

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



# IACAPAP

FEBRUARY 2016 • **BULLETIN** • NUMBER 44  
[www.iacapap.org](http://www.iacapap.org)



## Training mental health professionals in Eritrea



## Early bird registration now open

# IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health



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



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

September  
**18-22**  
**2016**

Calgary TELUS Convention Centre  
Calgary, Alberta, Canada

## Editor

Joseph M Rey (Sydney, Australia)

## Deputy Editors

Maite Ferrin (London, UK)

Hesham Hamoda (Boston, USA)

## Correspondents

- Andrea Abadi (Buenos Aires, Argentina)
- Bibi Alamiri (Kuwait, Gulf States)
- Birke Anbesse Hurrissa (Addis Ababa, Ethiopia)
- Tolu Bella-Awusah (Ibadan, Nigeria)
- Caroline S. Biskup (Aachen, Germany)
- Füsün Çuhadaroğlu Çetin (Ankara, Turkey)
- Francisco Rafael de la Peña Olvera (Mexico DF, Mexico)
- Nafia Farzana Chowdhury (Dhaka, Bangladesh)
- John Fayyad (Beirut, Lebanon)
- Ana Figueroa-Quintana (Las Palmas, Spain)
- Daniel Fung (Singapore, Singapore)
- Naoufel Gaddour (Monastir, Tunisia)
- Jingliu (Beijing, China)
- Sigita Lesinskiene (Vilnius, Lithuania)
- Manju Mehta (New Delhi, India)
- Dmytro Martsenkovskiy (Kiev, Ukraine)
- Monique Mocheru (Nairobi, Kenya)
- Cecilia Montiel (Maracaibo, Venezuela)
- Stephanie Moor (Christchurch, New Zealand)
- Yoshiro Ono (Wakayama, Japan)
- Thiago Gatti Pianca (Porto Alegre, Brazil)
- Anne-Catherine Rolland (Reims, France)
- Norbert Skokauskas (Dublin, Ireland)
- Cesar Soutullo (Pamplona, Spain)
- Olga Rusakovskaya (Moscow, Russia)
- Dejan Stevanovic (Belgrade, Serbia)
- Runa Uslu (Ankara, Turkey)
- Laura Viola (Montevideo, Uruguay)
- Chris Wilkes (Calgary, Canada)

# CONTENTS

President's Column	3
Enhanced IACAPAP Website	4
IACAPAP 2016, Calgary, Canada	6
56th annual meeting of the Japanese Society for Child and Adolescent Psychiatry	8
ASCAPAP 2015	9
Training mental health professionals in Eritrea	11
More than 60 CAMH professionals at my fingertips	12
A paradigm shift in Alberta children's mental health services	13
Child and adolescent psychiatry in Iran	14
Child and adolescent mental health activities in Sierra Leone	16
Child psychiatry in Russia in 2015: A synopsis	17
A dynamic 2015 for child and adolescent psychiatry in North Africa:	
1st conference of the Tunisian Society of Child and Adolescent Psychiatry	20
5th Congress of the Moroccan Society of Child and Adolescent Psychiatry and Allied Professionals	21
Egypt's ADHD awareness campaign 2015	22
A binational exchange program to strengthen training in child psychiatry: The Yale Child Study Center – University of São Paulo model	28
The IACAPAP textbook app: now available in iTunes and Google Play	29
20th National Adolescent Symposium of the Turkish Association for Child and Adolescent Psychiatry	30
Abu Dhabi: 4th International Child and Family Behavioral Health conference	31
Publishing in CAPMH: FAQs	32
Member organizations	33
IACAPAP officers	34

The articles in this bulletin reflect the views and are the responsibility of their authors. They do not represent the policy or opinion of IACAPAP unless specifically stated.

This is an open-access publication under the [Creative Commons Attribution Non-commercial License](#). Use, distribution, and reproduction in any medium is allowed provided the original work is properly cited and the use is non-commercial.





## President's column

### DSM AND ITS IMPACT ON CHILD AND ADOLESCENT PSYCHIATRY

On December 25, 2015 the famous American psychiatrist Robert Spitzer died at the age of 83. Because he has been considered for a long time as the main architect and keeper of the DSM, he is likely to become a historical figure of psychiatry, just as Philippe Pinel, Eugen Bleuler, or Emil Kraeplin were at the beginning of the 19th and the 20th centuries respectively. Thanks to the DSM, psychiatrists all over the planet had a common language for the first time, a lingua franca. This has been a revolution which, of course, had many consequences for child and adolescent psychiatry.

The contribution of the DSM and, more generally, of operationalized diagnoses has been considerable in research, in particular in the fields of neuroscience, epidemiology, and clinical studies. It was indeed necessary to define psychiatric phenotypes in a reliable way before thinking, producing and promoting evidence based practices.

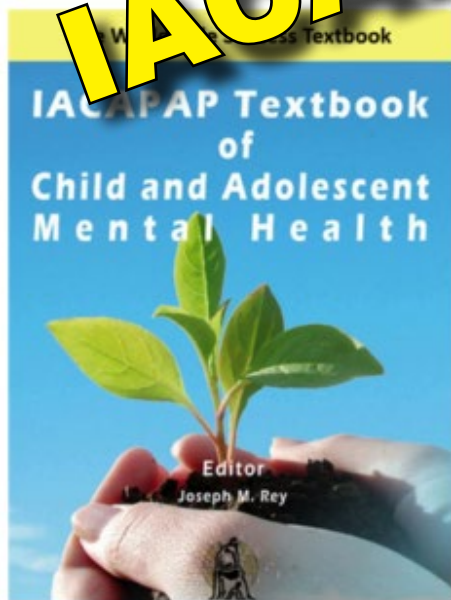
This unquestionable success concealed some shortcomings—as side effects often occur with all good medications. One of these drawbacks is that many professionals simplistically reified the DSM definitions, believing that the diagnoses proposed in the famous manual were definitive—at last, scientists had found the real psychiatric entities. Unfortunately this was not the case, giving rise to a heated debate during the last few decades, the American philosopher Jerome Wakefield, among many others, being an important contributor to this discussion. A second problem that came about with the DSM (or the ICD, its less successful sibling) is that an obsession with reliability led to discarding diagnoses that were nevertheless clinically relevant and potentially useful for treatment. This is particularly true in child and adolescent disorders. An example is the reluctance in the DSM to allow a diagnosis of borderline personality disorder in adolescents and even more so in children, while these diagnoses are relevant in many ways, as it is shown in the chapter of the IACAPAP textbook on borderline personality disorder.

The publication of the DSM also resulted in surprising after effects—two professional groups were particularly upset by the success of the best seller. The first consisted of psychoanalysts (some very active in France) and the second of neuroscientists (those working in the North-American National Institute of Mental Health, NIMH, in particular). Looking closely, it seems that both disapproved the low theoretical underpinnings of the DSM. Perhaps both groups were right: it may be that we need to take a step further. Because we now largely have a common language about the phenomenological description of psychiatric disorders, we can risk engaging in a more theoretical discussion. Because of this common language, we don't need to be afraid any more of the Babel tower of theoretical diversity. And for this reason we have to support the development and dissemination of initiatives like the French Classification of Child and Adolescent Mental Disorders, based on a psychodynamic framework (CFTMEA) or the Research Domain Criteria (RDoC)—a project of the NIMH based on a neuroscientific framework. Both are likely to herald the future of psychiatric classification.

**Bruno Falissard**



Welcome to IACAPAP



**The Peer Reviewed Journal**

CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL HEALTH

**The Repository of Electronic Preprints**

**IACAPAP ArXiv**  
The Archives of the International Association for Child and Adolescent Psychiatry and Allied Professions

**The Massive Open Online Course**

**MOOC**  
Essentials of Child and Adolescent Psychiatry across the World

**Translator**

Flags representing various countries: USA, UK, France, Germany, Italy, Spain, Japan, Sweden, Philippines.

**Latest News**

[The 42nd IACAPAP Bulletin is now available.](#)

[WHO and IACAPAP initiatives in worldwide capacity strengthening in child mental health services](#)

[ASCAPAP2015 Final Announcement](#)

**Subscribe**

[IACAPAP RSS Feed](#)  
[CAPMH RSS Feed](#)

**Join Our Email List**

Email:

**Follow Us On**

## Next World Congress

Join professionals from the multiple disciplines involved in the study of the mental health of children and caring for children with mental health problems at the **22nd World Congress**, being held in Calgary, Canada from September 18 to 22, 2016. The congress is a joint event with the 36th Annual Conference for the Canadian Academy of Child and Adolescent Psychiatry. The theme for this congress is *Building Strong Resilient Children: Promoting Positive Mental Health Development*.

### Note the new resources

- **IACAPAP ArXiv**  
This is a new facility where child and adolescent mental health professionals can upload clinical or research documents in their own language (with an abstract in English) that are then freely available to everyone.
- **The massive open online course: Essentials of Child and Adolescent Psychiatry Across the World**  
This MOOC has been designed to meet the basic educational needs of people interested in child and adolescent mental health such as nurses, community health workers, teachers, general practitioners, medical students, adult psychiatrists, and parents. The course is basic and each session includes a 20 minutes video. Teachers are from all over the globe.







# IACAPAP 2016

FIGHTING STIGMA: PROMOTING RESILIENCY AND POSITIVE MENTAL HEALTH

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

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

– C. G. Jung



Keep up to date and receive Congress e-newsletters

Follow IACAPAP 2016 on Twitter and Facebook

#IACAPAP2016 | [www.iacapap2016.org](http://www.iacapap2016.org) | [info@iacapap2016.org](mailto:info@iacapap2016.org)

[www.iacapap2016.org](http://www.iacapap2016.org)

Tourism Calgary

## Share your research on a global stage! Submit your Abstract by Tuesday March 1, 2016

Submit your abstract(s) online by Tuesday, March 1, 2016. IACAPAP 2016 welcomes abstracts that cover all aspects of child and adolescent mental health. Abstracts are grouped into the following three themes:

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

For information on the subjects within each track and abstract guidelines download the Call for Abstracts brochure ([English](#) or [French](#) version) or visit the [Abstract Submissions page](#) of the congress website.

