number of attendants from allied professions. Psychologists, social workers, child counselors, psychiatric nurses, sociologists, public health specialists, and pediatricians conducted symposia and workshops led by local professional organizations and with international participants.

This congress brought together colleagues working in the biological, psycho-analytical and socio-cultural fields of child and adolescent mental health, which was reflected in the sessions. Subjects covering aspects of trauma, violence, and forensic issues were discussed in many sessions as well as policy issues, work

of NGO's and collaboration with parents were also brought up in several of the sessions, and there were many papers on the development and implementation of programs regarding mental health promotion and prevention, diagnosis, and treatment.

Novel Features

There were two novel features in this Congress, a Trainee Forum and a Meeting the Editors session. Training was one of the subjects we wanted to promote at this meeting. Thus, there were several sessions on this topic, as well as a Trainee Forum organized by the representative of child and adolescent psychiatry trainees in Turkey, to which trainees from all IACAPAP member countries were invited. The Meeting the Editors session brought together editors of well-known child and adolescent mental health journals. Andrés Martin (Journal of the American Academy of Child and Adolescent Psychiatry), Tuula Tamminen (International Mental Health Journal) and Tobias Banachewski (Journal of Child Psychology and Psychiatry) discussed publication policies, evaluation processes, the kind of papers accepted, and other related issues.

Social Program

The social program consisted of the opening ceremony, where an internationally renowned Turkish dance group performed, an opening reception at the Hilton Hotel, a city tour for the accompanying persons, and a Gala Dinner at Sait Halim Paşa Yalısı, an Ottoman mansion by the Bosphorus. Guests had the opportunity to have a night Bosphorus boat tour in the way to the gala dinner. There were also pre- and post-congress tours to various regions of Turkey.

The 18th World Congress of IACAPAP was successful in bringing people from many countries together to share high quality scientific knowledge, providing the basis for further collaboration and for future commitments for improving child and adolescent mental health in various parts of the world.

Füsün Çuhadaroğlu MD

*Chair, Organizing and Scientific Committee of IACAPAP 2008 Congress
President, Turkish Association for Child and Adolescent Mental Health
Professor, Hacettepe University Medical School, Dept of Child and Adolescent Psychiatry, Ankara, Turkey*





Images from the Congress

Clockwise from top left. Çiğdem Kağıtçıbaşı (Turkey) during the opening lecture. Sir Michael Rutter (UK) receiving the 2008 International Child and Adolescent Psychiatry Award from Per-Anders Rydelius (Sweden). Members of the Japanese delegation at the opening reception. Seniz Ozusta, Fatih Unal, Emine Kılıç, and Berna Pehlivanurk (Turkey). Delegates arriving at the gala dinner from the boat tour. Participants dancing at the gala dinner. Segita Lesinskiene (Lithuania) and (left) two other delegates at the gala dinner. Olayinka Omigbodun (Nigeria) and Brian Robertson (South Africa). Gordon Harper (USA), Myron Belfer (USA) and Abdul Kareem S AIObaidi (Iraq).



Amendments to the Constitution of IACAPAP

The current Constitution of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) dates from the late 1970s, when in 1978, at the General Assembly of IACAPAP in Melbourne, it was decided to change the name of our Association from IACAP to IACAPAP, thus letting other professions, mainly psychology, social work and pediatrics into the Association. The Constitution was subsequently amended in 1986 and again in 2004, both times only with regard to the section about membership fees.

This time, based on a wish expressed at the meeting of the Executive Committee in August 2007, a more thorough amendment has been made by an *ad hoc* group, consisting of Colette Chiland, Andres Martin, Barry Nurcombe and Kari Schleimer. Our aim was to make the Constitution a document easier to handle, especially for the Nominating Committee, and to elucidate the contents besides improving or modernizing its language. The amendments proposed by the *ad hoc* group mainly concern the different categories membership, officers of the Association, and meetings, especially the frequency of international congresses. Besides the Constitution we also scrutinized the Regulations, which are meant to be a procedural aid for the guidance of the Executive Committee.

The amended Constitution, when fully accepted by the Executive Committee in 2009, will be sent to all members of the Association in time for adoption at the General Assembly to be held in connection with the 19th World Congress of IACAPAP in Beijing, China in June 2010.

Kari Schleimer MD, PhD

Chairperson of the *ad hoc* group

East Meets West, 'Big Names' and May Day *An Asian perspective*

IACAPAP 2008 ISTANBUL

We arrived at the Istanbul International Airport in the early hours of the morning. I had a rough week and the flight, though uneventful was not easy on the tired mind. Fortunately, we were greeted by a bright and sunny morning, nature's best remedy for jet lag. We got our bags easily and the Istanbul customs were a breeze to clear. Just as well, because I had to rush downtown immediately to the conference centre as I had to give a presentation at 10 in the morning when I had arrived at the airport two hours earlier. Everything went smoothly and I successfully completed

my presentation on the emotional and behavioral problems in Singaporean children. The next three days provided me with the opportunity to catch up with old friends, make new ones, and network with more than 2000 participants from all over the world. As Peshali Fernando, deputy director of the Singapore Association for Mental Health put it "Surprisingly, in Istanbul I was able to get to know better my colleagues from Singapore. I also had the opportunity to attend the Asian Society for Child and Adolescent Psychiatry and Allied Professionals (ASCAPAP) execu-

tive meeting as an observer."

Our Turkish hosts, like the beautiful city of Istanbul provided an elaborate program that catered for every child mental health professional's interests, tastes, and needs. The opening ceremony was vibrant with the dancers giving a very professional performance. Symposia and lectures were well organized. "I was particularly interested in the area of autism and managed to attend some exciting presentations, such as the keynote address by Sir Michael Rutter and his talk on the puzzles and challenges in autism. They made me realize how much we do not yet understand about this illness; it also triggered many research ideas" said Ooi Yoon Phaik, senior counselor at the Singapore Autism Clinic. According to Ong Say How, deputy chief, Singapore Department of Child and Adolescent Psychiatry, the short morning courses to upgrade skills and improve knowledge for specific child psychiatric conditions were extremely useful. "Courses such as *Mentallization-based treatment for adolescents and their families*, *Introduction to dialectical behavior therapy for adolescents with suicidal behavior and non-suicidal self-injury*, and *Utilization of trauma-focused cognitive-behavioral therapy in the treatment of child trauma* offered useful insights



Asian Society of Child and Adolescent Psychiatry and Allied Professionals Symposium on ADHD. From left, Professor Cornelio Banaag (Philippines), Professor Aili Hashim (Malaysia), and Daniel Fung (Singapore) with participants from Malaysia and India

into these evidence-based treatments". He added, "Very rarely do registrants get the opportunity to attend short courses on such interesting topics. Spanning over two to three days, the courses were didactical instead of workshop-like. Nevertheless, the materials provided and experiences shared with the various speakers were most enlightening and useful."

Peshali Fernando attended a workshop given by Gordon Harper from the United States on strength-based service delivery. "The highlight was when he asked me

international child and adolescent psychiatry conference. Lim is an advanced trainee and registrar at Singapore's Institute of Mental Health. "Even before I arrived in Istanbul I was overwhelmed by the packed program —so many interesting presentations to attend, often simultaneous— and torn between them and the lure of Istanbul's many attractions. The location of the conference was difficult to find initially and I had to shuttle between two quite distant venues frequently, not helped by the transfer van, often full to capacity and temporarily off-service dur-

sights and sounds of a beautiful city..."

"I was particularly excited—and apprehensive— when I noticed that Professor Achenbach was present at my oral presentation on *The validity of the CBCL and TRF in the identification of children with autistic spectrum disorders*. His comments were encouraging and helpful and provided me with new research ideas" said Ooi Yoon Phaik with thinly disguised pride.

The IACAPAP 2008 was truly a platform where East met the West. Congratulations

"I take this opportunity to invite readers to attend this exciting conference in Singapore, 29th to 31st August 2008, as an appetizer to the Beijing conference in 2010"



5TH CONGRESS OF THE ASIAN SOCIETY
for Child & Adolescent Psychiatry & Allied Professions
29TH TO 31ST AUGUST 2008 SINGAPORE

For more information please go to www.ascapap2008.com.sg

to respond to audience questions from a wrap-around service delivery perspective, which is one of my areas of expertise. Now I am even more eager to talk about our family-centered, individualized services (they share some of the aspects of the wrap-around approach) which we have begun in Singapore. I hope that increased awareness of this model will enable us to implement full-on wrap-around processes tailored to fit with Singapore's culture".

