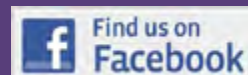


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IACAPAP

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WORLD CONGRESS PRAGUE 2018



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PRESIDENT'S COLUMN

Who am I?

I am the product of globalization. My parents were children of migrants from two different countries who met in Singapore. I grew up in the period when the world was at peace as the first men stepped on the moon. Rapid industrialisation and the knowledge economy meant that I was given a good education and flourished as my home became first among 188 countries in terms of progress towards meeting the UN's health-related Sustainable Development Goals in 2017.

I started out in my postgraduate medical training in 1990 with a strong desire to be a child and adolescent psychiatrist. I had known three people who convinced me that psychiatry was my future calling. The first was the late Dr John White, a then well-known Christian writer who was also a trained psychiatrist. The second was a friend who worked with me on an undergraduate newsletter for our Varsity Christian Fellowship. The third was to be my future father in law, Dr Goh Choo Woon who was a child psychiatrist and Singapore's first family therapy trained one. Dr White shared with me about how psychiatry was a unique helping profession. My friend killed himself and I felt guilty that I had not noticed the signs of bipolar disorder as a medical student. Dr Goh helped me to realise that working with the young was my natural inclination.

I think it is important to share my developmental journey as development is the crux of what we do as child and adolescent mental health professionals: there is such a longitudinal nature to the work we do. During my career, I have seen my patients grow from little children to working adults with their own families. And so, it has been the journey of IACAPAP over the last 80 years. It is a privilege to be part of this journey. Like all journeys, there is a time for every season. Now is the time to review our story and the narratives we have in our long history.

What is IACAPAP?

My personal journey intersected with that of IACAPAP in 2006 when I attended my first IACAPAP meeting. In 2010, I was inducted into the executive with not much understanding of what IACAPAP stood for. We were fortunate then having our first African president, Olayinka Omigbodun. She drew up a vision and mission paper with strategic initiatives. Let me recall that vision—"A world in which all children grow up healthy, emotionally as well as physically, and realize their potential to contribute to their society", and mission—1) To promote the mental health and development of children and adolescents through policy, practice and research, 2) To advocate for access to quality child and adolescent mental health care globally, 3) To promote the study, prevention, treatment, care and rehabilitation of mental disorders and disabilities of children, adolescents and their families and, 4) To work through collaboration among the professions of child and adolescent psychiatry, psychology, social work, paediatrics, public health, nursing, education, social sciences and other relevant disciplines.

This is a broad vision and mission. To deeply understand this, we must flip back to our history and look at why it was necessary that 80 years ago our founding pioneers saw it necessary to articulate them. The problems of childhood were ill understood and children did not have the same

rights as adults. There were no specific professionals looking after children's needs and services for children were presumptive rather than assertive. Children were treated like little adults and in some cases not very differently from animals (bear in mind that in the UK, the Royal Society for the Prevention of Cruelty to Animals was formed sixty years before the Royal Society for the Prevention of Cruelty to Children). Children's rights have now been given greater emphasis and laws are in place in many parts of the world to protect them. But societies have also evolved. Where previously populations were multiplying at rapid rates and population control was a major social concern, the contemporary families in developed countries are now under constant threat of not even having children at all. This global change affects the work of IACAPAP. On the one hand, parts of the world have increasing number of children where their protection from abuse or neglect is necessary. On the other, there are parts of the world where children are no longer common and are in the special position of being mollycoddled to their (and their societies) detriment. IACAPAP needs to evolve with the times and have new lenses to understand how to improve the world in which our children are growing up. IACAPAP is a voluntary group of professionals largely led by psychiatrists and psychologists which for the last 80 years has survived on goodwill and the personal sacrifice of its leaders. I would like to propose three areas of work for the next four years

Doing Good for our Children

IACAPAP is an international advocate for children and their mental health. To achieve this advocacy role, we must further develop programmes to promote recognition of mental health issues. Mental health awareness is receiving attention worldwide but it doesn't necessarily involve increased mental health literacy. And when there is literacy, it doesn't always involve children and the role of families. Poor adult mental health is directly linked to childhood adversity. The prevention of adverse childhood events is critical to improving longitudinal mental health. Mental health promotion through resiliency training and parenting work needs to focus on the local needs across the world. Efforts at helping the populous regions of Asia, Africa and South America should be balanced with those of countries where the family social system is weakening and needs strengthening.

Doing Good Together

IACAPAP is an association of associations. We have the unique opportunity to bring worldwide experience and knowledge together in existing platforms and learn from one another. Our shared experiences can make this a better world. We should leverage on the advantages of infocomm technology (the expansion of telecommunications with information processing and content handling functions including all types of electronic communications) and enhance the existing relationships with national organizations to create new linkages between countries, professionals, families and children. Because of the Internet and social media, we can overcome language and cultural barriers which were boundaries in the past. To do this best, it is also necessary to bring the various professional groups together for interdisciplinary synergy through knowledge sharing and training. I think that expanding the involvement with allied mental health professionals besides psychiatrists and psychologists should be a priority.

Doing Good Well

Creating a professionally competent and well governed organisation would require some effort. Being able to work like a charity with an entire voluntary workforce meant that we have created many dots in our global map of IACAPAP. For example, our bank account is based in the USA, our registration is in Switzerland and our archives are kept in Sweden. All these dots need to be linked. Our massive network of over 60 national associations means that we have access to an incredible resource but it needs to be connected for its potential to be achieved. Although we have managed to stay afloat financially over the years, we must develop a good business model moving forward that can adequately fund and support the growth and aims of IACAPAP. This will start with two events that will happen the next month. A survey of all our stakeholders and holding a strategic planning retreat in December in the birthplace of IACAPAP. The results will be shared in this bulletin. I thank you and look forward to your partnership and collaboration in the next four years!

Daniel Fung Shuen Sheng



SECRETARY GENERAL

I am professor for Special Needs Educational and Clinical Child and Adolescent Psychology at the University of Giessen, Germany. I studied psychology at the Universities of Würzburg (Germany) and Madrid (Spain), trained in child and adolescent psychotherapy (specification behavioral therapy) at the University of Marburg and did a PhD at the department of Developmental Psychology at the University of Würzburg. My research mainly focuses on children and adolescents with conduct problems, selective mutism, social anxiety disorder, and children of parents with mental illness. In my free time, I like to follow my passion for photography.

I became actively involved in IACAPAP in 2014 when I was elected as Vice President. As regional coordinator for Western Europe I got in touch with national officers, prepared and distributed newsletters and discussed important issues such as mental illness in refugees with this community. I served as a mentor for the Donald J Cohen Fellowship program in Prague in 2018. I feel that IACAPAP is an outstanding organization that serves children and adolescents in need—or, in other words, our future. It is my honour and pleasure to be an active part of this organization and to contribute to the global mental health of children and adolescents. As Secretary General I see my role as a moderator and integrator. I want to keep not one but two eyes and ears open in order to understand the global needs of mental health professionals and their clients and actively implement appropriate measures.

My vision for the future of IACAPAP is for the organization to continue developing previous achievements and that it gets even more actively and courageously involved in actual issues as well as procedures of child and adolescent mental health challenges in the world. From my point of view, a strengthening of the training and promotion of child and mental health professionals in low- and middle-income countries is crucial because, with the decrease of infectious diseases in these countries, mental health issues have become more important. Furthermore, as a clinical child and adolescent psychologist, I feel that further steps could be undertaken to attract more allied professionals to become actively involved with IACAPAP. This would enhance the active collaboration between professions which, in my opinion, is very important for successful child and adolescent mental health care and research.

Christina Schwenck



TREASURER

I am the Sue Struengmann Professor of Child & Adolescent Psychiatry at the University of Cape Town, South Africa. I trained in Medicine in South Africa before moving to the UK in 1993 where I trained in Psychiatry and Child & Adolescent Psychiatry (CAP) in Cambridge, where I did a PhD in Developmental Neuroscience. I returned to South Africa in 2012 to take up the Professorship in Cape Town. My job is to build CAP, and, in particular, research and research capacity in child & adolescent mental health in Africa. I am the Founding Director of the Centre for Autism Research in Africa and Director of the Adolescent Health Research Unit. I am the past-chairman of the Society for the Study of Behavioural Phenotypes, President-Elect of the South African Association of Child & Adolescent Psychiatry and Allied Professions, and Chairman of the African Division of the Royal College of Psychiatrists.

I became actively involved in IACAPAP activities in 2013 when I organised the Helmut Remschmidt Research Seminar (HRRS) in Stellenbosch, South Africa. That was when I first met a number of the outstanding CAP academics in IACAPAP including Helmut Remschmidt, Bruno Falissard, Per-Anders Rydelius and Andreas Warnke. I was Chairman of the Scientific Committee for the 2014 IACAPAP international congress which was held in Durban, South Africa, excellently chaired by Professor Brian Robertson from Cape Town. In 2015 I was elected to the IACAPAP executive committee to co-lead the HRRS programme with Per-Anders Rydelius. We have since held HRRS in Canada (2015) and Czech Republic (2017). The next one is due in Singapore in 2019. I also joined the Donald J Cohen Fellowship team as mentor in 2016.

IACAPAP is a remarkable organisation that has already had a major impact on the field of child & adolescent mental health, particularly in terms of training and education. I would love to see us continue and strengthen our impact around the globe also for advocacy, lobbying, policy-making, and implementation of services. As an African member of the IACAPAP Bureau, I will definitely want to make sure that the needs of children and families from low- and middle-income countries are always kept in mind. I have just been elected Treasurer of IACAPAP. In this role, my main job (obviously!) will be to make sure we use the limited funds we have in the most appropriate way towards the aims of IACAPAP. As an international nonprofit organisation we have a legal duty to do our work in a transparent and accountable way. My job, particularly in the first year or two, will be to get a good understanding of income and expenditure, and to make sure we have clear processes in place for all our money-related activities. Next, I think it will be important to consider how to increase our financial security and sustainability. The more we can strengthen our financial sustainability, the more we will also be able to develop our global vision and support our global membership to join us in this effort.

Petrus J de Vries

FROM THE EDITOR



Goodbye, Adiós, Au Revoir...

Little I knew of what was going to happen when I agreed in 2007 to edit the IACAPAP Bulletin. I had to learn new skills about how to produce, design and distribute a newsletter, let alone to ensure relevant content. Stumbling and clumsily, I managed to deliver on time a quarterly bulletin for 10 years. Of course, this would not have been possible without the help and support of the IACAPAP Executive, correspondents, the many colleagues who submitted their contributions and ideas, particularly, of Maite Ferrin and Hesham Hamoda, magnificent deputy editors, and Helen, my wife, who did much proofreading. My eternal gratitude to all of them—too many to mention individually—for making this work easier.

Looking at the history of child psychiatry prompted by the recent 80th anniversary of IACAPAP, the dearth of historical material became apparent, particularly photographic records. This made me aware that, apart from disseminating information, a key aspect of the Bulletin (and of IACAPAP) should be to act as repository of images and events to help future generations understand what and who played an important role in child psychiatry's development. As Herodotus put it, "so that time not erase what man has brought into being." Another reason that highlights the importance of the Bulletin.

After 10 years, it is time for me to hand the baton to a new generation who will take the Bulletin a step further, making better use of social media and contemporary technologies. My very best wishes in this endeavour to Hesham Hamoda, the new editor.

To you, reader, I say in the words of Hawkeye from M*A*S*H*: "Look, I know how tough it is for you to say goodbye, so I'll say it. Maybe you're right, maybe we will see each other again, but just in case we don't, I want you to know how much you've meant to me."

Joseph M Rey



Join the mailing list!

IACAPAP Singapore 2020 will be more interesting, more challenging and bigger than ever



The International Association for Child and Adolescent Psychiatry and Allied Professions



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JM Rey's IACAPAP e-Textbook of Child and Adolescent Mental Health

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With chapters in Arabic, Chinese, English, French, Hebrew, Japanese, Norwegian, Portuguese, Russian & Spanish



Spanish is the majority language of 20 sovereign states, representing a population of over 440 million people. Some 50 million additional citizens use Spanish in countries where it is not the official language. With close to 500 million native speakers around the globe, Spanish is the second most widely spoken language worldwide (Mandarin Chinese comes in first, with some 1.2 billion speakers; English gets the bronze, with some 360 million.) Latin-America, which includes the majority of the Spanish-speaking population, is a disproportionately young area of the globe, where one in four residents are 15 years of age or younger.



The twenty Spanish-speaking nations (not depicted: Equatorial Guinea)

Mosqueteros *et al* in Washington DC's AACAP 2017, toasting to the translation's completion in time for Prague's IACAPAP 2018.
Pictured from left: Mikel Grande, Joaquín Fuentes, Capitán Jon Fuentes, Andrés Martín and Matías Irrarrázabal.

Photograph courtesy of Fred Seligman.



