

Improving child and adolescent mental health by connecting global wisdom with everyday practice and advocacy

World Psychiatric Assocation
Child and Adolescent Psychiatry Section
Official Journal



Photo: Dubrovnik, Croatia

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Chair's Column:

WPA Child and Adolescent Psychiatry has new leadership

The WPA XVII World Congress of Psychiatry took place in Berlin, Germany from October 8 to 12, 2017. I wish to thank all members who attended the section's assembly at the WPA World Congress, voted for the new WPA Child and Adolescent Psychiatry (WPA CAP) section officers, and supported my candidacy for the post of the WPA CAP section's chair.

It is a privilege and a great honour to lead one of the most active sections at the WPA.

I am also pleased that very well-known child and adolescent psychiatrists were elected as the new officers of the section. Prof. Bruno Falissard MD PhD (Paris, France), current president of The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), was elected as a cochair of the section. Prof. Anthony Guerrero MD (Honolulu, Hawai'i), deputy editor of the official e-journal, World Child and Adolescent Psychiatry, was elected as a co-chair. Dr. Vlatka Boričević Maršanić MD PhD, President of the Croatian Society of Infant, Child and Adolescent Psychiatry was elected as secretary general of the section.

Prof. Bennett Leventhal, who left the chair post at the WPA Congress in Berlin, was awarded the title of immediate past chair. Dr. Gordana Milavić and Dr. Umesh Jain have become honorary co-chairs of the section.

The WPA CAP section has several goals for the three-year term.

- Prof. Helen Herrman is the new WPA President. Girls' and young women's mental health is a major focus of her WPA presidency. The WPA CAP section aims to become one of the key supporters in implementing the Presidential Initiative.
- 2. Worldwide, there are more than 2.2 billion children. For the nearly 2 billion of these children who live in developing countries, mental health and developmental disorders remain one of the leading causes of the global burden of disease and years lived with disability. The WPA CAP section will work with all countries and will place a special focus on developing countries on all continents.
- The "mal-distribution" of child and adolescent psychiatrists occurs on multiple levels: between countries, between rural and urban communities, and between private and public sectors of care. The WPA CAP section will pay special attention to to trainees and early career child and adolescent psychiatrists, for whom the section aims to coordinate brief research and management training courses.
- Not many WPA sections in fact only one or two have organized their own conferences or 4. meetings. The WPA CAP section is considering organizing its own forum in the upcoming triennium.
- World Child and Adolescent Psychiatry has received offers from several leading publishing 5. companies to become an open access peer-reviewed journal. While financial offers from the publishing companies might be attractive, we fully realize that going open access (with associated fees) would prevent



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Column: Chair's Column:

WPA Child and Adolescent Psychiatry has new leadership (cont.)

our collaborators from low income and developing countries from publishing in our journal. Also, there is presently no lack of open access journals, and World of Child and Adolescent Psychiatry has already found its own place in the world.

However, we do plan on some changes. We will review the journal's editorial board, and we will invite new people to join it. We will aim to update the journal's appearance.

- Currently, all information about the section can be accessed via WPA.org. At times, it has been challenging to update the information on the central website. The WPA CAP section aims to have a simple but dynamic own website. Like only a few other WPA sections, we will have two communication outlets.
- WPA has 18 Zonal Representatives. For the past six years, the WPA CAP section has also appointed several zonal representatives. Some of them were active, and some were less active. The new WPA CAP council has already initiated appointment of new zonal representatives.
- The WPA CAP section will facilitate and coordinate WPA CAP sessions at the WPA international and 8. national mental health conferences and meetings.
- 9. The WPA CAP section also aims to co-sponsor a new textbook on pediatric consultation-liaison psychiatry from a global perspective.
- And last but not least, the WPA CAP section remains open for new initiatives coming from our 10. members or colleagues who wish to become members of the section. If you wish to join the WPA CAP section, please visit:

http://www.wpanet.org/joinSection.php?section_id=11

Best wishes for a Happy and Festive Season and Prosperous 2018!

Prof. Norbert Skokauskas MD PhD, Norway Chair, World Psychiatric Association, Child and Adolescent Psychiatry Section

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WPA Child and Adolescent Psychiatry has new leadership



Prof. Norbert Skokauskas MD PhD, Trondheim, Norway Chair, World Psychiatric Association, Child and Adolescent Psychiatry Section Editor, "World Child and Adolescent Psychiatry"



Prof. Anthony Guerrero MD, Honolulu, USA Co-Chair, World Psychiatric Association, Child and Adolescent Psychiatry Section Deputy Editor, "World Child and Adolescent Psychiatry"



Prof. Bruno Falissard MD PhD, Paris, France Co-Chair, World Psychiatric Association, Child and Adolescent Psychiatry Section





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Dr Afzal Javed (UK) has become the new President Elect of the WPA

Q1. On behalf of the WPA CAP section, we would like to congratulate you on the impressive victory in the elections 2017. You have successfully earned the post of the President Elect. Why, in your opinion, have so many countries' representatives voted for you?