## Registration for IACAPAP 2016 is open!

Registration for the [22<sup>nd</sup> International Association for Child and Adolescent Psychiatry and Allied Professions World Congress \(IACAPAP 2016\)](#) is open. The congress is taking place from September 18<sup>th</sup> to 22<sup>nd</sup>, 2016 at the Calgary TELUS Convention Centre in Calgary, Alberta, Canada. Visit [www.iacapap2016.org](http://www.iacapap2016.org) to register and reserve your place at the Congress. Register by Monday, May 16<sup>th</sup> to take advantage of the Early Bird rates and save!

Full Congress registration fees **include** all scientific sessions, the Opening Ceremony and Welcome Reception, refreshment breaks and access to the exhibit hall and poster displays.

Daily registration fees include scientific sessions, refreshment breaks and access to the exhibit hall and poster displays on the day of attendance.

Registration fees **do not include** the Congress Gala Dinner, attendance at pre-congress Institutes or additional tickets to the Opening Ceremony and Welcome Reception. Tickets for these items can be purchased through the online registration form.

Information about registration fees, social event tickets and pre-congress Institutes is available on the [Congress website](#). Registration fees are determined by the country you live in; visit the Congress website for details regarding [registration categories](#).

### **Congress Sponsors**

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

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

**Platinum Sponsor:** [Graham Boeckh Foundation](#)

**Custom Bronze Sponsor:** [Palix Foundation](#)

**Bronze Sponsor:** [Wood's Homes](#), [Hull Services](#)

If you are interested in becoming a sponsor or exhibitor at IACAPAP 2016, contact Marilyn Lawrie, Sponsorship and Exhibition Sales Manager by email [opportunities@iacapap2016.org](mailto:opportunities@iacapap2016.org) or phone +1-604-984-6449.





# INAUGURAL ADDRESS AND A REPORT

## 56TH ANNUAL MEETING OF THE JAPANESE SOCIETY FOR CHILD AND ADOLESCENT PSYCHIATRY



I was elected president of the Japanese Society for Child and Adolescent Psychiatry (JSCAP) in 2015. The JSCAP is a multidisciplinary professional association of child and adolescent psychiatry established in 1960, with 3,533 active members including 1,671 psychiatrists, 319 pediatricians, 997 psychologists, and 172 school teachers. I have been involved in the activities and management of the JSCAP as an executive committee member for two decades, I still feel a great deal of responsibility in taking the leadership of this great association.

Following the tradition and history of our Society, I would like to contribute to its development. A challenge facing JSCAP today is the establishment of a training system for specialists in child and adolescent psychiatry. Currently, we are developing a training program in cooperation with the Japanese Medical Specialty Board and The Japanese Society of Psychiatry and Neurology. Setting ethical standards, including disclosure of conflict of interest in clinical research is another challenge. Also, I think that it is necessary to keep in contact with child and adolescent psychiatrists and allied professionals in other countries and with IACAPAP.

We have annual meetings around the country every year and I have hosted the 56th meeting at PACIFICO Yokohama in Yokohama, Japan, from September 29th to October 1st, 2015. The main theme of the meeting was “Back to the Basics of Child and Adolescent Psychiatry.” There were two invited lectures: “Attachment Disorders in Early Childhood: Questions, Answers and More Questions.” by Professor Charles H Zeanah Jr from the United States (Tulane University School of Medicine) and “Developing an Evidence-Based Approach to Treating Children and Adolescents Impacted by Trauma: A Personal and Professional Narrative.” by Ester Debliner also from the United States (Child Abuse Research Education Service [CARES] Institute, Rowan University School of Osteopathic Medicine). There were also two special lectures by Japanese speakers.



The meeting was really successful—there were more than 1,200 participants, 13 symposia, 109 oral and 74 poster presentations, and 10 lectures. The major topics discussed in the 3-day conference were research and clinical practice of autism spectrum disorders, ADHD, traumatic stress, child abuse and neglect, psychosis, and anxiety disorders among others.

The next annual meeting of the JASCAP will be held in Okayama City in October 2016, hosted by Professor Shozo Aoki at Kawasaki Medical University. We actively encourage our members to attend the 22nd World Congress of the IACAPAP in Calgary in September 2016. I hope to see you all in Calgary and develop a partnership with all member association of the IACAPAP.

### Hideo Matsumoto MD, PhD

President of the Japanese Society for Child and Adolescent Psychiatry & Professor, Department of Psychiatry, Tokai University School of Medicine.

From top: program cover, JSCAP's 56th annual meeting. Professor Hideo Matsumoto. Professor Hideo Matsumoto (center) with former JSCAP presidents Dr Kosuke Yamazaki (left) and Dr Hironobu Ichikawa (right).



# ASCAPAP 2015

## August 19-22, Kuala Lumpur, Malaysia



Above, ASCAPAP executive-members at the ASCAPAP, 2015 Kuala Lumpur, from left: A/ Prof Aili Hashim (Malaysia), Dr Wachiraporn Arunothong (Thailand), Dr Nuttorn Pityaratstian (Thailand), Dr Dwijo Saputro (Indonesia), Prof Daniel Fung (Singapore), Prof Susan Gau (Taiwan), Dr Toh Chin Lee (Malaysia), Dr. Yoshiro Ono (Japan), Prof Sadaaki Shirataki (Japan), Prof Norbert Skokauskas (Norway), Dr Yen-Nan Chiu (Taiwan). Sitting: Chandanie Gonadeniya Hewage (Sri Lanka), Liu Jing (People's Republic of China), Ika Widayawati (India), Prof Savita Malhotra (India), Prof Bruno Falissard (France), Dr Portia R Valles-Luspo (Philippines).

Below, Vanessa Kellam, Prof Bruno Falissard, Dr Asiah Mason, A/Prof Aili Hashim and Dr Andrew Wake.



The members of the Malaysian Child and Adolescent Psychiatric Association (MYCAPS) were waiting with keen anticipation for 19th of August, 2015. This was because the ASCAPAP 2015 was going to be held for the first time on Malaysian soil, in Kuala Lumpur. MYCAPS recognized the importance of holding this meeting in Malaysia and, despite the challenges, the committee members were determined that the "show must go on". Hence, it was with feelings of trepidation and joy the members of MYCAPS toiled tirelessly in the two years preceding these dates.

As the date to the conference got closer, the number of confirmed delegates and participants steadily increased. The speakers who confirmed their attendance further helped allay the worries and apprehension of the organizing committee. The committee was especially thrilled with the number of participants wishing to attend the various workshops—these numbers far exceeded expectations.

ASCAPAP 2015 Kuala Lumpur was held in conjunction with the 19th Malaysian Congress of Psychological Medicine (19th MCPM). Thus a concurrent program was organized comprising child and adult mental health issues. The conference was formally opened by The Honorable Minister of Health of Malaysia, YB Datuk Seri Dr. Subramaniam Sathasivam.

The workshops started with a bang and were filled with enthusiastic participants. The international workshop speakers—Andrew Wake (Australia), Anthony James (UK), Asiah Mason (USA), Jean Starling (Australia), Vanessa Kellam (Australia), and Norbert Skokauskas—gave a taste of what was to come during the conference. The workshop topics of understanding attachment and its impact on children and their family, and handling children with special needs were well received by the participants who were eager for leading-edge knowledge and information. An added bonus was provided by the local team of Drs Toh Chin Lee and Lai Fong Hwa, who conducted the workshop on treating children with trauma.

The Honorable Minister of Health of Malaysia, Datuk Seri Dr Subramaniam Sathasivam lent much support to Malaysian Psychiatry Association's emphasis on mental health literacy and the importance of early intervention. Datuk Seri Dr Subramaniam Sathasivam pointed out that, in Malaysia, patients and their families tend to seek help through other means and resort to mental health professionals only when other approaches fail. This is due to misconceptions about psychiatry and the stigma attached to psychiatric illness. The Honorable Minister reiterated that these prejudices worsened when the conditions were severe,

which often made the prognosis an even greater challenge.

Among the esteemed guests who attended the conference were Professors Bruno Falissard (France, President of IACAPAP), Savita Malhotra (India), Daniel Fung (Singapore), Susan Shur Fen Gau (Taiwan), John Fayyad (Lebanon) and Michael Meaney (Canada). Several ASCAPAP executive members were in attendance as well.

Altogether 460 delegates from 28 countries attended. Speakers captivated the delegates discussing topics like: What is Positive Mental Health (Bruno Falissard), Children in Asia, Challenges and Resilience (Savita Malhotra), Advancing Child and Adolescent Psychiatry and Mental Health through Asia (Norbert Skokauskas), Genetic Validity of Autism and ADHD (Susan Shur Fen Gau), Managing Adolescents in An Inpatient Setting (Anthony James), The Good Enough Healer: How Good Enough Parenting Can Inform Our Practice (Andrew Wake), Children and War (John Fayyad), Developing Serious Games in Child Psychiatry: A Peep into The Future (Daniel Fung), Nurture versus Nature: Maternal Care, Stress and Genes Expression (Michael Meaney) and Childhood Mental Illness in Asthma, Epilepsy and Diabetes (Benjamin Baig). Many other topics related to child and adolescent mental health, discussed in the lectures and symposiums were discussed.


The organizing committee received positive feedback and it was rewarding to hear participants' appreciation about the workshops, plenary sessions, symposiums, lectures and poster presentations.

Of course, it was not all work. For example, the office of the Mayor of Kuala Lumpur sponsored a welcome dinner for our international delegates, who were indulged with a wide variety of Malaysian food and exposed to the beauty of Malaysian culture, with many of them dancing with the local performers. It was good to chill and let the guard down while eating, singing and dancing in an informal atmosphere.


At the end of the 5-day conference, the organising committee was beaming with a sense of achievement and joy with the progress of the conference and the way everything turned out. Many new friendships and bonds were established and it was with mixed feelings of joy and sadness that the delegates parted and went their separate ways.