It is against this population backdrop that we considered it a priority to make the [IACAPAP Textbook of Child and Adolescent Mental Health](#) readily available in a Spanish translation to practitioners working in these regions of the world. Currently standing at 58 chapters and 1,463 pages, a complete translation of the *Textbook* posed a formidable challenge, and one unlikely to be successfully met by any given individual. Toward this end, we formed an intercontinental collaboration capable of taking on the Herculean task. We set Prague 2018 as the deadline to complete the work and are *muy contentos* (very pleased indeed) to have made it, even a bit ahead of schedule. Please join us in welcoming the *Manual de Salud Mental Infantil y Adolescente de la IACAPAP*.

“The Textbook is not only free, widely and easily available; it is a work of beauty, of editorial integrity, and of far-reaching utility. It is up-to-date; it is interactive; it is ours to use”

The initial vision emerged in Chile, where Matías Irrarrázabal had the original Quixotic dream. Matías, a Durban ‘14 Donald J. Cohen Mentorship Program (DJCP) alumnus, currently working with the World Health and Pan-American Health Organizations, had additional strategic motivations to make the translation widely available across the Spanish-speaking world. Meeting at the Chilean Society’s (SOPNIA’s) annual congress in Puerto Varas in 2016, Matías and Andrés Martín concluded that the only way to get the translation done in time for Prague – and to have it done with fidelity – would be to approach the translation in a two-step process.

First, the book would be translated in its entirety by a professional translator: someone without a background in psychiatry. We looked for potential translators across the world, and after evaluating and pricing bids from Chile, Mexico, Spain and the US, decided on a Chilean team. Of note, this critical step of the work was supported financially through the Riva Ariella Ritvo Endowment at the Yale School of Medicine. Our colleagues Daniel Martínez Uribe and César Soutullo from Spain, together with Fernanda Prieto-Tagle from Chile (a Calgary ‘16 DJCP



Fernanda Prieto-Tagle

¡Gracias, colegas hispano-parlantes!

Con nuestro profundo aprecio a los Doctores:

José Ángel Alda, Sandra Alonso, Miguel Ángel Álvarez de Mon, Teresa Aparicio, Estibaliz Barredo, Loreto Brotons, Faly Caballero, Eva Calvo, Ester Camprodon, Carla Carvalho, Montserrat Corrales, Álvaro Doña, Clara De Castro, María L. Dorado, Neus Elías, Manuel A. Fernández, Mercedes Fernández, Joaquín Fuentes, Olga Fuertes, Marta García, Noelia Gilbert, Carlos Gómez, Sofía Hacohe, Isabel Hernández, Abigail Huertas, Irma Isasa, Jon Izaguirre, Carlos Llanes Álvarez, María José Martínez, Marcela Mezzatesta, Ricardo Migliorelli, José E. Montejo, Ester Mora, Jaume Morey, Ivan Olle Llopis, Juan Jairo Ortiz Guerra, Montserrat Pamias, Victor Pereira, Ana Pérez, Julia Portillo, Joaquim Puntí, Ana Ramírez Navarro, Jasna Raventós, Victor Ribes, María I. Rodríguez, Marina Romero, Gonzalo Ros, Audrey Sagols, Rebeca Santonja, Mariano Trillo, Maria del Mar Unceta, María Vallejo, Paloma Varela, María Vidal, y Pablo Vidal.

alumna), ensured the fidelity of the initial translation. Daniel, César and Fernanda worked intensively for close to a year on this project, and we provided them with feedback along the way, making for more consistent wording choices and an overall smoother process as the months went by.

Second, we considered the translated chapters, now in Spanish, as a starting point needing further refinement. Specifically, we wanted to ensure that the chapters ‘rang true’ to the *Textbook’s* intended audience: clinicians working and providing care at the ‘front lines’. In order to do this, we would need a small group of bilingual child and adolescent psychiatrists and allied professionals willing to take on this clinical language ‘polishing’ job. We realized in short order that this was no simple task, and that we would need not a small group, so much as a ‘small *ejército* (army)’. It is here that our *tercer mosquetero* (third Musketeer) provided a critical intervention. While presenting at a meeting in Madrid in early 2017, Joaquín Fuentes challenged those in attendance with a call to action. To our delight, fifty-five colleagues from Spain volunteered and delivered on time. We list alphabetically these selfless *amigos*, with our most heartfelt ‘¡Gracias, colegas hispano-parlantes!’

With all chapters now fully translated into Spanish, polished by and for clinical users, and in the process of being uploaded into the website, perhaps the biggest challenge still lies ahead: *¡Usémoslo!* (let’s use it!) The *Textbook* is not only free, widely and easily available; it is a work of beauty, of editorial integrity, and of far-reaching utility. It is up-to-date; it is interactive; it is ours to use. None of this would have ever been possible, of course, were it not for the *Musketeerest* of them all. We dedicate this translation, with deep care and appreciation, to that other Spanish-speaking native of Santiago de Compostela, the erstwhile Galician traveler who took to the seas and settled in far Austral shores many years ago – the incomparable Joe Rey, the textbook’s visionary founding editor: *¡En horabuena, José!*

Matías Irrarázabal, Joaquín Fuentes & Andrés Martin



Olayinka Omigbodun and Joseph Rey, Melbourne 2013

4th Asian Congress on Attention Deficit Hyperactivity Disorder (ADHD) & 12th Scientific Sessions of the Chinese Society of Child and Adolescent Psychiatry



Shanghai, China



The 4th Asian Congress on Attention Deficit Hyperactivity Disorder (ADHD) and the 12th Scientific Sessions of the Chinese Society of Child and Adolescent Psychiatry opened in Shanghai on May 25, 2018. Professor LIU Jing, executive president of the Congress, presided over the opening ceremony on behalf of sponsors—The Asian Federation of Attention Deficit Hyperactivity Disorder, the Chinese Medical Association and the Psychiatry Branch of the Chinese Medical Association—and organizers—The Chinese Society of Child and Adolescent Psychiatry, Capital Medical University Beijing Anqing Hospital, and Peking University Sixth Hospital. She welcomed the clinicians and researchers from abroad and from China who devoted themselves to child and adolescent psychiatry, in particular to ADHD.

Professor ZHENG Yi, president of the congress, SHI Shenxun, chairman of the Psychiatry Branch of the Chinese Medical Association, Luis Rohde, president of the World Federation of ADHD, Daniel Fung, vice president of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and Gabrielle A. Carlson, president-elect of the American Academy of Child and Adolescent Psychiatry, delivered opening remarks respectively.



Nine keynote lectures were presented in the first day. Professor Luis Rohde (Brazil) gave an overview of the current status of ADHD and the challenges it faces, pointing out that ADHD is a chronic disease with complex phenotypes, which may persist into adulthood. Although there have been many studies focusing on the etiology and pathogenesis, using these findings in the clinical treatment remains a challenge, particularly targeting treatment to specific age groups. Professor Stephen V. Faraone (United States) talked about the latest research on the genetics of ADHD. His genome-wide association study, including more than 20,000 patients and 30,000 healthy controls, found 12 loci that significantly increased the risk of ADHD, which overlapped with other mental disorders and psychological features. Professor Gabrielle A. Carlson (United States) described the differences between ADHD and bipolar disorder.



Professor Jeffrey H. Newcorn (United States) discussed common and specific pharmacological effects of methylphenidate and atomoxetine. Professor ZHENG Yi (China) explained the pathogenesis of ADHD and the use of herbal medicines from a traditional Chinese medicine perspective. Professor Daniel Fung (Singapore) shared the changes in the understanding of ADHD during his career in psychiatry. Professor Harold Carlson (United States) introduced the endocrine complications of psychiatric drugs. Professor Takashi Okada (Japan) reported about ADHD research in Japan, while professor Klaus Lange (Germany) overviewed the effect of lifestyle factors on long-term outcomes of ADHD.



On the second day, all participants exchanged views on the genetics of ADHD, the latest advances in its pathogenesis, and studies on other mental disorders in children and adolescents in five parallel sessions. Teams from China and other Asian countries made presentations on different topics, followed by lively discussions.

In the sessions in English, Professor GAU Shur-fen (Chinese Taipei), John Fayyad (Lebanon), Savita Malhotra (India) and Celeste Jacque (United States) gave state of the art lectures on research, endophenotype, temperament, and criminality in ADHD in different countries.



Professor ZHENG Yi (Beijing Anding Hospital) and LUO Xuerong (Central South University the second Xiangya Hospital) presided over the symposium on adult ADHD that discussed trends in this cutting-edge field through prevalence surveys, assessment tools, and pathophysiological markers of adult ADHD. Professor YANG Li (Peking University Sixth Hospital) and Stephen V. Faraone co-chaired the symposium on new findings on etiology. New methods and findings of current genetic research on ADHD were systematically reported not only in the genetic basis of neuropsychology but also in neuroimaging and in animal models.

Professors SUN Li and CAO Qingjiu (Peking University Sixth Hospital) presided over a symposium on neurobiology of ADHD, focusing on the pathophysiology of ADHD using electroencephalography (EEG) and magnetic resonance imaging (MRI). Professor LI Fei and ZHANG Jinsong (Shanghai Jiaotong University Xinhua Hospital) organized the China-Canada Project Forum to introduce the shared medical services between China and Canada in children and adolescents. There was a total of 19 English presentations selected for oral communication. Doctors and researchers conducted extensive discussions on the pathophysiology and clinical studies of ADHD and related disorders.

In the sessions in Chinese, participants reported and exchanged information on the clinical and research progress of ADHD and other



childhood and adolescent mental disorders. JIN Xingming (Shanghai Pubin Children's Hospital) and YANG Li comprehensively reviewed the clinical and research progress of ADHD and its comorbidities from the perspective of developmental behavioral pediatrics and psychiatry, respectively. Professors WANG Yufeng and HUANG Yueqin (Peking University Sixth Hospital) discussed the effects of parental rearing practices on behavior, emotional problems, and long-term personality formation of ADHD children.

At a symposium hosted by WANG Yufeng and YANG Binrang (Shenzhen Children's Hospital), professor TAO Sha (Beijing Normal University) introduced the cohort study of the National Alliance for the Development of Brain and Intelligence among Children and Adolescents. Some other researchers from Beijing Normal University, Peking University Sixth Hospital and Shenzhen Children's Hospital reported on the relationship between ADHD, dyslexia and advanced cognitive functions. A session on diagnosis and treatment models for preschoolers with ADHD, held by ZHANG Jinsong, also attracted many clinicians.

In the State of the Art lectures, professor PANG Peng (United States) analyzed the influence of cultural background on the emotional and behavioral development of children and adolescents from a cross-cultural perspective. Professor LIU Jing (Peking University Sixth Hospital) described the changes in the diagnostic classification of mental disorders in children and adolescents in ICD-11. Professor DU Yasong (Shanghai Mental Health Center) introduced interventions on ADHD executive dysfunction. Professor LUO Xuerong lectured on the treatment of children with depressive disorder. Professor KE Xiaoyan(Nanjing Brain Hospital) and HUANG Yi (Huaxi Hospital) presided over a special session on psychotherapy where four speakers gave a systematic presentation on cognitive and behavioral therapy for children with traumatic and emotional disorders. Twenty-eight speakers discussed the underlying and clinical aspects of mental disorders in children and adolescents.

The congress was highly rated by the participants. All agreed that it had been a success and that it presented a high level of scientific research. "The meeting was very successful, and I thought the sessions were very fruitful and maintained high scientific standards", said John Fayyad. Luis Rohde also expressed his sincere gratitude for having the opportunity to be in China again and speaking in such a well attended and interesting meeting. "You will have all my support to hold the World Congress on ADHD in China in the future", Luis Rhode said.

In the end, as the General Secretary of this meeting, professor YANG Li presided over the closing ceremony where Professor LIU Jing and ZHENG Yi spoke successively, thanking the invited speakers, the Chinese Medical Association, the Psychiatry Branch of the Chinese Medical Association, the conference affairs group, participants and volunteers. There were 310 participants, including 13 foreign lecturers, 112 of whom reported in 25 parallel sessions; 10 participants got awards for extraordinary presentations. This congress was one of the important conferences in child and adolescent mental health in China and Asia, where colleagues attending the conference had made fruitful academic exchanges and which could be a basis for holding international ADHD conferences in China in the future.

YANG Li, LIU Jing



IACAPAP WORLD CONGRESS 2018 PRAGUE



80 YEARS
IACAPAP



Clockwise from top left. Michal Goetz (Czech Republic, Congress Chair) at the opening ceremony. From left: Adam Vojtěch (Minister of Health, Czech Republic); Daniel Fung Shuen Sheng (Singapore, President of IACAPAP), Yi Zeng (PRC), Andres Martin (USA). Bruno Falissard (France, Past President of IACAPAP).



23rd Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

23-27 July 2018

Congress Centre, Prague

From July 23 to 27, 2018, Prague hosted the world's most prominent international meeting for child and adolescent mental health and psychiatry. IACAPAP 2018 was the first global congress dedicated to children's mental health to be held in the Central and Eastern European (CEE) Countries, and was at the same time a special congress with IACAPAP celebrating the 80th anniversary of its existence.