Dr. Afzal Javed: "Let me first thanks for your kind wishes and greetings. I am grateful to the WPA section on Child & Adolescent Psychiatryfor their very valuable contributions to WPA work. I have personally enjoyed working with this section in my role as WPA Executive Secretary for Scientific Sections.

Coming back to your question, I am pleased to say that WPA has emerged a true democratic organisation and over the last few decades WPA membership is very keen to choose their office bearers who would enjoy their confidence and are also well prepared to lead this organisation in the coming years. I am certainly pleased with the 2017 election results and that our member societies have chosen me with a clear majority and have shown their confidence in my leadership. I do think that their decision was also based on their acknowledgement of my previous performance in this organisation for dealing with issues related to international psychiatry and more importantly looking at my plans of action and intentions for the future work. Equally, my work with scientific sections of WPA where I have served as Executive Secretary during 2011-17,



strengthened my expertise of dealing with many diverse issues related to various components of WPA."

Q2. What is the role of the President-Elect at the WPA?

Dr.Afzal Javed: "President Elect is the vice president of the association and in his/her remit of work he/she provides assistance and support to the President for his/her work plans.

Similarly, President Elect chairs the Planning Committee of the association that finalise the next triennium's action plan, formulates any proposed amendments in the constitution and revise the manual of procedures or any other r elated policy documents. Additionally President elect gives further assistance and support to the Executive Committee for its functioning."

Q3. Have you decided on your presidential initiative?

Dr.Afzal Javed: "My Presidential initiatives are based on my proposed action plan for 2020-23. These are based on defining the emerging needs and priority concerns in different areas of mental health



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Dr Afzal Javed (UK) has become the new President Elect of the WPA (cont.1)

within a worldwide perspectives. I believe major outstanding needs include access to high quality mental health care in all countries and a commitment to support psychiatrists in their important roles as policy makers, direct service providers and as trainers and supporters of health care workers in primary and community health care.

I would aim to achieve an approach to work according to the following guiding principles:

- · Improving image of psychiatry as a medical specialty in clinical, academic & research areas and promoting the concept of public mental health as an agenda for action
- Highlighting the prominence of psychiatrists while working with other professionals in health, legal and social aspects of care
- Ensuring WPA's positive & helpful engagement with member societies and WPA components

Q4. Where is child and adolescent psychiatry in your plans?

Dr.Afzal Javed: "Child, Adolescent & Youth psychiatry is the focus of my work plans. I believe that we need more investments and share from our health and social budgets in this area. We need to emphasize the fact that more than 50% of mental health problems start in this age range and if we prioritise our work in areas of prevention, promotion and early intervention during this age period, we can minimise the impact and burden of many mental health problems in the later life. I am in fact considering the focus of my future work plan looking at different dimensions of age period "Birth to age 25" and to exploring the range of challenges, needs and opportunities in areas of care and services for this group."

Q5. How can individual members contribute to WPA activities?

Dr.Afzal Javed: "WPA can only strive with the help and support of its membership. Psychiatry is currently facing a number of challenges and although our profession may be seen to be under threat, there are also a number of opportunities that can help us consolidate psychiatry as an inspiring branch of medicine. WPA being the umbrella organization for psychiatrists worldwide and the lead professional organization in mental health certainly assumes major responsibilities for leading the profession. But this can only be achieved by full participation of our membership in WPA work. I hope that we will continue getting input and further directions from our membership for setting our priorities and making a real difference to mental health."

Dr. Afzal Javed was interviewed by WPA CAP editors.



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A new initiative by Dr. Roger MK Ng



Dr. Roger MK Ng Secretary of Education of WPA

I am the newly elected Secretary for Education of WPA and am a general adult psychiatrist and CBT therapist in Hong Kong. One of my education work plans is to build up a resource corner in WPA website for patients and carers who can readily access the information pamphlets in different major languages around the Globe. This plan is part of the President's action plan of developing working partnerships with patients and carers.

As the Child and Adolescent Psychiatry Section consists of world experts in the field from around the Globe, I would like to invite you to assist in identifying interested section experts fluent in different major languages. My plan is to write to major national psychiatric associations, ask for permission to review their information pamphlets if available, and then invite your members to review their evidence, user-friendliness and cultural relevance and appropriateness. Suitable ones will then be used by the WPA website for hyperlinking to their respective association webpages.

I expect that the work will commence in late January and be completed by the end of July 2018.

Many thanks for your help and attention. I look forward to hearing from you. May I also take this opportunity to wish your section members a Happy New Year 2018.

Prior to his succession to the post of Secretary of Education of World Psychiatric Association (WPA), Dr. Ng has been an active member of the Operational Committee of Education and a member of the Section of Education for three years. He has been involved in various important projects conducted by the Operational Committee of Education, namely a worldwide survey of training provisions for psychiatric trainees and the WPA official document 'WPA Recommendations - Principles and Priorities for a Framework for Training Psychiatrists'. He has also been involved in the drafting and publication of several WPA Position Statements and Reports on mental health and environmental sustainability, mental health issues, mental health promotion and standard of care for people with intellectual disability, legislative provisions related to marriage and divorce of people with mental health problems, rights to vote and social justice for people with mental illness, mental health and well-being of psychiatrists and good psychiatric practice.



