



World Child & Adolescent Psychiatry

ISSUE 3, December 2012

WPA, Child and Adolescent Psychiatry Section's Official Journal

Editorial Column

Welcome to the final 2012 issue of "World Child and Adolescent Psychiatry," an official journal of the World Psychiatric Association, Child and Adolescent Psychiatry Section (WPA CAP). December is a good time to look back on what we all have accomplished so far and to look forward to what is ahead for the next year.

2012 was a busy year for WPA CAP and for "World Child and Adolescent Psychiatry." In 2012, the WPA CAP Newsletter was re-established, and it later became an e journal: "World Child and Adolescent Psychiatry." But the journal is only one of many WPA CAP 2012 projects. In this issue, Prof. Bennett Leventhal, WPA CAP chair, outlines the major achievements and major challenges the section faced in 2012.

"World Child and Adolescent Psychiatry" is now much more than a newsletter that reports on the past events. "World Child and Adolescent Psychiatry" has become a journal where ideas are shared and directions for the future are set. I am extremely grateful to all contributors who made this transformation possible. First, I would like to thank Prof. Norman Sartorius. It is an absolute honor to publish an interview with Prof. Sartorius, former director of the World Health Organization's (WHO) Division of Mental Health, former president of the World Psychiatry Association, and President of the Association for Improvement of Mental Health Programs..

This issue also features an interview with a former Chair of our section and a former Editor of the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP): Prof. John "Jack" McDermott, Jr. He had a unique opportunity as JAACAP Editor to see how Child Psychiatry as a discipline has developed and what the future holds.

As always I would like to thank my editorial team. My special thanks go to Prof. Anthony Guerrero (Honolulu, USA), Assistant Editor, and Prof. Bennett Leventhal (New York, USA), whose input has been extremely valuable. My sincere thanks also go to all members of the extensive Editorial Board: Dr. J. Abdulmalik (Assistant Editor, Nigeria), Prof. D. Fung (Singapore), Dr. M. B. Moyano (Argentina), Dr. M. Tateno (Japan), 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). I also would like to welcome new members of the editorial board: Prof. Dr. E. Belfort, WPA Secretary for Education, and Prof. John "Jack" McDermott. And least but not least I would like to thank Dr. Afzal Javed, WPA Secretary for Sections, for his kind words about "World Child and Adolescent Psychiatry" and the section discussed in his article.

May I wish you a Happy Festive Season and Prosperous 2013!

Norbert Skokauskas

Editor, "World Child and Adolescent Psychiatry"
Secretary, World Psychiatric Association, Child and Adolescent Psychiatry Section





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Chair's Column:

"The past year has gone quickly but we have significant accomplishments to show for it..."



The past year has been quite an adventure for the WPA CAP. We began the year with new officers but, more importantly, with a number of wonderful new components of our section:

1. The Assembly – WPA CAP now has a representative assembly. While a nascent organization, this body is designed to include representatives of each WPA geographical region. The role of the Assembly:
 - a. Represent the interests of each region at the section level
 - b. Organize and coordinate CAP activities in each region
 - c. Be the focus of cross-regional collaborations

Your Assembly has met twice, in Paris during IACAPAP congress and San Francisco during AACAP annual meeting. We have worked hard as a group to address key organizational issues as we try to develop and improve the functioning of WPA CAP within the WPA structure while we also build alliances and support for our colleagues around the world.

2. World Child and Adolescent Psychiatry – Under the wonderful stewardship of Norbert Skokauskas and his editorial board, we have our own journal! Despite its modest beginnings, this is an important new voice for Child and Adolescent Psychiatrists around the world. We are very proud of this beginning and look forward to your contributions so that we can expand the breadth and depth of our journal.

3. Membership Database – We are now trying hard to develop a database of child and adolescent psychiatrists from around the world who wish to share in the activities of WPA CAP. Having a strong constituency with whom we can communicate on a regular basis will be important to our future. We will have strength in numbers and power in developing a strong voice on issues that are important to CAP. The database is in the developmental stages but we hope to be up and running after the first of the year so that you and your colleagues can join us at WPA CAP.

4. One Voice, Many Messages – WPA CAP has tried very hard to organize programs under our banner at as many international meetings as possible. This past year has seen WPA CAP seminars and symposia at IACAPAP in Paris, AACAP in San Francisco, as well as WPA Regional meetings, around the world. And, more are planned for 2013. We need your help with this as limited financial resources mean that we need local participants to organize and present the sessions.

5. International Research Training Seminar in Child and Adolescent Psychiatry – in collaboration with Fondazione Child in Italy, we will once again co-sponsor the week-long training seminar for junior colleagues committed to child and adolescent psychiatry clinical and basic research careers. While the trainees must arrange to get to Italy, once there, they are provided food, lodging and tuition for an extraordinary training seminar that includes lectures, seminars and one-on-one mentoring to help them develop their research careers. Please refer your junior colleagues to the Training Seminar website:

www.fondazionechild.it



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Chair's Column:

Our work has been challenging, and, to be fully honest, at times it has been quite frustrating. As you know, WPA CAP has no financial resources. While we have extraordinary human capital, it is very hard to do our work without at modicum of money to support even phone calls and mailings. But, we are undaunted. Norbert, Gordana and I, along with our wonderful colleagues in the Assembly are determined to make our voice heard around the world. To this end, we are collaborating with a number of colleagues. We are especially excited to be working with AACAP President-Elect, Paramjit Joshi, MD, who will be directing a new initiative in International Child and Adolescent Psychiatry. This multi-year initiative will include WPA CAP members on committees and in other activities.