Several colleagues and I presented a symposium discussing the various aspects of ADHD, including symptoms, epidemiology, and practice in three South East Asian countries. This was in preparation for the 5th ASCAPAP Meeting in Singapore (I take this opportunity to invite readers to attend this exciting conference in Singapore, 29th to 31st August 2008, as an appetizer to the Beijing conference in 2010). ASCAPAP was formed in Japan in 1995 and is a member society of IACAPAP. Its main objective is the scientific study of all matters concerning the mental health and development of children and adolescents, as well as the promotion of professional standards in mental health care in Asia.

Istanbul's was Lim Choon Guan's first

ing the May Day rally. For me as a Singaporean, May Day was quite an experience: the *RoboCops*, bottles and stones strewn on the streets... It was reassuring to find the challenges I faced in my everyday practice were shared by many others all over the world. What do I take with me? Valuable knowledge, many new friends (especially the Turkish trainees), having heard in person the big names, the

to Professor Fusun Cuhadaroglu Cetin and her organizing committee for such an excellent conference.

Daniel Fung

Department of Child and Adolescent Psychiatry, Institute of Mental Health, Singapore



From left, Peshali Fernando, Ong Say How, and Ooi Yoon Phaik at the Achenbach Cocktail Reception

The 2nd YIBcap Symposium

'Bildungsroman' and the importance of mentorship

On May 1st 2008 the 2nd symposium of the Young Investigators in Biological Child and Adolescent Psychiatry group (YIBcap) took place at the 18th IACAPAP congress in Istanbul. The symposium aimed at enabling YIBcap scientists to present their latest findings to the international audience; it attracted listeners not only with backgrounds in medicine or child and adolescent psychiatry but also psychology, social work, and other mental health professions. The lively discussions that followed each presentation covered topics as diverse as methodological aspects, ethical issues, and how research results are reported by the media. YIBcap, founded in 2005, is a group of young researchers trying to exchange experiences and transfer knowledge in order to improve the quality and efficiency of research on biological aspects of child and adolescent psychiatry.

As Andrés Martín, the session chair noted, a number of YIBcap members were current or former Donald J. Cohen fellows, and that the YIBcap group and the Donald J. Cohen fellowships are "living proof that early support and dedicated mentorship are essential cornerstones to a successful start into a research life in child and adolescent psychiatry".

Looking back to the first YIBcap symposium at an IACAPAP congress—2006, Melbourne, Australia—several of the YIBcap members attending had been awarded Donald J. Cohen fellowships. Now, two and a half years later, the group has grown and developed not only in terms of the number of members, but also in individual and collaborative research, which has increased significantly. The first YIBcap multi-centre study—seeking to investigate the attitudes of medical students towards child and adolescent psychiatry, and on how these attitudes influence their career choice—is concrete proof of this growth. The results of this study underline that contact with child and adolescent psychiatry during medical school is essential for deciding to follow a career in our profession. This is in line with the idea that



From left, Paul Plener, Andrea Ludolph, Andres Martin, Thomas Lempp, Florian Daniel Zepf, and Roland Burghardt after the YIBcap Symposium

early mentorship helps young scientists find the way in their clinical and research lives.

Preliminary results of the multicentre study were presented at the symposium by Thomas Lempp from Marburg University; this was followed by talks focusing on aspects of biological research in child and adolescent psychiatry. Having presentations covering widely different subject matters—medical education in child and adolescent psychiatry, ADHD and heart rate, neuronal toxicity of pharmacological substances, neurological soft-signs in anorexia nervosa, and self-harming behavior—highlights not only the breadth of research within YIBcap, but also that it is an exciting time to do research in child and adolescent psychiatry, particularly in view of the large number of biological and physiological methods currently available, such as molecular genetics, imaging techniques, and neurochemistry, to name just a few.

With YIBcap being currently based and developed in Germany, Andrés Martín came up with German words concerning the topic of each presentation. *Zeigeist* (the spirit of the age) was linked to the presentation on ADHD and heart rate, highlighting the importance of focusing on current developments and policies, in particular regarding the recent recommendations of the American Heart Association for cardiac screening before treatment with stimulant drugs. *Sturm und Drang* (storm and longing, drive and dedication) suggested the exploration of new fields such as contact with child and adolescent psychiatry in the early years of medical education. *Weltschmerz* (world-weariness) stroked a chord with the problems child psychiatrists face when trying to find evidence in pharmacological strategies

to treat self-harming behavior. Finally, Andrés Martín said that the early mentorship ideal of YIBcap and the Donald J. Cohen fellowships, reminded him of a *Bildungsroman*, a style of novel describing the spiritual, social, psychological, and moral development of a protagonist, from childhood to maturity.

The creation of YIBcap and its support by the Donald J. Cohen Fellowship program at the 2006 Melbourne conference being the beginning, this 2nd YIBcap symposium was definitely the follow-up. This is in line with Joaquín Fuentes' idea of planning alumni meetings of former Donald J. Cohen fellows at future conferences to further transfer experiences and knowledge. The next chapter of the *Bildungsroman* is already in preparation, a YIBcap symposium at the IACAPAP conference in China in 2010.

The authors would like to mention that YIBcap accepts guest memberships from all over the world for people involved in research in biological child and adolescent psychiatry, consistent with the open-access policy for members of the YIBcap online forum. Interested researchers in child and adolescent psychiatry may apply for membership through the YIBcap website (www.yibcap.com).

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DONALD J COHEN FELLOWSHIP PROGRAM

The Donald J Cohen Fellowship program was established for the 2004 IACAPAP congress in Berlin in memory of Donald J Cohen, former director of the Yale Child Study Centre and president of IACAPAP, who was a passionate supporter of young researchers and leaders in the field of child and adolescent mental health. The program was extended to the September 2006 congress in Melbourne, the August 2007 ESCAP congress in Florence, and the congress in Istanbul. Twenty five young professionals from 19 countries were awarded fellowships. They received travel, lodging, and registration support to attend the XVIII IACAPAP congress in Istanbul, Turkey. In addition to attending the congress, award recipients participated in a variety of mentorship activities comprising, among others, daily small-group sessions. **Ayesha Mian**, one of the fellows, was the special reporter and co-editor of this section.



< Donald J Cohen Fellowship Program participants join local Program Committee Chair Füsün Çuhadaroğlu Cetin (Turkey) and IACAPAP President Per-Anders Rydélius (Sweden).

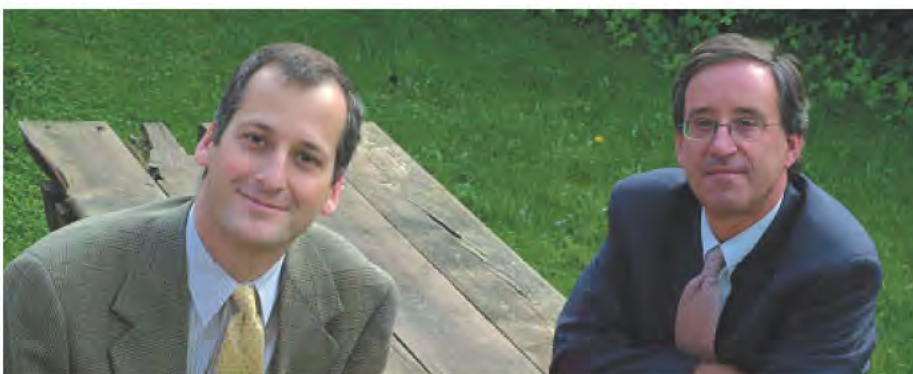
Mentors

Tom Anders (USA)
Connie Bowe (USA)
Phyllis Cohen (USA)
Maria Conceicao Do Rosario (Brazil)
John Fayyad (Lebanon)
Yosse Hatab (Israel)
Kerim Münir (Cyprus/USA)
Olayinka Omigbodun (Nigeria)
Brian Robertson (South Africa)
Luis Rohde (Brazil)
Marie José van Hoff (Netherlands)

Program coordinators

< From left,
Andrés Martín (Mexico/USA)
Joaquín Fuentes (Spain)

(Thanks to Tejas Golhar, Ayesha Mian and Andrés Martín who provided the photographs)



The 'Katmandu Clause' *Rule #1: Never worry alone*

Let it be known that Pashupati Mahat is a good sport. I had been lecturing on ways to get published, and as I was going over the golden rule of psychiatry – Never Worry Alone – I was struck by how he had intuitively arrived at it on his own. I could not resist commenting from the lectern about the fact. After all, in his native Nepal, Pashupati had every excuse to worry alone: who else could he possibly worry with in a country where he may well be the only child and adolescent mental health professional? It turns out that in

far-off Katmandu, Pashupati had been worrying regularly with Thomas Achenbach of the University of Vermont, as well as other colleagues around the world. The Child Behavior Checklist had certainly been one concrete point of contact, but it was the internet that was largely to blame. Since its arrival, the world had shrunk considerably, and today we Lilliputians are only as far from one another as the nearest keyboard and electricity outlet. If Pashupati has been able to remain connected

and actively engaged in clinical and scientific exchange from his remote enclave on top of the world, none of us could possibly feel alienated or disconnected. None of us could feel alone. Thus the *Katmandu Clause* came into being: if Pashupati had done it, so could you. Pashupati took this public mention in stride, and the Clause went on to become one of our mantras.

