

World Child & Adolescent Psychiatry

ISSUE 8, June 2015

World Psychiatric Association

Child and Adolescent Psychiatry Section

Official Journal







PHOTO: Killiney

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Editorial Column

Dear Colleagues,

Welcome to the latest issue of "World Child and Adolescent Psychiatry," the official journal of World Psychiatric Association, Child and Adolescent Psychiatry section (WPA CAP). First, I would like to thank our readers for their continuous support. Without you and your comments, questions, and sometimes critical remarks, our work would be pointless. Many general psychiatrists and allied professionals also read the journal and indeed contribute to it. Therefore, "World CAP" is no longer only the WPA CAP section's journal; it has truly become a global journal with contributors and readers from all over the World.

The journal has already featured two WPA Presidents (Current President Prof. Dinesh Bhugra and Past President Prof. Norman Sartorius). In this issue, our contributor and WPA-CAP Co-Chair Dr. Gordana Milavic spent significant time interviewing WPA President-elect Prof. Helen Herman and getting to know her better. So this interview is not just a set of questions and answers, but a summary of a very long dialogue. It is symbolic that in this issue we have reports from both Russia and Ukraine. The reports were prepared by local child and adolescent psychiatrists and reflect the current challenges and achievement in these two neighboring countries.

No issue will be complete without WPA-CAP Chair Prof. B. Leventhal's editorial. His column is always thought-provoking and frequently generates meaningful impact. For instance, Dr. T. Hirota, assistant editor of this journal, responded to Prof. Leventhal's editorial several years ago and has since become a very productive WPA CAP member. Soon he will start a fellowship with Dr. Leventhal in San Francisco. In this editorial, Prof. Leventhal addresses senior colleagues and calls for recruiting the best and the brightest to CAP. In this issue, Dr. J. Abdulmalik (Assistant Editor, Nigeria) continues Prof. Leventhal discussion and provides an African perspective to some challenges CAP faces in the continent of Africa and not only.

As always, I would like to thank all the authors in this issue and my editorial team: Prof. Bennett Leventhal (WPA CAP Chair), Prof. Anthony Guerrero (Assistant Editor, Hawai'i, USA), Dr. Tomoya Hirota (USA/Japan), Dr. J. Abdulmalik (Assistant Editor, Nigeria), Dr. G. Milavic (Co Chair WPA, CAP, UK), A. Prof D. Fung (Singapore), Dr. M. B. Moyano (Argentina), Prof. D. Anagnostopoulos (Past Chair, WPA-CAP, Greece), Dr. M. Tateno (Japan), Dr., Prof. S. Malhotra (India), Prof. S. Honjo (Japan), Prof. P. Szatmari (Canada), Prof. L. Viola (Uruguay), Prof. S. C. Cho (S. Korea), Prof. D. Puras (Lithuania), Dr. V. Storm (Australia), Dr. J. Fayyad (Lebanon), Dr. S. Tan (Malaysia), Dr. N. V. Tuan (Vietnam), Prof. Paramjit Joshi (USA), Prof. A. Sourander (Finland), Prof. Dr. E. Belfort (Venezuela) and Prof. John "Jack" McDermott Jr. (USA).

Happy reading!

Prof. Norbert Skokauskas, Norway
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Prof. Bennett L. Leventhal (USA)

Chair's Column:

Too Little? Too Late?

The Shortage of Child and Adolescent Psychiatrists



It is now indisputable that psychiatric disorders are common. Studies suggest that 40-50% of individuals will have a psychiatric illness (meet diagnostic criteria PLUS have impairment) at some point in their lifetime. More striking is the increasing awareness that at least 75% of these conditions begin in childhood and adolescence. And, there is some further evidence that the prevalence of neurodevelopmental disorders is increasing (whether or not this also reflects increased incidence is unclear). With this knowledge, there is growing demand for child and adolescent psychiatry services in both developed and developing regions of the world. We are facing a public health crisis with a profoundly limited capacity to meet the significant health care needs of our youth.

Is this crisis a surprise? Are the needs of our youth new? Was there planning to meet these growing needs? Sadly, the answers to all of these questions are "no." It is painfully clear that we are "too little." Quite simply, there are not enough child and adolescent psychiatrists to meet the growing demand for services. But, are we "too late" to address this growing problem?

It is not entirely clear how many child and adolescent psychiatrists there are in the world. In some sense, this lack of clarity reflects part of the problem. Since we do not have a reliable census, it is hard to know how much "too little" we are. Even using the most generous estimates, it appears that there are only about 20,000 child and adolescent psychiatrists worldwide. Even if fully allocated to the world's most populous countries (China and India), there would be less than one child and adolescent psychiatrist per 1/100,000 children. Clearly, we are far "too little" to meet the needs of the world.

How can we understand this problem? While many have considered this issue, few have offered data or solutions. Let us try to explore the problem and then see if there are workable solutions.

We certainly live in complex times that add further burdens on children with psychiatric disorders and their families. With increasing urbanization and industrialization, the demands on children and adolescents are increasing. There is a growing need for education and more sophisticated levels of adaptation in order to succeed in our ever more challenging world. And, there are still far too many places where children face poverty, inadequate sanitation, limited healthcare and poor nutrition, as well as high levels of stress, and exposure to violence and trauma; the latter two seem to be painfully common in even the most developed countries. These factors serve to create or further complicate child and adolescent psychiatric disorders, which are among the most common conditions facing children and adolescents as they make the challenging journey to adulthood.

Clearly, there is not only a great but a growing need for child and adolescent psychiatrists. And, this growth has been anticipated for more than a quarter century. If there were a similar shortage of other medical specialists, there would have been a great outcry, and extra resources would have been committed to make



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Chair's Column (cont.1):

Isure that there were adequate numbers to meet the needs of the population, at least in the developed countries. Why has this not happened for child and adolescent psychiatry: There are likely many reasons, but we can identify a few:

1. Stigma/Cultural Issues

Despite years of "education" and public awareness campaigns, there is still a great deal of stigma associated with having a psychiatric disorder. This is even more problematic for children and adolescents as both they and their parents can be blamed for having a psychiatric disorder because of "evil-doing," character flaws, or just bad parenting. With stigma about psychiatric disorders also come value judgments about those who provide psychiatric services for the children and adolescents. These all lead to decreased support for psychiatric services and training for child and adolescent psychiatrists.