At the same time, we are working diligently to expand our interactions with the Executive of the WPA and our colleagues in other WPA sections. This is not without its challenges but we are up to the challenge and will call upon you to help us in the process.

The past year has gone quickly but we have significant accomplishments to show for it. We look forward to working with you in the coming year to make bigger steps forward. In order to do so effectively, we need your help. Please write often and let us know how we can all work together. WPA CAP is yours. Help us make it flourish.



The photo was taken after WPA CAP initiated and supported sessions at IACAPAP Congress: "ADHD across the World": From left to right: John Fayyad (Lebanon), Norbert Skokauskas (Ireland), Kathleen Ries Merikangas (USA), Young-Shin Kim (Korea/USA), Bennett Leventhal (USA).

This session aimed to describe a diversity of approaches in diagnosing and treating ADHD across the World. Speakers from WPA regions have described how they assessed and managed ADHD in their region. In addition to this case discussion, brief overviews of the latest and the most important developments on ADHD were presented from each region.



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"The best way to improve collaboration is to do joint projects..."

PROF. NORMAN SARTORIUS

Interview with Prof. Norman Sartorius, a former director of the Division of Mental Health, the World Health Organization (WHO), and a former president of the World Psychiatry Association and the European Psychiatric Association.

First of all we would like to thank you for finding time to be interviewed by "World Child and Adolescent Psychiatry." It is a great honor for us.

Prof. Norman Sartorius: It is a pleasure to do so. Let me also at the outset thank you for having taken on the production of the e journal. This is very timely and necessary for the field.



Many thanks. As a past and current leader of the most prominent organizations and associations (obviously including the WPA), you have achieved so much and have been inspirational for many colleagues. If you look back, what would you consider was the most important professional achievement in your career so far?

Prof. Norman Sartorius: I think that I made a contribution to the development of a worldwide network of people and institutions in the field of mental health. The network has been engaged in many projects, and perhaps more importantly, its members like being with each other and working together.

You have been very effective and very efficient while working at the WHO, the WPA, and many other institutions and organizations. People who don't know you well might think that everything came very easy for you. However, perhaps, there were also difficult times and great challenges to overcome. What would you say were some of the biggest challenges, and what kind of personal traits helped you to succeed when times were tough?

Prof. Norman Sartorius: The challenge, frequently, was the reticence of people to accept collaboration and friendship with others working in other countries and in other fields or disciplines. In my youth I learned to rely on others, and I felt honored and pleased when others relied on me. This experience was very useful in helping people to get together.

What does the future hold for the WPA, and what are the greatest challenges and opportunities for the WPA in the next 3 years?

Prof. Norman Sartorius: WPA is a very large organization with a huge potential. This is its strength but also its weakness. Unless it can develop specific collaborative programmes that link people together it may break up into regional and local associations.

What is the best way, in your opinion, to improve collaboration between adult and child psychiatrists at an international level, and what kind of role could the WPA play to promote such a collaboration?



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Interview with Prof. Norman Sartorius (cont.)

Prof. Norman Sartorius: The best way forward is to do joint projects. Your section could assemble proposals and protocols for simple and complex projects and bring them to everyone's attention, inviting them to participate. I am certain many would follow such an invitation.

You are originally from Zagreb, Croatia, but you now live in Geneva, Switzerland. Would it be accurate, though, to say that most of the time you are on the road working for many international projects?

Prof. Norman Sartorius: That is correct. I still travel more than 200 days a year – too much, I am told, by my family and friends.

You are also President of the Association for Improvement of Mental Health Programs. I guess for our readers it would be interesting to learn more about this Association and its current initiatives.

Prof. Norman Sartorius: The Association is a non governmental organization, registered in Geneva. It is currently engaged in four major programme areas:

- i) Addressing comorbidity of mental and physical disorders: exploring origins, frequency, types and implications for research, teaching and organization of services and carrying out relevant projects.*
 - ii) Developing professional and leadership development skills for early career psychiatrists; this project is based on a series of courses for early career psychiatrists and on support of ventures (e.g. studies) that they undertake together.*
 - iii) Combating stigma related to mental disorders.*
 - iv) Supporting small scale projects dealing with mental disorders in low income countries. A list of these projects is on our website at <http://aim-mental-health.org/en/activitiesoverview.html>.*
- In addition, I participate in various international projects and write on technical subjects.*

As you may know, "World Child and Adolescent Psychiatry" is a relatively young journal. And if you had a chance to read previous issues, it would be important for us to hear your critical comments and how we could improve the journal.

Prof. Norman Sartorius: I must admit that I did not read all the previous issues. Perhaps I can do this now and talk with you once I have done so.

Do you have any advice, for busy clinical psychiatrists, what they can do to positively impact global mental health?