Months before arriving in Istanbul I had started worrying—never alone—with Joaquin Fuentes of San Sebastian, Spain. We had worried about the responsibility of having to choose from so many promising child and adolescent mental health scholars. In turn, we invited Helmut Remschmidt of Marburg, Germany, Phyllis Cohen of New Haven, Connecticut, and Barry Nurcombe of Perth, Australia to join our extended circle of worry. The three of them would select the recipients of the Donald J. Cohen Award for International Scholars, based on exceptional merit alone. As we were to find out during four intense days in Istanbul, such shared worries were well worth it. We saw this in the energy, intelligence and vitality of the 25 extraordinary individuals (hailing from 19 nations and 5 continents) who gelled together as the 2008 IACAPAP DJ Cohen Fellows.

For me, the Istanbul Congress was first and foremost an experience lived vicariously through the fellows. So much promise, so many ideas, so many fresh paths to pursue. With all this energy and enthusiasm, Istanbul also had to be an exercise in efficiency: the challenge of having 25 fellows—and 11 selflessly generous mentors—make meaningful, deep, and enduring connections in so short a time. The building blocks toward such a goal were clear enough: the leadership of IACAPAP generously supported travel, registration and lodging costs for participants; the Fellowship Program provided the logistic infrastructure of small group daily meetings in remarkably high-tech facilities; and mentors volunteered their time and their talents. But it was something else that made the Program more than the sum of its parts. It was the deep commitment of these inspiring professionals to the mental wellbeing of children around the world, and the collegial spirit that they showed one another that made it all sing. In sharing not only their hopes, accomplishments and aspirations, but also their worries, the 25 fellows injected life into the Congress. In refusing to worry alone, they put the *Katmandu Clause* into action, made us proud to be a part of this organization and this line of work, and reinvigorated our commitment to better serve the children and families under our care.

Andrés Martin

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Group 1

From left, Andrés Martín, Tejas Golhar (India), Joaquín Fuentes, Anikó Páli (Hungary), Lior Schapir (Israel), Marlon Quiñones (Colombia), Soumeyya Douib (Tunisia), Connie Rowe, Tom Anders, and Olayinka Omigbodun.

DONALD J COHEN FELLOWS



Stephan Bender (Germany) graduated in medicine in 2002 and psychology in 2004. Currently he is finishing training in child and adolescent psychiatry at the University of Heidelberg, where he received a 'Young Medical Investigator' award. He has several publications under his belt and wants to pursue an academic and research career. In 2006 he was appointed acting head of the neurophysiology laboratory of the Centre for Psychosocial Medicine of the Heidelberg University Hospital. Stephan is particularly interested in the neurobiology of ADHD and schizophrenia using advanced EEG neuroimaging techniques as well as transcranial magnetic stimulation (TMS). He enjoyed participating in the mentorship program in Istanbul and meeting researchers from other countries.

Rahul Bharadwaj (India) graduated in medicine at Mumbai, India, subsequently completing postgraduate studies in psychiatry with special interests in child and adolescent psychiatry, the neurobiology of mental disorders, and psychotherapy. His MD thesis was on SPECT in affective disorders—the first of its kind in India. Rahul is an enthusiastic researcher with a number of national and international publications and presentations to his credit, and has been playing the violin—both Indian and Western classical music—since the age of six years.

Argyro (Argo) Caminis (Greece/USA) graduated from the MD program at Yale School of Medicine and the MPH program at Harvard School of Public Health in May 2008. She will start residency at the MGH-McLean Psychiatry Program in Boston, Massachusetts. During medical school, she has been active in the Donald Cohen Fellowship program and the Yale Medical Student Psychiatric Association. Publications include her thesis, 'Psychosocial predictors of sexual initiation and high-risk sexual behaviors in early adolescence' and 'Early to bed: a study of adaptation among sexually active urban adolescent girls below age sixteen'. As an American of Greek and Eastern European heritage, and having previously lived in Japan and China for five years, she has a personal interest in working cross-culturally. Argo is very eager to understand psychiatric care and training—both historically and internationally—in order to contribute to advances in treatment and policy in this field.

Megan Pamela Chapman (Australia) was awarded a degree in clinical psychology from Victoria University in 2003. Her thesis was on 'Adolescent sexual offenders: characteristics and personality profiles'. Since then she had a variety of clinical and teaching roles including clinical psychologist at an adolescent forensic health service, direct clinical work with an adolescent forensic population, and providing secondary consultation to non-mental health professionals (courts, parole board, and juvenile justice). Megan has a number of presentations to her credit mostly on juvenile justice and forensic issues. She is developing a teaching methodology for psychiatrists and pediatricians through experiential and multidisciplinary training, and research in infant mental health, particularly infants from high risk families.



Classic exemplars of the Katmandu Clause striking a pose
Pashupati Mahan, Joaquin Fuentes, and Tejas Golhar

Rodrigo Chazan (Brazil) graduated in medicine at the Federal University of Rio Grande do Sul in 2003 and subsequently trained in child and adolescent psychiatry. He has started working with a research group on ADHD planning to conduct a large gene-environment study. He has traveled extensively through Europe, the Middle East, and South East Asia. Rodrigo feels that he is at the beginning of his career and does not yet know if he is going to become a researcher or a clinician.

Murat Coskun (Turkey) completed his medical degree at Cerrahpasa Medical Faculty, Istanbul University, and is currently training in child and adolescent psychiatry at Istanbul Medical Faculty. Through the conference he was able to build links with colleagues from other countries to further research and clinical work in Turkey. Murat already has a number of publications to his credit and has translated and edited into Turkish Jorge R. Petit's 'Handbook of Emergency Psychiatry'. His current research is on a cross cultural comparison of completed suicide in Turkish and American youth.

Soumitra Shankar Datta (India/United Kingdom) completed a medicine degree at Calcutta University, India, in 1998, was awarded an MD in psychiatry from the Christian Medical College, Vellore, India, in 2003, and the MRC-Psych, from the UK's Royal College of Psychiatrists, in 2006. Soumitra has been very active in the research arena for a number of years with interests spanning from pediatric epilepsy to childhood-onset schizophrenia and psychotropic use. Currently he is working at the University of Manchester in a project on risk and resilience in children with cancer and their families, focusing on changing the relationship with parents and on symptoms of post-traumatic stress disorder in mothers of children with cancer.



Sampling the delights of the Turkish cuisine



Ayesha Mian

The Cohen Chakra

Let's start by talking about *chakra*. A chakra is a center of activity that receives, assimilates, and expresses life-force energy. The word chakra literally translates as 'wheel' or 'disk'. In certain religions it may also mean 'a circle of people'. The concept of chakra is often treated in different ways, depending on

the cultural context. Mystics may deal with chakra as a model for their internal and external experience; when talking about 'energy centers', they may be describing subtle forces which connect with the physical, emotional, mental and spiritual aspects of a person.

How does chakra weave into our rendezvous in Istanbul? Even before I left for Istanbul, I had been recruited as 'reporter' for the fellows' activities. As the conference went on, Andrés Martín, one of the organizers for the Fellowship, periodically appeared at my side asking if the story was beginning to form..., if paragraphs, then chapters were taking shape..., if it was all beginning to gel. And then suddenly as I lay thinking of a title for the closing presentation of our experience as Donald J Cohen fellows, it all came together. Just like in chakra, an energy source had emanated even before the conference, circumscribing a *circle of people* (mentors and mentees), and as the days progressed an experience took birth. The fact that this happened in the land of the mystic, the whirling dervishes, and the Sufis, gave deeper oomph to the concept of chakra. It seems apt to call it *the Cohen Chakra*; the fellowship took root from the vision of Donald Cohen, and the light is now being carried forward by his mentees and friends from all around the world.