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"The Great Debate"



Prof. Bennett Leventhal (USA), WPA CAP immediate past chair

The World Congress of Psychiatry, the World Psychiatric Association's triennial meeting, took place in Berlin during the week of 9 October 2017. More than 10,000 psychiatrists from all over the world gathered at this meeting. It was quite an event, with a bit of pomp and circumstance as well as political intrigue intrinsic to large professional organizations. In addition to many interesting peer-reviewed scientific presentations, there were also interesting "invited" events, including keynote addresses and plenary talks. In the midst of all of these events was an invited debate. In addition to the formal invited debate was the uninvited debate offered by Scientologists greeting attendees at the main entrance to the Berlin Convention Center. The excitement and tension of debate added to the richness of the WPA Meeting.

Putting the Scientologists aside for now (and, perhaps, forever), what was the question of such great moment that the WPA felt it necessary to offer it in a debate format? Much to my surprise, and perhaps to yours, the debate was offered as follows:

Proposition:

The House believes that mental health promotion should start in adulthood.

The principals in this great debate were:

For the Affirmative: Professor Avdesh Sharma, the very distinguished Indian psychiatrist

For the Negative: Bennett Leventhal, a less distinguished American psychiatrist

Of course, I accepted the invitation to debate instantly. I was honored (flattered?) to be invited to participate in the prestigious event, and I accepted with all the confidence that I could not just beat but actually "destroy" my worthy competitor in this debate. However, after the initial impulse passed and narcissism no longer held sway, I reflected on the invitation. It is a bit of a mystery that I even agreed to participate in such an event. After all, was there really a question to debate? Even worse, how is it that the WPA, in its collective wisdom, could even consider that there was even a question imbedded in the proposition? Had I agreed, in my haste, to an exercise that could be construed to be an insult to child and adolescent psychiatry? But, alas, I was stuck with the proposition. What can we learn from this fool's errand?



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"The Great Debate"

(Cont. 1)

While we might feel slighted or insulted by the proposition for debate, after careful consideration, it can be rejected on at least 3 grounds:

- 1. "The house believes" is a completely inappropriate for a discussion in psychiatry
- 2. The concept of "mental health" is too ill-defined to be the focus of debate
- 3. Scientific evidence already supports the effectiveness of promotion of health, especially so-called "mental health," in childhood and adolescence

Let's take a moment to explore the reasons underlying these matters.

First of all, "believes" has no place in discussions that are important in a scientific discipline. As a scientific discipline, the science and practice of psychiatry is neither an art nor an act of faith or belief. Indeed, when well-executed, psychiatry is the artful application of scientific principles to the care of medical illness, especially, but not exclusively, those that affect, or are affected by, the brain and its function. In turn, it is important to remember that the principal products of the brain are homeostasis/adaptation, behavior, cognition and emotion. Furthermore, the brain is an integral and inseparable part of the body and its function. These facts are all a matter of science. This is not to say that faith, religion and cultural beliefs do not impact human function or that people of faith cannot be scientists. Rather, the critical point here is that what we or the House believes is not central to the debate. It is what our science teaches us that is critical, and we must rest our judgment on that.

Secondly, and quite sadly, there is a limited consensus about the definitions of what constitutes "mental health." For Freud, "mental health" was apparently the capacity "to love and to work." Others have been less succinct:

WPA/WHO:

Mental Health is the state of well-being whereby individuals recognize their abilities, are able to cope with normal stressors of life, work productively and fruitfully, and make contributions to their communities.

Merriam-Webster Dictionary:

The condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment, especially as reflected in feeling comfortable about one's self, positive feeling about others and the ability to meet the demands of daily life.

MentalHealth.gov – in the USA:

Mental health includes our emotional, psychological and social-well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others and make choices.

Wikipedia:

Mental Health is a level of psychological well-being, or an absence of mental illness. It is the psychological



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"The Great Debate"

(Cont.2)

the psychological state of someone who is functioning at a satisfactory level of emotional and behavioral adjustment...may include an individual's ability to enjoy life and create a balance between life activities and efforts to achieve psychological resilience.

These definitions, and many others, are inherently unsatisfying and seemingly incomplete. Each fails to tell us: What is a "mental?" How is a "mental" healthy or ill? And, for that matter, what is "mental hygiene?" (How does one clean a "mental?") While all of this may seem to be a bit facetious, in fact, all of the definitions of "mental health" fail miserably in that they are missing critical elements:

- A. Human Development
- B. The Environment
 - 1. Healthy air, water and food
 - 2. Culture and other contributions to the survival of the individual, the family, the community and the species
- C. The Human Body and its functions
 - 1. The Brain and its products
 - 2. The fundamental principles of homeostasis: Biological, Psychological, Social
- D. Others?

In the face of these missing elements, it is very hard to argue that "mental health promotion" should begin or end at any particular time as it is not entirely clear what is being promoted.