Prof. Norman Sartorius: What can busy child psychiatrists do for global mental health? Three things come to mind. First, they should examine their own behavior to make sure that they do not unwittingly contribute to the stigmatization of mental illness (e.g. by paying attention to the use of words: choosing to say "a person with schizophrenia" rather than "a schizophrenic.") Second, they should urge all concerned to practice primary prevention in neuropsychiatry, ranging from the provision of iodine to women in reproductive age to the education of parents about optimum child-rearing practices. Third, they should make sure that they are keeping abreast of general medicine so as to be able to deal with comorbid physical illness in their patients and contribute to the image of psychiatry as a medical discipline.

Professor Norman Sartorius was interviewed by Professor Anthony Guerrero (Honolulu, USA) and Dr. Norbert Skokauskas (Dublin, Ireland)

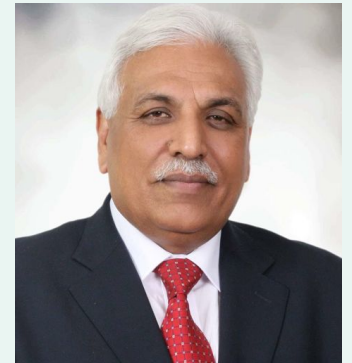


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"WPA Section on Child & Adolescent Psychiatry is one of the very active and vibrant scientific sections and has been functioning in a very impressive way..."



Dr. Afzal Javed, WPA Secretary for Sections

I am pleased to express my thanks to the office bearers and members of the World Psychiatric Association Section on Child & Adolescent Psychiatry (WPA CAP) for their contributions to the work of the WPA.

WPA CAP is one of the very active and vibrant scientific sections and has been functioning in a very impressive way. The Section's e journal "World Child & Adolescent Psychiatry" and the academic and scientific contributions of its members are playing a pivotal role in the dissemination of knowledge among professionals. It has played a significant role in continuing professional development; its initiative titled "The Consortium on Academic Child and Adolescent Psychiatry in the Far East" is an example that will be emulated by many other Sections. Similarly, the Section's participation in and organisation of seminars, workshops and sessions in international conferences is a way forward in making the speciality of child & adolescent psychiatry more visible on the international scene. The Section's recent move to collaborate with other WPA Sections is again a very important step that will go a long way in doing inter-sectional collaborative work.

I would like to convey to you all the greetings and best wishes from Prof. Pedro Ruiz, WPA President, and other Executive Committee members. We hope we will continue having your input for the functioning of the WPA.

WPA being an association of national psychiatric societies aims to increase knowledge and skills necessary for work in the field of mental health and the care for the mentally ill. WPA Sections are the scientific backbone of the WPA and they cover practically every aspect of psychiatry and enjoy a great degree of independence within the framework of the WPA Statutes and By-Laws. We are having more than 65 Sections that are contributing in different areas of mental health and psychiatry. The broader purposes of the clusters of Sections are to promote and share scientific knowledge among the membership of WPA and I am pleased that over the years the Sections with able leadership of their officers have proved valuable and exceptional additions to the scientific knowledge in psychiatry and allied fields.



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WPA CAP Group on Teaching and Learning: Working for the future of Child Psychiatry

Dr. Norbert Skokauskas (Ireland), Prof. Anthony Guerrero (USA), Prof. Bennett Leventhal (USA)

WPA CAP Group on Teaching and Learning continues to serve as an international leader in providing training and support for child psychiatrists involved in teaching medical students and junior doctors around the World. The Group initially was established as an independent organization but two years ago WPA CAP invited the Group on Teaching and Learning in CAP to join WPA CAP. Since its inception the Group has been organizing seminars, workshop in N. America, Europe, Asia and Middle East. The Group aims to promote progressive teaching methods (i.e. Problem Based Learning (PBL)) among child and adolescent psychiatrists.

In 2012 the Group organized fourth in a row Special Interest Study Group (SISG) on Problem Based Learning at AACAP (American Academy of Child and Adolescent Psychiatry) annual meeting. The SISG on PBL in CAP 2012 aimed to: promote knowledge among child and adolescent psychiatrists on PBL; explore techniques for evaluation of PBL in CAP; discuss students' participation in PBL curriculum development; and identify problems with PBL in CAP and workable solutions – all through national and international collaboration, information exchange, research and education. The fourth SISG on PBL at AACAP featured the application of PBL and the internationally collaborative case-construction approach in teaching 1) global child and adolescent psychiatry topics, including the impact of disaster, war, extreme poverty, and other problems that many practitioners in the developed world may not encounter in their clinical training; and 2) complex contemporary topics such as psychopharmacology and neuroscience. In this SISG we provided hands-on demonstration and discussion of basic PBL techniques (emphasized in the previous sessions) as applied to these specific problems, which we anticipate was of interest to the international group of participants. The session was chaired by WPA CAP Chair Norbert Skokauskas, speakers included Jeffery Hunt (USA), a chair of AACAP committee on Training and Education, Xavier Coll (UK) and A. Guerrero's team. Earlier this year The Group on Teaching and Learning has organized a symposium on progressive teaching and learning methods in CAP at IACAPAP Bi-annual congress in Paris, France. The session was chaired by the Group's Chair Norbert Skokauskas (Ireland) and Elena Garalda (Uk), speakers included Jeffery Hunt (USA), Xavier Coll (UK), A. Guerrero's team (USA) and Susan Tan (Malaysia).