'Children, cultures and commitments' was the three-pronged approach of the Congress this year. The 25 mentees and 11 gracious mentors from around the world, stood out in the congress as an epitome of the above idea. Our diverse backgrounds brought in culture and color, and the experience came full circle in our common endeavor towards child mental health.

But I really want to use this space to talk about commitments, and specifically for the Fellowship, the commitment to mentoring and being mentored. Pre-conference correspondence from Andrés Martín and Joaquín Fuentes continuously stressed that the more the fellows brought to the process the more they would gain. There was already a hope and push for commitment. The mentors had also committed themselves by agreeing to give their time, expertise, and their very presence for the days of the conference. Perhaps it was the earnestness to give and get that worked; whether it was in the formal group sessions or in the informal settings of wining and dining. There was exchange of ideas, some teaching, career planning, and talk of differences and similarities. But there was also a subtler process that went on, albeit covertly. Peer mentoring happened, allegiances were formed, and colleagues were discovered. While we learnt from our mentors, more from who they were than what they did, we also integrated aspects of other fellows.



Group 2

From left, Ayşe Zeki (Turkey), Anne Krabeddam (The Netherlands), Rahul Subramanian Bharadwaj (India), Andrés Martín, Joaquín Fuentes, Metehan Irak (Canada), Maria Conceição do Rosario and Pahupati Mahan (Nepal). Brian Robertson is missing from photograph.

Soumeyya Dhouib-Halayem (Tunisia) graduated at the Medical University, Tunis, in 2005, is undergoing training in child and adolescent psychiatry at the same institution and working on her PhD thesis ('Neurological soft signs in pervasive developmental disorders'). Soumeyya is particularly interested in autism, attachment, infant development, and sleep. She felt that by attending the conference she was able to meet colleagues and mentors and sharpen her research skills and further develop what she had already learned by attending the First Helmut Remschmidt Research Seminar in 2007.

Jun Ding (People's Republic of China) completed his master's training in public health from Shanghai Medical University in 1992. He is currently a PhD candidate in the child and adolescent psychiatry department of the Mental Health Institute of Central South University, Changsha, Hunan province. He is conducting a research project funded by the Chinese National Natural Science Foundation Committee about f-MRI in children's major depression and anxiety. At the conference, he was able to build contacts and learn from researchers in other countries.

As I presented our wrap up of the Fellowship's activities, I realized that my slides reflected Joaquín's style, and my use of metaphors was very distinctly an 'Andresism'. But I also marveled at my fellow awardees – Carlos's earnestness, Nithya's gentility, Ayse's graciousness, Daniel's unpretentiousness, Anne's sincerity, Tejas's goodwill, to only name a few. And I remember thinking that the children they work with must love them. This process, where we unconsciously assimilated facets of both mentors and mentees, made it a rewarding exchange for all.

The Fellowship ended on a crescendo. True to chakra, a profound internal experience was achieved. There was a strong sense of *chigaba* ('carrying forward'), and so to complete full circle, here's my invitation. Become part of the Cohen chakra, and keep the wheel going. Become a mentor; to your students, junior trainees, fellow colleagues in child mental health and those in pediatrics and other allied professions. Shining through others will sustain your vision and ideals long after you have physically left this realm. Remember Donald Cohen.

Ayesha Mian

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From left, Ayesha Mian, Ayesha's husband, Argo Caminis, and Daniel Yarkoni

Chigaba

I am a 4th year general psychiatry resident from Nigeria with an active interest in child and adolescent psychiatry. In this line, I have been conducting community-based studies on depression in school children, preventive interventions for drug use among school children, and evaluating the mental health problems of street children attending informal religious schools (Almajiris) in Maiduguri, Nigeria. Most of my work has been under the supervision (and frequent prodding) of my teacher and mentor, Olayinka Omigbodun. It was from her that I first heard about the IACAPAP conference in Istanbul and the DJC Cohen Fellowships —though not before she had sternly warned me that it would require hard work and dedication to get accepted! I wasted no time in sending my application.

I was overjoyed when my abstract was accepted and, shortly afterwards, came the congratulatory e-mail that I had won a place on the DJC Fellowship Program. With boundless energy and unbridled enthusiasm I set about preparing my poster and began to make travel arrangements, including the visa application. The website of the Embassy of Turkey in Abuja, Nigeria had a notice indicating that first-time applications may take between four and six weeks to process, but this did not dampen my spirits as I applied and was interviewed seven weeks before my travel date. Unfortunately, this seemingly innocuous notice almost stopped my participation at the conference as my visa processing was still not complete a week before my travel date. It took frantic e-mails and phone calls to Andrés and Joaquín, Fusun Cuhadaroglu Cetin (the gracious chair of the local organizing committee), the officials in charge of the travel arrangements, and daily trips to the embassy before I



Jibril O. Abdulmalik

Tejas S. Golhar (India) graduated in medicine from the Government Medical College, Nagpur, in November 2004. He is currently pursuing post-graduate training in psychiatry with a special interest in child and adolescent psychiatry at India's NIMHANS. His MD thesis is on 'Clinical correlates of digit ratio (2D:4D) in autism spectrum disorders'. Residing in India, one of the most populous countries with only 20 or so child psychiatrists, Tejas feels an acute need to accelerate research in the neurobiology and the influence of culture on child psychopathology. Tejas wants to get more medical students interested in child psychiatry and has actively sought to attend meetings and workshops in the West, especially on autism.

Metehan Irak (Turkey/Canada) is an experimental neuropsychologist working at the Institute of Mental Health Research, University of Ottawa, where he is doing postdoctoral training in youth and adolescent psychiatry. His postdoctoral project is on changes in executive functions, meta-cognition, and regional brain activation in adolescents with obsessive-compulsive disorder treated with a selective serotonin reuptake inhibitor. Metehan graduated at Hacettepe University, Turkey and wants to be a social activist, encouraging not only public action and commitment to increasing society's access to mental health services, but also legislative and policy changes.

Naheeda Ismail (Kenya/Turkey) grew up in Kenya but received her medical education in Turkey, where she is training in child and adolescent psychiatry. With only three child psychiatrists practicing in Kenya, Naheeda sees herself as going back and envisions her role first and foremost as an educator, to heighten awareness about mental disorders in children and adolescents and the need to recognize their early the symptoms. She was able to use her time at the conference to meet professionals from different countries and share her concerns about the lack of child and adolescent mental health professionals in Kenya and in other third world countries, as well as the challenges about availability of medication.

Gul Karacetin (Turkey) completed medical training in 2003 at Marmara Medical Faculty, Istanbul, and is training in child and adolescent psychiatry at Cerraphasa Medical Faculty. She is interested in infant psychiatry, eating disorders, obsessive compulsive disorders, and in developing related services —a growing need in Turkey, which already faces a dearth of child psychiatrists. Gul already has a number of publications to her credit but was able to use the mentorship program to meet with international mentors, sharpen her research skills, and seek answers to the difficulties she has encountered in her work.

Anne Krabbendam (The Netherlands) graduated in child psychiatry in 2006 and is working as forensic consultant child and adolescent psychiatrist at the Juvenile Justice Institution Teylingereind, Sassenheim, as well as doing a PhD on behavioral problems and psychiatric co-morbidity in female adolescents following detention. One of her goals is to improve psychiatric care in the Dutch juvenile detention system. Anne enjoys combining clinical work and research; as a budding researcher she felt she greatly benefited from the mentorship in the Istanbul program.



Group 3

Clockwise from left: Ayesha Mian (Pakistan/USA), Nithya Poomima (India), Daniel Yarkoni (Israel), Josse Hattab, John Fayyad, Soumitra Shankar Datta (United Kingdom), and Joao Carlos Martinez Marin (Brazil).



Group 4

Clockwise from left: Jing Ma (China), Luis Augusto Rohde, Marie-José van Hoof, Abdulmalik Jibril Omuya (Nigeria), Megan Pamela Chapman (Australia), and Gul Karacetin (Turkey). Argyro Pericles Caminis (Greece/USA) is missing from photograph.

