World Child & Adolescent Psychiatry

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

World Psychiatric Assocation,
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Editorial Column

Dear Colleagues,

Welcome to the final 2016 issue of “World Child and Adolescent Psychiatry,” an official journal of the World Psychiatric Association, Child and Adolescent Psychiatry Section (WPA CAP). This issue, reflects the section’s increased activity and productivity. In fact, many WPA leaders tell WPA CAP officers that our section is one of the most active sections in the WPA. It is possible that, being good psychiatrists and good politicians, they say encouraging words to many WPA members, but it is pretty evident that WPA CAP, under the current leadership and with kind support from Prof. Dinesh Bhugra (WPA President) and Prof. Helen Herrman (WPA President-Elect) is making a real difference in global child and adolescent mental health and psychiatry. It is worth acknowledging that both the President and President-Elect have child and youth mental health as an important element of their Presidential initiatives.

In this issue you will find articles written by our colleagues from North America, Europe, Asia, the Middle East, Africa and Australia. “World CAP” reaches child and adolescent psychiatrists and mental health providers in all countries and gives a voice to our colleagues from all around the world.

This issue features a short interview with Prof. Mario Maj, WPA Past President and "World Psychiatry" editor. We have asked, among other things, a question that many of you have wanted to ask and to which some of you might have thought you knew the answer: how "World Psychiatry", a relatively new journal, has gained the highest impact factor and become the top-ranked psychiatry journal in a relatively short time. I encourage you also to read Prof. Bennett Leventhal’s editorial “It Is Simple” (actually, not quite). I also hope that reports from all around the world will give you a chance to learn something more and even inspire some of you to engage in new projects and activities in the upcoming year.

2016 was another busy year for WPA CAP, and I wish to thank all the members who have contributed to the section’s activities, including the “World Child and Adolescent Psychiatry” editorial board: Prof. B. Leventhal (WPACAP Chair), Prof. A. Guerrero (Assistant Editor, Hawai'i, USA), Dr. T. Hirota (Assistant Editor, USA/Japan), Dr. G. Milavić (Co Chair WPA, CAP, UK), Dr. J. Abdulmalik (Nigeria), A. Prof D. Fung (Singapore), Dr. M. B. Moyano (Argentina), Prof. D. Anagnostopoulos (Past Chair, WPACAP, Greece), 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. P. Joshi (USA), Prof. A. Sourander (Finland),Prof. E. Belfort (Venezuela).

Best wishes for a Happy and Festive Season and Prosperous 2017!

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

Chair's Column:

"It's Simple!"

At Oxford University in 1933, Albert Einstein delivered the Herbert Spencer Lecture, entitled, "On the Method of Theoretical Physics." He reportedly said: "It can scarcely be denied that the supreme goal of all theory is to make the irreducible basic elements as simple and as few as possible without having to surrender the adequate representation of a single datum of experience." I find these ideas inspiring but, once again, I may have left you wondering and bemused. After all, what in the world does theoretical physics have to do with Child and Adolescent Psychiatry?

Perhaps there is little relationship between Child and Adolescent Psychiatry and theoretical physics but, it is highly likely that the intellectual principles underlying physics may be equally applicable to both, albeit disparate fields. Child and Adolescent Psychiatry is much younger than physics (Einstein's Theory of Special Relativity was published in 1905). However, it is humbling to know that atoms and their interactions were posited by the Roman philosopher Lucretius in his poem "De rerum natura," some 2000 years before Einstein. (Lucretius may have been one of the earliest psychologists, as well). And, while the Greeks, Romans, Egyptians, Chinese, Indians, and many others may have mused about child development for millennia, scholarly approaches to child development and its variations, including developmental psychopathology, are relatively new scientific/clinical disciplines. With this background in mind, we can ask many other questions, but for now let us consider: 1) Why should we care about the history of our field or any other? and 2) What are the principles that underlie Child and Adolescent Psychiatry, and how will these principles guide us?

To the first question, I am reminded of my mentor, the distinguished 20th Century psychiatrist, Daniel X. Freedman, who often said, "If you don't know where you have been, you won't know where you are going." This was his way of telling students and colleagues that it was highly unlikely that we had a truly original idea. Dr. Freedman insisted that we are always well-served by studying the efforts of our predecessors so that we can use what they learned to help our own work. Equally importantly, through such study we will learn to avoid repeating their mistakes. Child and Adolescent Psychiatry certainly has a long history of honoring our forebears. But, have we learned what Freedman wanted us to learn? I fear not. As I visit clinical and training programs around the world, my observations raise considerable concern. When asked, trainees and faculty raise interesting questions but have limited background or data. Many do not know the names of critical contributors to our field. Will you be shocked if they have not heard of Rutter, Rappoport or Taylor? And, how disturbing is it that they are not aware of the Isle of Wight, TADS, or MTA? These historical figures and landmark studies are as critically important in our specialty as are Freud (S and A), Mahler, Bowlby, Winnicott, and others more memorable.

In this situation, not only will our junior and senior colleagues not be adequately informed, but they cannot protect themselves and their patients from mistakes already made. If we ignore our history as well as our scientific literature, on what principles do we stand?