2012 Special Interest Study Group SISG on PPBL at AACAP



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"Brain imaging is doing for our profession what the telescope did for astronomy..."

John ("Jack") F. McDermott, Jr.

Interview with John ("Jack") F. McDermott, Jr., is former Chair of WPA CAP, Chair Emeritus of the Department of Psychiatry at the University of Hawai'i John A. Burns School of Medicine, former Editor of the Journal of the American Academy of Child and Adolescent Psychiatry and former Director of the American Board of Psychiatry and Neurology.



AG: You're certainly a nationally and internationally recognized legend in the specialty of CAP. What would you say have been the most significant developments in our specialty, from the time you finished your training until now?

JMcD: When I finished training in the early 1960s, we were a new medical specialty in an early first phase of development. It was theory based. Psychoanalytic theory had represented the first efforts to understand the functions of the developing child's mind. Psychopharmacology for children was just beginning. Soon to come, however, was a second stage, the transition to an evidence-based era, with the design of objective and reliable diagnostic systems for CAP. This achieved a much needed "reliability" among diagnosticians and allowed for research that resulted in our modern psychotherapies and the emergence of modern psychopharmacology. No longer would theory be equated with fact. That, in turn, led to the third stage in our development, the one we are in now. It promises to be a stage of the true understanding of psychiatric illness. We are beginning to witness a systematic unfolding of the underlying pathophysiology of disorders.

AG: And from your perspective, especially as former Editor of the "Journal of the American Academy of Child and Adolescent Psychiatry," where do you see our specialty headed in the future?

JMcD: I think we are beginning to look underneath surface diagnosis as we have known it. Mapping of the human genome was an important turning point because it has allowed us to examine for the first time, the interaction between nature and nurture. Integrating biological and environmental risk factors and placing them in a developmental framework is at the heart of future advances in our specialty. In order to for us to move forward into this stage, however, a new technology was needed. Getting beneath the surface of disorder required biomarkers. What was badly needed in our field was a reliable and valid biological test, not only for diagnosis, but to monitor treatment. For years we thought it would be a blood test. Now it appears that the first will be a "brain" test. Neuroscience is laying out the path in this, our third stage in child and adolescent psychiatry development. It promises to explain the true nature of disordered behavior beneath the diagnosis and to solve the mystery of the relationship between neural function and behavior. Brain imaging is doing for our profession what the telescope did for astronomy.

AG: In the face of your many accomplishments, you've often said that you're most proud of having introduced child and adolescent psychiatry to Indonesia back in the early 1970's. Can you tell us why you feel that this was your most important achievement?

JMcD: Back in the 1970s, doctors from developing countries came to the US to learn "American" psychiatry, then either stayed -- or went home -- and often found that it didn't "fit" culturally. Meanwhile a



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Interview with Prof. John ("Jack") McDermott (cont.)

new medical school and Department of Psychiatry were getting off the ground in Hawai'i. Geographically and ethnically, Hawai'i is halfway between America and Asia. So when the University of Indonesia asked us to train child psychiatrists for that country, we saw it as a chance also to "train the trainers" too: young child and adolescent psychiatrists who could go home and continue to adapt what they had learned to fit their own country. With generous support from the Grant Foundation, we designed a home-and-home child and adolescent psychiatry training program for the five jointly selected Indonesians, not only tailored for them to become their nation's first clinicians, but also to become the first professors and develop their own training program at home, too. As a result, today there are over 40 child and adolescent psychiatrists in Indonesia, distributed throughout that country. Today, with the internet and instant communication, we not only see a globalized economy, but a globalized child psychiatry, too. Now that the world is flattening out, it appears that such a combined approach may come into its own, with a hybrid of Western and Eastern approaches instead of an "either-or" system. The worldwide acceptance of genetic-environmental interaction lets us see the roots of disorder through a common lens, then go on to prescribe a culturally appropriate treatment to fit. Cultural psychiatry has changed from searching out contrasting isolated conditions in the far corners of the world, to a conceptualization of common and overlapping approaches in diagnosis and treatment -- and even further, what is common in child development, and what varies culturally. There is an excellent film called "Kites and Monsters," produced by a group at the University of California, Los Angeles and illustrating this model, i.e., the influence of cultural layering on a disorder with a common biological core, in an Indonesian boy with Tourette's Disorder.

AG: One of your recent books (co-edited with Dr. Naleen Andrade) is "Peoples and Cultures of Hawai'i: the Evolution of Culture and Ethnicity." Although I may be biased, I feel like this book can have profound implications for the rest of the world. Can you tell us a bit more about this book and how you feel it could apply (if you agree) to global and cross-cultural mental health?

JMcD: The book *People and Cultures of Hawai'i: The Evolution of Culture and Ethnicity* is an extension of our cross-cultural experience at the University of Hawai'i, including what we learned from the Indonesia collaboration. The premise of the subtitle is that the concept of "ethnocultural identity" offers a template, or at least a direction, for international collaborative efforts. Essentially it describes how, in a multicultural society, some cultural traits and values will change to better accommodate to the larger group, while others are more culturally fixed or enduring: more "hard wired," if you will. Each of the fifteen chapters was written by a member of the Department of Psychiatry who is also a member of that particular ethnic group. Each describes the unique identity of the group from the time it arrived in Hawai'i until now, and just how it has changed in adapting to the "stew pot" (interviewer's comment: in contrast to "melting pot") atmosphere in which it found itself. The chapters include consideration of family social structure, generational and gender roles, and power distribution, as well as an examination of cultural values that contribute to the unique identity and character traits of each group, and which ones changed to adapt to the larger society.