But, for the sake of argument – this is a debate, after all – let us assume that there is something akin to mental health that deserves to be promoted. In this case, is there evidence that childhood and adolescence is the optimal time for such promotion to take place? As practitioners in the medical/scientific discipline of Child and Adolescent Psychiatry, we offer hearty support for the proposition that it should begin in childhood and adolescence. What is the basis for our advocacy of this position?

We should begin the promotion of "mental health" as early in development as possible, because early development, including childhood and adolescence, is a period of maximal plasticity that allows for the greatest opportunity to build on biological (genetic, etc.) foundations of human function. In short, from a developmental perspective, it is crucial to begin mental health promotion at this time, because "critical periods" offer the optimal conditions for the acquisition of the substrates of health and learning. Further, it has been demonstrated that, when placed in a proper environment, youth can develop "resilience" – the capacity to maintain homeostasis in the face of stressors. And, healthy environments for resilient children and adolescents are optimal for acquiring the elements necessary for healthy development. And finally, failure to prevent problems in early development has consequences that can extend through the lifespan. So, why wait for adulthood when the opportunities and options are fewer?

In further support of early health promotion comes the idea that the many elements of good health make a difference:



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"The Great Debate"

(Cont.3)

healthy environments, healthy diets, exercise, vaccines, education, etc. Psychiatric illness appears in the same bodies as other illness, and it is clear that promotion of health and prevention of illness are critical in childhood. We know that psychiatric illness is among the most common of the disorders affecting humans. Seventy-five percent of all psychiatric illness begins before the end of adolescence. Mood and anxiety disorders are the leading cause of disability, per WHO. And, suicide is the 3rd leading cause of death in youth (also per WHO). And, there are many other common psychiatric disorders appearing in childhood (e.g., ADHD, ODD, SUD, ASD/other NDD's) that may be amenable to strategies for prevention and early intervention – presumably key elements in "mental health promotion."

Fortunately, we can also turn to the scientific literature to support the notion that we can make a difference with respect to early health promotion. Certainly, vaccination is the landmark intervention in terms of preventing many illnesses, including psychiatric disorders. The same can be said for other elements of good health - nutrition, exercise, etc. But, specific to "mental health," we can find many examples, including, Head Start (pre-school in the US), Bullying Prevention (Olweus and others), Social Learning Theory (Gerald Patterson), Fast Track and Family Connects (Neurocognitive Processing; Kenneth Dodge). The list goes on and on, making it clear that there really is no debate that we have the knowledge and skill to promote health, including "mental health," in childhood and adolescence. Effect sizes of the promotion strategies are impressive, and costs are very reasonable.

So, why did this debate take place at all? Was the WPA making a covert attempt to provide a platform to state the obvious? Or, was the "obvious" not so evident to our colleagues in adult psychiatry? While I hope it was the former, I fear it was the latter. But, this is the proposition that is the real debate:

Child and Adolescent Psychiatry knows and does what many of our colleagues in medicine (and other disciplines) neither know nor understand about human development and our capacity to shape it in health and disease.

This is the proposition that we must each place before our "house" and any other house that will allow us to share our mission and commitment to help children and families. We need to speak clearly and be prepared to "debate," even when the proposed questions before the house seem silly.

As Pasteur said, "...chance favors the prepared mind." So, prepare yourself, because you will have the opportunity to debate these issues. Seize the opportunity, so we can make it clear that there really is no debate about the capacity of Child and Adolescent Psychiatry to change the lives of children and families everywhere.



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The First Research Course for Early Career Mental **Health Specialists and Students**

Daniil Butenko (Ukraine), Oleh Tokarchuk (Ukraine), Camilla Nystrand (Sweden), Alexandra Troian (Ukraine), Eteri Machavariani (Georgia), Ashmita Chaulagain (Norway)

The First Research Course for Early Career Mental Health Specialists and Students aimed to provide a high-quality, intensive training on relevant elements of research. The course was designed to provide tutorials and to be a platform for continuous training and collaborative investigations. The event was organized by the UNA Partnership, which is a collaborative initiative between the Norwegian University of Science and Technology; Donetsk National Medical University; the Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse of Ministry of Health of Ukraine; Ukrainian Catholic University; Yerevan State Medical University in Armenia; the Child and Adolescent Psychiatry Section of the World Psychiatric Association; and the World Health Organization, Division of Non-communicable Diseases and Promoting Health through the Life-course in Europe. The course was held on December 1-2, 2017 at the Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse of Ministry of Health of Ukraine, Kyiv, Ukraine. During the meeting, twenty-eight young specialists in mental health from different parts of Ukraine, Georgia, Armenia, Sweden and Norway acquired knowledge and skills needed to conduct scientific research. They had an opportunity to discuss topics within the field of mental health and to find potential collaborations for future scientific work.

Participants:

As listed below, the course was provided by eight professors: four from Norway, one from Germany, one from Croatia, one from Ukraine, and one from the USA.

Course directors:

Prof. Irina Pinchuk, Ukrainian Research Institute of Social and Forensic Psychiatry and Drug Abuse of Ministry of health of Ukraine.