Jing Ma (China) graduated from the medical school of Northwest Minorities University in China, obtained the Bachelor of Clinical Medicine in 2003, and a master's in child and adolescent mental health from the Mental Health Institute, Xiang Ya 2nd Hospital, Central South University, in 2007. She is entering a PhD program in child psychiatry. Her research interest is on infant temperament and behavior. With child psychiatry still in the early stages of development in China, she feels she can make an important contribution, both in research and clinical work.

Pashupati Mahat (Nepal) completed a postgraduate course in clinical psychology in 2000 at the Institute of Medicine, Tribhuvan University, proceeding to obtain a PhD in child mental health problems from the same institution in 2007. Pashupati has contributed to the establishment and implementation of Nepal's Community Child Mental Health Service Program since 2005, as well as supporting the establishment of community-based psychosocial interventions for young victims of the armed conflict in the Mid-Western region of Nepal—epicenter of the 10-year civil war. Pashupati is currently evaluating the latter program with a view to extend it to a wider population.

Joao Carlos Martinez Marin (Brazil) graduated in medicine at the Federal University of Sao Paulo in 2003, and subsequently trained in psychiatry and child psychiatry. Apart from working as psychiatrist in three hospitals in Sao Paulo he conducts research at the Experimental Neurology Laboratory of the Federal University of Sao Paulo on animal models of social behavior, impairment, and indirectly on autism. Because Brazil is going through a period of deinstitutionalization, Joao Carlos would like to learn about the impact of that movement in other countries and to build research contacts.

Ayesha Mian (Pakistan/USA) completed her medical degree at the Aga Khan University Medical School, Karachi, Pakistan in 1998. She subsequently traveled to the United States and trained in psychiatry and child psychiatry at the University of Texas-Houston. Ayesha is interested in psychiatric education and has worked to increase awareness in child psychiatry at the medical school level, both at UT-Houston and Baylor College of Medicine, where she currently is junior faculty at a large pediatric hospital. Ayesha is interested in cross cultural communication and has developed culturally competent mental health curricula for psychiatry, child psychiatry, and pediatric residents. Other areas of interest include adolescent suicide and pediatric mood disorders from a culturally-informed perspective.

Abdulmalik Jibril Omuya (Nigeria) graduated in medicine from the University of Ibadan, Nigeria, and is undergoing psychiatric training, currently as senior registrar. He also completed a master in health planning and management at the University of Maiduguri, Nigeria, in 2007, and held various administrative leadership positions in medical school and during his residency training. Abdulmalik is interested in contributing to the consolidation of the child and adolescent psychiatry specialty in Nigeria by participating in research, training and by encouraging younger colleagues. His current research is on psychoactive substance use among children in informal religious schools (Almajiris) in Northern Nigeria.

finally secured the visa on the last working day prior to my flight!

Istanbul

I landed confidently in Istanbul with high hopes and was immediately impressed by the friendliness and willingness to assist strangers that was my first taste of Turkish hospitality. My cab driver from the airport regaled me with tales of the historic importance of Istanbul and how it will be a sin for me not to visit places like Haga Sophia, the Blue Mosque...

The conference provided a rich menu of lectures, workshops, and symposia that covered a wide variety of topics. Furthermore, it was a veritable meeting point for people from different regions of the world to exchange ideas and compare notes. The Fellowship program exceeded my expectations as I enjoyed productive interactions with most of the fellows, my mentors (Luis Rhode and Marie Jose van Hoff) and of course, our captains (Andres Martin and Joaquin Fuentes). It was an educative and uplifting experience that came to an end all too soon.

Chigaba (moving forward)

I came away with a personal sense of gratitude and delight at the palpable joy and willingness with which our mentors and captains (and indeed all the senior colleagues I met at the conference) freely gave of themselves to share their knowledge and experience with us. It was a huge encouragement and a morale booster for me, more than you can ever imagine. I can only say thank you all, so very much... and looking forward to engage with you all. Like Oliver Twist, "please sir, can I have some more?" I wish I had more opportunities and time to meet with the mentors in the other groups.

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Argyro Caminis

Mosaics in Istanbul

How fitting it was that this year's DJ Cohen fellows from nineteen countries would come together in Istanbul, a historic center of international trade, culture and diplomacy. Through centuries, as the capital of several empires and port for merchants journeying by land and sea, this bi-continental city has become a mosaic of cultural and ethnic diversity. Influences from the Middle East, Asia and Europe are apparent in the intricate architecture, the elaborate cuisine, and sophisticated musical traditions. I was enchanted by the history of mixing and blending that has given rise to this spectacular bustling display of human exploration, innovation and development.

The IACAPAP conference and the experience with the DJ Cohen Fellows was yet another piece in this historic path. In small daily working groups at the conference center, at breakfasts in Taksim Square, and over dinner at a Turkish kebab house, we traded experiences of training and working in the field of child and adolescent mental health: What is the average length of stay in your hospital? What are the policies that address the mental health practitioner distribution problems? And what is the public perception of mental health and mental health practitioners in your country? Through these conversations we could compare and contrast the status quo in one place with that of another and develop our ideas for improvements in diagnosis, treatment, and delivery of mental health care. In my random poll of various fellows, I was surprised to hear that many had chosen a career in child psychiatry specifically to be part of and contribute to the development of the field itself. This common characteristic is certainly a message of hope for the future!

The internet and other media have provided one means of exchanging ideas, but it cannot substitute for the real-time experience of observing other communities or meeting individuals and hearing their personal sto-

Anikó Páli (Hungary) graduated in medicine in 2007 at the Semmelweis University, Budapest, where she is a resident in the pediatric psychiatry program. Anikó already began doing research in her undergraduate years and is particularly interested in eating disorders, whose frequency is growing rapidly in Hungary. She greatly appreciated her participation in the fellowship program and was able to learn new skills at the Istanbul conference.

M. Nithya Poornima (India) graduated in psychology and completed her doctorate in clinical psychology at the National Institute of Mental Health and Neurosciences in Bangalore. Her thesis focused on promoting interventions for disadvantaged preschoolers. She has researched attachment patterns in early childhood, and worked with children with developmental, learning, and behavior disorders. She enjoys her role as a supervisor and teacher for clinical trainees. She felt that attendance at the conference helped her learn about establishing mental health services for children, very necessary in India where there is a growing public interest in children's mental health.

Marlon P. Quiñones (Colombia/USA) graduated in medicine in Colombia in 2000, subsequently completing seven years of training on immunology and genetics research at the Texas Health Science Centre, San Antonio. Marlon is currently enrolled in a research-track residency program at the Department of Psychiatry, University of North Carolina at Chapel Hill, a program that enables him to integrate clinical and basic science knowledge and training. He is particularly interested on dissecting the possible role of immune dysregulation in the pathogenesis of pediatric bipolar disorder. He plans to start training in child and adolescent psychiatry and focusing his work on Latino immigrants residing in the United States, a very disadvantaged group in relation to access to mental health care and other health issues. Marlon enjoys international travel and scuba diving.

Lior Schapir (Israel) graduated at the Technion-Israel Institute of Technology, Haifa, and completed an MD in 2002 after submitting a dissertation on compliance with treatment of patients with low back pain. Currently he is training in adult psychiatry and child and adolescent psychiatry at the Geha mental health Center, affiliated to the Sackler Faculty of Medicine, Tel Aviv University. Lior was born and raised in Haifa, Israel's third largest city located in the north of Israel, an area where child and adolescent psychiatric departments are very scarce. His dream is to return to Haifa and contribute to this development of child and adolescent psychiatric services in this area.

Benedict Weobong (Ghana) was awarded an MSc in Psychiatric Research Methods from the UK's Institute of Psychiatry in 2006 and is currently a research fellow in mental health at Ghana's Kintampo Health Research Centre. Benedict is building a career in public health research in mental health. He is interested in perinatal depression and its impact on infants and mothers, on the effects of home visitation in developing countries, as well as bioethics—he is currently the ethics administrator of his home institution.

Daniel Yarkoni (Israel) completed medical school at the University of Ottawa, Canada and is finishing training in child and adolescent psychiatry at the Schneider Children's Medical Centre. In 2007 he received a European Commission's Marie Curie Program Research Grant for a project entailing the validation of a functional assessment interview for childhood tic disorders. Daniel would like to join professionals from around the world to share ideas and work together to promote mental health in pediatric populations globally, through leading innovative research and the promotion of new health policies. He enjoys teaching and strongly believes that education through schools is an important key in preventing mental illness in children and adolescents.