As the world is flattening out, are we likely to see a similar pattern globally: e.g., what is common in child psychiatry across cultures, what varies, and what changes. Will we see more and more permeable national boundaries that eventually overlap along a spectrum or continuum? Will it lead to a child and adolescent psychiatry that is dimensional rather than categorical? At least we are likely to see one that becomes more and more globally encompassing in diagnosis as well as treatment.



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Consortium on Academic Child and Adolescent Psychiatry in The Far East (CACAFE)

Prof. Daniel Fung (Singapore), Dr. Norbert Skokauskas, (Ireland), Prof. Anthony Guerrero, (USA), Dr. Masaru Tateno (Japan)

Earlier this year the Consortium on Academic Child and Adolescent Psychiatry in the Far East (CACAP-FE) has been established with the support of the WPA (World Psychiatry Association) Group on Teaching and Learning in Child and Adolescent Psychiatry (Chair, Dr. Norbert Skokauskas). The Far East region comprises the countries and territories of East Asia, namely China, Japan, North Korea, South Korea, Mongolia, Taiwan, Russian Siberia, the Philippines, Hong Kong, Vietnam, Cambodia, Laos, Thailand, Malaysia, Singapore, Myanmar, Brunei, Indonesia, East Timor and Macau. Needless to say, this region is one of the most dynamic and rapidly developing regions not only of Asia but also the World. The Executive Board of the Consortium includes Prof. Daniel Fung, President (Singapore); Dr. Norbert Skokauskas, Acting Manager (Ireland); Prof. Anthony Guerrero, International Advisor (USA); Dr. Masaru Tateno, Secretary (Japan).

The aim of the CACAP-FE is to acknowledge achievements and to identify the needs of Child and Adolescent Psychiatry in the region. The Consortium puts the emphasis on the mapping of CAP training programs and the optimization of education programs for future child and adolescent psychiatrists.

The Executive Board wishes to report that the Consortium has finished the first project on assessment of needs in the Far East, and for the very first time detailed information was collected on Academic CAP in the Far East. The Executive Board is extremely helpful to our contributors:

Prof. Sotheara Chhim (Cambodia),
Dr. Say How Ong (Singapore),
Prof. Yi Zheng (China),
Prof. Suporn Apinuntavech (Thailand),
Dr. Tuan van Nguyen (Vietnam),
Prof. Bungnyun Kim (S.Korea),
Dr. Chou Po-Han and Prof. Tsai Chia-Jui (Taiwan),
Prof. Shuji Honjo and Dr. Hitoshi Kaneko (Japan),
Dr. Evgeni Koren (Russia),
Prof. Susan Tan (Malaysia),
Dr. John Sik-nin Ko and Dr. Annis Fung (Hong Kong),
Dr. Abang Bennett (Brunei),
Dr. Manivone Thikeo (Lao),
Prof. Bennett Leventhal (USA),
Dr. Linn Kyaw (Myanmar),
Dr. A. Oyunsuren (Mongolia).

As planned the Consortium will share collected data with our colleagues around the World, and we hope that our joint efforts to advance academic CAP in the Far East will succeed.



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WPA CAP Symposium: Tourette's Disorder in a Child: Diagnosis and Treatment: An International Perspective at IACAPAP Congress 2012

Prof. B. Coffey (USA), Dr. B. Moyano (Argentina), Prof. P. Hoekstra (Netherlands) and Prof. Y. Kano (Japan)

IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions) congress took place in Paris, France earlier this year. WPA CAP organized a symposium on Tourette's Disorder.

Dr. Moyano presented a complex and challenging case of a 13-year old boy who met diagnostic criteria for Tourette's Disorder, Obsessive Compulsive Disorder, Panic Disorder and Major Depressive Disorder. In addition, a Learning Disorder and Attention Deficit Hyperactivity Disorder were considered in the differential diagnosis, given the child's inattention, mild hyperactivity and historical academic underachievement. Also notable were past posttraumatic anxiety symptoms complicated by subsequent OCD and tic exacerbations, and tic like compulsions. Socioeconomic (lack of adequate health insurance coverage) and cultural factors (parental lack of acceptance of psychiatric consultation, predominant psychodynamic views and lack of knowledgeable professionals) were very significant, and contributed to delay in access to specialized treatment.

Drs. Hoekstra, Kano and Coffey discussed the diagnostic process of the case in the Netherlands, Japan and United States, respectively. Dr. Hoekstra emphasized the predominating neurobiological view on tic disorders in the Netherlands and the increasing use of structured and systematic rating instruments, particularly in specialized and research clinics. He noted that psychoeducation regarding the phenomenology of tic and comorbid disorders is an important first step, and that prioritization is given to the most impairing symptoms. Behavioral treatment and medication are frequently used, but psychodynamic treatment is not. Dr. Kano reported that diagnosis is made by DSM-IV-TR in Japan and that structured or semistructured diagnostic interviews tend not to be used clinically. Dr. Kano noted that psychopharmacological treatment is more widely established than psychotherapies in Japan, and that sometimes treatment may begin with herbal medicines, since they may be more acceptable to Japanese parents. Dr. Coffey summarized the findings of the case with a biopsychosocial model, and highlighted the similarities and differences across cultures in the evaluation and treatment of such complex children with multiple comorbidities.