Prof. Norbert Skokauskas, Institute of Mental Health, Norwegian University of Science and Technology (NTNU), Norway

Faculty members:

Prof. Bennett Leventhal, Professor of Psychiatry, UCSF Medical Centre, USA.

Prof. Arnstein Mykletun, Senior researcher, Norwegian Institute of Public Health, Division of Mental Health, Norway.

Prof. Johannes Hebebrand, Editor-in-Chief, Journal of European Child and Adolescent Psychiatry, University of Duisburg-Essen, Germany.

Prof. Stian Lydersen, Professor of Medical Statistics, Institute of Mental Health, NTNU, Norway.

Dr. Bernhard Weidle, Associate Professor and Senior Physician, Institute of Mental Health, NTNU and St. Olav's Hospital, Norway.

Dr. Vlatka Boričević-Maršanić, Associated Professor and Director, Psychiatric Hospital for Children and Adolescents, Croatia.



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The First Research Course for Early Career Mental Health Specialists and Students cont.1

Invitee:

Prof. Semyon Fishelevich Gluzman, President, Ukrainian Psychiatric Association.

Course participants:

Young psychiatrists, psychologists and allied mental health professionals, who fulfilled course requirements, could apply for this event by filling an application form. Priority was given to young applicants who had not attended similar courses and who were interested in pursuing a doctoral degree in the future. In total, the course was attended by twenty-eight participants: three from Georgia, two from Armenia, one from Sweden, one from Norway, and twenty-one from Ukraine.





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The First Research Course for Early Career Mental Health Specialists and Students cont.2

Course objectives:

The objective of the course was to provide high-quality, intensive guidance on relevant elements of scientific research. On the first day, the following topics were covered:

- designing a research project;
- starting research projects in busy clinical settings;
- applying research methods including the most important principles of statistics;
- writing scientific papers;
- presenting scientific work.

On the second day, participants presented intermediate results of their ongoing scientific work, plans for future research, or their clinical activities that will lead to research projects. Faculty members provided feedback and advice to the participants.

The training course outcome synopsis:

The course organizers succeeded in unifying mental health specialists from different areas under the auspices of The First Research Course for Early Career Mental Health Specialists and Students. The first day of the course started with a welcome speech by Prof. Irina Pinchuk and Prof. Semyon Fishelevich Gluzman. This speech was followed by Professor Bennett Leventhal's presentation, "How to Turn an Idea into a Research Project." Multiple presentations followed, ending with Prof. Vlatka Boričević—Maršanić's closing presentation on the practicalities of implementing research in clinical settings. Trainees actively engaged in the course, asked thoughtful questions, and initiated discussion during the presentations and the coffee breaks. A deliberation about evidence-based psychotherapy, specifically, the issue of objectification of psychoanalysis, rallied members from different countries. It is worth mentioning that one the most interactive sessions was "How to conduct an epidemiological study?" by Prof. Arnstein Mykletun, who involved the listeners by asking puzzling questions about epidemiological research methods.

During the second day of the course, participants presented on current or future research activities or their recent clinical activity. Twenty-four reports were presented to faculty members who provided helpful feedback and recommendations on research optimization. The session was moderated by Prof. Norbert Skokauskas.

The course program included not only an academic component but a cultural component as well. During lunch break on day two, members visited the adjacent St. Cyril's Monastery - a medieval monastery founded in the 12th century. Visitors were amazed by its architecture and icons, made by a famous symbolist painter, Mikhail Vrubel.

At the end of the second day, participants shared their impressions about the course and then attended the certificate distribution program.

In conclusion, during the two days of intensive training, twenty-eight participants and eight faculty members had a fruitful time searching for new research ideas, improving scientific investigation skills, and discussing cooperation and networking within the UNA Partnership.



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Adverse Childhood Experiences (ACEs) Southeastern Summit 2017: The Art of Healing ACEs

Dr. Arisa Yamaguchi (Japan)

The ACEs Southeastern Summit 2017 was held on October 19th-21st in Asheville, NC, with a sight of beautiful autumn leaves.

More than 300 professionals attended the summit with enthusiasm. Attendees were rich in diversity, comprising medical doctors (child and adolescent psychiatrists, pediatricians and family physicians), nurses, psychologists, social workers, judges, epidemiologists, school teachers, and many others.

The summit started with the film screening of "Resilience: The Biology of Stress and the Science of Hope" on day 1. The main portion of the summit was held from 20th to 21st, with numerous academic research presentations, panel discussions among practitioners, workshops, and floor discussions.

The keynote speech by Dr. Vincent Felitti, the principal investigator of the original ACE Study, was delivered on day 2. He gave the story on how he came to realize the impact of ACEs and how we could apply ACE research findings to benefit schools, clinical practice, and possibly policy-making. The ACE Study had its origins in an obesity-reduction program. Mysteriously, there were many patients who were able to achieve some weight reduction, yet dropped out in the obesity clinic. While exploring contributory factors behind this high drop-out rate, Dr. Felitti realized that the majority of those patients had traumatic experiences in earlier life (for example, sexual abuse). For those patients, Dr. Felitti hypothesized that being obese via overeating was one way to cope with their trauma. He emphasized: "Ask your patients, 'What had happened to you?' instead of 'What is wrong with you?'