ASCAPAP 2015 was worth the hard work and long hours in ways more than one. To our esteemed guests, speakers and participants, the ASCAPAP organising committee would like to thank all of you for making the conference a resounding success. We would like to extend our utmost gratitude to the Malaysian Psychiatry Association for supporting us through this wonderful journey. To Prof Nor Zuraida Zainal and the MPA committee members, Prof Falissard and the ASCAPAP executive committee members, thank you for supporting us. To our MYCAPS comrades... thank you for a conference well done!

**Dr. Aili Hashim and Dr. Selvasingham Ratnasingam**



Final Announcement



**The Malaysian Psychiatric Association (MPA)**  
and the  
**Malaysian Child and Adolescent Psychiatry Association (MYCAPS)**  
invite participants to  
**The 8th Congress of The Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) and  
19th Malaysian Conference of Psychological Medicine (MCPM)**  
19 – 22 August 2015, Kuala Lumpur, Malaysia  
*Embracing challenges,  
providing solutions*



The Malaysian ASCAPAP organizing committee. Front row: Dr Farahida, Dr Norhayati Nordin, Dr Norharlina Bahar, Dr. Selvasingham Ratnasingam, Dr Toh Chin Lee, Dr Nor Hamidah. Back row: Dr. Yusni Yusuf, Dr. Manveen Kaur, AP Aili, Dr Ani Rahaiza, Dr. Ramli Ali, Dr Norharlina, AP Aili, AP Dr Wan Salwina Wan Ismail, Dr Fauzi Ismail. Unavailable: AP Dr Susan Tan, AP Dr Fairuz Nazri Abd Rahman.





# TRAINING MENTAL HEALTH PROFESSIONALS IN ERITREA



From November 20 to December 3, 2015, I was in Asmara, Eritrea, working with a group of outstanding health professionals to contextualize the World Health Organization's (WHO) Mental Health Gap action program (mhGAP)—intervention guide and training materials for use in the Eritrean context. This was on behalf of the WHO which funded this process. I also carried out a 6-day training of trainers workshop, teaching 20 health professionals on the use of the mhGAP. During this period, I had the opportunity to pay an advocacy visit to the Minister of Health, Amina Nurhussien, who was very attentive and supportive of the work I was doing and promised to support fully the integration of mental health in primary health care in Eritrea. Eritrea already has a mental health policy in place for the integration of mental health into primary health. Unfortunately there are no psychiatrists in Eritrea.

I also visited the National Association of Intellectual/ Developmental Disability of Eritrea, where I discussed with a group of volunteer educational psychologists who had trained 600 mothers of children with disabilities on parenting interventions. They promised to send an article of their work.

During the first few very busy days of adapting the mhGAP with the general practitioners

Top, group of health professionals who participated in the contextualization of the mhGAP and "Training of Trainers" workshop. Middle, meeting with the Minister of Health. From left, Dr Yohannes Ghebrat (Disease Prevention & Control Officer, WHO Eritrea), Professor Olayinka Omigbodun, Ms. Amina Nurhussien (Minister of Health), and Dr Elizabeth Aklilu (Head of St. Mary's, only psychiatric hospital in Eritrea) Gebrehiwot Mr Ghidewon Yirgaw Neguse (Focal Point for Mental Health, Ministry of Health). Bottom, Mr Mohammed-Hamid Osman teaching a group of nurses.



and psychiatric nurses, one of the participants came up to me and said: "Dr Ola, I know you". I had introduced myself as Dr Ola, shortening my name to make it easier to pronounce. "How do you know me I asked?" "From the IACAPAP textbook", he replied. Mr Mohammed-Hamid Osman, Head of Department of Mental Health Nursing, Asmara College of Health Sciences, School of Nursing, Asmara, Eritrea, then proceeded to tell me how in a desperate search for mental health resources, he stumbled on the IACAPAP textbook and that had been his only resource and textbook as head of mental health nursing training in Eritrea. This is his story in his own words.

**Olayinka Omigbodun**

Centre for Child and Adolescent Mental Health  
University of Ibadan, Nigeria

## More than 60 CAMH Professionals at my Fingertips

The school of nursing at the Asmara College of Health Sciences planned to start a specialty course in psychiatric/mental health nursing. My department head asked me to prepare the content of the course, the curriculum. I was shocked by her request and asked "How is it possible to start a training program in mental health with such lack of resources?" she replied "Don't worry, just go to the internet when the electric power is back and look for some resources. In regard to instructors we will recruit them from abroad." I was not sure what to do. For me it was like "a blind man searching for a black cat in a dark room." I was the only psychiatric nurse in the College, there was no psychiatrist in the country and there is still no psychiatrist in the country. During that time there had been regular electricity blackouts and the sluggish Internet connections are terribly frustrating.

One night at 3AM I went into the Internet and typed "child and adolescent mental health" in the Google search bar—child and adolescent mental health nursing is one of the topics in the curriculum. Among the search results was the contents' page of the IACAPAP Textbook of Child and Adolescent Mental Health. I downloaded the whole book from the web and I made sure I did not leave out a single page; I was very happy to get a complete book for free. The next day I went through some chapters and the list of contributors; it was after this reading that I became aware that I had something precious for my students and me. The large number of contributors and multi-professional input just for one purpose—child and adolescent mental health training all over the world—mesmerized me.

Three days later I told my school head that we had more than 60 experts in child and adolescent mental health and gave her the copy of the textbook. After looking at the book the school has approved it for use as textbook for child and adolescent mental health. Impressed by the rich, stimulating, and up-to-date account of the state of child mental health in the book, I included all its content in my course.

Since then there have been about 40 graduates in psychiatric mental health nursing with a copy of the book and who have been trained using it as a primary textbook. It would not be surprising if I say that it is the only textbook we have in the College in the area of child and adolescent mental health—generous people often don't know how generous they are.

I was privileged to meet the former president (2010-2014) of IACAPAP and member of the editorial advisory board of the e-book, Professor Olayinka Omigbodun. Quoting her: "We are hopeful that the CAMH training seeds we are sowing will germinate, grow and yield a bountiful harvest of good mental health for children and adolescents. In the meantime we continue to evaluate our progress not by the harvest they produce, which could be hard to define, but for now, by our focus on sowing quality seeds into CAMH."

**Mohammed-Hamid Osman**

Head of Department of Mental Health Nursing, Asmara College of Health Sciences, School of Nursing.  
jebibet@gmail.com



# A Paradigm Shift in Alberta Children's Mental Health Services



From left, Chris Wilkes, Bruce Perry, Stewart Ablon, Robert Lieberman, and Karl Sisson

The neurodevelopmental paradigm of mental health disorders in children and youth has recently been given a big boost in Alberta's Mental Health Services with the introduction of the Neurosequential Model of Therapeutics (NMT) championed by Dr Emily Wang at Hull Services in Calgary, Alberta, and Dr Chris Wilkes in the Department of Child and Adolescent Psychiatry at the University of Calgary Cumming School of Medicine. The NMT supports trauma informed care and acknowledges the fact that children can react differently to trauma depending upon many factors, and that treatment needs to be tailored to better understand a child's history and developmental capacities and not to rely on a one size fits all approach of a set of standard behavioural and medical interventions.

Dr Bruce Perry and colleagues at the Child Trauma Academy developed web-based NMT metrics, which address the functional capacity of a child's brain, starting from the lower brainstem, progressing to the higher centers in the diencephalon, limbic system, and cortex. This template is utilized, along with a look at current relational health and developmental history (including adverse childhood events and relational buffers over the course of development) as a means of selecting and sequencing interventions. These interventions are provided within the therapeutic web of family, school and community, and target the specific domains of sensory integration, self regulation, relational health, and cognitive abilities.

NMT supports the eco-biodevelopmental framework for understanding the evolution of human health and disease across the life span through the development of toxic stress

---

**Dr Perry is a keynote speaker at the CACAP/ IACAPAP congress which will be held in CALGARY in September 2016.**

**He will speak in depth about these biologically respectful, developmentally sensitive, and innovative approaches to understanding and treating traumatized children**

---

and epigenetics which in turn manifests the non-communicable diseases such as cardiac disease, diabetes, liver failure, cancer, mental health disorders and addiction—in short, the Traumatic Spectrum Disorders. We are the metabolic end product of our sensory perception and the NMT in particular emphasizes the importance of good maternal health and the identification of adverse child events as being one of the central factors that can promote the healthy development of the child's brain. The NMT stresses the importance of the brain's neurobiological capacity for attachment, the stress response and reward which ultimately impacts upon our ability to adapt, learn, affiliate and become aware of the needs of other people.

The implementation of the NMT approach has been met with great enthusiasm in Calgary, especially at Hull Services, and by colleagues in the Child Welfare system, who often work with the most neglected and troubled children and youth. Hull Services is one of eight flagship sites around the world, and the only Canadian flagship site for the Child Trauma Academy in the NMT. The educational system and the mental health system have been more cautious, but progress has been made in both systems in conceptually integrating the core principles of NMT, such as the emphasis on interventions used for children and youth being more developmentally appropriate and trauma informed.

Under the leadership of Emily Wang and other learned colleagues Hull Services produced a series of brain booster "neurodeck cards" during the certification process with the Child Trauma Academy. These cards were designed to create a list of activities that staff could use with the children that would help the neurosequential development and organization of their brain in a relational context that was rewarding, repetitive, rhythmical, and relevant. For example, specific yoga exercises may promote calmness and facilitate sensory integration at the brainstem level. Likewise exercises for the diencephalon would be related to the self-regulation domain and may include a string maze for the child to follow with a prize at the end. Other activities focus predominantly on the limbic system or the cortex. Dr Bruce Perry's NMT approach is being used worldwide.

Chris Wilkes

# Child and Adolescent Psychiatry in Iran

Amir Hossein Jalali Nadoushan, Assistant Professor of Psychiatry  
Fatemeh Sadat Mirfazeli, Resident Assistant of Psychiatry

Mental disorders have been ranked as one of the top leading causes of disability in the world with a huge global burden [1]. Given the early age onset of these disorders and their deteriorating impact on adult functioning, there is a critical need to study the epidemiology, early detection, early intervention, and recovery management of these conditions [2], especially in young countries such as Iran.