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Child and Adolescent Section Report from the WPA Regional Meeting “Mental Health and Disaster: Beyond Emergency Response” Bali, Indonesia September 13 - 15, 2012

Dr. Gordana Milavic (UK)

It was extremely heartening to have taken part in the WPA Regional meeting in Bali as a child and adolescent psychiatrist given the prominence given to child and adolescent mental health topics. The meeting was held in the beautiful setting of Nusa Dua in Bali and led by Pedro Ruiz, President of WPA in collaboration with Dr. Tun Kurniasih Bastaman, President of the Indonesia Psychiatric Association.



This Regional meeting attracted psychiatrists from the South East Region of Asia, an area of extreme need where: “during the last two decades natural and man made disasters have become a major humanitarian concern” (welcome message from Dr. Tun K Bastaman, President, Indonesian Psychiatric Association).

This meeting provided ample opportunities to meet many colleagues from the region, to attend a rich scientific and educational programme, and to meet members of the WPA Executive Committee and hear a summary of each of the Executive Committee member's activities and achievements. There was also an opportunity to present the main objectives of the WPA CAP to the Executive Committee and to lobby for an even greater presence of child and adolescent psychiatry in future WPA conferences and activities.

The meeting underscored the epidemiological findings that almost every adult psychiatric condition has its antecedents in childhood, mediated through heritability, developmental trajectories and environmental influences. There is evidence that more than a third of all adult disorders start in childhood, that even conditions associated with post-pubertal onset such as schizophrenia and classical bipolar disorder manifest as atypical development in childhood, and that 75% of some psychiatric disorders of adulthood begin before the age of 24.

Professor Kuey, WPA Secretary General and WPA News Editor, invited the CAP officers to contribute to WPA News and the website on a regular basis. Dr. Javed, WPA Secretary for Sections, suggested a number of initiatives for the CAP officers, regional representatives, and wider membership, including: forwarding short reports about CAP meetings and activities to the WPA Secretariat for publication in WPA news; formulating guidelines for establishing child and adolescent services in low income countries; and publishing child mental health public education materials on the WPA website. Dr Okasha, Secretary for Scientific Meetings, invited the CAP officers to regularly contribute to WPA meetings and suggested that educational events taking part at other regional and international meetings seek accreditation from his office in order to obtain WPA educational sponsorship.

The meeting included several presentations, workshops and posters relevant to child and adolescent psychiatry:



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Cont. "Mental Health and Disaster: Beyond Emergency Response " Bali, Indonesia September 13 - 15, 2012

Myron Belfer emphasized that that traumatic events can adversely impact the development of executive functioning, emotional regulation and interpersonal relationships. Positive outcomes have been found where new programs have attempted to address mental health needs. His lecture addressed long term policy development supporting mental health in affected populations following natural and man made disasters. Tarek Okasha reviewed child and adolescent mental health services in the Arab world, taking Egypt as an example. Jesus Saavedra was featured in one of the WPA Education Seminars. Startling statistics from the World Health Organization (WHO) indicate the amount work that governments, international organisations, and policy makers and planners in the field of child mental health still must do: 7.6 million children under the age of five die every year, with over two-thirds of these deaths due to treatable and preventable conditions; children in low-income countries are 18 times more likely to die before the age of five than children in high-income countries; and approximately 20 million children worldwide suffer from acute malnutrition.

Gordana Milavić presented pediatric depression as a severe and recurring condition with substantial continuity into adulthood, and for which early recognition, identification and treatment improves outcome. Her workshop reviewed current evidence-based pharmacological and psychological treatments, with an emphasis on the basic principles of Cognitive Behavioural Therapy. In another presentation, Dr. Milavić reviewed clinical and research controversies in bipolar disorders in children and adolescents. Information about both present and lifetime mood episodes and proper use of assessment tools and outcome measures are essential for accurately diagnosing mood disorders. Dr. Milavić reviewed the UK NICE Guidelines for treatment and recent medication algorithms for early onset bipolar disorder. There is evidence from recent research that atypical antipsychotic medication and traditional mood stabilizers have a place in the treatment of pediatric bipolar disorder.

Keiko Yoshida presented on his study, Perinatal and Child Mental Health in Japan: Pre- and Post-Earthquake and Tsunami in 2011. The aim of his study was to explore the relationship between natural disaster and postnatal mental health. Eighty mothers who gave birth between 11th March and June 2011 in Miyako Public Hospital in Iwate prefecture were studied relative to mothers who did not experience the disaster. The researches established much higher rates of postnatal pathology immediately after the disaster, with a normalization of findings one month after the disaster and a rapid recovery in most mothers.