2. Lack of Understanding

a. *About Child and Adolescent Psychiatric Disorders*

Much of the lay public and policy makers have limited understanding about what constitutes a child and adolescent psychiatric disorder. There is a pervasive notion that these are just problems of living or disorders created by pharmaceutical companies. And, our diagnostic nomenclature (ICD vs DSM) adds to this confusion.

b. *About Child and Adolescent Psychiatrists*

Many (most?) confuse child and adolescent psychiatry with psychology. It is not clear that child and adolescent psychiatry is a medical specialty. Further, the discipline of child and adolescent psychiatry has failed to identify its unique and special role in the healthcare of children, especially with respect to so-called "mental disorders." As a result, there is confusion for consumers, policy makers, and even our medical colleagues, when it comes to advocacy in support of training and services provided by child and adolescent psychiatrists.

c. *About Child and Adolescent Psychiatric services*

The field has not made it clear why a child and adolescent psychiatrist is specifically needed or suited to provide treatments like various forms of psychotherapy. And, since we don't perform psychological testing, why are we needed for evaluations? Finally, since primary care providers prescribe more psychotropic medications than do child and adolescent psychiatrists, what is our role in that area of care?

3. The Broader Concept of Mental Health/Mental Illness

The concept of "mental health" is broad and vague. It is certainly not specific to medicine and is a field filled with many non-medical conditions and providers. Child and adolescent psychiatrists are part of this blur, and, in this context, child and adolescent psychiatry services are often difficult to differentiate from services provided by other practitioners, if they are differentiated at all.

4. Mal-Distribution Limits Access

There is a profound mal-distribution of child and adolescent psychiatrists. About half of all child and adolescent psychiatrists are in the United States, while many countries, especially in Africa and Asia, have few or no child and adolescent psychiatrists – with some notable exceptions. But, even when countries have significant numbers of child and adolescent psychiatrists, they are disproportionately located in major



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Chair's Column (cont.2):

urban areas. Further, significant numbers of our colleagues are in various forms of "private practice," making child and adolescent psychiatrists inaccessible for large segments of the population. This lack of availability creates frustration as well as the pursuit of other professionals who seem to provide similar services.

In the face of these challenges, we must develop a plan to address the shortage of child and adolescent psychiatrists in our own communities and worldwide. To do so, we must be creative and proactive as we seize control of our destiny and move the discipline of child and adolescent psychiatry forward with confidence and vigor. Central to this effort must be a commitment to increase our numbers, as well as the demand for and access to our services.

While predicting the future is difficult, perhaps the following actions will allow us to grow at a sustainable rate while we shape the needs for our services:

I. Collaboratively Develop a New Identity for Child and Adolescent Psychiatry

a. All child and adolescent psychiatry professional societies from all over the world should work together to develop unified strategies for growing our numbers and advancing the field. This is surely a situation in which we must work together in order to be effective.

b. Define Child and Adolescent Psychiatry

Create an acceptable definition of Child and Adolescent Psychiatry that identifies our skills and role as physicians responsible for caring for children with disorders of brain function that affect cognition, emotion and behavior.

c. Develop a Unified Marketing Program

It is time for child and adolescent psychiatry to join the modern world and change its image into one that is "user friendly" and easily appreciated by our medical colleagues, as well as by families and policy makers.

d. Support Current Training Programs and Development of New Programs

By developing shared standards for training and practice, we can support training programs around the world. This should also include the development and sharing of training resources. The IACAPAP textbook is one excellent example, but we can go beyond this by sharing syllabi and videos of lectures for those programs with limited resources. We can also use videoconferencing and services like Skype to share courses, case conferences and even case consultations.

II. Capitalize on Developing Technology

Telemedicine has arrived. It has already been demonstrated that child and adolescent psychiatry can be delivered on-line using videoconferencing technology. Embracing such technology will help us manage the mal-distribution and access problems, at least in the short-term. A number of treatments have been modified for delivery over the internet and via teleconference as have various examinations. It takes practice and skill, but we can clearly extend our reach and increase our efficiency with such technologies.

III. Anti-Stigma Programs

We must work with our colleagues in other disciplines to take on the task of ending stigma related to psychiatric disorders in youth. There are a number of private foundations committed to this effort. They will



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Chair's Column (cont.3):

make worthy collaborators and create resources to advance the cause of early diagnosis and treatment of child and adolescent psychiatric disorders.

IV. Develop Collaborations with Other Healthcare Professionals

In order to extend our reach and provide evidence-based child and adolescent psychiatry services, it is imperative that we reach out to our colleagues in related disciplines. By working closely with pediatricians, family physicians, psychologists, nurses and other professionals, we can use our knowledge and skills to support their efforts, while teaching them how to optimize utilization of our services. Collaboration and co-location of services (either in person or virtually) will not only help patients but will imprint our role on the overall healthcare system

Growth in numbers is essential for the future of child and adolescent psychiatry. To accomplish this goal depends on real efforts, but this is not a long list. Each of us, using our own individual resources and those of the universities and professional societies to which we belong, can do our part to make these changes. Change must begin with individual, personal efforts.

However, in the end, we must be united in this effort. The only complexity is the matter of collaboration. Can we all work together? Can the child and adolescent professional societies find a way to work together in these essential efforts?

Are we too little or too late? Yes, we are small, but in unity we can be mighty. Are we too late? I think not. But time is growing short. It is time for each of us to take on the responsibility for growth. Imagine what would happen if each of us saw it as our individual responsibility to recruit and develop at least one new child and adolescent psychiatrist. And, if each of us became vocal in our insistence that our leadership must come together to pool resources and generate plans to grow child and adolescent psychiatry. We would no longer be little, and we could then meet the needs of the children and adolescents who deserve our care and support.

Are we too little or too late? I think not. YOU?



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***“Mental Health is inseparable from health,
and Psychiatry is integral to public health.
This is the heart of what psychiatry means to me”***

Dr. Gordana Milavić (UK)
Co-chair, WPA Child and Adolescent Psychiatry Section



Prof. Helen Herrman

Professor Herrman is President-Elect of the World Psychiatric Association (WPA). The Child and Adolescent Psychiatry Section officers were in Madrid in September 2014 to receive the excellent news of her appointment and have ever since hoped for an opportunity to interview her for the World CAP Journal.