## Epidemiology

Unfortunately, there is a dearth of research regarding the epidemiology of psychiatric disorders in children and adolescents in Iran. The reported prevalence of psychiatric disorders in regional studies have varied widely—from 2% to 59%—due to differences in methodology, socio-demographic factors, and the use of not validated screening instruments [3]. Most studies

did not report large differences in prevalence in Iran compared to other countries. According to one study [4], rates of mental disorders were similar to those reported in developed countries. In another study on 12 to 17 year-olds in five provinces the most common condition reported was conduct problems (24%), and the least common, social problems (6%) [5]. Girls showed more emotional problems than boys. The frequency of psychiatric disorders was comparable to other studies [6,7]. Another study on 7 to 12 year-olds from urban areas of Tehran, the overall frequency of mental disorders was 18% and the most prevalent diagnoses were ADHD (9%), oppositional defiant disorder (7%), and separation anxiety disorder (6%). Despite differences in the prevalence of ADHD, oppositional defiant disorder, and conduct disorder, the overall prevalence of any disorder

was comparable to that reported for other countries [8,9]. One of few nationwide studies including 7,493 non-referred Iranian girls aged 6 to 20 years, found that 18% had emotional and behavioral problems in the clinical range [10], higher than those reported for their German counterparts (11%) [11].

In summary, it seems that the overall frequency of psychiatric disorders in child and adolescent in Iran is not widely dissimilar to those found in developed countries. However for some specific disorders—such as ADHD, oppositional defiant disorder, and

conduct disorder—and among females, prevalence might be different.

## Education and training

Considering the importance of youth mental health, educating about child and adolescent mental health problems would appear to be of critical importance. Similarly to most Western countries, child and adolescent psychiatry training takes place in two stages. First, all psychiatry residents spend a three- or two-month rotation in child and adolescent psychiatry in outpatient or inpatient facilities, depending on the hospital and the mental health services available. Second, those interested in subspecialty training in child and adolescent psychiatry follow a two-year fellowship after passing a psychiatry board exam and a child and adolescent psychiatry fellowship entrance exam.

## Treatment

Patients are treated with a variety of pharmacologic, non-pharmacologic and combination therapies. In Iran combination therapy is quite common in some university hospitals such as the Iran and Tehran universities of medical science. In these centers there is good collaboration between child psychologists and child and adolescent psychiatrists in different fields such as parent education, learning disorders, obsessive compulsive disorder, and phobias. However there is a need to increase the number of child and adolescent psychologists and social worker positions.

## Mental health services

In the last WHO report it was reported that about one tenth of primary and secondary schools provide counseling for child and adolescent mental health support. Besides, about one quarter of these have school-based activities to promote mental health. There is a good system for monitoring and evaluating mental disorders especially in rural areas, with a uniform method of data collection sent directly to the ministry of health and medical

Iran is a country with a large population—more than 78 million—about one quarter younger than 15 years.

As a developing country, Iran has undergone large social, cultural, and economic changes in the past few years, influencing Iranian children and adolescent mental health.







education. However, enhancement of this system in urban areas is required.

There are only about 80 child and adolescent psychiatrists out of 800 psychiatrists and about 40 out of 855 outpatient mental health facilities are dedicated to children and adolescents. Of 640,000 users (948 per 100,000) treated in these facilities,

25% are children or adolescents. None of 31 available day treatment facilities are specialized for children and adolescents. There are 46 community-based psychiatric inpatient units providing 1,366 beds, 3% of them are reserved for children and adolescents. None of 75 community residential facilities available in the country are for children or adolescents [12].

#### References

1. WHO, The world health report 2002: reducing risks, promoting healthy life. 2002: World Health Organization.
2. Ford T, R Goodman, H Meltzer. The British Child and Adolescent Mental Health Survey 1999: The Prevalence of DSM-IV Disorders. *Journal of the American Academy of Child & Adolescent Psychiatry*, 2003. 42(10): p. 1203-1211.
3. Basirnia A, et al. Prevalence of mental disorders among high-school students in Iran: a systematic review. *Iranian Journal of Psychiatry*, 2009. 4(1): p. 1-6.
4. Iran's Contribution to Child and Adolescent Mental Health Research (1973–2002): A Scientometric Analysis. *Iranian Journal of Psychiatry*, 2006. 1(3): p. 93-97.
5. Mohammadi MR et al. Prevalence of psychiatric disorders amongst adolescents in Tehran. *Iranian Journal of psychiatry*, 2008. 3(3): p. 100-104.
6. Suzuki M, H Morita, S Kamoshita,

[Epidemiological survey of psychiatric disorders in Japanese school children. Part III: Prevalence of psychiatric disorders in junior high school children]. [*Nihon koshu eisei zasshi*] *Japanese Journal of Public Health*, 1990. 37(12): p. 991-1000.

7. Angold A et al. Psychiatric disorder, impairment, and service use in rural african american and white youth. *Archives of General Psychiatry*, 2002. 59(10): p. 893-901.
8. Alavi A et al. Frequency of psychological disorders amongst children in urban areas of Tehran. *Iranian Journal of Psychiatry*, 2010. 5(2): p. 55-59.
9. Sawyer MG et al. The mental health of young people in Australia: Key findings from the Child and Adolescent Component of the National Survey of Mental Health and Well-Being. *Australian and New Zealand Journal*

of Psychiatry, 2001. 35(6): p. 806-814.

10. Rabbani A et al. Mental health problems of Iranian female adolescents and its association with pubertal development: a nationwide study. *Acta medica Iranica*, 2012. 50(3): p. 169-176.
11. Wille N et al. How impaired are children and adolescents by mental health problems? Results of the BELLA study. *European Child & Adolescent Psychiatry*, 2008. 17(1): p. 42-51.
12. WHO, WHO-AIMS Report on Mental Health System in the Islamic Republic of Iran. Tehran, Iran: World Health Organization—Assessment Instrument for Mental Health Systems, 2006.



# CHILD AND ADOLESCENT MENTAL HEALTH ACTIVITIES IN SIERRA LEONE



Top: Mr Edwin Smart Johnny. Below: children returning to school after the Ebola outbreak in Sierra Leone was contained. Bottom: Participants at a CAMH awareness workshop supported by the mental health coalition and community based mental health

Sierra Leone has been a hub of child and adolescent mental health (CAMH) activities since four nurses completed CAMH training at the Centre for Child and Adolescent Mental Health (CCAMH) of the University of Ibadan, Nigeria. The first to be trained were the nurses Massa Mambu and Bomposseh Kamara who were among the pioneer students in the Centre in 2013. They were followed by Mohamed James Koroma and Edwin Smart Johnny the following year. All four have since returned to Sierra Leone and have been involved in various clinical, training, research, and advocacy activities.

In the last year, the four nurses contributed immensely to the care of children orphaned by the Ebola epidemic by offering support, counselling, as well as behavioural management for children with challenging behaviours following complications of the virus infection. After the September 2015 floods, which left thousands homeless, Mohamed Koroma and Edwin Smart Johnny were involved in providing support to children and adolescents separated from their families and loved ones. These children were offered temporary shelter at the National Stadium and subsequently have had opportunities to attend counselling groups with the nurses.

Mohamed Koroma and Bomposseh Kamara are also attached to the Ola During Children's Hospital. This is Sierra Leone's only paediatric referral centre and paediatric training facility for doctors and nurses. Here they provide ongoing psychosocial support to children and adolescents with chronic or terminal physical illnesses as well as to those who have been affected by traumatic experiences such as child abuse. They also offer support to the caregivers and have been involved in training and supporting clinical staff at the hospital about the importance of child mental health as well as demonstrating practical skills on how to engage with children.

Currently they are also working in partnership with the Ministry of Health, the CCAMH of the University of Ibadan, and Dr Anna Walder—a psychiatrist from the Kings' College Partnership in Sierra Leone—to set up a child and adolescent mental health service in Freetown. Several meetings have been held with various stakeholders. This service is expected to be multidisciplinary and to address the wide range of psychosocial and mental health needs of young people in Sierra Leone. To ensure the service is comprehensive, a needs assessment for mental health services in post- Ebola Sierra Leone is planned. It will have the four CAMH nurses as principal investigators. Other plans for 2016 include outreach to orphanages, schools, and juvenile homes, as well as public campaigns to raise awareness about CAMH.

**Mohamed James Koroma**







РОССИЙСКОЕ  
ОБЩЕСТВО  
ПСИХИАТРОВ

# Child Psychiatry in Russia in 2015

## A synopsis

Olga Rusakovskaya

In this report I intend to summarize the more significant events related to psychiatry and to child and adolescent psychiatry that took place in Russia in 2015. The 16th Congress of Russian Psychiatrists, held on 23-26 September in Kazan, was one of the most notable. To give an indication of its importance, 1,257 of the approximately 14,900 psychiatrists in the Russian Federation attended. Problems currently concerning the profession such as the organization of psychiatric services, diagnosis and treatment of mental disorders, clinical investigations, medical ethics, and forensic psychiatry were discussed.

Participants highlighted that indices of mental health in Russia for the previous ten years (2005-2015) had been unfavorable as a whole, although there were some positive aspects. The level of morbidity attributed to mental disorders reduced from 2,966/100,000 to 2,799/100,000, but mental disability levels increased by about 5%, affecting 1,055,950 persons in 2014. Since 2005 the number of hospital beds, psycho-

neurologic dispensaries, and psychiatric consulting rooms in public clinics noticeably diminished, while there had been an increase in the number of day and ambulatory patients. The dearth of specialists (0.92 per 10,000) was noted as well as a reduction in funding for psychiatric services as a whole. Nevertheless, participants showed unity of purpose, and readiness to work even in these difficult conditions concerned to improve mental health in the country (<http://psychiatr.ru/news/475>).