Ayse Zeki (Turkey) received a diploma in medicine in June 2000 from Hacettepe University Medical School, Ankara, Turkey. She is currently undergoing training in child and adolescent psychiatry at the Ihsan Dogramaci Children's Hospital in Ankara, and conducting research on amygdala volume in selective mutism. Ayse felt that attending the conference and participating in the mentorship program helped her plan epidemiologic research addressing youth mental health problems in the island of Cyprus, where she grew up.



ries. These exchanges provide opportunities to create new ideas for local implementation as well as to aid communities from afar. Two weeks after the conference, we heard about the cyclones in Myanmar, the tornadoes in the United States, and the earthquake in China. My Chinese colleagues from the conference wrote by email that they had signed up to volunteer at hospitals in Sichuan, while student groups at my university in the United States have independently organized fund-raisers to help send resources to these hard-hit areas. Coordinating these groups can multiply individual efforts. Personal ties drawn together through this type of fellowship, along with the communication and transportation means that exist today, create more opportunities for the rapid transfer of resources between communities. These days, more and more universities are establishing global partnerships, initiatives and exchange programs. These have the potential to maximize personal ties and use technology to increase more rapidly these exchanges for future generations.

It was a tremendous opportunity to have the experience of assembling in Istanbul, as so many participants expressed in their remarks on the closing day. I hope that we can find ways to continue the dialogues started in Istanbul through innovative programs. For example, a friend of mine at a sustainable environmental development program at a university in the United States has been involved in an internet-based class with students from five universities around the world. Through weekly live video conferences, they exchange ideas about urban development in their communities. What might such a program for trainees in children's mental health look like? Bringing people together to trade ideas about future directions in mental health care can help to hone and accelerate the development of child and adolescent psychiatry as a field, in the same way that migration and trade have influenced the development of the historic and vibrant city of Istanbul.

Argyro Caminis
Boston, Massachusetts

One World



Nithya Santosh

For someone who was always fascinated with children and their way of looking at the world, a doctorate in clinical psychology with a specialization in child mental health was a path to discovery where one small step led to another. When a friend informed me of the DJ Cohen Fellowship Program I was impressed and curious. The application was sent with hope and trepidation. The thrill of seeing the acceptance sent a tingle of excitement through me and as the day drew closer the exhilaration of attending my very first international congress grew.

I was in for a surprise. On the very first day, the friendly faces of Andres Martin and Joaquin Fuentes immediately put me at ease. The interaction with mentors and fellows was a heart-warming experience. It was a surprise to a young professional like me that pioneers in the field were so friendly and keen to hear our experiences. I also consider it a privilege to have been able to meet with so many young professionals from different cultures and all with a commitment towards enhancing the mental health of children.

It was striking to realize that people from such different places as Brazil, Germany, Nigeria, India, Israel, Pakistan, the United Kingdom and the United States shared similar concerns—aware-

< Group 5

Clockwise from left: Naheeda Ismail (Kenya/Turkey), Kerim Munir, Murat Coskun (Turkey), Stephan Bender (Germany), Rodrigo Chazan (Brazil), Jun Ding (China), and Phyllis Cohen.

ness of child and adolescent mental health problems, training, treatment, service delivery systems, and support for child mental health. The developed countries have better infrastructure than their less privileged counterparts but it was interesting to note that the core issues faced by all are the same!

On a personal note it was heartening to know that parenting is receiving greater scientific attention for its role in promoting mental health. Having done my doctoral thesis with mothers of underprivileged children I truly appreciate the commitment not just of professionals but also of policy makers and governments toward this end. It was also flattering that many of my newfound friends had a strong interest in my country—spirituality, politics, fashion, cuisine and movies! Once back in India it dawned on me that the world is really one place and that borders and boundaries are truly artificial.

Nithya Santosh

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From left, Ayesha Mian, Lior Schapir, Daniel Yarkoni, Rodrigo Chazan, Anne Krabbendam

Reminiscences

The First Meeting of the DJ Cohen fellows and mentors took place at the Istanbul Convention and Exhibition Centre on Wednesday April, 30th at noon. Fellows and mentors, who had come from different parts of the world, introduced themselves. Introductions were impressive as fellows and mentors—with different backgrounds, different cultures, some of mixed nationalities, varying English accents, but all with one goal—made their pronouncements. We were then ushered to our respective rooms for the special sessions. I had met Kerim Munir in previous Turkish conferences but this was the first time I had the chance to discuss my project on child mental health with him. Phyllis Cohen arrived in the afternoon and I immediately recognized her from the picture in the fellows' bulletin as depicted on the Internet. To be certain, I waited until I could read her name on the identification badge!

Jun Ding, from China, who I must say seemed the shy person in our group—sat quietly and expressed concern about language being a barrier to self expression—made a surprisingly good presentation on the clinical characteristics of ADHD comorbid with anxiety and depression. Rodrigo Chazan, from Brazil, was like me: caught between research and clinical practice. Would he prefer research to going into clinical practice? Time will tell. Murat, a Turkish citizen, was also part of our group—his ebullient nature added zest to all our activities and provided impetus to our working group. Stephan, from Germany, was a physicist inclined towards mental health; he impressed us with his neuro-imaging and electrophysiological data.

I was born in Mombasa, Kenya, and did my child and adolescent psychiatry residency in Istanbul. I feel the need to extend my education towards helping child mental health in Africa, particularly in Kenya. Through the fellowship, I got the chance to meet one of the mentors from Nigeria, Olayinka Omigbodun, who is a child and adolescent psychiatrist in Nigeria. We shared our concern for the future of mental health in Africa in terms of education and the availability of medication to treat mental disorders. I expressed my concern about the paucity and thereby

a need for epidemiological research in the continent.

I believe that no matter where we come from or who we are, of whatever race, religion or nationality, there should be no hindrance or obstacles placed before us in advancing youth mental health. We have all dedicated ourselves to helping children. In Herman Melville's words "we cannot live only for ourselves. A thousand fibres connect us with our fellowmen; and along those fibres, as sympathetic threads, our actions run as causes, and they come back to us as effects."

Naheeda Ismail

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Lior Schapir making a point

A valuable experience

Istanbul was beautiful! I am not thinking just about the historical city which played host to the IACAPAP congress, nor just about the wonderful and *beautiful* (literally) people of this cultural center of Eurasia. I am also thinking of the delicious Turkish cuisine, which this melting pot coasting the Sea of Marmara so generously offered. It was the complete experience that I wish to describe as beautiful. The city, the weather, the people, the historical places, the food (my birthday, my momentary shock on losing my luggage which was later retrieved for me)... all of these only ornamented the real thing, the Donald J Cohen Fellowship Program!

The first day, when I set out for the conference venue, I suddenly experienced a certain pervasive sense (unusual for me) of enthusiasm! That was like a premonition when in the next few moments I bumped into Andrés Martín, who spotted me as one of his fellows before I realized it myself. Not just that, I turned around and saw Joaquín Fuentes engrossed in his list of fellows, eager to induct me into the activities of the program already. What followed was a ride that I will never forget.

Allow me to attempt to summarize the joyride, the coming together of 25 young bright minds from all parts of the world, introductions (and name corrections), small group activities smoothly coordinated by our two ever enthusiastic captains (Andrés Martín and Joaquín Fuentes), discussions about the fascinating work being done around the world with timely and eye-opening input from the mentors, feast of knowledge on various cultures, camaraderie of the fellows dissolving the boundaries of the groups, coming together for breakfasts and dinners—each and every moment utilized in sharing and bonding. I particularly thank the mentors in my group, Thomas Anders, Connie Bowe, and Olayinka Omigbodun for their dedication and ideas. To this I need to add the educational presentations and other seminars and workshops at the congress; learning from the likes of Sir Michael Rutter and Helmut Remschmidt was indeed a privilege.

This was the first time I presented a paper at a conference. My mentor back home, Professor Shoba Srinath, whose encouragement, along with the support of all my co-guides, made it possible for me

to be a part of this program. My poster, 'Dermatoglyphic abnormalities in autism spectrum disorders', was just an attempt to convey my interests and intent as a new recruit in this fascinating field. The mentors indulged me with their attention, discussed my findings, shared their views, and encouraged the toddler to continue working hard and achieve all the developmental milestones age-appropriately. A valuable experience indeed!