It was therefore such a pleasure to find myself in Lahore at the 9th International Psychiatric Conference from 26-28th February 2015 alongside Professor Herrman. This was the first ever international conference on child and adolescent mental health in Pakistan, organized by the World Association for Psychosocial Rehabilitation (WAPR), the Pakistani Psychiatric Association, Fountain House Lahore and Horizon from Peshawar. The meeting was co-sponsored by the WPA and the Child and Adolescent Section of WPA under the leadership of Dr. Afzal Javed, Secretary of Sections of the WPA. Professor Herrman gave a plenary talk: “Responding to the Mental Health Needs of Young People across Countries.”

I spent three days in Lahore, most of the time in Professor Herrman’s company. So here is not so much an interview as a compilation of background research, chats, and questions posed to her, together with shared impressions from our visits to special educational institutions and hospitals in Lahore.

Professor Herrman’s achievements are many. Simply listing them would take up this whole article. So allow me to highlight only some of her most important appointments. She is currently: Director of Research at Orygen, the National Centre of Excellence in Youth Mental Health; Professor of Psychiatry at the Centre for Youth Mental Health at the University of Melbourne, Australia; Director of the World Health Organization (WHO) Collaborating Centre for Mental Health in Melbourne; President of the Pacific Rim College of Psychiatrists (2014-2016); and Vice President of the International Association of Women’s Health.

Helen Herrman has combined clinical, academic and service development work throughout her career. She obtained her MBBS and BMedSc from Monash University in Melbourne, Australia. In the mid seventies, she embarked upon a career in public health, and as a young postgraduate student and then registrar in community medicine, she came to Oxford, UK. Dame Rosemary Rue was the medical officer in the Oxford Regional Authority at the time, and she recommended the post at Warneford Hospital, where Professor Herrman’s interest in psychiatry and her community medicine training resulted in a life long interest in social medicine and psychiatry.



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(Interview with Prof. Herrman, cont.1)

She obtained fellowship of the Royal Colleges of Physicians Faculty of Public Health and later MD, with a dissertation on the topic of schizophrenia and physical illness based on the Oxford Record Linkage Study. Her interest in psychiatry persisted upon her return to Melbourne. On a personal note, her work included looking after her two sons. Part time specialist training was just being introduced, and it then allowed Professor Herman to work both in Oxford and, on her return, in Melbourne on a part-time basis, enabling her to bring up her two boys. She is now the proud grandmother of three.

Her flexible training in psychiatry continued at Parkville Centre and Royal Park Hospital in Melbourne in the 1980s. She worked at the Royal Park Hospital focusing on the issues of homelessness, prison populations and mental illness. She was appointed Professor and Director of Psychiatry at The University of Melbourne and St Vincent's Health (SVH) in 1992 and worked there until 2005. She had responsibility for leadership of the clinical services and academic programs at SVH during development of an integrated community mental health service within Australia's national reform of mental health. Her long collaboration with the World Health Organisation (WHO) began early in this period after an invitation from Professor Norman Sartorius to participate in an international project to develop the WHO generic assessment of quality of life (the WHOQOL). This work led to an enduring interest in quality of life, disability and recovery models in people with mental illnesses.

During our stay in Lahore, on a Saturday morning, we were picked up by the school van of the Special Education and Training Centre (SETC) in Lahore. The National Society for Mentally and Emotionally Handicapped Children was established as long ago as 1979. The first project of the society was the SETC under the leadership of Professor Dr. Khaleeda Tareen, current Secretary General, Professor Emeritus of King Edward Medical University, and Visiting Professor of the Institute of Child Health.

We encountered a thriving school community of around 750 students, including children from the poorest sections of the community who also receive their education on site. Since the recent attack on the Army School in the north of Pakistan, security measures had been heightened in all Pakistani schools, making it necessary to bring these street children into the confines of the school yard. At the school yard, we found a group of over 150 children studying their notebooks while sitting on mats on the floor. Some of the children from the poor communities (in fact a rubbish dump adjacent to the school premises) were as young as five or six years and were nevertheless neatly dressed in uniform and fully absorbed in their work. What of course was of huge interest was this school model established in the face of so much adversity. Here was a shining example of a school promoting mental health and offering work placements to a learning disabled population and to street children by using the expertise of a few to disseminate knowledge and practice in the wider community.

On our way back from the school Professor Herrman and I were struck by the juxtaposition of waste dump, tents, animals and families together; families living in makeshift shelters; and opportunities provided for these vulnerable children at a school just next door. We still do not know which mechanisms affect mental health in these most disadvantaged populations, and particularly children raised in poverty and in the midst of wars and natural disasters, but seeing such models of successful intervention was most inspiring. One such example is Bilal Khan, now aged 20, who has been a student of the Centre since April 2004. He took part in the Special Olympics in Shanghai and won three gold medals in swimming competitions. We asked



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(Interview with Prof. Herrman, cont.2)

where he practiced and discovered that he and other children practiced swimming in one of the local canals not too far from the rubbish dump!

We talked of models of community care and public care initiatives. I was reminded of Professor Herrman's lecture from the day before. Then she had talked about 'Hearspace,' a National Youth Mental Health Foundation in Australia for young people aged 12-25, established and funded by the Australian Government since 2006. At its outset Hearspace was inspired by a small group of clinicians and advocates, including Professor Pat McGorry, the Executive Director of Orygen, the National Centre of Excellence in Youth Mental Health, where Professor Herrman still works. Orygen has a long tradition of research focusing on early intervention models in the public health domain for young people from their teenage years to their mid twenties. 'Hearspace' is primarily aimed at young people with mental health and substance misuse problems. Early intervention is a key strategy. Online and telephone services help those who are not ready to attend a centre. There are 60 centres (100 proposed by 2016) across the country in accessible places such as community institutions and shopping malls. Any young person with mild to moderate problems can walk in and seek advice about any sort of life or well-being problem. So far 'hearspace' has seen over 63 000 people. The programme also reaches into schools and deals with issues such as suicide prevention or the aftermath of suicide.

Helen Herrman's most recent research programmes have been aimed at young people in out-of-home care and she talks intensely about one of the most disadvantaged groups of young people: those brought up in homes, foster care or other institutions with high rates of mental health disorders. Her interest in this area dates back to her work at the Royal Park Hospital and the legacy of John Cade. At the time young people were being discharged from hospital to hostels without any support or prospects of employment. They were soon being re-admitted to hospital wards. Homelessness in people with psychotic disorders and mental disorders in prisons were the focus of her research through the nineteen nineties. This work led to other projects; for example, Professor Hermann chaired the WPA President Task Force on Best Practice in Working with Service Users and Carers in 2008. Service users and carers were invited to join the task force. That Task Force came up with ten recommendations towards the creation of better partnerships in mental healthcare, where collaboration between mental health workers, service users and carers is promoted at all levels of planning and delivery of services.