During the two-days devoted to child psychiatry many problems were discussed by the most respected Russian specialists (such as V D Badmaeva, S V Grechaniy, E V Koren, T A Kuprianova, I V Makarov, E D Makushkin, A A Portnova, U S Shevchenko, N V Simashkova etc). The main subject was the need for unified recommendations for the diagnosis and treatment of mental disorders in children and consistent standards of medical and social care. The recommendations prepared by work groups of leading clinicians were



V D Badmaeva

discussed and approved. We expect to have in the near future federal clinical recommendations and standards approved by the Ministry of Health for treatment of intellectual disability, organic brain disorders, schizophrenia, depression, obsessive compulsive disorder, PTSD, ADHD, and others (<http://psychiatr.ru/news/392>).

The second important event of 2015 was the inclusion of autism spectrum disorders in the national statistical register of mental disorders in adults. In Russia such conditions were diagnosed only in children and adolescents younger than 18 years up to 2015. The same situation existed in Ukraine until 2013 (see Martsenkovskiy D. Autism spectrum disorders and ADHD can now be diagnosed in adults. IACAPAP Bulletin No 34, February 2013). Data from several Russian regions showed that after the age of 18 the diagnosis of patients with autism spectrum disorders had been changed. For example, in Siberia diagnosis changed in 99% of cases: instead of autism, patients were diagnosed as suffering from intellectual disability in 70% of cases, organic

brain disorder or schizophrenia in 20%. The official view was that "changing diagnosis" in these cases was justified on the bases of the need for therapeutic interventions (often the prescription of neuroleptics) and low rehabilitation prospects of adults with autism. This position was criticized by many specialists and social organizations (I L Shpicberg [www.solnechnymir.ru](http://www.solnechnymir.ru); A L Bitova [www.ccp.org.ru](http://www.ccp.org.ru); L V Veco [www.veras.nnov.ru](http://www.veras.nnov.ru)) and we are glad this has been changed.

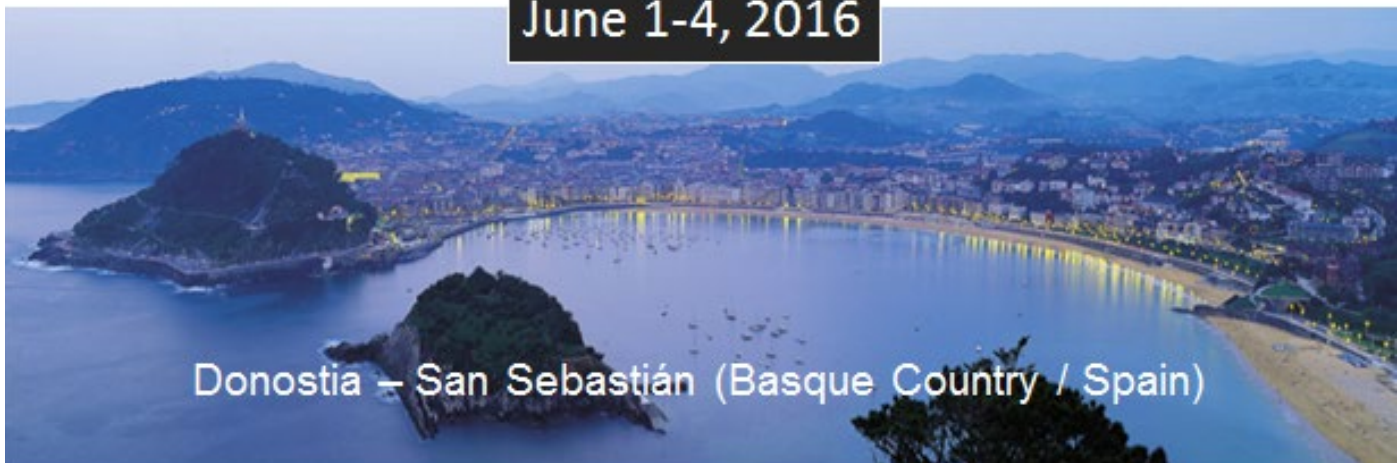
As Professor E V Makushkin stated, the approximate number of children with autism spectrum disorders in Russia is 162,500 (there are more than 26 million children in the Russian Federation). At the same time some experts (for example S V Grechanin) highlighted the unjustified use of the diagnosis of autistic disorder in today's Russia—many parents prefer a diagnosis of "autism" instead of "intellectual disability". Also, some psychiatrists prefer to use a diagnosis of "atypical autism" for rare cases of child schizophrenia. Thus the decision to include autism spectrum disorders in the national statistical register of mental disorders in adults will allow a more accurate estimate of the prevalence of this disorder in Russia. We hope that this will also result in better treatment, social integration and rehabilitation.

The third significant event occurred in the legislative area: mental capacity and the rights of people with severe mental disorders. In the previous edition of the civil code, competency as legal category was dichotomous. According to this, people with a mental illness who were considered incapable by the court, were deemed incapable for all legal purposes and excluded from the possibility to participate in any decision, even in respect to everyday life matters. In March 2015 a legal category of *diminished capacity* for patients judged to be incapable only in relation to financial matters was introduced. Such approach is rather less restrictive. It allows protecting the property interests of mentally ill patients who are considered not competent to make financial decisions while it maintains their civil liberties and autonomy in all other areas.



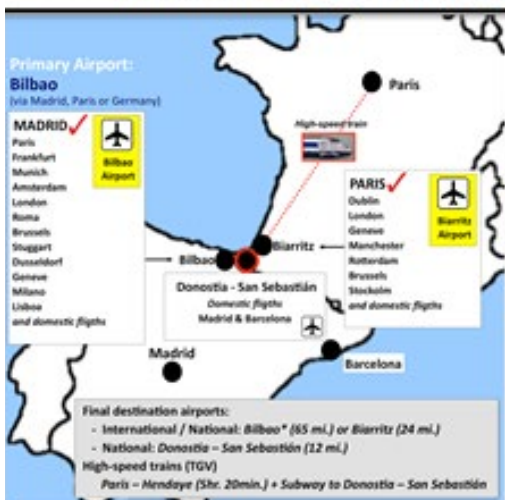
**60<sup>o</sup> Congreso de AEPNYA – una iniciativa compartida con la AACAP**  
**60<sup>th</sup> Congress of AEPNYA – a shared initiative with AACAP**

**June 1-4, 2016**



Donostia – San Sebastián (Basque Country / Spain)

- Joint Spain/USA Program and Scientific Committees
- 32 Keynote speakers, more than 40 symposia, 3 Courses & Posters
- Truly international: anticipated experts from at least 15 countries
- Simultaneous translation for most oral presentations
- Up to 22.5 AMA PRA Category 1 CME Credits™ & Basque CME Credits
- Congress at the state-of-the-art Kursaal Convention Centre
- More information on the website at [www.aepnya-aacap2016.eu](http://www.aepnya-aacap2016.eu)



**Early Bird Registration Deadline  
is April 7, 2016**

**Don't miss out on reduced registration!**

**Final registration deadline is May 20, 2016**

**Donostia / San Sebastián: some town rankings...**

- Fifth best tourist city in the world (*Condé Nast Traveller* 2013)
- One of the ten happiest cities in the world (*National Geographic* 2014)
- One of the eleven places in the world to go in 2014 (*CNN*)
- Highest ratio of Michelin Stars per square meter in the planet (16 stars)

**Visit [www.aepnya-aacap2016.eu](http://www.aepnya-aacap2016.eu) for information and updates!!**



**European Capital of Culture 2016**







# A DYNAMIC 2015 FOR CHILD AND ADOLESCENT PSYCHIATRY IN NORTH AFRICA

Naoufel Gaddour MD

## First Conference of the Tunisian Society of Child and Adolescent Psychiatry

Since Child and Adolescent Psychiatry became a specialty in Tunisia in 1997, the number of child and adolescent psychiatrists rose to 43 in 2015, in addition to 25 residents and more than 10 in the diaspora. Since the population of the country is 11 millions, this number is obviously very limited, but higher than in similar countries.

This group of professionals is finally represented by an association born in 2014: *Société Tunisienne de*

*Psychiatrie de l'Enfant et de l'Adolescent (STPEA)*. Immediate projects of STPEA were to structure the practice and training, and to organize scientific events to create opportunities for exchange, networking and collaboration; and to update knowledge and practices.

The first Tunisian National Conference took place in October 16 and 17, and was attended by more than 150 participants. The sessions took place in the National Library in Tunis, in the outskirts of the Medina (old Arabic town), purposefully chosen for its symbolic importance, to link child and adolescent mental health to culture. The

conference was entitled "Child and Adolescent Mental Health: Challenges for the Future", with an important session dedicated to the vision for child and adolescent mental health in this transitional period to democracy in Tunisia. Other highlights were updates on research and practices concerning neurodevelopmental disorders and suicide attempts in children, both showing an important increase.

Highlights of the conference included among others:

- A tribute to Professor Mohamed Halayem, founder of Tunisian child and adolescent psychiatry,



From left: M Basquin, M Halayem (founder of Tunisian CAP), A Bouden (president of STPEA), R Labbene (President, Tunisian Psychiatric Association), and W Koubaa.



# A DYNAMIC 2015 FOR CHILD AND ADOLESCENT PSYCHIATRY IN NORTH AFRICA



recently retired. His was a very emotional talk in which he addressed the audience to describe his vision of this discipline in the country: open to culture, rich with human values, critical and non-dogmatic, devoid of fashions and trends, open to all practices, and keeping the spirit of a big family... The moment was enhanced by the presence and the intervention of his mentor, Professor Michel Basquin, from Paris.

- The presentations of Professor Bruno Falissard, president of IACAPAP, emphasized how the notion of neurodevelopmental disorder can change our vision of psychiatry. He also made comparisons and references to Claude Bernard's conception of medicine and current trends in neuroscience, and on how relevant for practice might be the early screening and management of mental disorders, especially psychotic disorders.
- The contributions of Moroccan colleagues, whose association already achieved much progress in implementing improved clinical practices and training in Morocco.
- The very dynamic and enthusiastic spirit across all sessions and workshops, poster presentations (80 posters presented by residents).