At the closing ceremony, Jibril, a fellow from Nigeria, said "It's amazing that the stalwarts in this field are actually human!" He echoed the feelings of all the fellows. It is humbling to realize that what makes these scholars an inspiration is their hard work and perseverance. I intend to take a leaf out of their book and practice what I observed from them. Will I be, like them, an inspiration for someone else? As I take steady steps towards the goal of advancement of child mental health in my country, that is certainly a thought that pushes me forward.

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Networking

Waking up to Donald Cohen's ideals

It wasn't easy to find, but after running back and forth I finally made it (almost in time) to the first meeting. And it struck me immediately that this was a gathering of all sorts of people from all over the world. However, no matter how striking the differences might have looked at first glance, the similarities in this group were even greater—young and enthusiastic people who wanted to improve child and adolescent mental health in their countries. There was shyness at the beginning and a number of difficult names to remember and to pronounce. But as the program progressed, we were taught "shyness is not your friend, be bold!" After a few hours we were already having discussions and, although still struggling with the names, also a lot of fun.

I was one of the few fellows coming from a highly developed country. In the Netherlands we complain about the state of child and adolescent mental health and about our dearth of child and adolescent psychiatrists (200 for 16 million people). What a difference with many other countries where there is only one or even no child and adolescent mental health professional at all! I admire those struggling to start psychiatric services with very limited means and felt embarrassed, almost ashamed, of our complaints about Dutch child and adolescent mental health care.

In the small groups, we discussed our career plans and research. It was wonderful to see the high level of research in both highly developed and developing countries. Andrés Martin in his lecture about how to get data published mentioned the "Kathmandu Clause". So,

one never has to worry alone! I want to be part of this principle, staying in contact with all the people I have met at the Fellowship and continue to exchange experiences, questions, and answers.

I have not met Donald Cohen, but participating in the program carrying his name, I have become aware of his ideals; care and concern for children, enthusiasm for research and service improvement in the broadest sense and, last but not least, connecting people from all over the world with the same goals. Thanks for that.

Anne Krabbendam
The Netherlands



The Making of the Congress and Beyond

Here we were in Istanbul, more than 2000 people joined together to carry hope between East and West for 3 C's: Children, Cultures and Commitments. Istanbul, the timeless city, where people, civilizations and continents met over the centuries, the capital of three great empires.

The congress was in preparation for more than 18 months. At the very beginning of my residency in child and adolescent psychiatry, Dr Cuhadaroglu Cetin asked me to write invitation letters for the congress. That was my very first introduction to IACAPAP. I worked late at night preparing the countless letters and struggling to find the best slogan for the congress. As my colleagues and I worked for the organization of the congress we also got introduced to the concept of junk e-mails. We always had to sift through tons of them in the congress mailbox. No matter how hard we tried to block them, they always found a way back.

My journey to the DJ Cohen Fellowship began minutes before the application deadline. When I received the acceptance letter, I could not believe my eyes. I was among 25 lucky fellows selected for the program.

Dr. Cohen once said "As teachers and doctors, we offer ourselves to be metabolized by students and patients, and we enjoy seeing our thoughts and attitudes become internalized and thus immortalized. We do not know which student will carry what part of us into the future... and make our work and beliefs a part of him or herself. We know that only through risking ourselves in true encounters—in family and in our teaching—is there any hope for surviving, at least in part." I hope to carry the flag and be a pioneer in my country. Coming from Cyprus, the island of Aphrodite, the goddess of love—but pervaded by uncertainty and conflict, and where there is no child psychiatrist—I will do my best to live and transmit this spirit.

As Mevlana, a Turkish philosopher and the man behind the Whirling Dervishes once said "Come, come again, what ever you are, come!" We will come together again every two years under the umbrella of IACAPAP to discuss issues related to children and adolescents and work together to improve the mental health of generations to come.

Ayşe Zaki
Ankara, Turkey



Tejas Golhar and Phyllis Cohen

The Art of International Mentoring

Whenever I become involved in mentoring, either as a mentor or as a facilitator, as was recently the case in Istanbul, I experience a sense of pleasant turmoil that affects fundamental aspects of my personal and professional identity. I grew up, as did many persons of my age, in an isolated world where you only knew your neighbors, where you only spoke your local language, where your horizon was quite limited. I grew up in the Basque region of Spain and my horizon was further limited by General Franco's censorship. We learned about cultures and foreign countries by watching movies and reading books—and that was it. We wanted to become physicians just by paying attention to the role models in our communities and by mixing them with our vision of ourselves. We were—I should say we *are*—good people who later became idealistic about children and adolescents, about the brain and the mind, and wanted to advance knowledge and improve our countries. In that spirit, and in that service, we became child and adolescent mental health professionals.

After a few years, all of a sudden everything changed. The world became a village. We started to discover that there were many different challenges for children around the globe and that there were many young professionals who had a vision that was quite different. Their reality was not ours but they were willing to share it with us. Our more dominant culture was shaken: Western thinking and values were no longer unanimous. Difficulties and opportunities were not the same. And yet we all (as they) were well meaning and motivated people, with passion for science and dedication to our fellow human beings.

This is where I see international mentoring arising: a new arena for action. It is, I think, a current-day venture, a prototype for this new century. Mentees learn from mentors and from other mentees; mentors, in turn, learn from mentees—what you may call 'a community of learners'. Learners with a clear commitment to science and human rights, devoted people with an open mind and an international perspective. Mentees who let you know that you are important to them, that want you to have an impact in their careers and lives. Mentors who, by doing this, have a new and fulfilling experience. We, as facilitators, end up being fascinated and proud of all of this.

For me this is the most exhilarating aspect of the Donald Cohen Fellowship: It brings us all to a new level, a new frontier. I know that Donald would have smiled on seeing the terrific developments in the program named after him, the joy of mentors and mentees, their respect for each other, and their pleasure in sharing. Above all he would have smiled when seeing this new species: the international child and adolescent mental health professional—the future, our future. I feel blessed by being part of it.

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Spanish and Latin-American Child Mental Health in Istanbul

IACAPAP 2008 ISTANBUL

Spanish and Latin-American child and adolescent mental health is coming of age as shown by the many excellent contributions to the Istanbul Conference. The theme pervading all of them was hope—put in a nutshell by Gabriela Garrido, Uruguayan psychiatrist, who said "Latin American countries have suffered decades of economic and social decay, with the consequent effects on generations of children, but there is now an impetus to reform the health system and bring to fruition the chart of the rights of the child".

There were many highlights but not all can be mentioned here due to space limitations. I will only talk about a sample of the contributions, which does not necessarily reflect their quality but whether I could hear the presenters or read the posters.

The symposium 'Importance of a different trans-cultural view of attention deficit disorder: The Latin American experience' was chaired by Eduardo Barragán, a Mexican psychiatrist. He emphasized that "the financial impact of treating ADHD on the

average Bolivian or Brazilian family is not the same as in their European counterparts". It was agreed that cultural and genetic factors could influence the manifestation of symptoms and response to treatment in Latin America. Luis Rhode presented with his usual flare the results of a longitudinal study of children born in 1993 in Pelotas, Brazil. Prevalence of ADHD varied according to the criteria used; 4.1%

'Hope was the theme pervading the presentations'

with DSM-IV and 2.7% with ICD-10. He concluded that to make a diagnosis it was essential not only to consider functional impairment but also symptom persistence. The Uruguayan Laura Viola described the results of an epidemiological study of mental disorders in children and adolescents using the CBCL as screening instrument, finding a prevalence of ADHD of 7.6%. Francisco de la Peña (México) summarized the consensus guidelines

agreed upon at the 1st South American Consensus Conference on ADHD, which took place in June last year in Mexico City. He denounced the widespread reluctance in South America to use biological treatments in children, while unreliable diagnostic instruments and alternative treatments were commonly used. Gabriela Garrido also underlined that "more than 60% of children with ADHD do not receive specialist care and only one in four receive medication". The social impact of ADHD is to be examined further in the 2nd South American Consensus Conference on ADHD, which will take place in Mendoza, Argentina, in September this year.