Our joint visit to Fountain House, the Institute of Mental Health, a project of the Lahore Mental Health Association since 1962, enabled us to see an example of the strong partnership between mental health services, voluntary social care agencies and the community in Lahore. The promotion of mental health, research, rehabilitation, psychiatric facility development, policy advice and training were some of the objectives of the founding members of the community. The contrast between stretched government hospitals elsewhere and Fountain House was visible throughout our visit.

I asked Professor Herrman about her WPA priorities. She explained that she is firstly working hard together with Dinesh Bhugra, President of WPA, on implementing the current WPA strategy. Ideas about her own future presidential WPA agenda are most likely to be built upon her strong interest in integrating mental health and public mental health issues, including the mental health of young women. She explained: "One



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(Interview with Prof. Herrman, cont.3)

of my priorities will be the improvement of mental health of young women and girls based on the integration of psychiatric services with general health care, and embracing early intervention across the board – irrespective of the diagnosis.” She added that there “would have to be a partnership involving service users and carers and community leaders.”

These remarks resonate strongly with her views expressed in her article where she says:

“Strong links between psychiatrists, community leaders and patients and families that are based on negotiation and respect, are vital for progress. When strong partnerships exist, they can contribute to community understanding and advancement of psychiatry. This is the first step towards scaling up good quality care for those living with mental illnesses, preventing illnesses in those at risk, and promoting mental health through work with other community sectors.” This principle applies to psychiatry on an international level, where it seems even more important, given the lack of skilled practitioners and resources, to partner with service users and their families, practitioners from other disciplines, and government and non-government organizations. Delivering mental health programmes from within primary care services – in the context of general healthcare – is the best way to make a difference with the current unmet need, explained Professor Herrman. She readily endorses the recommendations stemming from the “grand challenges” at all levels of delivering global mental health. More specifically, and of interest to the child mental health community, is her stance on the developmental nature of psychopathology and the “life course” approach to intervention, as articulated in her various publications.

It was heartening to have Professor Herrman’s support as we discussed the need for different child and adolescent mental health international organizations across the world jointly working on common strategies, policy, research and training initiatives – a motion recently initiated by the WPA CAP Section. The child mental health community across the world is still very small – as it is in Pakistan, where only a handful of fully trained child and adolescent psychiatrists are facing a population of nearly 100 million children and young people under the age of 18 years.

Professor Herrman is a psychiatrist and public health physician. Her promotion of the well-being and mental health of young people throughout her career renders her a unique child and adolescent mental health proponent. The WPA Section of Child and Adolescent Psychiatry and the membership of the Section will, I am sure, continue to regard her as one of their own.



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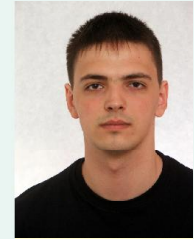
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Trainees Corner

Child and Adolescent Psychiatry Training in Ukraine

Dr. Dmytro Martsenkovskyi (Ukraine)



Ukraine became independent in 1991, following the collapse of the Soviet Union. Following the educational models inherited from the former Soviet Union, medical universities in Ukraine conduct postgraduate training in various mental health specialties, including psychiatry, narcology (the psychiatric subspecialty focused on alcohol and other drug use), child psychiatry, forensic psychiatry, medical psychology, and psychotherapy. There is no formal postgraduate training program in child and adolescent psychiatry in Ukraine. Following graduation from medical school, graduates specializing in psychiatry complete a psychiatry internship for 1 1/2 years. This internship can be either paid or unpaid. Paid physician interns generally work for the following three years at rural hospitals that most of graduates view as “not attractive.” Core to the internship is psychiatric inpatient training supervised by psychiatrists from medical university departments. After a minimum of three years working in adult psychiatry, trainees are qualified to pursue further education and training in child psychiatry for three months. Physicians trained in child psychiatry are required to attend a series of lectures provided by the Department of Postgraduate Education and to participate in maintenance of certification every 5 years. Based on whether or not they are certified and their years of experience, physicians are designated in either the second or first/highest category and are paid commensurately. Physicians failing to maintain certification are not allowed to practice psychiatry until completing 1 month of hospital-based child psychiatric training and subsequently passing the certification exam.

During psychiatry internship, trainees may choose electives in outpatient clinic, psychosomatic medicine, forensic psychiatry, inpatient care for patients with comorbid epilepsy, and the war veterans' facility providing care for war veterans. The internship also provides training in neurology, resuscitation, and infectious disease. On the other hand, because of the restricted duration of subspecialty training, child psychiatry trainees are not allowed to rotate through other specialties such as pediatric neurology. Therefore, educational opportunities in these areas are restricted to theoretical training, including case conferences that involve chart reviews and discussions of patients. This is the major drawback of postgraduate education and training in child psychiatry in Ukraine.

The overall system of child psychiatry training in Ukraine is archaic, and other shortcomings include the following:

1. Very little time is assigned to learn psychological evaluation and psychotherapy. Trainees can learn such skills only through educational opportunities sponsored by professional societies and/or other outside associations.
2. Curricular content is based on outdated inherited textbooks from the 1960s and 1970s. Trainees have no opportunity to study formal diagnostic criteria, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM). There is, therefore, often a discrepancy in practice between Ukraine and other countries where such training is established.
3. There is a lack of child and adolescent psychiatrists who are comfortable with contemporary



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(Trainees' corner, cont.1)

psychopharmacotherapy practice in children. Sometimes, neuroleptic medications are used in children less than 6 years old. Additionally, certain medications such as methylphenidate were not available in Ukraine until recently.

In the face of limited resources, national guidelines from North America and Europe and free textbooks such as the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) Textbook of Child and Adolescent Mental Health are very valuable for Ukrainian trainees.

In Ukraine, CAP is well respected in the medical society because of significant numbers of patients requiring care that most general practitioners are not comfortable delivering. In Ukraine, with a population of 48 million, there are only around 400 child and adolescent psychiatric positions, of which approximately 100 are unfilled. Notwithstanding the high societal importance of this specialty, several factors, unfortunately, dissuade young physicians from becoming child and adolescent psychiatrists in Ukraine, including the underdeveloped training system and the low salary. Despite these challenges, child and adolescent psychiatrists play crucial roles in caring for patients and their families; responding to consults from schools, general practitioners, and other social support specialists; and collaborating with academic centers. I truly hope that more systematized CAP training will be developed following drastic medical education reform. We are working diligently to grow the pipeline of early career physicians who are trained in other countries' well-organized CAP programs and willing to return to Ukraine to train the next generation of specialists. We would also like to increase the number of Ukrainian experts participating in international conferences and research projects.