## Fifth Congress of the Moroccan Society of Child and Adolescent Psychiatry and Allied Professionals (SMPPA)

The vibrant SMPPA (<http://smppa.ma>) organized its fifth annual congress on October 9th and 10th, 2015, entitled "Autisms", referring to this complex and heterogeneous clinical entity that is becoming an alarming health priority in Morocco as in the rest of the world. This congress was dedicated specifically to autism as a response to important challenges and needs in an emerging and dynamic country, on the crossroads of diverse practices and approaches (psychodynamic, behavioral, biomedical...) and spared from the turmoil of the Arab Spring.

Early screening and intervention were the most important themes. There were presentations of research conducted in children younger than one year on age, similar to the studies of MC Laznik from France, or F Muratori from Italy. Different models of interdisciplinary team work were also discussed.

## A DYNAMIC 2015 FOR CHILD AND ADOLESCENT PSYCHIATRY IN NORTH AFRICA

# Egypt's ADHD Awareness Campaign 2015



For the fourth consecutive year the Egyptian General Secretariat of Mental Health and Addiction, Ministry of Health and Population, held a campaign from 24 to 30 October to help raise awareness about ADHD. The campaign was multifaceted and included workshops for parents, teachers, and children at schools, social clubs, and hospitals as well as distributing 10,000 flyers and an awareness-raising video in Arabic available on YouTube. Because of the large number of requests for workshops the campaign had to be extended an extra week.





## Italian Circus

The main event, a circus performance, was attended by more than 1,000 people from Cairo, Alexandria, Banha, and Dakahlia. It was an extremely powerful and wonderful evening where much information about ADHD was given.

## Workshops

170 workshops were conducted during the campaign with about 4,800 attendees from all over Egypt. The workshops for parents sought to help them understand more about ADHD and learn how to help their children by playing simple, interesting games.

The workshops for teachers provided an overview of ADHD and associated executive function problems and gave teachers practical skills to help students in the classroom.

The children's workshops explained in an appropriate language the meaning of ADHD and provided them with play strategies to increase attention and decrease impulsivity. These sought to decrease stigma and the risk of bullying of children with ADHD.

## Media Campaign

Many radio stations and newspapers covered the activities of the ADHD awareness month in Egypt, especially the Italian circus event. Social media played a key role as the webpage was used to publicize events and to answer questions about ADHD.

## Dr Eman Gaber



The 3rd Asian Congress  
on

AD  
HD

In conjunction with

3rd Singapore Mental Health Conference

ADHD - OPTIMIZING CARE  
ALONG LIFE TRAJECTORY

26 - 27 MAY 2016

MAX ATRIA, SINGAPORE EXPO

(For mental health professionals, community partners, school counsellors  
and allied educators, general practitioners and psychologists)

PLENARY SPEAKER

Professor Rosemary Tannock

Professor Emerita, Ontario Institute of Studies in Education, University of Toronto  
Senior Scientist, Neuroscience & Mental Health Research Program,  
Research Institute of the Hospital for Sick Children

PROGRAMME HIGHLIGHTS

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

Please email [adhdcongress@fmh.com.sg](mailto:adhdcongress@fmh.com.sg) for any queries.

Organiser



Living Well, Growing Strong

Organising Partners



Supporters





# IACAPAP 2016

**Fighting Stigma: Promoting Resiliency and Positive Mental Health**



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



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

September 18-22, 2016 | Calgary TELUS Convention Centre | Calgary, Alberta, Canada

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

- C. G. Jung



## ABSTRACT DEADLINE

Share your research on a global stage! Submit your abstract by **Tuesday, March 1, 2016**.



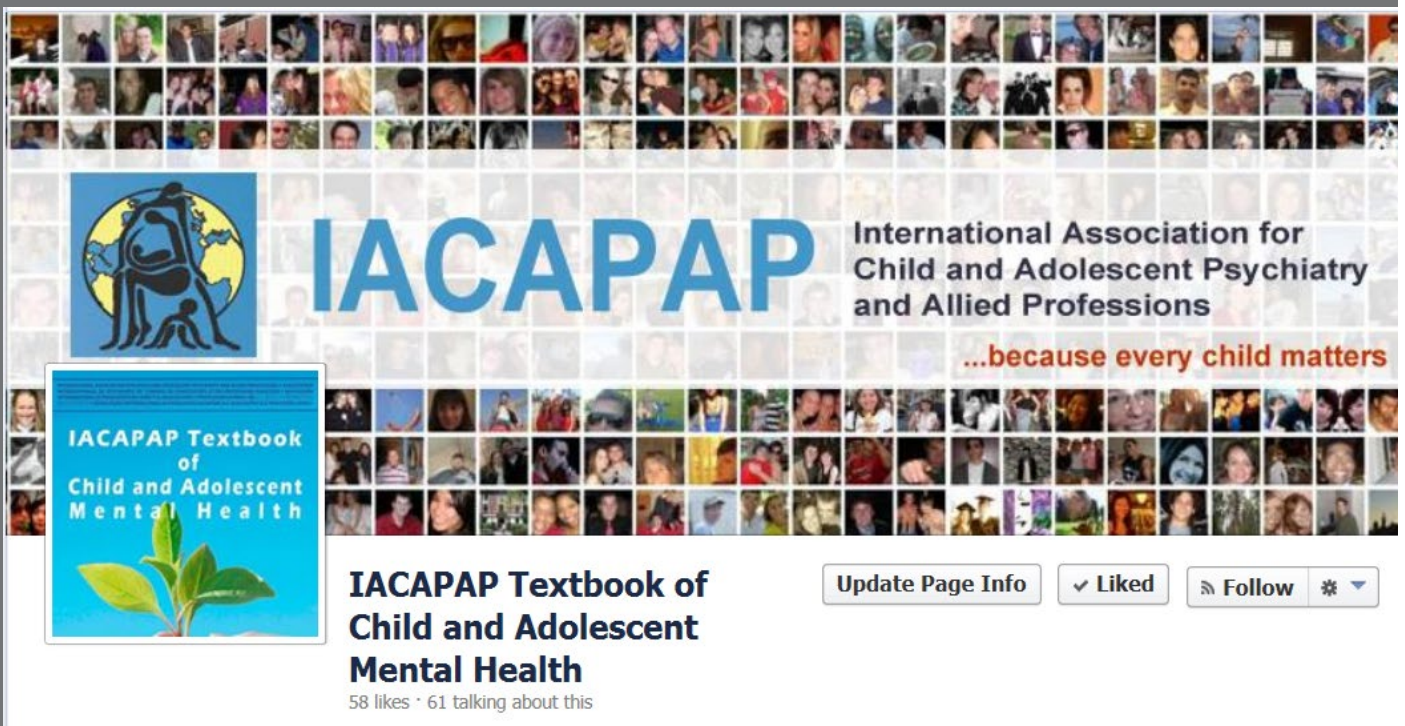
- ◆ Scientific Program featuring over 200 sessions, institutes and workshops
- ◆ 800+ Posters presented over four days
- ◆ Exhibit Hall
- ◆ Opening Ceremony, Welcome Reception, Congress Dinner
- ◆ Once in a lifetime vacation opportunities including a train trip through the Rocky Mountains and Alaska cruises (departing from Vancouver)

Register by **Monday, May 16, 2016** to take advantage of Early Bird Rates!

[www.iacapap2016.org](http://www.iacapap2016.org) | [#IACAPAP2016](https://twitter.com/IACAPAP2016) | [@IACAPAP2016](https://www.facebook.com/IACAPAP) | [f](https://www.facebook.com/IACAPAP) IACAPAP

# DO YOU USE THE IACAPAP TEXTBOOK?

NOW YOU HAVE THE FACILITY TO INTERACT WITH OTHER READERS ABOUT THE TEXTBOOK, ASK QUESTIONS TO AUTHORS AND MAKE COMMENTS



**IACAPAP** International Association for Child and Adolescent Psychiatry and Allied Professions  
...because every child matters

**IACAPAP Textbook of Child and Adolescent Mental Health**

**IACAPAP Textbook of Child and Adolescent Mental Health**  
58 likes · 61 talking about this

Update Page Info   Liked   Follow

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

To access this facility click on the figure.



# ARE YOU A 'FRIEND' OF IACAPAP?

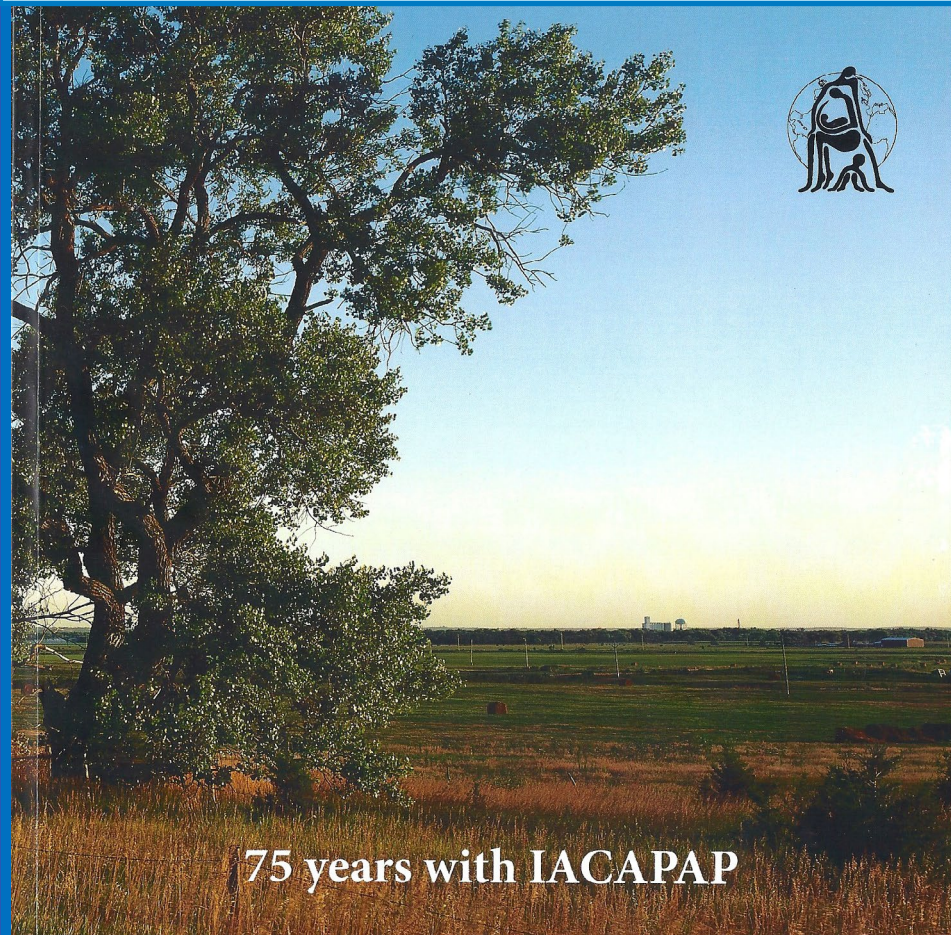


**JOIN TO BE INFORMED  
MORE THAN 4,600  
PROFESSIONALS WORLDWIDE  
FOLLOW OUR NEWS!**

The screenshot shows the IACAPAP Facebook page. The page header includes the IACAPAP logo and the text "International Association for Child and Adolescent Psychiatry and Allied Professions". Below the header, there is a post with the text "...because every child matters". The page also shows a "Recent" list on the right side with years from 2014 to 2010.