Budi Pratiti presented on mental disorders in children after the Merapi eruption, which occurred in October 2010 in Yogyakarta. A screening of primary school children found prevalence rates of 23.9% for PTSD, 2.25% for depression, 7.4% for anxiety, and 44.3% for other disorders. 22.4% did not have any clinically significant mental health problems. The researchers offered training to schoolteachers in the affected areas. Fransiska Kaligis presented on improving child and adolescent mental health in the aftermath of a disaster, again referring to the Mount Merapi eruption, in which 335 people died and over 350,000 were evacuated. Eighty-five adolescents aged 12-17 years from three different high schools were given one-week training in life skills, leadership, and reproductive health. This intervention led to positive outcomes following the disaster. Asima Mehboob Khan presented a mental health promotion program from Pakistan involving a whole-school approach. In the Psychiatric Morbidity in Developing Countries Symposium, M Zillur Rahman presented, from Bangladesh, a cross-sectional study from Bangladesh conducted to determine the prevalence of psychiatric morbidity among intellectually disabled children and adolescents and to identify related factors. The high prevalence rates of comorbid mental health disorders indicated the



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Indigenous infants, children, adolescents and their families need the focus of child and adolescent psychiatrists around the world

Dr Hinemoa Elder, Ngāti Kuri, Te Aupouri, Te Rarawa, Ngāpuhi, Aotearoa New Zealand



I am writing this paper having returned from a tangi (traditional funeral rite) for a young Māori woman who hanged herself. She was not a patient of mental health services.

As a Māori Consultant Child and Adolescent Psychiatrist, attending events like this brings our statistics into sharp reality. Māori mental health statistics are a horrible but necessary read. They present both psychiatrists and the community with a dilemma. On the one hand, we must face these needs as a community so we can work to meet the size and shape of that need. On the other hand, defining Māori solely by our woeful health, educational and economic statistics risks victim blaming. It also risks our internalizing a sick, hopeless, and impoverished identity. Our statistics can also invite a nihilistic approach by practitioners to the possibilities for change. Our resilience is silent in these statistics.

We are not alone in this predicament. Indigenous whānau (extended families) around the world tell similar stories. The impact of the sustained systematic removal of our language, land and ways of living by colonizers continues to this day. The impact is seen in our mental health statistics: at least twice the rates of serious mental illness, and twice the suicide rates in young people, compared to non-Māori. Despite the story the statistics tell, indigenous mokopuna (grandchildren) and communities face distinct challenges with unique resilience.

The needs of indigenous children are the concern of all of us. The community of global psychiatrists needs to hold in focus the distinctive intergenerational challenges of indigenous peoples. One important forum for this focus is at our international meetings. These meetings need to be relevant to indigenous communities, to our trainee psychiatrists and to indigenous psychiatrists. We need to describe, debate and advocate about the issues most pertinent to our practice in order to fulfill our accountability to these indigenous communities. International meetings would do well to ensure that indigenous peoples groups are actively encouraged and supported to present. Existing exemplars include The Royal Australian and New Zealand College of Psychiatrists (RANZCP) that has two indigenous bi-national committees: one representing Māori, and the other, Aborigines and Torres Strait Islanders. Both of these committees are involved in RANZCP conference planning and presentations. They ensure that the original owners of the land receive appropriate recognition and the opportunity to participate during conferences and congresses. Similarly, the Native American Child Committee of American Academy of Child and Adolescent Psychiatry strives to address the needs of American Indian, Alaska Native, and Native Hawaiian children. Despite these efforts there is a long way to go in building cultural competence, skills and attitudes that improve our work with indigenous communities.

I attended the tangi wearing many hats: as a Māori woman, wife and mother, and as a community member and psychiatrist. Through shared education and collegial networks, such as those at international meetings, and through wearing the many hats of our respective roles, we can continue to improve our specialty's responsiveness to indigenous communities.



The impact of the Greek financial crisis on children's mental health

Prof. Dimitris C. Anagnostopoulos (Greece) and Dr. Eugenia Soumaki (Greece)

Since 2009, Greece has been swept up in a socio-economic and cultural crisis set off by the global financial recession. While economic, social, political, and cultural tensions have accumulated since the 1980's, and the economic model abruptly imposed to secure funds to pay off the debt has impacted all levels of social life in Greece. The education, health, and social welfare sectors have been the first to suffer from the negative consequences.

The national income has decreased by 25%, and the unemployment rate has tripled, reaching 25% (and up to 54% among young workers, 24 years and under)! For the first time, flexible employment dominates the job market, while public sector hiring has been practically halted. Wages and pensions have decreased by up to 40%, social benefits have shrunk, and 30% of Greek citizens live in poverty. At the same time, due to reserve "haircuts," (the term for additional debt-reducing measures) insurance funds are unable to cover medical expenses of currently insured people.

Job insecurity, unemployment, poverty, the increase of social inequalities, social exclusion (especially for vulnerable groups), the inability to control one's own life, and uncertainty for the future cause deep psychological pain and distress for the great majority of Greeks, at a both personal and social level.

Another contributing factor to the distress is the continuing, unfair guilt-mongering aimed against Greek citizens for their current state which overlooks the fact that the Greek crisis is part of the European one, as well as a consequence of the international financial crisis of 2008.

The negative impact on the mental health of Greeks is already evident. Rates of depressive disorders, suicides, and psycho-social problems have risen, and visits to the emergency psychiatric units have skyrocketed.