In my practice as a child psychiatrist, there are no two indistinguishable days. Every day, in my demanding schedule, I encounter a variety of cases that stimulate clinical learning, and I provide much-needed care for children with mental illnesses and their families. My life is filled with an abundance of opportunity for self-realization.



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3rd International Child & Adolescent Psychiatry Review Course April 19 - 22, 2015 in Jeddah, Saudi Arabia

Dr. Khalid A. Bazaid (Canada)

The Kingdom of Saudi Arabia is one of the most populous countries in the Middle East, and children and adolescents comprise almost half of its population. However, there are limited resources for child and adolescent psychiatric education in the country. In light of this fact, the 1st Child and Adolescent Psychiatry Review Course was held in April 2013 and was attended by 25 health professionals representing diverse specialties. Following the success of the 1st review course, the 2nd Child and Adolescent Psychiatry Review Course was organized in April 2014 in collaboration with Saudi Psychiatric Association – Child & Adolescent Psychiatry Section, and it attracted 40 attendees.

The 3rd course was held on April 19-22, 2015 in collaboration with Dar Al-Hekma University in Jeddah, Saudi Arabia. The course attracted more than 102 attendees, including 19 physicians, 8 clinical psychologists, 5 speech and language specialists, and special education students from Dar Al-Hekma University. It provided basic information on common child and adolescent psychiatric disorders as relevant for general psychiatrists, child psychiatrists, pediatricians, family physicians, psychologists, speech and language pathologists and special education specialists. The first 2 days covered: Introduction to Child and Adolescent Psychiatry, Assessment and Interview of Child and Adolescent, Mental Status Examination of Child and Adolescent, Child and Adolescent Development, Adolescent Psychotic Disorders, Depression in Children & Adolescents, Disruptive Disorders, ADHD, Anxiety Disorders and PTSD. The 3rd and 4th days provided an in-depth review of Autism Spectrum Disorder, and included a 12 hour workshop on assessment of basic language and learning skills (ABLLS) presented by Dr. James Partington (USA), who is an internationally recognized Applied Behavior Analysis (ABA) expert.



From left to right: Dr. Yasser Ad'Dabbagh (KSA/Canada),
Prof. Norbert Skokauskas (Norway), Dr. K. Bazaid (Canada), Dr. James Partington (USA)



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Additionally, other distinguished speakers in this course were as follows: Prof. Norbert Skokauskas (Faculty of Medicine, NTNU, Norway), Dr. Muhammad Waqar Azeem (Albert J. Solnit Children's Center/ Yale Child Study Center, USA), Dr. Khalid Afzal (University of Chicago), Dr. Ammar Albanna (Ministry of Health, UAE), Dr. Yasser Ad'Dabbagh (King Fahad Specialist Hospital, KSA), Dr. Hani Abualross (Ministry of Health, KSA), Dr. Amal Yamani (Dar Al-Hekma University, KSA) and Dr. Khalid Bazaid (Children's Hospital of Eastern Ontario / University of Ottawa, Canada). Dr. Khalid Bazaid was the founder of the 1st Child and Adolescent Psychiatry Review Course and the course director for the 2nd and 3rd child and adolescent psychiatry review courses. With his contribution and with profound support of Prof. Norbert Skokauskas, Dr. Muhammad Waqar Azeem, Dr. Abdullah Alshargi (Vice President, Saudi Psychiatric Society), Dr. Amal Alyamani and her wonderful team from Dar Al-Hekma University as well the upper management, the course was very well organized and very favorably evaluated by the attendees from different disciplines. Based on the success of this course, the organizers are planning to have this course next year again and to continue for years to come.



3rd CHILD AND ADOLESCENT PSYCHIATRY REVIEW COURSED
Dar Al-Hekma University - JEDDAH - Saudi Arabia



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Autism Spectrum Disorder Symposium in Doha, Qatar

Farhana Habib, MA, Patricia Baldeweck, MA, Dr. Muhammad Waqar Azeem, MD

Sidra Medical and Research Center organized the symposium, "Autism Spectrum Disorder" in Doha, Qatar, on February 8, 2015. The event addressed diagnosis and management and emphasized a holistic, team-based care approach.

ASD is characterized by early onset socialization and communication difficulties, associated with restricted interests and behavioral rigidities. However, despite a growing body of research on ASD, these complex conditions are among the least understood of the childhood developmental disorders. Well-educating clinicians, teachers and families are essential in insuring early and accurate diagnosis and optimal management and outcome.

The speakers included: Dr. Hatem El Shanti, MD (Scientific Director, Medical Genetics Center, Qatar Biomedical Research Institute, Doha, Qatar), Prof. Elena Grigorenko, PhD (Emily Fraser Beede Professor, Yale Child Study Center, Professor of Epidemiology and Psychology, Yale University School of Medicine, Connecticut, USA), Dr. Muhammad Waqar Azeem, MD, DFAACAP, DFAPA (Chief of Psychiatry, Albert J. Solnit Children's Center, Associate Clinical Professor, Yale Child Study Center, Yale University School of Medicine, Connecticut, USA). Prof. Joachim W. Dudenhausen, MD (Sidra Medical and Research Center, Doha, Qatar, Professor of Obstetrics and Gynecology, Weill Cornell Medical College) moderated the symposium.

The event was attended by more than 200 participants from different institutions, including: Hamad Medical Corporation, Primary Health Care Corporation, Cuban Hospital, Al Ahli Hospital, Weill Cornell Medical College Qatar, Calgary University Qatar, Qatar University, Supreme Council of Health and Sidra Medical and Research Center. Several families of children with ASD also participated and asked excellent



From left to right: Prof. Joachim Dudenhausen, Dr. Muhammad Waqar Azeem, Prof. Elena Grigorenko, Dr. Hatem El Shanti.



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questions, including on causes and risk factors; ASD treatments; treatment of co-morbid seizures; and establishment of future services for children with ASD in Qatar. Symposium attendees learned research updates from Qatar on the role of genetics, communication techniques, speech and language assessments and interventions, current epidemiological trends and diagnosis and treatment.