Dr. Vincent J. Felitti is one of the world's foremost experts on childhood trauma

Child adversities have negative subsequent impacts on mental and all other aspects of health through these three mechanisms: unfavorable coping, including overeating; central nervous system stress; and epigenetics, the interaction of genes and environmental factors. We have just begun to realize how to look deeper into patients' compensatory coping "by listening to their stories." However, the two other mechanisms are yet to be studied sufficiently.



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Adverse Childhood Experiences (ACEs) Southeastern Summit 2017: The Art of Healing ACEs (cont. 1)

However, ACEs are not always detrimental; only in the absence of buffering protection from nurturing and supportive relationship from adults, they can lead to lifelong disadvantage.

The summit consisted of many appearing small sessions organized by local agencies. There, they provided attendees with practical skills of addressing ACEs and improving individual's resilience. For instance, in a healthcare-community partnership program in Colorado, primary care practitioners assess ACEs by interviewing almost all the patients in the center and refer them to appropriate local services if ACEs score are above cut-off. Parenting programs such as Circle of Security are introduced with many case presentations and workshops.

According to Japanese presenter, Dr. Matsuura, the percentage of normative high school students who have more than one ACE is only 13%. Indeed, the rate of serious violence such as juvenile homicides is significantly low in Japan, and substance abuse is relatively uncommon compared to Western nations. As a child psychiatrist working in Japan, however, I feel that children and families here are still facing anxiety, loneliness and the sense of powerlessness, in spite of the low rate of crimes or physical violence. What is, then, "safety" for children, I ask to myself. I would like to clarify what can be the toxic stress for children without obvious violence and social determinants of mental health in more universal settings.

Healing and preventing ACEs cannot be accomplished by a single approach. The experience in the summit taught me that sharing experiences across multiple backgrounds is a key factor to enhance the social capital to buffer ACEs.



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Rosalynn Carter Fellowships for Mental Health Journalism, Qatar

Sultana Afdhal (Qatar), Chief Executive Officer, World Innovation Summit for Health (WISH)

The inception of the Rosalynn Carter Fellowships for Mental Health Journalism Qatar intersected with the Ministry of Public Health's renewed commitment to redraft the Qatar National Mental Health Strategy. The first part of this revision was the launch of the National Autism Plan in April, which is Autism Awareness Month.

The Qatar-based Rosalynn Carter Fellows' articles and media campaigns have focused on mental health patients' personal stories, indicators of mental health conditions, and ways to find help in Qatar. The hotline, launched by one Fellow in collaboration with Weyak, a local mental health association, has experienced an appreciable rise in calls from women seeking advice.

The multilevel engagement by the media and medical institutes, both globally and locally, indicates commitment by both agencies to elevate mental health discourse under the right conditions. Most recently, this initiative has produced numerous positive and informative articles relating to public awareness of autism. It is therefore imperative that other mental health related conditions enjoy the same level of positive exposure and public understanding. Within this context, the reputation of the Carter Center has helped to optimize journalists' access to healthcare professionals and their patients.

In many areas, the program has surpassed its initial goals. The work produced by the four selected fellows has local and global relevance and has raised the bar on journalistic content and knowledge of mental health illness in Qatar. The interface between the fellows and medical establishments is more candid and trusting than it had been previously, and healthcare professionals are often advisors for journalistic content.





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Rosalynn Carter Fellowships for Mental Health Journalism, Qatar (cont.1)

The fellowship has, however, exposed gaps, especially in the country's transient nature of employment. Four journalists embarked on the fellowship, yet only two are likely to remain in Qatar for the foreseeable future.

Qataris are the drivers of Qatar National Vision 2030, which underlines the imperative to develop a knowledge-based society. However, the small and extremely valuable pool of seasoned Qatari journalists face a significant challenge in single-handedly meeting this large goal. Consequently, local writers, especially those versed in Arabic, who openly discuss mental health problems, who utilize social media platforms, or work in mental health, would provide a greater opportunity for continued success and sustainability of the program.

The Case for a Mental Health Journalism Program in Qatar

The Ministry of Public Health's Mental Health Strategy for Qatar, "Changing Minds, Changing Lives 2013-2018,' marked an important milestone in healthcare delivery in Qatar. Aimed at providing mental healthcare services while helping to change attitudes to mental illness, the strategy was the first of its kind in Qatar.

The paper was seminal. It provided a paradigm for treatment of mental illness, and acknowledged the need for dialogue and education to combat the discrimination suffered by families and individuals with mental health issues.