More specifically, in terms of child and adolescent mental health, negative consequences can be seen both in the system of service provision and the family, school, and broader social environment. The plan to develop child psychiatric services according to the framework of the psychiatric reformation (in existence since 2000) has been effectively cancelled. A large number of community centres, psycho-social rehabilitation units, and – most especially – units serving specialized populations (such as youth with pervasive developmental disorders and learning disabilities) have suspended their operations. The existing National Healthcare System, which forms the core of the child and adolescent psychiatric services provision system, operates now with 10%-40% fewer personnel. Many of the more experienced personnel have been forced into retirement. Year after year new cases have risen by 40%, while demand for supportive services within the community (due to the collapse of social services) and schools (due to insufficient psychological services) has also spiked. Child psychiatry is called upon to substitute for and assume the work of others. Furthermore, an increasing number of patients are leaving the private sector to seek care within the public system. As a result, waitlists and waiting times are now longer: waiting time for ordinary cases has tripled to more than a month, while for special cases it can be up to a year. Thus, negative impacts on the quality of services have continued to accumulate.



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The impact of the Greek financial crisis on children's mental health (Cont.)

The situation is further aggravated by the impact of the crisis on families. Decreased socioeconomic status, institutional disintegration, continuous frustration, role confusion, and discord and conflicts all undermine the enabling and supportive roles of the family.

Equally severe is the impact of the crisis on schools, which are being constantly undermined and devalued, both in terms of funding reductions and through the vicious disparagement of educators.

In addition, the effort to deal with the crisis through a simplistic economic model is accompanied by the promotion of a particular ideological framework that, at best, is based on individualism and at worst, on ideological, psychological, and even physical violence.

These impacts have led to both an increase in the number of new cases as well as a qualitative change in the presenting psychopathology. The frequency of psycho-social problems has risen from 10%-15% to 40%; borderline pathologies are now common; and substance abuse, bullying, and racism have spread throughout the schools. Acting out behaviour has become the main mechanism for expression of adolescent psychopathology. Finally, what is most disconcerting is the apparent acceptance of violence against the "other" (for example, the immigrant, the mentally vulnerable, the disabled) by a small but potentially growing minority of adolescents and young people.

Faced with this situation, the child psychiatrists have intensified their efforts to support public services through additional offers of direct care; consolidated alliances with social agencies including the Church, insurance organizations, and patient advocacy groups; the development of common action plans in collaboration with other health workers;; and scientific approaches to substantiate data and promote further action in response to the current state of child mental health.

We believe that the imminent backtracking of child and adolescent mental health in Greece must be dealt with by Greek society itself, from both the domestic as well as larger-systems perspective. We believe that, in the context of the general financial crisis, the danger of decline and backtracking is also a threat to mental health systems throughout all of Europe. In the situation we are in, the WPA CAP section could prove to be very helpful, mainly by facilitating the sharing of knowledge, common experiences, and solutions between members from different parts of the world and by supporting the efforts of national and regional associations.



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Why do I plant trees as psychiatrist?

Dr. Fujiki Kurimoto (Japan)

I was born in 1945 towards the ending of World War II – a war that cost the lives of many students who fought in the Japanese army. My younger brother, Seigo, died in 1972 at the young age of 26 years. He had the dream of becoming a hero like Napoleon Bonaparte, but realized that it would be difficult to realize this dream because times had changed. He thought deeply about what it would be like to be a modern hero, and soon he graduated from the National Defense Academy. He was also fond of poetry, nature, and philosophy. He could not find the answers he wanted and was troubled with his choices, and finally he thought that the right choice was “nothing.”

These are my reasons for choosing to become a psychiatrist. I graduated from the School of Medicine of Shinshyu University in Nagano and then worked at Azumi hospital in northern Nagano. Since 1990, I have been working at Shigasato Mental Hospital, which is a 280-bed, 260-employee hospital in Shiga, near Kyoto. I am currently the director of this hospital.

Since 1972, I have planted trees at the forest in Nagano. In 40 years, working with Shinshyu University students under Professor Kesao Tamai, I have planted around 200,000 Japanese cedars. I must tell you the reason why I have planted trees and why, as a psychiatrist, I have wanted to plant a forest.

After my brother's death I thought: what would make one a hero, in the way that my brother might have envisioned? I thought that, in order to become a hero, one would have to stand strongly and independently and create a monument from where we could see things from a historical point of view and give meaning, courage, and hope to people all over the world, particularly the wounded of this world. I thought I could realize my brother's vision through planting a forest.

It takes around 100 years for a tree to fully grow. It is like human life. Psychiatrists must nurture human life and be strong and enduring (much like trees are strong and enduring) for their patients.

In Japan at any given time, we have approximately 340000 patients in mental hospitals, and in any given year, approximately 30000 people die by suicide. It is a tragedy for the Japanese to have experienced not only the atomic power plant disaster in Fukushima, but also this many suicides per year.

I believe that the accidents and suicides may be reflections of a common problem, which is the dark side of civilization. As much as we can get many things quickly through industrialization, we can also lose the energy of endurance. As much as we can gain knowledge through modernization and organization, we can also lose the power to think independently. As much as we can amass wealth, we can also lose good friendships. Being in the forest allows us to find our true selves and to retrain our spirits.

So many times I have been in the forest with patients who are wounded by society, and so many times I have seen smiles return to their faces.





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