“It is important to raise awareness of ASD among medical professionals and the general public in Qatar with events like the Sidra Symposia Series, which help provide knowledge and education about the condition. This can facilitate appropriate intervention early in a child’s life leading to positive long-term outcomes,” said Dr. Muhammad Waqar Azeem, who will be Sidra’s Inaugural Chair of Psychiatry and Founding Chair of Psychiatry at Weill Cornell Medical College, Qatar. Qatar has set out ambitious plans for building a strong mental healthcare infrastructure in the country and, in December 2013, announced its comprehensive approach to delivering mental healthcare services. In line with a call for a balanced system of care, Sidra Medical and Research Center will work with other institutions in Qatar to develop and expand community and specialized mental health services for children with ASD and their families.



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12th Suzdal (Russia) School for Young Psychiatrists

G. Milavić (UK), E. Koren (Russia), T. Kupriyanova (Russia)

The 12th Suzdal School of Young Psychiatrists was held in the historic city of Suzdal, the ancient former capital of Russian principalities dating back to the 12th century. The School was established in 1979 and has convened every two years. This is a traditional conference for young psychiatrists attended by their most senior professors and teachers. It is unique in that, while it is primarily aimed at promoting young psychiatrists' knowledge and clinical and research skills of young psychiatrists, it is also an opportunity for strengthening collegial relationships between the young clinicians and their seniors, locally and internationally. This year the event attracted approximately 300 participants, largely from Russia, but also from other countries, including Armenia, Belarus and Kyrgyzstan. Key note lectures were delivered by leading WPA officers, including Drs. Afzal Javed (WPA Secretary of Sections) and Gordana Milavić (Co-chair, WPA CAP section), whose lectures entitled "Bridging Mental Health Gaps: Focusing on Access and Quality of Care for Chronic Mentally Ill" and "Global Mental Health Issues in CAP" gave unique insights into mental health needs across cultures and gave charges for further action and research. Dr. Mark Millan, Pole for Innovation in Neurosciences, IDR Servier, brought us all up to date with the most recent findings in schizophrenia and transmitted the "research bug" to budding scientists. A plethora of Russian scientists and clinicians spoke on other themes ranging from classification (including discussions on DSM 5 and ICD 11), general psychopathology, pharmacotherapy, and addiction.

The Child and Adolescent Psychiatrists had a further opportunity to present cutting-edge findings in their respective fields of interest. Drs. Evgeny Koren (WPA CAP section Zonal representative for Europe II), Tatiana Kupriyanova (Senior Research Fellow at Moscow Research Institute of Psychiatry and member of the Conference Organizing Committee, Russia) and Gordana Milavić provided two workshops that focused on diagnostic and treatment issues of autism spectrum disorders and pediatric bipolar disorders in the context of clinical practice and research. The workshops were well attended and produced lively discussion. It became apparent that global media and information sharing have resulted in very similar theoretical and treatment practices across countries.



Authors of the report



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(Suzdal school, cont'd 1)

The 12th Suzdal School was organized by the Russian Psychiatric Association and held under the auspices of the WPA CAP Section. The Child and Adolescent Psychiatrists and the Section would like to take this opportunity to offer our sincere gratitude and appreciation to Prof. Morozov (WPA Zonal representative for Eastern Europe, WPA zone 10) for raising the profile of child and adolescent mental health in Russia by organizing our participation in this prominent meeting. The WPA CAP Section is fully committed to continuing to work closely with Russian colleagues in sharing clinical practice advances and setting up many more collaborative research and educational projects.



12th Suzdal (Russia) School for Young Psychiatrists



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Report of the International Conference on “Methodological and legal aspects of diagnosis, treatment and social care of mental and behavioral disorders across the life span,” held on the 23 and 24th April in Kyiv, Ukraine

Dr. Igor Martsenkovsky (Ukraine)

The Association of Psychiatrists of Ukraine and the Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse jointly organized this conference with support from the Health Committee of Verkhovna Rada, the Health Rights Ombudsman of Ukraine, and the Ministry of Health of Ukraine. The conference addressed the planning and implementation of psychiatric care reforms in Ukraine, with a view towards improving services in line with European and international best practices. The conference discussed collaboration among international professional associations, service user organizations, and European Union institutions; changes in mental health professional training curricula; protection of service users' rights; mental health services for children and young people, the elderly, and persons with substance use disorders; involuntary admissions; and psychosocial support and rehabilitation for persons affected by recent events in Crimea and parts of eastern Ukraine. 285 mental health professionals, including child and adolescent psychiatrists, forensic psychiatrists, addiction psychiatrists, psychologists, social workers, correctional educators, and speech therapists, participated in the conference. Among the attendees were international experts from Italy, Lithuania, Germany, Norway, France, Israel and the United States.

The Ukrainian government was well represented, indicating a strong commitment to mental health reform in the country. Dr. Irina Pinchuk, chief psychiatric specialist of Ukraine's Ministry of Health, outlined the transformation of the country's mental health policy towards European integration and international compliance. She also addressed legislative and human rights issues pertaining to persons with mental health problems. International faculty also delivered keynote lectures. Prof. Hartmut Berger (Germany) presented on psychiatric reforms from different European countries and highlighted success factors as well as lessons learned from mistakes. Prof. Giovanni de Girolamo (Italy) presented on child and adolescent psychiatric services and the results of a multi-centre European study. Prof. Bruno Falissard (France), International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) President, emphasized that child and adolescent mental health problems should be a political priority in all countries. He further identified priority areas for future collaboration: 1) successfully focusing governments', civil society organizations' and other stakeholders' attention on mental health, and 2) insuring meaningful participation of Ukrainian child and adolescent psychiatrists in IACAPAP. Prof. Norbert Skokauskas (Norway), World Psychiatry Association (WPA) Child and Adolescent Psychiatry Section Secretary General, focused on developmental disorders and the organization and functioning of multi-disciplinary teams.