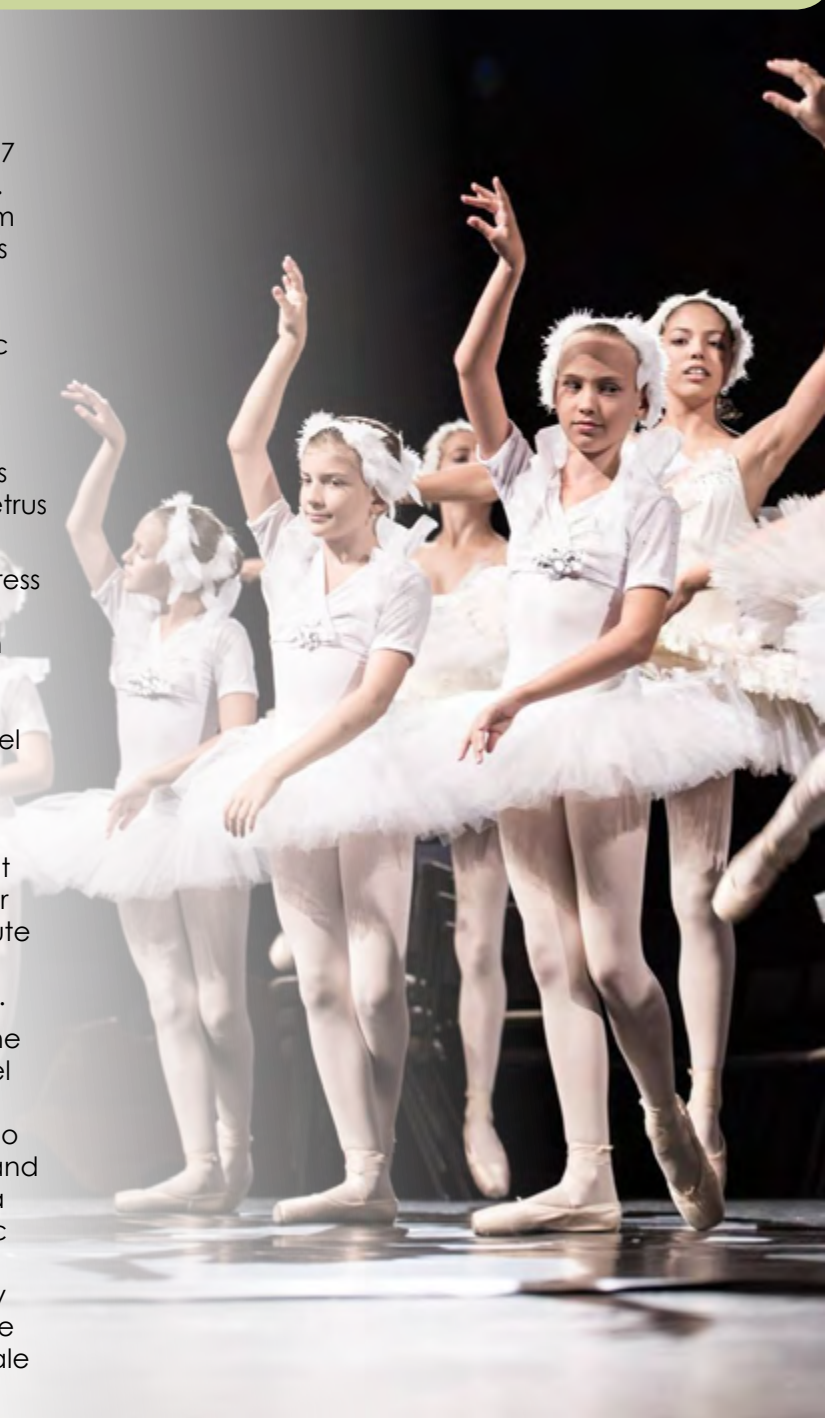


Change of the guard. Bruno Falissard (France, President 2014-2018) presents the Medal to the new President for the period 2018-2022, Daniel Fung Shuen Sheng (Singapore).

The first event linked to the congress was the Helmut Remschmidt Research Seminar, which took place from 17-22 September 2017 at the Sv. Kateřina Resort in Vysočina region. During a five-day period, 22 participants from 18 countries discussed their scientific projects with nine mentors from both the Czech Republic and abroad, acquiring the basic knowledge necessary for successful scientific work. Although the program was intensive and challenging, I think the five days were very amiable for all, which participants shall gladly remember. I extend great thanks to its organisers Professors Helmut Remschmidt, Petrus De Vries, and Per-Anders Rydelius.

Interest in presenting at the Prague Congress was extraordinary. We received more than fifteen hundred abstracts. Every contribution was evaluated by two reviewers from the extensive international panel. The scientific and program committee headed by Dr Pavel Theiner (Brno University Teaching Hospital) really did a great work. The compilation of the program so that it limited the overlap of related topics, accommodated the frequent requests of lecturers for consideration of their time possibilities, and responded to last-minute requests, required not only a lot of time and ingenuity, but also diplomacy and patience.

Intensive courses are an integral part of the IACAPAP congresses. The international panel of reviewers selected 12 thematic courses in which 273 participants attended. We are also very grateful to professors Joaquín Fuentes and Andres Martin for their initiative to organise a separate all-day course for the Czech public focused on autism and the prevention of mental disorders. The course was opened by the Vice Chairperson of the Senate, Dr Miluše Horská. The Chair was Andrés Martin, MD (Yale School of Medicine, USA), the lecturers were





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James Hudziak, MD (University of Vermont, USA) and Joaquín Fuentes, MD (Policlínica Gipuzkoa, Spain). The course was attended by 74 colleagues from various specialties, but also relatives of patients, staff of not-for-profit organizations, etc. The feedback we got from them was extraordinarily positive. The cost of this ambitious educational event was paid by a grant from the Prague City Hall, which was specifically applied for by Česká Psychiatrická společnost for this purpose.

Also, on the occasion of the Prague Congress, thanks to the excellent editorial work of professors Matthew Hodes (Imperial College London), Susan Gau (National Taiwan University) and Petrus de Vries (University of Cape Town), Elsevier published the congress-linked monograph *Understanding Uniqueness and Diversity in Child and Adolescent Mental Health*, with contributors from all over the world.

The congress itself started with an evening opening ceremony, which included a cultural and professional programme. The official speeches were made after a short, playful video reminiscent of the venerable history of the IACAPAP. We appreciate the fact that one of the speeches was made by the Minister of Health of the Czech Republic, Mr Adam Vojtěch, who highlighted the high rate and severity of mental health problems in the paediatric population and the need to focus on the development of the as yet inadequately functioning interdisciplinary cooperation, with emphasis on prevention and community care. These themes also resonated throughout the entire congress. The cultural programme, aside from the very nice performance of the children's ballet ensemble *Pirueta*, also included a concert by *Musica Florea*, considered the best Czech baroque orchestra oriented towards authentic interpretation.

The first plenary lecture on the opening ceremony titled "Action Through Prevention: Rethinking Children's Mental Health" was delivered by James Hudziak, in which he demonstrated the positive impact of lifestyle changes on the structure of the brain and its effects in the prevention of mental disorders. He summarized the data from long-term research and the "Vermont Model" therapeutic program, for which he received several awards. In connection with the 80th Anniversary of IACAPAP, in the second plenary

Hesham Hamoda (USA/ Egypt) is presented with the International Contribution Award by Per-Anders Rydelius (Sweden) and Füsun Çuhadaroğlu Çetin (Turkey). The award recognizes Dr Hamoda's contribution to the development of child psychiatry in Middle Eastern countries. The Award is sponsored by the Korean Academy of Child and Adolescent Psychiatry..



session of the evening, Helmut Remschmidt, Honorary President of IACAPAP, discussed in a lively manner the history of child psychiatry, which is intertwined with IACAPAP, because the most prominent child psychiatry figures have usually headed this organisation.

The backbone of the congress program were the 28 invited lectures, delivered in two separate plenary sessions and five parallel state of the art sessions each day. The lecture schedule was conceived according to the development viewpoint of mental health and psychopathology, and included issues of attachment and early childhood, neurodevelopmental disorders, anxiety and mood disorders, etc., but also the issue of ethics, the organization of care in a global perspective, and contemporary treatment. We started to invite speakers at the congress more than two years prior to the congress and I can say that we recruited the best of the best. The Gerald Caplan Lecture—"Planning the Future of Child and Adolescent Psychiatry"—was delivered by Professor Falissard. He discussed the paradoxical trends in the conceptualization of mental health and psychiatry, in the organization of care, and in treatment, getting an extraordinarily positive response. Professor Falissard's lecture really reflected the core message on the congress topic: "Understanding Diversity and Uniqueness".

A series of 14-15 parallel sessions took place each day in several time periods, which included workshops, research, open symposia, academic debates, and thematic film productions and debates. Partner organizations of IACAPAP, including the American Academy of Child and Adolescent Psychiatry, the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals, the International Society for Adolescent Psychiatry and Psychology, the World Association for Infant Mental Health, the World Psychiatric Association – Child & Adolescent Psychiatry Section, and Child Psychiatry Association of Latin America, run additional invited symposia. The IACAPAP stream on psychodynamic



First two images above right: panoramic of the opening reception and poster presentation. Bottom right, from left: Tolulope Bella-Awusah, Olayinka Omigbodun, Oluwayemi Ogun, and Yewande Oshodi (all from Nigeria).



Clockwise from top. From left: Myron Belfer (USA), Per-Anders Rydelius (Sweden), Helmut Remschmidt (Germany) and Olayinka Omigbodun (Nigeria). (Left) Nora Rodriguez (Uruguay) & Veronica Stanganelly (Australia/Uruguay). Luis Rhode (Brasil).

psychotherapy, organized by a team headed by Suzanne Dean (Australia), was also appreciated highly.

The celebration of IACAPAP's 80th anniversary took place throughout the congress. Professor Olayinka Omigbodun (Nigeria), past president of IACAPAP, interviewed other past presidents of IACAPAP including Professors Helmut Remschmidt (Germany), Myron Belfer (USA), and Per-Anders Rydelius (Sweden). The Singapore team also screened a video mapping the glorious history of IACAPAP. Furthermore, participants in the congress were given the IACAPAP anniversary pin.

Within the framework of the congress, there were also intensive meetings of work groups from the Ministry of Labour and Social Affairs of the Czech Republic with foreign leaders of programmes in the field of prevention and early intervention. Professors Louise Arseneault (UK), Rudolf Uher (Canada) and Anne Thorup (Denmark) kindly shared their experiences. Another presentation was made in relation to new calls for grant programs for Norway, Iceland and Lichtenstein focusing on child mental health, in which child psychiatrists, psychologists, representatives of parents' organisations and others participated. All these are good signs that indicate an increasing interest in interdisciplinary cooperation and the overcoming of often senseless, but very firm barriers.



Julie Chilton (USA) is presented with the IACAPAP Medal by Bruno Falissard (France). The IACAPAP Medal was also awarded to Amira Seif El Din (Egypt), Alexis Revet (France) Helena van den Steene (Belgium) and Dmytro Martsenkovskiy (Ukraine).



Awards for best poster presentation were given to Cynthia Kahl (Canada), Takoua Brahim (Tunisia), Eugene Lee Davids (South Africa; shown far right in the picture), Vilas Sawrikar (Australia), and Haider Saleem (Pakistan).





Top: session about the WHO's mhGAP Intervention Guide. Above, IACAPAP Executive Committee 2018-2022. From left: Maite Ferrin (Vice President, UK/Spain), Kaija Puura (Vice President, Finland), Nicholas Mark Kowalenko (Vice President, Australia), Christina Schwenck (Secretary General, Germany), Hesham Hamoda (Vice President, USA), Petrus J de Vries (Treasurer, South Africa), Michal Goetz (Vice President, Czech Republic), Daniel Fung Shuen Sheng (President, Singapore), Andrés Martín (Vice President, USA), Bruno Falissard (Past President, France), Bung Nyun Kim (Vice President, South Korea), Tolulope Bella-Awusah (Vice President, Nigeria). Flora de la Barra Mac Donald (Vice President, Chile) is absent. Left, IACAPAP Executive Committee and representatives of member societies.



Clockwise from top left: two attendees. Gordon Harper (USA, outgoing treasurer) speaking at the formal dinner. Wun Jung Kim (USA, chair of AACAP International Relations Committee). Ruth Feldman's (Israel) presentation.





In the Donald J. Cohen Fellowship Programme, 22 young specialists from 21 countries participated in an intensive consultation and seminar programme. This is a really unique contribution of IACAPAP to the development of young leaders in the field, which is unfalteringly organized by Joaquín Fuentes, Andres Martin, Ayesha Mian and Naoufel Gaddour.