If not, click on the picture and become a friend of IACAPAP in Facebook to receive the latest:

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



75 years with IACAPAP

## The History of IACAPAP

By Kari Schleimer MD, PhD

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

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

# A Binational Exchange Program to Strengthen Training in Child Psychiatry



## The Yale Child Study Center – University of São Paulo Model

During his visit to Brazil in April of 2014 Yale University President Peter Salovey formalized with University of São Paulo Rector Marco Antonio Zago a collaborative inter-institutional agreement between both institutions. Tucked into the fine print of their memorandum of understanding was a proposal to support child and adolescent psychiatry training between the medical schools of both universities. This proposal may have been new, but the collaboration between both programs in child mental health was anything but: it built organically on the long-standing friendship and scientific collaboration between Drs James Leckman, Neison Harris Professor at the Yale Child Study Center (YCSC), and Euripedes Constantino Miguel, professor of psychiatry and chair of child and adolescent psychiatry at the USP School of Medicine. Their fruitful partnership has resulted in 21 jointly authored peer-reviewed publications since 1997, the mentorship and guidance of countless trainees and faculty, and a USP doctoral degree earned by Dr Leckman in 2014.

The exchange program that was formalized during President Solovey's visit had in fact started in 2011, when the first two psychiatry trainees from USP arrived at the YCSC. In the five years since the program's inception, twelve residents and six faculty from Brazil have visited Yale, and five trainees (three medical students and two residents) and eleven faculty from Yale have in turn visited the São Paulo Institute. For the twelve visitors from Brazil, the exchange experience has consisted of one month of intensive clinical work and immersion at the Children's Psychiatric Inpatient Service (CPIS) of Yale-New Haven Children's Hospital, followed by an individually tailored two-month research rotation in a research lab. Dr Mauro Medeiros Filho was one of the program's first participants, and has remained actively involved since his initial visit to Yale in the summer of 2012. Now a junior faculty member at USP, Dr Medeiros has joined senior faculty members Drs Guilherme Polanczyk and Sandra Scivoletto in shaping and refining the program – including the selection of promising candidates and the scheduling of high-yield educational activities.

The most recent of those activities was the November 2015 visit by Dr. Andrés Martin, Riva Ariella Ritvo Professor at the YCSC, Counselor of IACAPAP, medical

### *Muito obrigado!*

Dr Andrés Martin surrounded by colleagues and trainees from the child psychiatry program at the USP Institute of Psychiatry, including Drs Mauro Medeiros Filho, Sandra Scivoletto, and Guilherme Polanczyk.





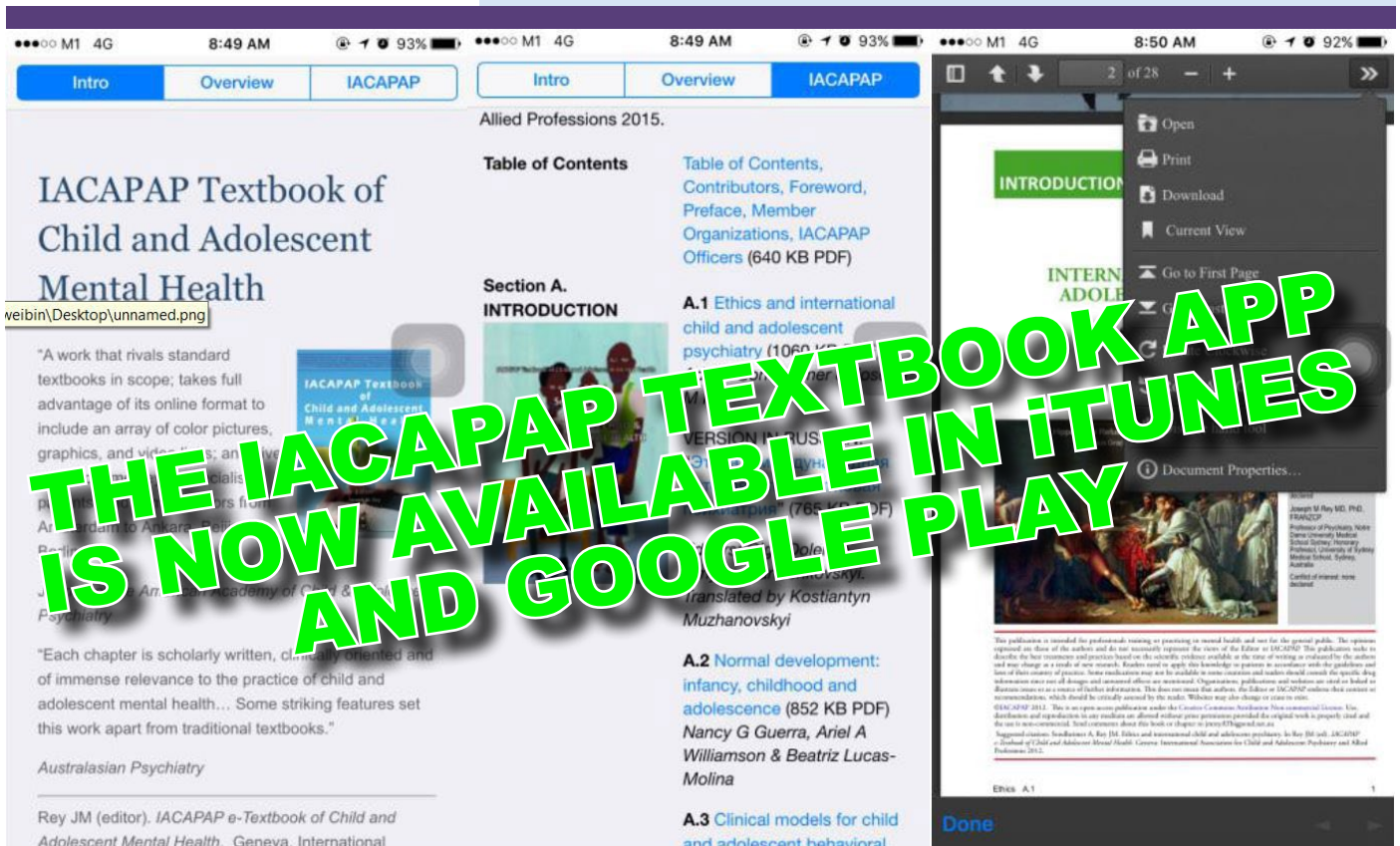
Universidade de São Paulo Medical School

director of CPIS, and editor-in-chief of the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP). During his visit, Martin lectured on the topics of professional mentorship and scientific publication, conducted a hands-on workshop on scholarly writing, consulted to the Institute's pediatric inpatient unit, and led an interactive grand round session addressing the emotional challenges faced by mental health care providers. A highlight of his trip, in addition to the hospitality of good friends and colleagues, was the opportunity to spend one-to-one time with the seven child psychiatry trainees from USP, and to provide an outsider's perspective on their career trajectories and professional goals.

The trajectory of the program seems as solid and promising as that of the young trainees themselves. Two new residents from USP are slated to visit Yale in the coming academic year. And back home in Brazil, visitors have not only incorporated the lessons of their time abroad, but continued to work on the scholarly activities they began in the New Haven campus. We are looking at many more years of a mutually enriching educational activity – one that will continue to result in improved mental health services for many children and families in need.

Mauro Medeiros Filho MD  
São Paulo, Brazil  
maurovmf@yahoo.com.br

Andrés Martin MD, MPH  
New Haven, CT, USA  
andres.martin@yale.edu



The new IACAPAP eTextbook app gives instant access to the IACAPAP Textbook of Child and Adolescent Mental Health using smartphones, both iOS and Android-based. Install it and you will be able to access the wealth of information in the Textbook at the touch of a button. Thanks to Dr Melvyn Zhang and his technical team from Singapore for devising the app and to Dr Daniel Fung.

To install the app in your smartphone or tablet go to the iTunes (Apple devices) or Google Play (Android devices) store, search for "IACAPAP Text" and follow the prompts. Alternatively click on the following hyperlinks:

Apple: <https://itunes.apple.com/us/app/iacapap-text/id1000560502?ls=1&mt=8>

Android: <https://play.google.com/store/apps/details?id=com.htbros.iacapapbook&hl=en>

For the latest news about the Textbook and other relevant information go to

<https://www.facebook.com/IACAPAP-Textbook-of-Child-and-Adolescent-Mental-Health-249690448525378/>



## 20th National Adolescent Symposium of the Turkish Association for Child and Adolescent Psychiatry

In collaboration with İnönü University Medical School, Malatya, Turkey

The Adolescent Committee of the Turkish Association for Child and Adolescent Psychiatry has been holding an annual conference since 1996. It is organized in a different city every year in collaboration with a local training institute. The symposium also offers an award for a research poster to promote research in the field.