Dr. Igor Martsenkovsky, Chief of Child Psychiatry at Ukraine's Ministry of Health, presented on practical realities in the implementation of current therapies for autism spectrum disorders in Ukraine. He reported that Child and Adolescent Mental Health Services (CAMHS) provision has not been a national priority in Ukraine and has therefore been chronically under-funded. Urgent reforms are needed: 1) to move the emphasis from biological treatments to psychosocial care, healthy lifestyle promotion, and specific prevention and inclusion programs; 2) to more appropriately distribute resources between emergency, primary, specialized and highly specialized psychiatric services by developing more community services



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(International conference in Kyiv, cont'd 1)

and organizing psychiatric departments within multidisciplinary children's hospitals; 3) to align clinical care with highest levels of scientific evidence and to ensure children's access to medications and psychological treatments supported by Evidence Based Medicine (EBM); and 4) to report child abuse cases detected in the course of psychiatric care, general medical care, and social and educational services.

Additional sessions discussed reform of forensic and addiction psychiatric services in Ukraine. Some of the discussion focused on military forensic structures in Israel, Lithuania and Ukraine.

In conclusion, this conference was a very important meeting that brought together strong governmental commitment and local and international expertise to chart an evidence-based pathway for mental health reforms in Ukraine. The robust discussions ensured that lessons would be learnt from other European countries' previous experiences and mistakes. With successful design and implementation of these reforms, mental health care services should improve significantly for persons living in Ukraine.



From left: Dr Iryna Pinchuk (Ukraine), Dr.Igor Martsenkovsky (Ukraine), Prof. Norbert Skokauskas (Norway), Prof. Bruno Falissard (President of IACAPAP, France), Dr.Giovanni De Girolamo (Italy)



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Child and Adolescent Psychiatry Sub-specialisation in Africa: Between the rock and a hard place.



Dr. Jibril Abdulmalik (Nigeria)

Introduction

Africa has the most youthful population in the world, with about 44% of her population aged 15 years and below. In comparison, the proportion of the total population aged 15 years and under from other regions, such as Latin America – including the Caribbean – and Asia, is 30%, while in Europe, the proportion is 16%. The mental health needs of this predominantly youthful population are often discounted because of the low government priority to mental health needs generally and child and adolescent mental health (CAMH) needs specifically. There is scant or no mention of CAMH considerations in Mental Health Policies and legislation on the continent, and pitifully few stand-alone CAMH policies exist to provide a guiding framework.

Furthermore, the continent still grapples with a high burden of infectious diseases such as HIV/AIDS and malaria, poverty and conflicts, all of which tend to distract from CAMH needs on the continent. CAMH services are further hampered by the paucity of mental health professionals and resources in general, as well as dedicated CAMH professionals specifically. This paucity is further compounded by the migration of highly skilled health care professionals to more developed regions for better professional training and development opportunities, as well as better remunerations.

This rather bleak outlook is currently being offset by the increasing interest in the field of CAMH and the retention of child mental health professionals within the continent. Furthermore, there are increasing opportunities for training and sub-specialisation in CAMH on the continent, with training opportunities in South Africa; North and Francophone Africa – usually in collaboration with France; as well as West Africa, with the Centre for Child and Adolescent Mental Health (CCAMH) at the University of Ibadan, Nigeria. However, with these increasing training opportunities, which could build capacity for CAMH services delivery, comes increasing conflict within the mental health family with respect to the need (or lack of it) for CAMH sub-specialisation.

The case for the prosecution

Arguments frequently put forth centre around two major points. The first is that, in the context of grossly insufficient manpower resources and consequently high unmet general mental healthcare needs, all hands should be effectively mobilized and focused on providing general mental healthcare services. It is therefore neither pragmatic nor ethical to insist on developing and rendering services only to a fragment of the total population in need (young persons). The second point, which is also linked to the first, is that sub-specialisation is considered a luxury that we can ill-afford at this time. Current efforts should be geared towards providing broad-based mental healthcare services for the entire populace.



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(CAMH in Africa, cont'd 1)

The case for the defence

Firstly, Africa's population is predominantly youthful, and it is therefore equitable to make provisions to cater for their specific mental health needs. Furthermore, the presentation and management of CAMH problems are different from those of adult problems, so it is pertinent to have mental health professionals who can pay heed to youth's peculiar needs.

Secondly, the reality is that nearly half of all adult mental disorders have their onset before the age of 14 years. It is thus a logical approach to develop and provide services that will ensure early detection and interventions for these problems among young persons. Furthermore, there is evidence that early interventions improve mental health and long term outcomes, including productivity to society. Therefore, it is both evidence-based and cost-effective to invest in the development and provision of CAMH services in Africa and other low and middle income countries (LAMICs).

Lastly, it is simply no longer realistic to expect all specialists to function optimally across all the areas of mental health care services, ranging from child and adolescent, general adult, and geriatric psychiatry. Indeed, a strong case has been made that perhaps it is best to train all psychiatrists on the continent in child and adolescent psychiatry during certain periods, as these skills are more readily generalizable.

A middle ground?

The appreciation of the concerns and the realities of mental health services within the resource constraints of Africa simply imply that we must all find a middle ground, where collaboration and mutual respect, rather than competition and rivalry, is key.

A mutually beneficial system of training and service organization is required: that has its beginnings in general adult psychiatry but that allows those who are motivated to develop additional sub-specialty expertise in CAMH and to function in that capacity.

This approach will allow for enhanced versatility and competence to offer services, especially in view of the resource constraints, where the general specialists can offer a broad range of services, while also ensuring that the CAMH specialist can offer expertise in attending to the needs of the teeming population of young persons in Africa and other LAMICs

Another useful strategy is the task-shifting approach via the integration of mental health services into primary care. This approach recognizes that it is impractical to expect that sufficient numbers of mental health professionals can be produced and retained to work on the continent over the next few decades. Thus, the large treatment gap in developing countries can only be reasonably reduced using the task-shifting strategy, where non-specialists are trained to offer basic mental health services and to refer complex or difficult cases. In recognition of this reality, the World Health Organization (WHO) has launched the mental health gap action programme (mhGAP) as well as the Intervention Guide (mhGAP-IG) manual. The mhGAP-IG provides a feasible option for training non mental health professionals, such as primary care physicians and nurses, to identify and offer basic mental health services for priority conditions, which also include child and adolescent mental health problems. If this option is widely implemented, it should ease some of the conflicts among specialists about the need (or lack of it) to sub-specialise, by reducing the overwhelming work load and demand for mental health services, while improving access to mental health care services.

Conclusion

There is no doubt that CAMH professionals are required on the continent as well as in other LAMICs.



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(CAMH in Africa, cont'd 2)

However, the CAMH professional in Africa must, as a matter of necessity, wear multiple hats: as a leader, advocate, politician, bridge-builder, and clinician who is willing to engage with multiple disparate sectors that are crucial for successful CAMH services delivery. Continuous engagement with other mental health professionals (adult psychiatrists), paediatric neurologists, educational facilities, general child healthcare services, social services, rehabilitation services, and primary health care services are crucial for meaningful success.