The Adopt a Delegate programme made it possible for colleagues from economically disadvantaged countries to attend the congress thanks to donations from delegates and other sources.

Attending the congress is a very interesting but demanding activity. For this reason, we also thought about the wellness of our participants. The daily morning jogging was handled by the gentlemen from PCO C-IN, and the regular yoga and mindfulness training was led by colleagues from the National Institute of Mental Health, Czech Republic. The gala dinner was served in Žofín Palace in one of Prague's islands. The guests at the dinner will certainly remember the admirable performance of Gordon Harper who, in tribute to





the outgoing IACAPAP President Bruno Falissard, and in commemoration of the founding of IACAPAP, sang the *Marseillaise* to piano accompaniment.

The scientific programme of the congress ended with the second honorary lecture in memory of E. James Anthony, which was delivered by Dr Alexandra Murray Harrison (Harvard Medical School), titled "Insights from Developmental Research for the Practicing Child Psychiatrist". In her lecture, Dr Harrison reviewed how childhood experiences are modulated by a responsive caregiving relationship, how non-verbal communication creates a sense of safety and agency in psychotherapy, and how child psychiatrists can use their expertise to train health workers in preventive mental health in developing countries.

The IACAPAP General Assembly took place during the congress and elected the new executive committee of IACAPAP. All the participants in a standing ovation applauded their appreciation for the extraordinary work of the outgoing executive committee and president Bruno Falissard. Suzanne Dean presented the IACAPAP Declaration on the Rights of Indigenous Children, Adolescents and Families to Mental Health and Well-being.

Several awards were given during the closing ceremony. The International



Contribution Award—endowed by the Korean Academy of Child and Adolescent Psychiatry—was bestowed upon Hesham Hamoda (USA/Egypt). IACAPAP medals were awarded to Julie Chilton (USA), Amira Seif Eldin (Egypt), Alexis Revet (France), Helena van den Steene (Belgium), and Dmytro Martsenkovskiy (Ukraine). A further five awards for the best posters were bestowed upon Takoua Brahim (Tunisia), Eugene Lee Davids (South Africa), Cynthia Kahl (Canada), Vilas Sawrikar (Australia), and Haider Saleem (Pakistan). The evaluating committee really had a difficult task as 663 posters were presented, most of which were excellent.

We were invited to the 24th IACAPAP world congress in Singapore in 2020 by the newly elected President, Daniel Fung, and by the chair of the organizing committee, Ong Say How. Daniel spoke via a video clip because he was at the time participating in a far more important event... the graduation of one of his daughters. Say How also drew the lucky winner of the free registration to the Singapore Congress.

As is traditional in Prague, the closing ceremony was accompanied by beautiful music. The Dvořák Quartet played several pieces, including Mahler's sole chamber composition, which he had already composed at the age of 16, specifically a fragment of the Piano Quartet in A Minor.

1,600 child and adolescent psychiatrists, psychologists, special pedagogues, nurses, and colleagues from other professions from 85 countries participated in the congress. The countries with the largest number of representatives were the USA,

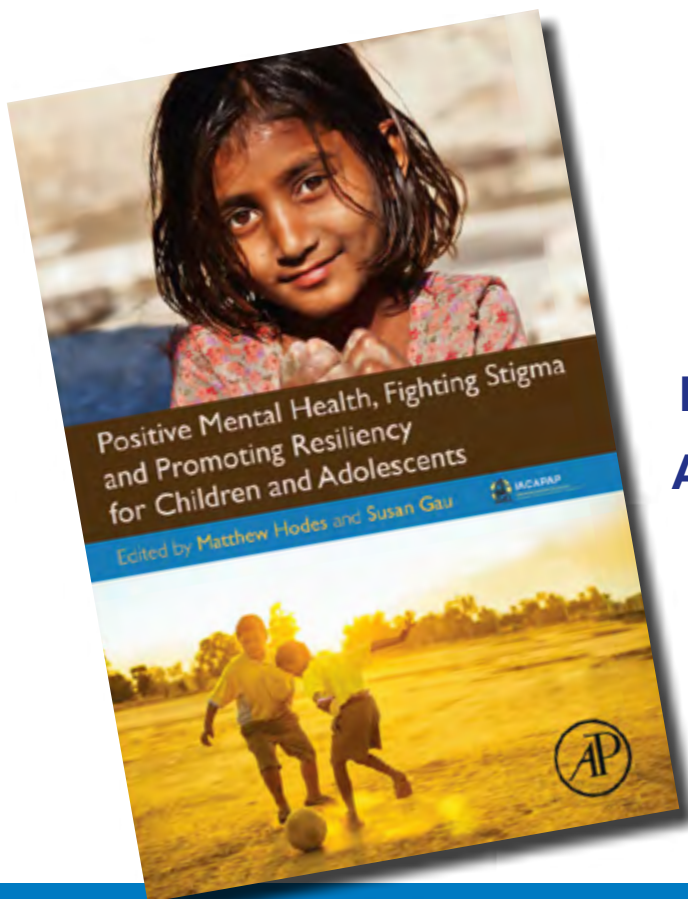
Czech Republic, Germany and Australia.

For media coverage, we worked with a professional agency, and information about child mental health, the situation of child and adolescent psychiatry and the congress, was published in various media, in 20 cases including more extensive interviews on public and private television. The congress was generously supported by 20 (of the 160 contacted) companies and institutions, including among others, the Ministry of Foreign Affairs of the Czech Republic, Ministry of Labour and Social Affairs, Agrofert Foundation, J&T, RSJ Foundation, Přeborn Hospital.

In closing, allow me to express my huge thanks to Alice Trágerová of the C-IN agency, who managed the congress, for her excellent work, professionalism, but also her kindness and diplomacy. She was deservedly nicknamed "Wonder Woman" by the EC of IACAPAP. I further thank the members of the scientific committee, particularly Dr Pavel Theiner for his extraordinarily precise and patient work, and thank the members of the organizing committee. Last but not least, I would like to thank the sponsors who made possible for us to bring the congress to fruition and thus contribute to the work of the world's most important paedopsychiatric organization. In the final evaluation, 96% of the respondents stated that they would recommend their colleagues to participate in the next IACAPAP congress. I believe that we have proudly taken advantage to the fullest extent of the opportunity that IACAPAP provided us, for which we are extremely grateful.

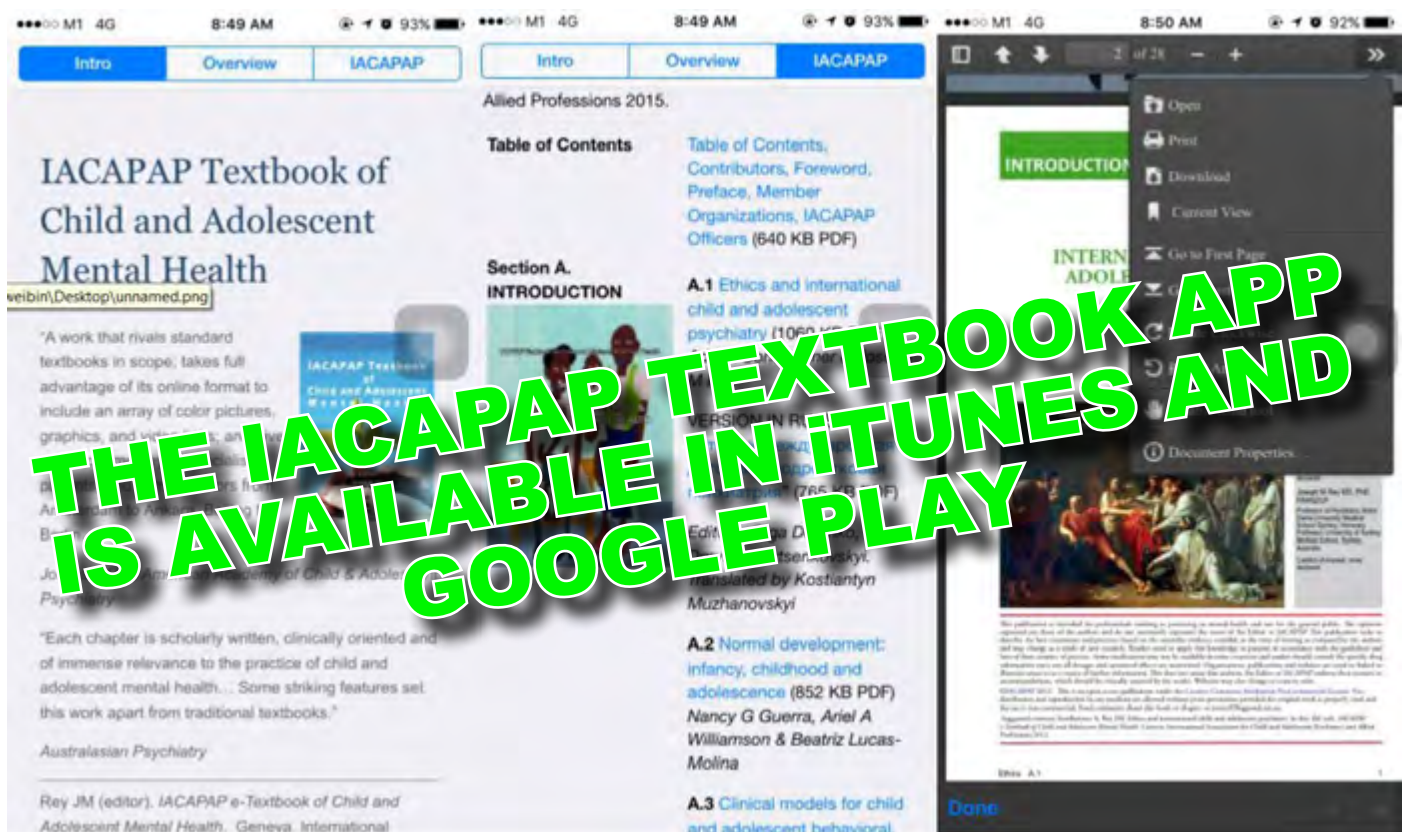
Michal Goetz





The full text of the monograph “Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents” is available at the website.

To access, click on the image.



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/>

BREAK THE STIGMA FOR FAMILIES

Moving into Action when Psychiatry Got Personal

We the Dutch love our bicycles. With one quarter of all trips in the Netherlands made on two wheels, and with an average output of 2.5 km per person per day, we are a country of proud cyclists. The vast majority of Dutch citizens own or ride a bicycle. And it is not only 'the masses' who ride: the internet is rife with pictures of different generations of our royal family riding their own, and a 2017 photo of our Prime Minister parking his bicycle at the King's palace went viral. Cycling is part of our daily routine and family life. From early on we teach our children to ride on two wheels. In the process, we connect them to different generations within their families and our nation.

My father taught me how to ride. I have clear memories of that day: it was my grandfather's birthday; I remember my relatives' voices in the background, the sun warm on my skin, my father's hand on my shoulder. Most of all, I remember the excitement and sense of freedom when my father let go and I cycled on my own for the very first time. It is true that I had not yet learned the finer points of slowing down, so my maiden voyage soon ended in the bushes. But that initial taste of freedom made me want to try again and again.

I am Dutch and I am a cyclist. I live and work as a child psychiatrist in Drenthe, the quintessential cycling province of the Netherlands. Bicycles are part of my daily life. In my work as medical director of the department of family psychiatry I even compare becoming a 'good enough' parent to teaching a child how to ride a bicycle.

Native and enthusiast cyclist that I am, it still caught me by surprise that a bicycle, of all things, helped me address the stigma I was so deeply and unknowingly embroiled in.

Among the countless pictures that include bicycles in my family's photo album, my favorite was taken on July 21, 2018, at the Regional Velodrome in Assen, during the launch of the campaign **Break the Stigma for Families**. The picture in the next page spans three generations: my father Rikus Aardema, my husband Johan Prins and me, and our adolescent children, Caya and Ivar. The cyclist in the background is my mentor,

colleague and dear friend, Andrés Martin.

The story behind the picture began on October 16, 2017. On that day, Johan was hospitalized for a serious and potentially life-threatening illness. For our young family, this represented an entirely new challenge. We were lucky, as we recognized some symptoms and were able to ask for urgent medical care. That day remains in a fog, but I do remember the relief we all felt when his disease was recognized, named, and taken seriously. Johan was diagnosed with major depression, and given the symptoms he

presented with, had to be admitted urgently.

I am a child psychiatrist and have learned that mental illnesses are real, common and treatable conditions. On that day I also recognized, while 'walking the talk', what a profound impact mental illness has on the families of the patients we care for. It was also a reminder that being caregivers does not immunize us from being afflicted ourselves.





The Prins-Aardema family at the Northern Regional Velodrome in Assen. Pictured from left: Rikus, Ivar, Cecil, Johan, and Caya – as Andrés Martin (behind, right) heads into the curve.