To promote mental health and wellbeing, integrated health services require the collaborative efforts of multiple service providers. However, these service providers have mostly come from the healthcare sector. A workshop hosted in 2015 by World Innovation Summit for Health (WISH) and The Carter Center brought together local journalists and healthcare professionals to discuss mental health reporting in Qatar. The meeting emphasized the clear divisions that exist between the press and medical professionals. Because of the often discriminatory and negative language used by the media to describe mental health, the medical establishment has developed a mistrustful relationship with the media and rarely provides media reporters with information. The findings of the workshop were further reinforced by the March 2016 WHO report on autism, which highlighted a distinct lack of media awareness or training for journalists to understand the nuanced and judicious narrative needed to portray a balanced picture of mental health in Qatar. With the disconnect between the press and healthcare services:

- The public continues to perpetuate a misinformed and biased view on mental health-related conditions
- Sufferers of mental health illness feel isolated and misunderstood, lack adequate information, and are often oblivious to public healthcare services available to help them.

The case can therefore be made that, to continue to advance the well-being of individuals with mental health issues and to change public perception requires mechanisms to change societal attitudes. As a vehicle for shaping opinion and disseminating information, the media is a powerful tool.

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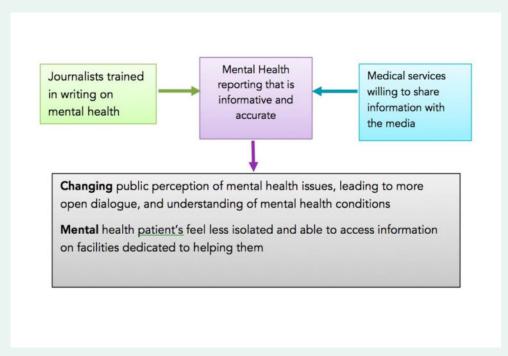


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Rosalynn Carter Fellowships for Mental Health Journalism, Qatar (cont.2)

The model below illustrates how the media could affect the discourse on mental health:

Shifting Public Perception of Mental Health through Journalism



The Rosalynn Carter Fellowships for Mental Health Journalism

Understanding that journalism is an important tool for shaping public opinion was an important step; the next was to find an established program able to teach journalists to report on mental health.

Mental Health policy is a core research area for WISH. In parallel, the Rosalynn Carter Fellowships for Mental Health Journalism (RCJF) is a key program in Former U.S. President Jimmy Carter's nongovernmental organization, The Carter Center. Former US President Carter and his wife Rosalynn Carter introduced the unique model of the journalism program to WISH during their meeting in 2015. Aspects of this program include:

- A 1-year fellowship to undertake a journalistic project focused on mental health
- 2 training trips to the Carter Centre

Exposure to a cadre of experts, including seasoned journalists, advisory board members and wellestablished experts in the field of mental health

Fellows from 7 countries: Qatar, UAE, New Zealand, Romania, Colombia, South Africa, USA



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Rosalynn Carter Fellowships for Mental Health Journalism, Qatar (cont.2)

It is a program of renown that has, in its 20 years, awarded fellowships to more than 160 journalists, and is a program that continues to deliver.

Impact on Journalists after RCFJ

- 97% recommended the fellowship to colleagues
- 80% became a trusted resource on mental health issues in the newsroom
- 60% continued reporting on mental health beyond fellowship
- 60% reported that the fellowship stimulated changes to their newsroom

In 2016, WISH subsequently partnered with The Carter Center to develop and implement the Rosalynn Carter Fellowships for Mental Health Journalism (RCJF) in Qatar.

The partnership represents WISH's commitment to establishing a sustainable program that supports Qatar's National Mental Health Strategy. The cornerstone of RCJF is to allow journalists from Qatar to participate in the established program at The Carter Center, and to subsequently build additional activities that further support the mission and goals of the program for the purposes of:

- Raising the visibility of mental health issues within the country
- Reaching a broader pool of journalists beyond those awarded

Future Direction: To Impact Qatar's National Mental Health Strategy and Capacity Building by

- Building a pool of informed, trained Qatari or long-time resident journalists
- Promoting multi-lingual media expertise that is culturally sensitive
- Supporting a journalistic training program that can become self-sustaining and that can change public opinion
- Incorporating social media platforms including journalistic content on mental health reporting



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Mental Health in Conflict and War

Global Mental Health Day in Oslo, Norway





Ekaterina Bogatyreva (Australia), Ingeborg K. Haavardsson (Norway)

Suraj Thapa (Norway), Norbert Skokauskas (Norway), Andrea Sylvia Winkler (Norway)

Mental disorders such as depression, anxiety and post-traumatic stress disorder (PTSD) pose an enormous global disease burden. There is increasing research showing that conflict-affected people are a lot more likely to be affected by mental health issues. In order to shine light on this very important topic, the Centre for Global Health (CGH) and the Adult Psychiatry Unit at UiO and the Regional Centre for Child and Youth Mental Health and Child Welfare at NTNU co-organised an event inviting leading practitioners and academics in the field to share their experience and research.