Joaquín Fuentes (Spain), well-known among the participants at the conference for his involvement with the DJ Cohen Fellowship Program, spoke at one of the symposia on autism spectrum disorders. He stressed the need to conduct more research on rare conditions—those affecting fewer than one in 2000 people, such as fragile X syndrome—associated with autism. This knowledge may pro-

vide insights in the genetics of autism but, given their low prevalence, will require the involvement of a large number of centres. On his part, the Argentinean Bernard A. Carlos, speaking at the symposium on ethics, emphasized that the autonomy principle "is not just consent or proxy consent but confirmation of a course of action that avoids the obstacles and potential limitations to informed consent" and that the autonomy, justice, and beneficence principles should not only inform clinical work but also be given prominence in child psychiatry training.

The Spanish group of Pedro Ruiz, Ana Calvo and Arantxa Zapata presented preliminary results of a highly anticipated randomized controlled prevention trial of eating disorders. This is a multicentre study involving 1856 adolescents aged 12 and 16 years from a variety of Spanish cities. Pedro Ruiz concluded that "results of the initial evaluation of the Saragossa cohort, although not reaching significance given the small size of the sample, are promising and we are looking forward to the results in the whole group".

Spanish and Latin American researchers were also very active in the poster sessions. For example, a Spanish group from the Hospital Parc Taulí of Sabadell presented the results of a cognitive behavioural (CBT) intervention in parents of children with ADHD. The same group summarized in another poster the effectiveness of CBT in the treatment of agoraphobia in adolescents. A team from the Hospital Sant Joan de Déu in Barcelona presented data on substance use in Barcelona adolescents and, in a second poster, an evaluation of bipolar disorder among children with ADHD.

Marlon Quiñones (Colombia/USA) was awarded one of the DJ Cohen fellowships, adding a Spanish flavour to the group. The organization of the conference was outstanding and I —we all— came back to work refreshed and cherishing the memories of the magnificent Istanbul and of the many friendships I made or rekindled there. I am looking forward to Beijing already, where Spanish and Latin American child and adolescent mental health research and practice will make even more of an impact.

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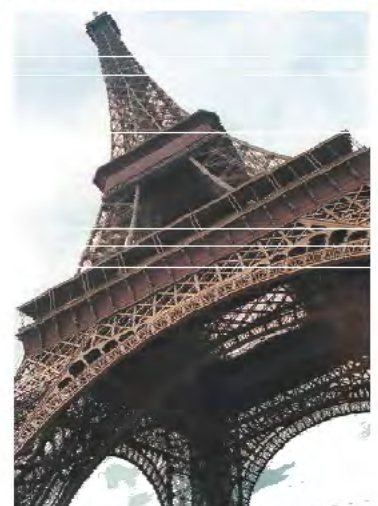
Gabriela Garrido (Uruguay)

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Contributions are sought for the next issue of the Bulletin.
Please contact the editor (jmrey@bigpond.net.au) with your ideas.

Save the date
 20th World Congress
IACAPAP
 July 22–26, 2012
 Paris-France

International Association for
 Child and Adolescent
 Psychiatry
 and Allied Professions



Cyrille Koupernik (1917-2008)

Cyrille Koupernik, editor with James Anthony of the first four IACAPAP books, was an outstanding psychiatrist, a mind exceptionally bright, a talented teacher and lecturer with a racy sense of humor, a poker-faced man of wit. Some puns of his remain famous. He was a most uncommon man. His shield of sarcastic coldness concealed the fine feelings of a liberal and delicate personality.

He had been a distinguished medical student, but he disdained honors, degrees and titles of all sorts—he remained a mere “Doctor K”, a doubtless token of lofty pride. In contrast with that groundless modesty, the news of his death arose deep emotion in the circle of international psychiatry, where he had not been forgotten though retired for many years.

At Paris’ *Salpêtrière* he was for many a master without a professorship; whoever has witnessed his clinical insight never forgets its keenness. He was one of the editors of *Le Concours Médical*, a non-specialized weekly where for years his brilliant editorials on topics of child psychiatry were much appreciated by general practitioners.

Born in Russia at Petrograd, he came to France at the age of three or four and was perfectly bi-lingual. He was interested in everything regarding his native country, particularly its history, and most particularly the history of Russian psychiatry, a field of which he had a deep knowledge. He played a leading part in the movement against political abuse of psychiatry when, in the late period of Soviet totalitarianism, political non-conformists could be declared mental patients to be ‘cured’ in special psychiatric hospitals. Thanks to him, many such ‘patients’ were released.

In February 22, 2008, Koupernik’s body was cremated and his ashes scattered about, which may be a meaningful symbol.

Didier-Jacques Duché de l’*Académie de Médecine*
Michel Gourévitch



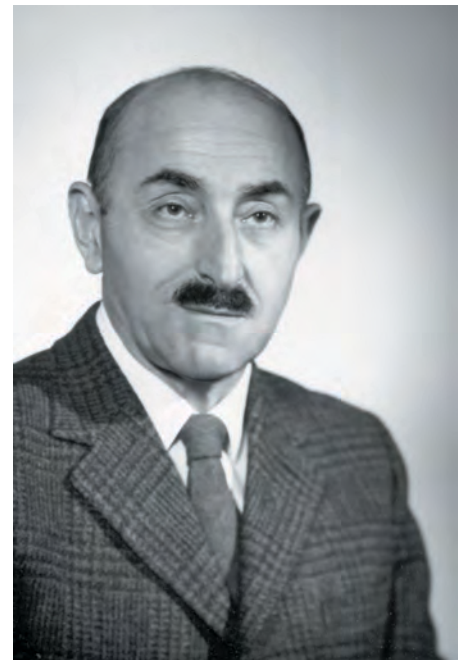
Gerald Caplan (1917-2008)

Gerald Caplan died in Jerusalem on March 29, 2008 at home, after a long and debilitating affliction with Parkinson disease. Despite his difficulties moving and speaking, until his last moments he never gave up and made superhuman efforts to express himself and communicate. That was Professor Gerald Caplan: assertive, authoritative, and self confident in his profound wisdom and universal knowledge.

Gerald’s father settled in Manchester, England where he served as a teacher in a Hassidic rabbinical school, but then entered business to support his family. Gerald was born in this place and at the age of eleven won a much coveted scholarship to the famous Manchester Grammar School. In the medical school, too, Gerald enjoyed great success and was awarded a special bachelor of science degree. He was also active in athletics. He received his medical degree in June 1940 but could not begin his residency in child psychiatry with his mentor Howard Kitching because he was in charge of his family after his father’s death. He was hired for Winson Green Mental Hospital in Birmingham where he made his first steps in psychiatry.

During World War II, he volunteered for the Royal Air Force. Returning to his hospital he developed the outpatient clinics and services. Then in Swansea he developed his model of psychiatric consultation in general hospitals. In London, Gerald trained in child psychiatry with John Bowlby at the Tavistock Clinic. Anna Freud offered him training in psychoanalysis and then in group therapy. After his training in London, Gerald emigrated to the United States and founded the Laboratory of Community Psychiatry as part of the prestigious Harvard-affiliated Massachusetts Mental Health Center. Here he further developed and implemented his principles of consultation psychiatry.

In 1948 he was among the organizers of the newly established International Association of Child Psychiatry, and later IACAPAP. He was its Secretary-General, then Treasurer, and then Honorary President. Since 1982 IACAPAP has honored him with the *Gerald Caplan Lecture* featuring his global contri-



butions to child and adolescent mental health.

In 1977 Gerald took early retirement from Harvard and settled in Jerusalem. He decided to devote the remainder of his working life to using his population oriented ideas and experience in developing child psychiatry in Israel. He organized a new department of child psychiatry within the Hadassah-Hebrew University Hospital of Jerusalem. There he trained residents in child psychiatry and developed an extended network of consultation for special education schools in Jerusalem.

He served as President of the Israeli Child and Adolescent Psychiatry Association from 1977 to 1980. He wrote more than 120 papers and eight books including *Psychiatric Approaches to Adolescence* with former President and Honorary President of IACAPAP, the late Serge Lebovici. He lectured all over the world with great success on the mastery of stress, support systems, and methods of collaboration.

Throughout his life, in studies, training, teaching, and practice, Gerald was a hard worker and pushed students, trainees, colleagues, and all professionals around him to follow his own tempo and seriousness in work. Personally, he was very instrumental to me in my first steps as Director of my department in Eitanim by giving advice based on his extended experience. He will remain in our memories and in the modern history of world child psychiatry as one of its more creative pioneers.

May his memory be a blessing for us.

Jocelyn Yosse Hattab MD



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