Mental illness changes behavior: it affects *personhood*, more than just the person. My husband had struggled before, and we were diligent in seeking help during the months leading to his hospitalization. The symptoms of his illness were not subtle then, and in retrospect are quite clear today. Still, we felt confused, alone and not fully understood at the time. In our initial conversations with professionals there seemed to be a relentless emphasis on our underlying personalities, on our putatively dysfunctional relationship, on our limited parenting skills. We felt blamed and ostracized by family, friends and professionals – all of them well-meaning, no doubt. At our time of greatest need, stigmatized views of mental illness and psychiatric care had permeated through and posed an enormous additional burden on our nuclear family. I am a psychiatrist by training, and struggled with such views (others', as much as my own, for sure). If this was the case for me, what could I expect for the countless others who are not professionally trained but suffer just as much as we did?

The feeling of relief at the moment of Johan's hospitalization had everything to do with reconceptualizing his symptoms and our struggles as a family. Once his illness was named, it was as if he had become

visible once again. It helped me to explain to our children and our families what had ailed Johan, to give words to his suffering, and to explain why treatment in a hospital setting was required. Seriously ill people go to hospitals for treatment, and Johan was no exception to that rule.

In the weeks after his admission I learned more about the stigma surrounding mental

illness, including the one that I had been unwittingly harboring. After his hospital stay, Johan wanted to be able to talk openly about his experience. I supported him in this, as we wanted to provide a good example of openness for our children. Despite such candor in the family, I struggled with being equally open at work. I felt embarrassed and guilty: that as a psychiatrist I, of all people,



Country riding. From left: Ivar, Emmen City Mayor Eric van Oosterhout, Caya, Cecil and Andrés. Sitting on his hand-bike, Simon Henk Luimstra rode with us, representing riders of all disciplines and abilities embraced by the UCI.



had not been able to prevent or recognize my husband's depression and its impact on our family. It was only when I engaged in the thought experiment of comparing myself to an oncologist whose partner is diagnosed with cancer, that I discovered how deeply I had been struggling with internalized stigma around mental illness. From that day on it became much easier to communicate and share information about Johan's illness and his admission to hospital.

Our communication was open and clear, and the response immediately overwhelming. Many colleagues and friends shared their personal stories about the burden they had carried within themselves in having a loved one affected by mental illness. The stories were at times intense and filled with pain and suffering, just as much as by relief at finally being able to share and unload. Most of these stories were new to me, even though as I had long known the colleagues sharing them.

During those same days in late October 2017, Andrés Martín was about to finish his cross-country *Break the Cycle* tour across the United States. I shared my personal story with Andrés, who not only supported us as a family, but also gave us hope by sharing his personal history confronting recurring episodes of depression. His openness made me realize that when it comes to mental illness, we have a shortage of hopeful examples, that the shared lived experience of professional colleagues and friends can make an enormous difference.

While still on his endorphin rush, Andrés told me of his hopes to repeat the feat of synergizing cycling with mental health awareness-building and destigmatization efforts. I contributed the family angle to the equation, and we both added our international commitment. And so was born *Break the Stigma for Families – Netherlands 2018*.

I wanted a campaign aimed not at elite cyclists, but rather at any and all family members. I had learned that mental illness is a family affair, and that just as the entire family suffers, it is that selfsame family that supports and scaffolds the affected member back to health. It was also important for me to cycle with families without knowing who exactly was the ill member, the so called 'identified patient'. Some physical illnesses have family groups who cycle together; I was yearning for a similar campaign for mental illnesses, and committed to making one happen.



Over the course of two days, we cycled first in a cycling center, where young athletes showed us the finer points of BMX, mountain and velodrome racing, and where the local authorities welcomed our campaign with great enthusiasm. On the second day, we rode in the bucolic Dutch landscape, joined by a group of families, many children, riders of different abilities, and even the Honorable Emmen City Mayor in tow. We linked our campaign to international cycling networks, including that of UCI (*Union Cycliste Internationale*), even making it to the top of their website on the week of the event. Cycling is central to our campaign: we want to share with families that same sense of independence and joy we feel while riding.

This campaign has already proven transformative for my family and me. The velodrome picture reminds me of the freedom that comes with cycling, and of the power of sharing openly as we strive to help others. It is my fervent hope that Drenthe was just the start of an ambitious and heartfelt vision to help *Break the Stigma for Families* the world over.

Cecil Prins-Aardema, MD

Dr. Prins-Aardema is medical director of the department of family psychiatry of GGZ Drenthe, the Netherlands. She is a past recipient of the IACAPAP Donald J. Cohen Fellowship for International Scholars in Child Mental Health (Paris 2012), and can be reached at cecil.prins@ggzdrenthe.nl. Learn more about Break the Stigma for Families by visiting <https://ggzdrenthe.nl/breakthestigma>.



DONALD J. COHEN FELLOWSHIP PROGRAM 2018

From Past to Present and into the Future

Alexis Revet (France), Kashmir Rustomji (USA/Canada) & Andres Martin (Mexico/USA)

Prague, the wonderful capital of the Czech Republic, the historical capital of Bohemia, the city of Dvořák, Kafka and Milos Forman, was the home of the 23rd IACAPAP World Congress and of the 10th edition of the Donald J Cohen Fellowship Program (DJCFP). Twenty fellows from five continents gathered on the Sunday before the congress opening in a cozy hotel near the Congress Center. Ayesha Mian and Naoufel Gaddour, the wonderful program coordinators, were there to welcome us with their usual generosity and efficiency.

Despite their consternation, each fellow had great hope in their heart. We had heard of the famous DJCFP: first established for the 2004 IACAPAP congress in Berlin in memory of Donald J Cohen. Dr. Cohen was a former director of the Yale Child Study Center and president of IACAPAP. He was a passionate supporter of child and adolescent psychiatry and a great mentor for many leaders in the field. Equipped with this knowledge, we were eager and curious to know what opportunities and adventures were to come in the week ahead.

Then it began. What a week! In addition to our superb mentors and small group sessions, the fellowship was highlighted by multiple social and educational events. Among these were an exceptional alumni symposium and the now famous "Just Do It" seminar led by the infamous Dr. Andres Martin and Dr. Joaquin Fuentes. We were joined by the President Dr. Bruno Falissard singing and dancing at the Strahov Brewery for an evening of delicious Czech cuisine and beer. To end the week we cheered and clapped for our peers at the inspiring closing ceremony.



Mentors and Group Sessions

Each fellow spent time in a daily small group mentored by experienced professionals. These small group sessions gave us the opportunity to discuss several topics: mentorship, balance between clinical practice and research, funding, work-life balance, career paths, imposter syndrome, education, and ethics in practice.

Gradually, we bonded and nurtured each other modelling the generosity and humanity of our mentors. We began to feel like a family (weird and wonderful too!): the DJCFP family.

Social Events and Hard Work

The intense five-day conference was marked by a curious balance of hard work and fun. The diligent fellows made the most of the congress to share their knowledge through posters, symposia and congress presentations. Additionally, the fellows imparted this knowledge in daily dialogue at our small group session. An eager group of four fellows presented the culmination of these discussions at the closing DJCFP symposium.

This hard work was offset by relaxing breaks: tasting Pilsner Urquell, the famous Czech beer in a wonderful jazz club; discovering the breathtaking view of Prague from the Vyšehrad garden; having an incredible dinner and party at the Monastery Brewery Strahov (thanks to the help of a former DJCFP fellow from Czech Republic, Antonin Sebela) and singing French songs (especially from Edith Piaf) with Prof. Bruno Falissard.



Above: Ayesha Mian and Naoufel Gaddour.
Below: fellows and mentors.





Our wonderful mentors. From left, top row: Elizabeth Barrett, Julie Chilton, Joaquin Fuentes, Andres Martin, Guilherme Polanczyk. Next row: Jiri Podlipny, Nina Schweinfurth, Christina Schwenck. Below: group selfie.



Reflections from the Fellows

"I have to say my acceptance came as a bit of a shock because I did not feel like I deserved the position. Firstly, I was not a child psychiatrist and I had no clinical experience. Secondly, although I was born in Ghana and hope to live and work there in the future, I have spent most of my life living outside of the country. I expressed this feeling of not belonging when I introduced myself at the first DJCFP meeting and was touched by the warm response I received from my colleagues and mentors. One of the mentors even approached me after I had presented my research to make sure I knew that I belonged at the conference and that I had nothing to apologize for."

Marylin Ahun (Ghana/Canada)



"Taking part in the DJCFP in 2018 has exceeded my expectations by far, not only due to the professional skills of all fellows, mentors and organizers but also because of their human quality. I have had the opportunity to meet amazing colleagues from all over the world and hear about their experiences working in child and adolescent psychiatry (CAP) and allied professions in different countries. Mentors and organizers have been warm, inspiring and encouraging. Participating in the DJCFP has really made a difference in my career and has increased my confidence and my motivation to work in new areas even more. I hope to have the opportunity to be involved in other IACAPAP initiatives in the future and to continue to be part of this amazing DJC community."

Ainoa Mateu (Spain/UK)

"I felt very honored to be selected for the DJCFP. This event meant a lot to me. I was delighted to meet very inspiring and motivating fellows. We had enlightening exchanges about our views, projects and experiences. They make me want to fight and give my all for children's and adolescents' well-being. Indeed, I was touched by the fact that all fellows and mentors are driven by the same desire for children's well-being. I was impressed and inspired by their strength and courage to forge ahead, guided by this value. This made me want to move forward in this shared passion. I hope to have the pleasure to collaborate with them on some projects and to meet them again, at IACAPAP 2020 and on other occasions."

Camille Noël (Belgium)

"I was very excited when I found the information about the DJCFP on the internet. I was eager to attend the IACAPAP congress very much, but my first attempt was not successful and just after the second time I've got it... I had to read the e-mail, written from coordinators 2 or 3 times, just to be sure that my application was really accepted. Someone may ask: why are the funded fellowship programs so exciting and important for fellows from developing countries? (or, why was I so happy?). The answer is not straightforward, there are many reasons. Attending congresses is not possible for most physicians from all over the world because of the high registration fees, travel and living expenses abroad. One needs to save a large part of one's annual income to attend the congress. When you live in a country where Mr. Google is the best and most respected colleague to ask a second opinion and where the main source of new information is free access papers, and when making new acquaintances for future networking, developing your knowledge, broadening your understanding about the field in which you work, or just to be sure that what you do is correct or incorrect, I'm sure that everybody would agree that funded fellowships represent survival for doctors who are just scratching their career. I was twice happy and proud when I was informed that I was the first fellow from Georgia. For me it's a great responsibility."

Medea Zirkashvili (Georgia)



"It was my first time attending the IACAPAP congress. This gave me the opportunity to enrich my perspectives about child and adolescent mental health. I had the opportunity to attend many sessions about the most recent evidence-based findings. There was an incredible amount of sharing, learning and leveraging. Also, it was an opportunity to learn more about the importance of social media in our professional life. A quick look around the rooms at the conference noted that almost everyone was tweeting snippets and stats using conference hashtags. Finally, attending the conference allowed me not just an opportunity to learn and network and create content, but also to bring all that back to my country and share it

with my folks who did not go to the conference. This extra responsibility of bringing something back to share encouraged me to be present and engaged during the conference.”

Rabab Ahmed (Egypt/USA)

“I am honored to have been part of this fellowship. Amidst the beauty of Prague, I was able to come together with people from all over the world with one mission uniting us: making the world a better place for children and their families. Together we talked of our homes, our experiences as researchers, clinicians and educators. What surprised me was the humility with which each person carried themselves. I felt we were all equals, joined with a common purpose. That was the most memorable part of this experience: getting to know others on a personal and human level. I could let my guard down, speak openly about my ambitions and fears without feeling judged. It was an incredible feeling that will stay with me. The second best part of the fellowship and experience was the connections I have made that will enable me to share more of my work with other groups and communities.”

Kashmira Rustomji (USA/Canada)

“As the first DJCFP fellow from Thailand, I am so grateful for the great opportunity to become a part of this unique community. Learning from knowledgeable and dedicated mentors and other fellows who came from a different parts of the globe did broaden my view and expand my horizons. I got numerous ideas I can integrate into my work in Thailand. I appreciate all the experiences and moments I had with the group. Although fellows came from different backgrounds, both professional and cultural, we became friends and helped each other in many ways. I truly believe the memory of my five days in Prague as a DJCFP fellow will fuel my passion for not only the rest of my career but for my life.”