Data from the 2015 Global Burden of Disease (GBD) study found that, when adjusted for age, depressive disorders were the fourth leading cause of disability in 2005 and the third leading cause of disability in 2015 (1). The 2015 GBD study reported a positive association between conflict and depression and anxiety. While almost everyone who had lived through conflict situations suffer some form of psychological distress, accumulated evidence shows that 15-20% of crisis-affected populations develop mild-to moderate mental disorders, and 3-4% develop severe mental disorders, such as psychosis or debilitating depression and anxiety (2). If detected too late or left untreated, mental disorders can increase in severity, result in worse treatment outcomes later, and have a huge impact on both individuals and societies (3).

The seminar highlighted several issues, including: the lack of global funding allocated to mental health, despite the fact that it is one of the top global burdens of disease; a slow and often complete lack of response to diagnose vulnerable populations for symptoms of mental health; further endangerment of people's lives by creating conditions that would exacerbate stress and mental instability for refugees from conflict-affected countries; and the lack of important research and data that would support scaling up successful mental health interventions.

References available on request



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National Child and Adolescent Psychiatry Symposium, Faisalabad, Pakistan

Aniga Shafi, Maryam Khokar, Samreen Afzal, Imtiaz Ahmad Dogar, Muhammad Wagar Azeem

With a population of around 210 million people, Pakistan is the 5th most populous country in the world. Almost half of the population is under the age of 18 years. There are very limited resources for child and adolescent psychiatry (CAP) education in the country. Considering this shortage, the Department of Psychiatry and Behavioral Sciences at Faisalabad Medical University and the Pakistan Psychiatric Society organized a National Symposium on Child and Adolescent Psychiatry in Faisalabad, Pakistan on Oct 21st, 2017.

The distinguished national and international speakers who presented in this event were: Professor Imtiaz Ahmad Dogar (Chief Organizer and Head of Department of Psychiatry and Behavioral Sciences, Faisalabad Medical University), Dr. Sheheryar Jovindah (Consultant Child Psychiatrist, Shaukat Khanum Memorial Cancer Hospital and Research Center, Lahore), Dr. Nazish Imran (Associate Professor and Head of Department, Child and Family Department, King Edward Medical University, Lahore), Dr. Ayesha Minhas (Assistant Professor and Head of Child Psychiatry Department, Institute of Psychiatry, Rawalpindi) Dr. Nighat Haider (Department of Psychiatry and Behavioral Sciences, Faisalabad Medical University), Col. Dr. Nadeem Ahmed (Head of Department of Psychiatry, CMH Sialkot), Ms. Samreen Afzal (Department of Psychiatry and Behavioral Sciences, Faisalabad Medical University), Professor Hina Ayesha Head of Medical University), Professor. Muhammad Waqar Azeem Department of Pediatrics, Faisalabad (Chairman, Department of Psychiatry, Sidra Medicine / Weill Cornell Medical College, Cornell University) and Professor Fareed Minhas (Dean of Psychiatry, College of Physicians and Surgeons Pakistan; Co-Chairman, Board of Advanced Studies and Research, Rawalpindi Medical University).





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National Child and Adolescent Psychiatry Symposium, Faisalabad, Pakistan

(Cont.1)

Chief Guest was Vice Chancellor of Faisalabad Medical University, Professor Al Fareed Zafar, who emphasized the importance of child psychiatry in medical students' education and training and who thanked all speakers and participants.

The audience was diverse and included child and general psychiatrists, pediatricians, family physicians, psychologists, social workers, nurses, teachers, families, trainees and medical students. This symposium was immensely important, as in Pakistan there is only a handful of child and adolescent psychiatrists, and children with mental health needs quite often are seen by general psychiatrists, pediatricians, family physicians and other allied health professionals. The total number of symposium participants was about 500.

The course was aimed at educating the audience about the common child and adolescent psychiatric disorders. The various topics covered included: Introduction to Child and Adolescent Psychiatry, Depression in Children & Adolescents, Autism Spectrum Disorder, Pediatric Anxiety Disorders, Behavioral Therapies for Child Psychiatric Issues, Phobias in Childhood, Role of Music Therapy in Childhood Psychiatric Disorders, and ADHD in Children and Adolescents.

The symposium was very well-received by the participants and the community. Local and national media played an important role in emphasizing the importance of the symposium in enhancing the knowledge and skill base of the providers and raising the public's awareness of child psychiatric issues.



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14th International Training Research Seminar in Child & Adolescent Psychiatry A Research Training Course for Junior Investigators 15-20 April, 2018 Italy

The Foundation Child is pleased to announce the 14th Training Course in Child and Adolescent Psychiatry for young researchers in child and adolescent psychiatry.

The aim of the course is to provide a high-quality intensive training experience that will offer foster skills in the relevant elements of clinical science (diagnosis, treatment, and prevention of the most important childhood psychiatric disorders) and research (designing a research project, research methods, basic principles of statistics, writing and presenting scientific work).

The six-day seminar will include lectures and interactive sessions conducted by an international panel of highly qualified faculty with recognized expertise in their respective fields. The course will also include time for networking and other valuable educational activities that will enhance the education of junior investigators. Application deadline: applications must be submitted by no later than 8 January, 2018 For more info: trainingseminar@fondazionechild.it





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World Child & Adolescent Psychiatry

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