The 20th National Adolescent Symposium, took place at Inonu University, Turgut Ozal Medical Centre in Malatya, on November 12-14, 2015. The members of the child and adolescent psychiatry department of Inonu University formed the local organizing committee. There were 150 participants including child psychiatrists and other professionals working in adolescent mental health, including psychologists, social workers, nurses, teachers and policymakers around the country.

The theme of the Symposium was "Difficult Life Events and Promoting Resiliency and Positive Mental Health in Adolescence". The meeting had a rich program, thematically divided into three days with three fundamental domains about adolescent problems: "Immigrant or Refugee Adolescents and Child Marriages", "Substance Abuse and Adolescent Suicidal Behavior" and "Juvenile Delinquency and Crime". Professor Fusun Cuhadaroglu gave a keynote lecture on "Adolescents Development and Developmental Psychopathology," Professor Zeynep Simsek spoke about "Immigration, Labor and Adolescent Health", while Associate Professor Gonca Gul Celik discussed "Crime, Adolescence and Psychopathology" This year, the research award was given to Tuba Mutluer, Sibel Tamer, Harun Arslan and Sibel Inal for their paper "From Clinical Evaluation to Neuroimaging in Adolescents with PTSD".

The members of the organizing committee were delighted to host this meeting. The attendants not only learned and shared knowledge, but also enjoyed the beautiful city of Malatya, a modern city located in the Eastern Anatolia region of Turkey which has been a human settlement for thousands of years.

### **Özlem Özel Özcan MD**

Associate Professor of Child and Adolescent Psychiatry

Co-chair of the 20th National Adolescent Symposium Committee





# 4<sup>th</sup> International Child and Family Behavioral Health Conference

28 - 30 January 2016

Abu Dhabi, United Arab Emirates



Abu Dhabi National Exhibition Center

The conference, organized by the Gulf Child Mental and Behavioral Health Society ([www.gcmbhs.org](http://www.gcmbhs.org)), was chaired by Dr Ahmad Almai, Head of the Child Psychiatry Service at Sheikh Khalifa Medical City in Abu Dhabi, together with Dr Tarek Darwish, Medical Director of the Psychiatric Hospital, Sheikh Khalifa Medical City, Abu Dhabi.

The event took place at the Abu Dhabi National Exhibition Center. In the opening ceremony the AACAP immediate past president, Dr Paramjit Joshi, delivered a Keynote address entitled "Integrated care: Why is it important". The conference was held this year under the patronage of HE Sheikh Nahyan Bin Mubarak Al Nahyan, Minister of Culture, Youth and Community Development, whose keynote lecture stressed his high hopes that the conference would positively impact child and adolescent mental health care and ignite research throughout the UAE and the region.

The scientific program contained three institutes delivered by members of AACAP, University of Chicago, and the Maudsley Hospital of London.

The conference, which is now

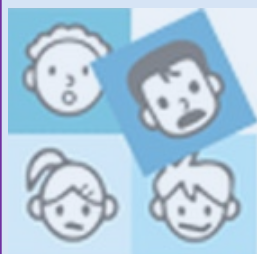
considered the largest child and adolescent mental health event in the region, hosted more than 600 attendees, over 100 lectures, 13 workshops, 30 new research posters and presentations, and 83 speakers focusing on this year's theme of multidisciplinary treatment. Speakers and attendees came from the UAE but also from Oman, Saudi Arabia, Kuwait, Qatar, Bahrain, Australia, Canada, UK and the USA, and represented a variety of disciplines including general physicians, therapists, nurses, psychiatrists, psychologists, counselors, teachers and others. New research posters and oral presentations were also a highlight at the conference.

A series of workshops also took place covering topics such as Autism and ADHD. One workshop was dedicated to train examiners for the newly formed Arab Board in Child and Adolescent Psychiatry. This board will play a leading role in graduating future generations of qualified child and adolescent psychiatrists.

Dr Ahmad Almai

Head of Child Psychiatry at Sheikh Khalifa Medical City, Abu Dhabi, UAE





# PUBLISHING IN CAPMH

## FAQs

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

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

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

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

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

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

- **How are manuscripts processed?**

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

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

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

- **How much is CAPMH charging?**

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

each article accepted for publication.

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

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

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

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

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

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





# MEMBER ORGANIZATIONS

## Full members

- American Academy of Child and Adolescent Psychiatry (AACAP)
- Associação Brasileira de Neurologia e Psiquiatria Infantil e Profissões Afins (ABENEPI)
- Asociación Argentina de Psiquiatría Infantil y Profesiones Afines (AAPI)
- Asociación Argentina de Psiquiatría y Psicología de la Infancia y la Adolescencia (ASAPPIA)
- Asociación de Psiquiatría y Psicopatológica de la Infancia y la Adolescencia, Uruguay (APPIA)
- Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)
- Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN)
- Asociación Mexicana de Psiquiatría Infantil AC (AMPI)
- Association for Child and Adolescent Mental Health, United Kingdom (ACAMH)
- Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS)
- Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)
- Bangladesh Association For Child & Adolescent Mental Health (BACAMH)
- Bulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)
- Canadian Academy of Child and Adolescent Psychiatry (CACAP)
- Child Mental Health Association of Egypt
- Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA)
- Chinese Association for Child Mental Health (CACMH)
- Chinese Society of Child and Adolescent Psychiatry (CSCAP)
- Croatian Society of Child and Adolescent Psychiatry (GROSIPAP)
- Czech Association of Child and Adolescent Psychiatry
- Danish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)
- Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie
- Dutch Association of Psychiatry – Department of Child and Adolescent Psychiatry
- Egyptian Child and Adolescent Psychiatry Association (ECAPA)
- Estonian Child and Adolescent Psychiatry Section of the Estonian Psychiatric Association
- Faculty of Child and Adolescent Psychiatry of the Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- Finnish Society for Child and Adolescent Psychiatry
- Flemish Association of Child and Adolescent Psychiatry
- Hellenic Society of Child and Adolescent Psychiatry (HSCAP)
- Hungarian Association for Paediatric Neurology and Child and Adolescent Psychiatry
- Icelandic Association for Child and Adolescent Psychiatry
- Indian Association for Child and Adolescent Mental Health
- Iranian Academy of Child and Adolescent Psychiatry (IACAP)
- Iraqi Association for Child Mental Health (IACMH)
- Israel Society of Child and Adolescent Psychiatry
- Japanese Society of Child and Adolescent Psychiatry
- Korean Academy of Child and Adolescent Psychiatry (KACAP)
- Kuwait Association for Child and Adolescent Mental Health (KACAMH)
- Latvian Association for Child and Adolescent Psychiatry (LACAP)
- Lithuanian Society of Child and Adolescent Psychiatry
- Norwegian Association for Child and Adolescent Psychiatric Institutions
- Österreichische Gesellschaft für Kinder- und Jugendneuropsychiatrie
- Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry
- Romanian Society of Neurology and Psychiatry for Children and Adolescents (SNPCAR)
- Russian Association for Child Psychiatrists and Psychologists (ACPP)
- Section of Child and Adolescent Psychiatry of the College of Psychiatrists, Academy of Medicine, Singapore
- Section of Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine
- Slovenian Association for Child and Adolescent Psychiatry
- Sociedad Española de Psiquiatría y Psicoterapia del Niño y del Adolescente (SEPYPNA)
- Sociedad Mexicana de Paidopsiquiatría y Profesiones Afines AC
- Sociedad Uruguaya de Psiquiatría de la Infancia y de la Adolescencia (SUPIA)
- Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)
- Société Belge Francophone de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associées
- Société Française de Psychiatrie de l'Enfant et de l'Adolescent & Disciplines Associées (SFPEADA)
- South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP)
- Swedish Association for Child and Adolescent Psychiatry
- Swiss Society for Child and Adolescent Psychiatry and Psychotherapy (SSCAP)
- Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)
- Turkish Association of Child and Adolescent Mental Health

## Affiliated organizations

- Asociación Mexicana para la Práctica, Investigación y Enseñanza del Psicoanálisis, AC (AMPIEP)
- Association for Child Psychoanalysis, USA
- European Federation of Psychiatric Trainees (EFPT)
- KCHAMHA, Kosovo
- Pakistan Psychiatric Society (PPS)
- Romanian Association for Child and Adolescent Psychiatry and Allied Professions (RACAPAP)
- Section of Child and Adolescent Psychiatry - Slovak Psychiatric Society

# IACAPAP OFFICERS

www.iacapap.org

## President

**Bruno Falissard MD, PhD**  
Professor of Public Health,  
Université Paris-Sud. Paris, France.  
bruno.falissard@gmail.com

## Secretary General

**Fusun Çuhadaroğlu Çetin MD**  
Professor of Child and Adolescent  
Psychiatry, Hacettepe University  
School of Medicine, Ankara, Turkey.  
fusuncuha@gmail.com

## Treasurer

**Gordon Harper MD**  
Associate Professor of Psychiatry,  
Harvard Medical School, Medical  
Director Child & Adolescent  
Services, Massachusetts  
Department of Mental Health. 128  
Crafts Road, Chestnut Hill, MA  
02467, USA.  
gordon\_harper@hms.harvard.edu

## Past President

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



## Honorary Presidents

**E. James Anthony MD (USA)**  
Vqanthony@aacap.org

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

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

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

## Honorary Member (Archivist)

**Kari Schleimer MD, PhD  
(Sweden)**  
kari.schleimer@bredband.net

## Vice Presidents

**Daniel Fung MD (Singapore)**  
daniel\_fung@imh.com.sg

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

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

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

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

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

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

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

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

## Monograph Editors

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

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

## Bulletin & eTextook Editor

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

## Donald F. Cohen Fellowship Program

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

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

## Helmut Remschmidt Research Seminar

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

**Petrus J de Vries MBChB,  
PhD (South Africa)**  
petrus.devries@uct.ac.za

## Liaison with CAPMH Journal

**Christian Kielsing MD (Brazil)**  
ckielsing@gmail.com

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

## Counsellors

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

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

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

# IACAPAP 2016

Fighting Stigma, Promoting Resiliency and Positive Mental Health



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



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

September  
18-22  
2016

Calgary TELUS Convention Centre  
Calgary, Alberta, Canada