Napat Sittanomai (Thailand)

“Being awarded and attending the DJCFP at the IACAPAP 2018 conference was a wonderful, eye-opening, life-changing and touching experience for me. There is an incredible commonality shared among fellows despite different cultures and different backgrounds: we share the same passion and concerns for child and adolescent mental health, and experience similar issues in career development in terms of life work balance, and chasing dreams in-between challenges and opportunities. Before Prague, I only got to know Donald J Cohen by reading his scientific work, and heard some colleagues related to Yale’s Child Study Center tell some of his anecdotes. Luckily, the 2018 Prague conference happened to be the 80th anniversary of IACAPAP. Through several review sessions of IACAPAP history during the conference, as well as the DJCFP, I am gradually making personal connections between past, present, and future in children’s and adolescents’ mental health. Donald’s and other pioneers’ devotion and achievement in the field greatly inspire me. During the DJCFP, hearing colleagues and mentors sharing experiences about getting along and working with him, and continuing the work inspired by him, I gradually realized what ‘networking’ is truly meant for. People who have worked with and are inspired by Donald Cohen still keep ‘networking’ with each other, as well as mentally linking with him. Through this networking, his vision, legacy, and passion, are passed on to the next generations of mental health professionals. I believe this is what the DJCFP is meant for and I am honored and committed to be part of the family.”

Hsiang-Yuan Lin (Taiwan)

“I applied for the DJC fellowship knowing it would increase my knowledge in my field and prepare me to help develop the psychiatric care in my country. One of the most fortunate moments of my life was receiving the letter of acceptance. I am honored to be the first fellow from Ecuador. Being a fellow was an experience of a lifetime that made me realize that the end of the congress was only the beginning of my journey. The most inspiring moment of the conference was the Donald J. Cohen Alumni Symposium. It allowed me to see that every country has its challenges with pediatric and adolescent mental health, but with the right knowledge and a desire to help, great things can be accomplished. After attending the congress I realized I am not alone and have an exceptional support team of fellows and mentors with me on my journey! This encourages me to achieve great things in Ecuador and also to collaborate internationally to spread what I have learned, and to be part of the development of the first Latin American congress in Brazil 2024!”

Geovana Andrade (Ecuador/Uruguay)



"If you don't know your history, you'll keep going around in circles." (P-A Rydelius, IACAPAP 2018). Since I first heard about the fellowship in 2010, it had been a dream to be a part of it. Being in the 2018 cohort has been a dream come true indeed. I have learnt much from passionate colleagues, and I have had a glimpse into the services available in different parts of the world and their needs. Ideas have been sparked and emotional connections have been made thanks to the honest and open sharing of brave mentors and fellows. The way I see it, the work ahead is rich and varied—we can choose how we want to shape it. The checkered past of our IACAPAP illustrates—with some of its original members' sincere and well-meaning involvement in the euthanasia of "valueless individuals"—the meaning of "the road to hell is paved with good intentions." We need to guard against repetitions of this: rip off the blinkers of groupthink, stir up some shit, and befriend self-doubt. There is immunity against groupthink in diversity—but our cohort of the fellowship had mostly psychiatrists and a few psychologists. What happened to the two letters (A-P) that have been in the organization's name for 60 years? Where was the occupational therapist, medical social worker, nurse, educational psychologist, speech therapist? Did we lose the foresight of 1958? We need to equally ally ourselves with other professionals who are invested in the treatment of mental illness. It is time to stop lip service. Imagine what we all can do together. Embrace diversity in viewpoints, stir shit in our comfort zones—we and the people we serve will benefit from it. We need genuine collaboration among professions for our journey in the present into the future. Or we will repeat history."

Grace Soo (Singapore)

"The 2018 IACAPAP conference was a truly international experience: I was able to network with colleagues from across the globe. It was enormously inspiring to hear the obstacles that alumni and fellows have overcome to start great projects in their countries, whether starting a child psychiatry hospital in Dubai or addressing the plight of young boys in the Almajiri education system in Nigeria. The presentations motivate me to do work that benefits the community and show me that it is possible to achieve this goal. The mentors supported me in feeling confident about my change in focus area, and I left with renewed energy to do my work. One of the best aspects of the conference was that it not only focused on research and clinical practice, but that it created opportunities to speak about our own wellbeing, as Andres Martin and Cecil Prins so eloquently did."

Michelle Hoogenhout (South Africa)

"DJCFP opened a very unique door in my life. I got to know wonderful people and returned to my country with many new ideas. I was very anxious on the day when I learned that I was chosen. I was wondering whether I would be able to do it because it was a big responsibility to be one of the DJC fellows. I was very impressed by encountering a warm family environment starting from the moment I stepped into the hotel. This warm environment was maintained throughout the congress. During presentations, we discussed, laughed, cried and had the same emotions that meant the world has no borders. We felt as if we had known each other for years. Childhood is the motherland of a person, wishing that the child inside us never dies and hoping to see everyone again in Singapore."

Meryem Ozlem Kurtuk (Turkey)

"I love child psychiatry conferences, I love symposia, workshops, posters, but especially I love being around people who are excited and inspiring. The IACAPAP Congress 2018 in Prague was in all those aspects a wonderful conference. But even above that, DJCFP provided much more intensive enjoyment for me. I am so thankful for the opportunity to meet so many enthusiastic people from all over the world. I was especially delighted by our daily meetings in small groups, where amazing fellows and great mentors were sharing their experiences about clinical, scientific and educational work, and how to combine this with family life and leisure time. I got the exceptional opportunity of being very close to those who, although coming from different backgrounds and political and medical systems, are still facing the very same problems as me, want to make a difference, and advance child psychiatry in their countries further. I feel really encouraged on my journey by this encounter. Thank you people around IACAPAP!"

Daniela Zmeškalová (Czech Republic)

"The Donald Cohen Fellowship has been an exciting journey for me. I had the opportunity to meet with some of the past DJC fellows in various contexts before coming to Prague and was truly inspired by their work and achievements. Meeting other fellows from all across the globe, all geared towards child and adolescent mental health, was an enlightening experience."





The End of the Beginning

Since the inaugural DJCFP in Berlin in 2004, more than 350 fellows have benefited from this once-in-a-lifetime experience. The 10th meeting of the DJCFP was a few months ago and we are all feeling nostalgic and grateful. Grateful to our wonderful mentors, grateful to Andres Martin and Joaquin Fuentes who have been here from the beginning with their exceptional energy, humor and generosity. We are indebted to Ayesha Mian and Naoufel Gaddour, for without them, this would not have been possible. Lastly, we are grateful to Donald J Cohen, an exceptional man, whose legacy carries us forward.

Together we have become more confident in our selves and in the future of our wonderful specialty. This confidence will guide us to improve the lives of children and adolescents across the world and share our experiences and exchanges for generations to come.

To conclude, I reiterate the memorable exchange between Andres Martin and Joaquin Fuentes, who were providing us with some inspiring advice:

--Andres: "You guys are the **future!**"

--Joaquin: "I always having to correct Andres (we laugh). You guys are the **present!**"

The common factor helped us gel instantly and we shared our stories and our challenges; it was surprising how similar these were despite our varied geographical and cultural experiences. Together we explored the professional and personal challenges, discussed solutions with our mentors, and pieced together our plans for the future. In addition to our fellowship-based meetings, we were simultaneously attending various conference sessions, which were a great source of new evidence-based knowledge. Of all the sessions, the one closest to my heart (and to the hearts of many of my peers) was the symposium by the DJC alumni. It left me bedazzled; it inspired me to come back to IACAPAP with my fellow colleagues soon and share our achievements with our mentors. That said, the fellowship ended before we all realized but leaving with new connections, new experiences, new memories, and new inspiration—something I am grateful for. It is an honor to be a DJC fellow and to be a part of this community."

Sana Younus (Pakistan)

"Attending IACAPAP 2018 as Donald J Cohen fellow was an immense privilege for me that opened my eyes to the inspiring work done by my fellow professionals across the globe in the field of child mental health. I came to understand that there are huge gaps in child mental health services, even in the developed world. I got to interact with world leaders in my field. The personal stories that they shared on how they developed their career and the challenges they faced was insightful for me. The discussion on the need to be inclusive of the various professionals working with children reaffirmed the convictions from my clinical experience back home. The discussion we had about the intricacies and nuances of ethics that we need to always safeguard and be cautious about was one of the most important take home messages for me. I was able to meet new colleagues, some of whom were doing their training. The work that they were doing to improve networking and educational exchange was phenomenal."

Salah Basheer (India)

"What is the purpose of knowledge if it is not shared?" The DJCFP offers the unique opportunity to come together in time and space with many young professionals from all over the globe and exchange experiences and expertise in mental health. Not only have I been able to attend an outstanding international congress but I have also been able to squeeze the time and acquire new perspectives for my future professional career by listening to other colleagues' trajectories and mentorship. It brings you the possibility to zoom out from your usual hospital and daily professional practice, look up and find new themes to think about, new ideas to work in, and new dreams to pursue. It gives you the chance to learn by living, to know by sharing, to network by meeting people from many different countries, cultures and backgrounds."

Teresa Gomez Alemany (Spain)

"The 2018 DJCFP was a life changing experience for me. As this was my first time attending the IACAPAP, I expected the conference would be a rich opportunity for networking with colleagues dedicated to improving the lives of children and their families. But, as a member of the DJCFP, the experience exceeded these expectations, and specifically by my being inspired from learning about challenges faced by child and adolescent psychiatrists from other parts of the globe. Of course, there are many similarities between the challenges we all encounter in our field, irrespective of country of origin. The striking difference is how our perspectives, resources, and solutions to the same problems differ. I am grateful for having learned how colleagues in Georgia are trying to resolve the problem of identifying youth with neurodevelopmental disorders in pediatric clinics, where there is a shortage of child psychiatrists. I am inspired by the creative methods by which colleagues from Ecuador and Turkey are laying the groundwork for child psychiatry training programs, where programs don't currently exist. I was given hope that, one day, the Aljamiri youth of Africa may have equitable access to education and skills their survival depends upon. These cumulative experiences have solidified my dedication to continually improve the health and well-being of children and families across the globe."

Judah Weathers (USA)





Alumni Symposium

Taking Over the Present

Donald J. Cohen Generations Convene in Prague

The Alumni Symposium was a new addition in Prague to the now 14-year-old Donald J. Cohen Fellowship Program for International Scholars in Child Mental Health. With Cecil Prins of the Netherlands (a Paris '12 fellow) as my co-chair, we took enormous pleasure in scouting for alumni dispersed the world over. Our search yielded richly, and we organized a program of short and punchy, TED-like presentations by eight alumni. The room overflowed with fellows, mentors and various Program supporters current and past. I was so intensely moved by two of the presentations that I was literally rendered speechless. The common denominator in both talks was the inclusion of personal voices, of legitimate lived experiences, of transparency in such short supply at large congresses like this.

In the first of these two talks, Aishatu Abubakar (Durban '14) shared her work with the impoverished Almajari children in her native Nigeria, and about the emotional toll of working across as stark a divide of resources. Aishatu had attended the Durban congress with a baby in arms; that baby has by now blossomed into a beautiful four-year-old girl. Raising and nurturing her own family, with children of similar ages to those of the streets she attends to each day, elicits strong emotions. Aishatu has been able not only to navigate these narrow straits, but indeed to systematically study and publish her findings¹.



Aishatu Abubakar

In the final talk, Cecil Prins described the "Break the Stigma for Families" cycling- and awareness-raising project that she had just completed in her native Dutch region of Drenthe (see article in this issue). The



Cecil Prins-Aardema

impetus behind organizing such a complex event was the way in which mental illness has very directly impacted her family's life. Cecil and her husband Johan have been open about their struggles with mental illness, provided extraordinary role modeling and candor to their two teens, Ivar and Caya, and by extension, energized so many of us along the way.

The other talks were remarkable in their own right, covering topics as varied as services for autism in India (Sowmya Mayur, Durban '14), establishing child mental services in Indonesia (Felicia Widjaja, Paris '12), overseeing children's mental health services across the Americas (Matias Irrarázabal, Durban '14), or encouraging all of us to break free by ditching our electronic devices (Kim Lee, Calgary '16). Eugene Davis (Durban '14) shared his public health approach to AIDS prevention in South African teens, work for which he was awarded at the closing ceremony. Ammar Albanna (Paris '12) gave us a preview of what Dubai has in store for us in '22, standing out as the first DJC alumnus to lead in the organization of an upcoming congress. (The first, but by now not the only one: Guilherme Polanczyk [Berlin '04] and Matías Irrarázabal will lead the '24 Congress in Rio. Collectively, these three alumni are paving the way in bringing IACAPAP for the first time in its eighty-year history to these regions of the world).

Program alumni infiltrated the meeting and the organization at all levels, some less readily evident than others. The Program itself was again superbly

led by two alumni: Naoufel Gaddour (Berlin '04) and Ayesha Mian (Istanbul '08), who in turn appointed four other alumni as an independent selection committee for the more than 200 applications received: past president Olayinka Omgbodun (Berlin '04), Guilherme Polanczyk, Ammar Albanna, and Nina Schweinfurth (Paris '12). Mentors in Prague included alumni Elizabeth Barrett (Beijing '10), Nina Schweinfurth and Guilherme Polanczyk. A new Executive Committee for IACAPAP was ratified in Prague, and two of its nine vice-presidents are alumni, both from the Beijing '10 cohort: Maité Ferrín and Hesham Hamoda. For work in his native Ukraine, one of five presidential medals was awarded to Dmytro Martesenkowsky (Calgary '16), and for work expanding activities throughout the Middle East and Gulf States, the International Award, sponsored by the Korean Society of Child and Adolescent Psychiatry, was given to Hesham Hamoda. To top it all off, it seemed almost pre-ordained when a Prague '18 fellow, Marilyn Ahun, won the free registration raffle to the Singapore '20 Congress.