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VENICE RESOLUTION

The participants in the European Conference on Youth Mental Health: From Continuity of Psychopathology to continuity of care co-sponsored by European Commission – DG Health and Consumers, Saint John of God Clinical Research Centre, European Psychiatric Association, Ministero della Salute Regione Veneto.

Aware of the vast magnitude and severity of mental health problems in children, adolescents and young people in European countries

Recognizing that the currently available mental health services cover only a minority of the needs of those who have mental health problems and of their carers

Aware of the differences in resources for mental health care of the young among countries of Europe and their lack in the East of Europe

Committed to the search for intersectional and interdisciplinary collaboration and coordination in the development of mental health care for the youth

Stressing the need to develop programmes of prevention of mental disorders particularly in groups (such as refugees) at high risk to suffer from them

Noting and endorsing the recommendations in the International Declaration on Youth Mental Health produced by the Association for Child and Adolescent Mental Health - Special Interest Group in Youth Mental Health

Cognizant of the relevant international conventions and documents and in particular the Convention on the Rights of the Child, the Convention on Prevention of Torture, the Convention on the Rights of Persons with Disabilities, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and the Universal Declaration of Human Rights

In agreement with the previous recommendations made by the World Psychiatric Association, the European Federation of Associations of Families of People with Mental Illness, the Global Alliance of Mental Illness Advocacy Networks-Europe, the European Psychiatric Association and other organizations concerned with mental health that ethical and legal protection of children and adolescents require particular attention in health care programming for the young

In partnership with



With the representatives of



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SOCIETÀ ITALIANA DI NEUROPSICHIATRIA DELL'INFANZIA E DELL'ADOLESCENZA





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(Venice Resolution, cont'd 1)

RECOMMEND

To the organizers of this meeting to

- i. undertake the steps necessary to obtain information about the current situation concerning mental health needs of youth and relevant services and training in European countries
- ii. assemble information about successful models of service provision, including transition and collaboration of mental health services for young people
- iii. develop a concept paper which will serve as the basis of discussion about the definition and limits between child, adolescent, youth and adult mental health services and use it in the development of national and regional plans for mental health services for youth
- iv. develop, in collaboration with those who made presentations during this meeting, a publication which will allow a wide distribution of the meeting's findings

To representatives of the nongovernmental organizations which were present at the meeting

- i. to use these recommendations and the materials for necessary action including the data about mental health problems of youth (and the solutions proposed) for presentations at meetings and conferences organized under their leadership
- ii. consider possibilities and support of collaborative research among European countries
- iii. to disseminate the findings of this conference by all means at their disposal

To the Union Européenne des Médecins Spécialistes

- i. to give special attention to the requirements for the training in youth mental health in European countries

To the European Commission

- i. to solicit applications for grants focusing on the improvement of youth mental health



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Final Announcement

The Malaysian Psychiatric Association (MPA)

and the

Malaysian Child and Adolescent Psychiatry Association (MYCAPS)

invite participants to

**The 8th Congress of The Asian Society for Child and Adolescent
Psychiatry and Allied Professions (ASCAPAP) and
19th Malaysian Conference of Psychological Medicine (MCPM)**

19 – 22 August 2015, Kuala Lumpur, Malaysia

*Embracing challenges,
providing solutions*

Open for registration and abstract submission at <http://www.ascapap2015.com>



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CULTURE, COMMUNITY AND HEALING CHILD, YOUTH AND FAMILY MENTAL HEALTH IN THE PACIFIC

RANZCP Faculty of Child and Adolescent Psychiatry 2015 Conference
in conjunction with
Pasifika Medical Association and Vanuatu Medical and Dental Association

INVITATION

The Faculty of Child and Adolescent Psychiatry 2015 Organising Committee is delighted to extend a warm Pacific welcome to Port Vila, Vanuatu for the 2015 Faculty Conference to be held from Tuesday, 29 September to Friday, 2 October.

The theme of the conference is therefore very appropriate – Culture, Community and Healing – Child, Youth and Family Mental Health in the Pacific. The international invited speakers have a strong cultural and pacific theme, and include Professor Ricardo Araya, Dr Chia Granda and Professor Anthony Spirito.

Following on from Melbourne in 2013, a Pasifika Study Group will be held prior to the conference workshops. This Faculty of Child and Adolescent Psychiatry co-sponsored project offers a two day workshop for pacific doctors and other clinicians who are working in the child and adolescent mental health field in their pacific nations of origin. The study group will be run jointly with the Pasifika Medical Association and aims to build the capacity of each pacific nation to respond effectively to the child and adolescent mental health needs of their peoples.

The social and cultural programme for the conference promises a unique insight into Vanuatu cultural traditions and approaches to health and wellbeing. Formal events will include the conference opening ceremony and welcome reception, the conference dinner and the closing ceremony. There will also be free time to explore and enjoy the beautiful family friendly environment and attractions of Port Vila and surrounds.

Cyclone Pam has been a major event for the people of Vanuatu. However we are confident that continuing with the conference is feasible and can make a positive contribution to the recovery process in Vanuatu. We are hoping that you will join us in making the 2015 Faculty conference a very special event.

Dr Arran Culver
Convener





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**The 15th international congress of the International Federation for
Psychiatric Epidemiology
Bergen, Norway, October 7-10, 2015**



Psychiatric epidemiology: the foundation for prevention and treatment planning

The 15th International Congress of the IFPE will be held in Bergen, Norway, on October 7-10, 2015. The congress welcomes a wide array of themes within the epidemiology of psychiatry and mental health, and plenary lectures will highlight how psychiatric epidemiology is the foundation for prevention and treatment planning.

The city of Bergen is a busy tourist destination, offering a variety of culture, history and nature. If you want to extend your stay, Bergen offers easy access to fjords, glaciers and mountains. Bergen is a small and compact city with everything related to the conference within walking distance. The social program will include also informal options for young researchers in addition to the ordinary receptions and dinners.

Bergen has an international airport with 35 direct international flights in addition to 20 domestic. There is a 30-minute shuttle bus service running every 15 minutes between the conference hotel and the airport.

We warmly welcome you to Bergen.

Arnstein Mykletun
Local host

Johannes Wancatta
President of the IFPE



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