Overwhelmed with pride, gratitude, and basking in reflected glory on seeing such extraordinary talent, and such far-reaching results for a once-fledgling program, I addressed as many graduates as we could muster together in one place. I commended them for 'being our future' – the future of IACAPAP for sure, and of global child and adolescent mental health more broadly.

I should have known better than to make my comment alongside my brother-in-arms. Whenever circumstances have indicated, Joaquín Fuentes has been the reliable curber of my misplaced enthusiasms,



the wise sharpener of my unpolished words or inchoate thoughts. Such editing-on-the-fly he once again did at this juncture, and for which I am most grateful. 'They are not the future, Andrés: they are the present'. Wiser words my Basque friend has seldom intoned. The Donald J. Cohen IACAPAP fellows, 350+ strong and counting, are indeed the present of this organization. They make us all proud and will continue to do so for generations to come. They are the present that keeps on giving.

Andrés Martin (andres.martin@yale.edu)

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18th INTERNATIONAL CONGRESS
OF EUROPEAN SOCIETY FOR CHILD
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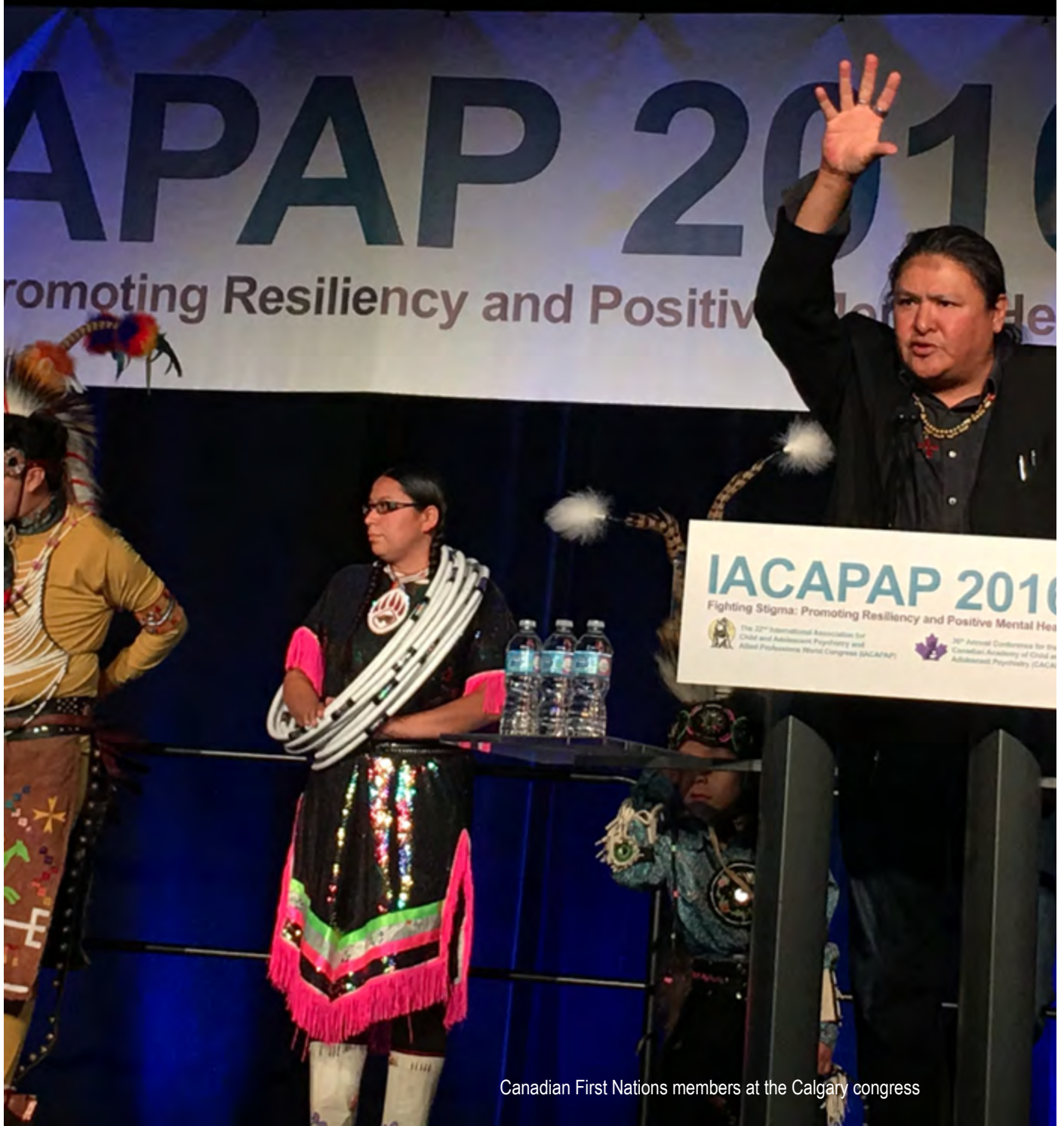
16 DECEMBER 2018

Start of Regular Registration



IACAPAP COMMITMENT AT PRAGUE CONGRESS TO ADVANCING THE WELLBEING OF THE WORLD'S INDIGENOUS CHILDREN, ADOLESCENTS AND FAMILIES

Suzanne Dean, Hinemoa Elder & Chris Wilkes



Canadian First Nations members at the Calgary congress

The 23rd World Congress in Prague saw significant strides in IACAPAP's commitment to the mental health and wellbeing of indigenous children, adolescents and families around the world. IACAPAP is aware of the transgenerational trauma experienced by peoples whose lands and waters have been invaded and colonised during the period of European expansion, and whose language and traditional ways of life have been systematically marginalised. This trauma remains very marked where systemic oppression is ongoing. The young of such communities suffer various combinations of loss of land, language, and culture, racial discrimination, and compromised access to appropriate education, health services, and social services. Limited access to culturally informed and indigenous community-controlled mental health services is a great disadvantage, which can be life-threatening.

Expanding Discussion at IACAPAP Congresses between 2006 and 2018

The difficulties faced by indigenous communities have been brought to notice and discussed at IACAPAP Congresses since 2006. In that year, at the Melbourne Congress, opened by Professor Lowitja O'Donahue, revered

Aboriginal Elder and health academic, Australian and New Zealand indigenous people came together for a full day Workshop and two Symposia to share with the mainstream field a whole spectrum of challenges encountered by their children, adolescents and families. Dr Helen Milroy, Aboriginal Child and Adolescent Psychiatrist from Western Australia and Mr Ross Morgan, an Aboriginal Counsellor and Community Leader from Victoria, Australia, were leading presenters.

The matter was next raised at the Durban Congress in 2014, where a Workshop led by Professor Chris Wilkes from Canada discussed the range of responses of non-indigenous child and adolescent mental health professionals to the special issues presented in indigenous communities.

Following this, in Calgary in 2016, a Congress Forum was held where Canadian, Australian and New Zealand perspectives were raised by a group of six indigenous professionals working with child and adolescent groups. Outlining the problems facing the young from Canadian First Nations and their families were Dr Deborah Pace,

a First Nations Clinical Psychologist—who was leading indigenous concerns in the Alberta Child and Adolescent Mental Health Service, and Blackfoot community spokespeople – Ms Bonnie Healy, a Nurse and Executive Director of the Alberta First Nations Information Governance Centre (AFICG), Ms Amelia Crow Shoe, Communications Director for AFICG, and Mr Niidanamska Scout, Journalist and Knowledge Keeper with special responsibilities in Blackfoot Societies who also consults relevant organisations such as Child Intervention Services of Alberta Human Services. The Canadian experience led on to presentations by Mr Riwai Wilson, a Maori Occupational Therapist from New Zealand, and Ms Ruby Warber, an

Australian Aboriginal Psychologist, both from the Victorian Aboriginal Health Service Family Counselling Team. They discussed challenges confronting indigenous people on the other side of the Pacific Ocean that were disturbingly similar to those confronting Canadian First Nations. This Forum was set within the conceptual framework of what Blackfoot Elder Reg Crow Shoe has named “an ethical space”, in which indigenous and non-indigenous persons can meet to talk productively.

Expansion of the Forum experience was further possible at the Prague Congress, where two Study


Group sessions were held by indigenous professionals, convened by Drs Suzanne Dean and Chris Wilkes. The sessions were titled “Enhancing mental health among indigenous children and youth: sharing an ethical space to explore needs” and “Rights and services promoting optimal mental health and wellbeing”. Mr Niidamanska Scout of Canada again contributed richly, amplifying the role of traditional healing ceremonies to help youth reclaim their heritage. He was followed by Dr Graham Gee (an Aboriginal Clinical Psychologist) and Ms Karina Thorpe (an Aboriginal Health Worker) from the Victorian Aboriginal Health Service, Australia, and by Dr Hinemoa Elder (a Maori Child and Adolescent Psychiatrist) from New Zealand. The emphasis of the fora was very positive, underlining the critical importance of self-determination and self-governance by indigenous communities to the mental health of the young of traditional family group identification.

Preparing a Declaration to Support Indigenous Children, Youth and Families

In Calgary in 2016, the IACAPAP President, Professor Bruno Falissard approved the writing of a Declaration concerning



Indigenous Speakers at the Prague Congress- from left to right, Karina Thorpe, Graham Gee, Hinemoa Elder, Niidanamska Scout



OUT OF THE SHADOWS FOR UNIVERSAL HUMAN RIGHTS IN CHILD AND ADOLESCENT MENTAL HEALTH

***UN Special Rapporteur
on the Right to Health,
Dainius Pūras, inspired
hope at the Prague
Congress***

Dainius Pūras and Suzanne Dean at the Prague Congress Dinner. Dainius Pūras is Head of the Centre for Child Psychiatry and Social Paediatrics at Vilnius University, Lithuania. He was appointed the UN Special Rapporteur on the Right to Health in 2014.

For a number of delegates to the recent Prague Congress the highlight was the excellent State-of-the-Art presentation by Professor Dainius Pūras “*Right to Mental Health: Opportunities and Challenges for Child and Adolescent Psychiatry on the Way to its Realisation*”. This paper reviewed global trends in child and adolescent mental health policy and services and argued that, in the light of a range of ongoing violations of human rights, a shift of paradigm is needed in the field.

Professor Pūras began by affirming the centrality of universal human rights principles for child and adolescent mental health, coupled with the importance of an evidence-based public health approach, but noted that these approaches and sets of principles are now globally under serious attack. He asserted that they need to be protected and enhanced both within and beyond

CAP/CAMH policies and services. The time is ripe for a change, given the increasing worldwide recognition of mental health and wellbeing as vital to health and development.

Using both Bronfenbrenner’s Ecological Model and the bio-psycho-social model of development, Professor Pūras went on to place the principles of mental health promotion, prevention, treatment, rehabilitation, and recovery within a human rights framework, highlighting the rights to freedoms (from violence, social inequalities, poverty), participation and non-discrimination, and access to healthcare services in the context of the obligations of nation states to be accountable for protection and service provision, and to cooperate on these issues at an international level.

Many challenges and pitfalls emerge in current attacks on human rights. Child and adolescent mental

health is subject to threats arising from selective implementation of relevant UN Conventions by states, proliferation of “fake news”, tolerance of various forms of violence, conspiracies and moral panic attacks (for example, about gender and reproductive issues), assertion of facts alternative to evidence, demonizing troubled youth, and the shrinking of civil society and NGO activities in many regions. Professor Pūras graphically exemplified such challenges by reference to recent difficulties in Central and Eastern Europe, especially difficulties involving human rights and healthcare for children and youth.

Referring to his *June 2017 Report to the UN Human Rights Council**, Professor Pūras noted that while CAMH is, overall, doing

better with human rights and with balancing within the bio-psycho-social model than is general psychiatry, important challenges remain. The paper analysed these in detail, indicating a much-needed paradigm change. Professor Pūras urged moving away from the “medical model” and the overuse of biomedical/neurobiological models, especially in relation to disabilities. He recommended redressing the imbalances of power between clinicians and those they serve, and between medical and nonmedical approaches, and urged less biased evaluation of research evidence and knowledge relating to available interventions.

The paper concluded with Professor Pūras emphasising the leadership potential of the CAP/

CAMH field in revitalising a holistic model of healthcare, ending the ineffective tradition of over-medicalisation, and addressing the various imbalances and biases that interfere with good practice. “Quality of human relationships and promotion of enabling environments should be the main target in design and provision of CAP/CAMH services.” Child and adolescent mental health has a good future in a context in which the human rights of everyone are fully respected in both policy and practice.

Click [here](#) to access the 2017 Report to the UN HRC, and [here](#) to access responses to the report.

Suzanne Dean

Continues from page 42

the rights of indigenous children and adolescents to good developmental and mental health.

This task was taken on by Dr Suzanne Dean (Clinical Psychologist) with the input of many IACAPAP colleagues, of mental health colleagues in Melbourne, Australia—especially research by Ms Sarina Smale, Social Worker and Early Childhood Teacher, and by Dr David Mushin, Child and Adolescent Psychiatrist involved in consulting to Aboriginal services over many decades—and comment by several indigenous mental health professionals, including Dr Hinemoa Elder. In this context, substantial input was received from Ms Joanne Dwyer, Family Therapist and Team Leader of the Koori Kids Child and Adolescent Mental Health Service of the state-wide Victorian Aboriginal Health Service, an independent Australian indigenous organisation.

Acknowledging the valuable indigenous contributions to the Declaration, the document stands as an official dedication by IACAPAP itself, and thus by the general field of child and adolescent mental health organisations across the world, to principles believed to enhance the wellbeing and life chances of indigenous children and adolescents everywhere.

Announcing the Declaration at the Prague Congress, 2018, on the 80th Anniversary of IACAPAP

The *IACAPAP Declaration on the Rights of Indigenous Children, Adolescents and Families to Mental Health and Wellbeing* was announced by President Falissard at the 2018 Prague Congress, a proud moment for IACAPAP. The Declaration will be posted, along with the preceding fifteen IACAPAP declarations, on the organization’s Website. Like all the other declarations, it is now an official document available to professionals around the world to use as a vehicle for education and advocacy.

Forming the IACAPAP Working Party on Issues for Indigenous Children and Adolescents

Having stated the eleven clauses of the Declaration at the closing ceremony at Prague, President Falissard went on to announce the establishment of a working party to develop and focus upon ideas and practical matters that may improve life for indigenous children and youth around the world. He announced the chair of the working party to be Dr Hinemoa Elder, a Maori Child and Adolescent Psychiatrist and Professor of Indigenous Health Research at Auckland University, New Zealand.

The working party will seek to engage and bring together champions of better life chances for indigenous children, adolescents and their families, especially including indigenous people working in the mental health area. It will aim to encourage indigenous voices from around the globe to inform policy and

action by IACAPAP, through conference participation, presentations and discussion, as well as relevant advice to the Executive Committee of IACAPAP and ongoing discussion of critical issues. The terms of reference of the working party are yet to be settled, but the tasks of the group are envisaged to include:

- Providing a forum for sharing global indigenous experiences of resilience, wellbeing and self-determination;
- Gathering information on global indigenous workforce development; and
- Exploring the links between indigenous intergenerational child, family and community wellbeing, and the impact of compensation for and of reclaiming of indigenous lands, traditional practices and languages; and **anyone interested in having contact with the working party in any way is encouraged to email Dr Hinemoa Elder at hinemoa@xtra.co.nz**



2018 IACAPAP CONGRESS MONOGRAPH

Understanding Uniqueness and Diversity in Child and Adolescent Mental Health

Editors: M Hodes, S S-F Gau, P
J de Vries. Elsevier, Academic
Press.

The 2018 Monograph was prepared for the 23rd IACAPAP World Congress held in Prague, Czech Republic, in July, 2018.

The theme of the congress, "Understanding Diversity and Uniqueness," has influenced the title of this Monograph.

The monograph examines the determinants of individual differences in children and young people, and the origins of maladjustment and psychiatric disorders. It addresses the ways in which interventions and mental health services can be developed and shaped to address individual differences amongst children. Additional topics include the influence of economic

adversity and gender differences on child development and life course, as well as the range of risk and protective factors associated with the onset and persistence of problems.

Chapters dive deeper into antisocial behaviour (Acquaviva et al), bipolar disorder (Goetz et al), tics and Tourette's (Eapen et al), anxiety disorders (Koydemir & Essau), medically unexplained symptoms (Rask et al), developmental aspects of infancy and adversities (Hunt & Tomlinson, Berg et al), and

the needs of refugee children in Europe (Fegert et al). One section addresses the benefits of targeting interventions, as illustrated by a chapter on pharmacogenomics (Malik et al), and another on the ways in which services can be adapted for specific environments by using telemedicine (Malhotra & Shah). The final section addresses European themes on the development and practice of child and adolescent mental health in Central Europe (Remschmidt et al) and training across the continent (Jacobs et al).

Key Features

- Emphasizes social and environmental influences
- Focuses on early developmental and infancy processes
- Covers a range of illustrative psychiatric disorders and problems
- Addresses the training of child and adolescent psychiatrists across Europe
- Works toward the goal of producing a mental health workforce with internationally recognized competencies



The Chilean Association for Child Psychiatry, Neurology and Allied Professions (SOPNIA)

A Meeting on Public Policies for Childhood.

SOPNIA hosted the Study Group on Policies for Childhood (GEPPIA), led by Dr. Joanna Borax. On August 17th 2018, GEPPIA organized the first intersectoral meeting on this issue. Professionals in charge of the different programs related to children and adolescents' wellbeing and development were invited to report on their work, including aims, implementation, coverage, and evaluation.

Psychologist Claudia Zamora talked about the universal prevention program *Chile Crece Contigo* (Chile Grows with You). Psychologist Belen Vargas shared the current status and advances of the Child & Adolescent Mental Health Program of the Ministry of Health. The work of the National Service for Handicapped People (SENADIS) was reported by the occupational therapist, head of policy and intersectoral coordination Mr. Gerardo Hume. Lawyer Andrea Martones reported about the growing implementation of the new "Law Ricarte Soto" for funding of high cost illnesses. The ongoing program "Skills for Life" implemented in schools all over the country, supported by the *Junta Nacional de Auxilio Escolar y*

Becas was summarized by the psychologist in charge, Ana María Squicciarini.

In addition, there were two discussion panels with all the speakers and three coordinators: Lawyer Patricia Muñoz, Ombudswoman for Childhood; Dr. Fernando Gonzalez, president of the Childhood Commission of the Medical Association and Dr. Flora de la Barra, University of Chile, representing SOPNIA.

Many conclusions and recommendations were derived from the discussion, for example:

- It was evident that all programs included various degrees of coordination between different sectors: health, education, justice, social welfare, etc. But this was the first instance of coordination and sharing information of different efforts. Programs fluctuated in the duration since they were created, in the degree of support by authorities, the population they covered, funding and evaluation.
- The achievements since democracy was recovered in 1990 were acknowledged. But, at the same time, it was recognized that social inequalities, inadequate budgets, and lack of trained professionals are still drawbacks to achieve optimal mental health outcomes in children and adolescents. The WHO's latest report insisted that Chile is specially lacking in the matter of protection of the rights of children, Chile having signed the Convention in 1990. However, the recently created position of Ombudsman/woman brings hope that pressure will be placed to meet persisting needs and a faster implementation.
- Emphasis was placed on the issue that programs had to use interventions based on evidence, to be faithfully implemented, during enough time, and correctly evaluated.
- Coordination between programs should be improved to enhance national policies, as well as to offer quick answers to individual person's needs, avoiding duplication, for example in primary health care.

Flora de la Barra

Child & Adolescent Psychiatrist.
Professor, University of Chile.



Above: speakers. From left: Flora de la Barra, Patricia Muñoz, Fernando Gonzalez, Gerardo Hume, Claudia Zamora, Belén Vargas, Joanna Borax.
Below, attendees from the University Psychiatric Clinic



Sleep Disturbances Are Highly Prevalent In Children And Adolescents With Psychiatric Disorders

Anne-Catherine Rolland interviews Carmen Maria Schroder



Carmen Maria Schroder is Professor of Child and Adolescent Psychiatry at the University of Strasbourg, France; Chair of the Department of Child and Adolescent Psychiatry at the University Hospitals of Strasbourg and member of the CNRS research team UPR3212. She is a European board-certified sleep expert with a research focus on sleep and circadian rhythm disturbances in child and adolescent psychiatry, particularly in neurodevelopmental disorders, and has a more general interest in brain and mind intricacies in child psychiatry.

AC Rolland: *Why should we address sleep disturbances in child and adolescent psychiatry?*

CM Schroder: First of all, sleep disturbances are highly prevalent in children and adolescents seen in child and adolescent psychiatry services (CAP), but unfortunately are underdiagnosed. Indeed, the interaction between sleep disturbances and child psychiatric disorders are complex: sleep disturbances can be a manifestation of the child's psychiatric disorder (e.g. in anxiety disorders), they can modulate the clinical presentation (e.g., by worsening emotional dysregulation) or even impact on the trajectory and prognosis of the underlying condition (such as for some neurodevelopmental disorders). Sleep disturbances have also been described as independent risk factors for some child and adolescent psychiatric conditions (e.g., suicidal ideation). Finally, the daytime repercussions of sleep disturbances can be confounded with the child's psychiatric symptomatology itself: inattention, hyperactivity, behavioral disturbance, mood swings.

AC Rolland: *What are the typical repercussions of sleep disturbances in children using CAP services?*

CM Schroder: Sleep disturbances have significant and broad repercussions in this age group: on cognitive performance, on behavioral disturbance (particularly in externalizing behaviors), on mood, and even creating metabolic imbalances—a higher risk of obesity in children with chronic sleep deprivation, for example. It is important not to mistake diurnal manifestations of a sleep disturbance for core psychiatric symptoms, in particular inattention, motor hyperactivity, behavioral problems (e.g., aggressivity), or mood disturbances (e.g., irritability). If not addressed appropriately, the sleep disturbance tends to persist, with major consequences on the quality of life of the child and their family and significant economic costs, too. In particular, fatigue and excessive daytime somnolence are not always expressed in the same way as in adults. Though children may fall asleep during monotonous activities during the day (in front of the television, in school, during short trips in the car...), children often have strategies to keep awake, with daytime somnolence being replaced by abnormal motor activity. Excessive somnolence may also manifest itself through emotional disturbance, such as irritability, or as attention deficits, and

academic performance is frequently diminished. In adolescence, fatigue and excessive daytime sleepiness are associated with higher stimulant consumption (such as caffeine or tobacco) to keep awake, to give just some examples.

AC Rolland: *What is your particular research focus?*

CM Schroder: The research focus of my team is on the impact of sleep and circadian rhythm disturbances on cognitive and behavioral outcomes in children with neurodevelopmental disturbances. Sleep and circadian rhythm disturbances are extremely common in autism spectrum disorders (ASD), with 45-86% of sufferers displaying some form of sleep or circadian rhythm problems. Focus groups of parents of children with ASD—such as those recently published for a UK sample—have consistently stressed that improving sleep is among the top priorities to be addressed in research. Several studies have shown that circadian rhythm disturbances may contribute to the insomnia complaints in children with ASD, in particular abnormalities of melatonin secretion. Behavioral interventions, in combination with melatonin treatment if necessary, have yielded interesting results in this population, with subsequent improvement in other daytime outcomes, particularly in externalizing behaviours and the family's quality of life. In our ongoing studies, we are looking at longitudinal outcomes of early onset sleep and circadian rhythm disturbances in ASD.

Anne-Catherine Rolland is Professor of Child and Adolescent Psychiatry at the University of Reims, France; Chair of the Department of Child and Adolescent Psychiatry in the Women Parents Child Unit at the University Hospital of Reims; affiliated at the C2S (Cognition-Health-Socialization) Laboratory (EA 6291 / University of Reims Champagne-Ardenne); Member of the scientific council of SFPEADA, and French Correspondent of the Bulletin of IACAPAP.

Overall, addressing sleep disturbances in child and adolescent psychiatry allows not only to improve nocturnal sleep of the child and the family, but is also an opportunity to improve the child's psychiatric disorder itself and its outcome.

Click here to access the chapter “Sleep Disorders in Children and Adolescents: A Practical Guide” of the *JM Rey IACAPAP Textbook of Child and Adolescent Mental Health* in [English](#), [Arabic](#), [Hebrew](#) or [Spanish](#).

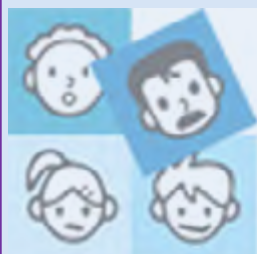


The poster features a background image of a mountain landscape. On the left, a vertical yellow bar contains the text "Sustaining Development: Investing in Child and Adolescent Mental Health". Three polaroid-style photos are overlaid: one of children lying on grass, one of two children at a desk, and one of a child painting. On the right, there is a logo with two stylized figures in a circle, the text "South African Association for Child and Adolescent Psychiatry and Allied Professions", and "SA-ACAPAP Congress 2019" in large blue and yellow letters. Below this, it says "In partnership with PANDA-SA and SAISI". At the bottom right are logos for "Panda SA" and "SAISI".

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