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Prof. Bennett L. Leventhal
Chair's Column (cont.1):

This all leads me back to Einstein, physics, and our second question about our principles. Einstein suggested that he had a new approach to physics by offering the theory of relativity as a new construct of "principle-theories." That is, the elements of his theory were not just built on hypotheses but, even more importantly, on the basis of empirical discovery. That is, observed data lead to understanding the general characteristics of phenomena, and then mathematical models are used to accurately describe the overall natural process. Einstein also insisted that a critical next step was to follow: independent observation of events was necessary to match and verify the conclusions – replication, in contemporary parlance. Is Child and Adolescent Psychiatry so different? Do we need different standards? I think not.

The first and most crucial element of Einstein's theory of general relativity is that the laws of physics are the same for all observers (in uniform motion relative to one another). Since, for the moment, Child and Adolescent Psychiatry does not have to worry about space travel, perhaps we can use this model to create our own theory of relativity. To this end, I suggest that we paraphrase Einstein: The laws of Child and Adolescent Psychiatry with respect to practice, training, and research are the same for all observers on the Earth. If we accept the CAP Theory of General Relativity, once and for all, we must agree on the basic principles of our work. This means a uniform, preferably international, agreement on standards of practice, essentials in training, and quality of research. This does not mean that we disregard our past or are not sensitive to cultural and other imperatives. But, it does mean that we must be committed to adhere to consistent, scientifically-based standards.

Why do we need a CAP Theory of General Relativity? There are many reasons, but four strike me as crucial:

1. It will *unite* us.

Once and for all, it will allow us to describe for ourselves what is a Child and Adolescent Psychiatrist, what are our skills, and what are our roles in the care of children. Presumably, a sense of a common purpose can follow from this.

2. It will *define* us

With a clearly defined knowledge base and standards of practice, we will be able to give a clear message to other medical and non-medical professionals so that they will know who we are, what our role is, and how we can contribute in the overall system of care.

3. It will be our *declaration*

To policymakers and funders, we can now make a unified case for Child and Adolescent Psychiatry practice, training, and research. There will be no further vague allusions to "doctors who play with children" with "mental health problems": rather, in each and every community and country around the world, they will know that we are trained medical professionals who care for patients with high prevalence, high impact disorders. And, we are knowledgeable and capable of providing evidence-based care.

4. It will allow for easier *acceptance* by our patients, their families, and their communities.

Acceptance of psychiatric illness and the professionals treating these illnesses is not only essential for excellence in care, but it is also the only solution for the inordinate and ongoing problems of stigma and bias.

Frankly, despite my long and perhaps tedious explanation of the Theory of Relativity, I must admit that I do not really care if we have a CAP Theory of General Relativity. However, I do firmly believe that we

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Prof. Bennett L. Leventhal
Chair's Column (cont.2):

must have a clearly specified and universally accepted definition of who we are and what we do. And, as was the case for Einstein, this must be same for ALL observers.

Without a CAP Theory of General Relativity, or whatever we call it, we will continue to look foolish and ineffective. Let us resolve to do the following:

1. Create a universal definition of Child and Adolescent Psychiatry
   a. Define the basic and clinic science of our discipline
   b. Define the range of Child and Adolescent Psychiatry practice
   c. Establish the measurable standards of practice
   d. Commit to adhere to the standards of practice

2. Create standard, basic training requirements for all who practice Child and Adolescent Psychiatry, all over the world
   a. Establish a standard curriculum
   b. Establish requisite training experiences
   c Create standard assessments to measure training outcomes

3. Facilitate service, training and career development throughout the world
   a. Develop universal materials that can be readily adapted and used with policy makers in every country
   b. Using online and other creative resources, provide curricular and other support to developing training programs
   c. Help create international standards and agreements focused on mental health and mental services for children and adolescents all over the world

4. Create a public image for Child and Adolescent Psychiatry
   a. Develop a plan to define the field for families and policy makers
   b. Provide an accurate and compelling picture of who we are and what we do
   c. Directly address stigma and bias

These tasks all seem relatively obvious and straightforward. So, why have they not been done? Perhaps they all seem so complex. If that is the case, our next job is clear. And, for this, I once again return to our colleague, Einstein. He recognized the rather tortuous explanation for the goal of theory in physics and how it might be seen by others. Abiding by his own aphorism, he apparently refined this goal to the seemingly more prosaic:

"...everything should be as simple as possible, but not simpler..."

The time has come for us to make our work much more simple. With a modicum of cooperation and a modest bit of effort, we can define, create, and share. Each of you can do so individually, and we should also be able to do so collectively. Our future and that of our patients depend on it.

It's simple.

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BILL OF RIGHTS FOR CHILDREN AND YOUNG PEOPLE WITH MENTAL ILLNESS

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The World Psychiatric Association (WPA), a global organization representing nearly 250,000 psychiatrists, urges ALL Governments to ensure that children, adolescents and young adults with mental illness and/or mental disability are not the victims of discrimination or abuse due to their mental health status; they should be consistently treated as full citizens enjoying all rights and privileges on an equal basis with other citizens.

The WPA supports the efforts of the international community as expressed through various international human rights covenants and conventions and, particularly, the United Nations Convention on the Rights of the Child, (CRC, CROC, or UNCRC), UN Office of the High Commission for Human Rights.

The UNCRC applies to all children and young people under age 18. The civil, political, economic, social, health and cultural rights of children are addressed by the Convention which has been ratified by 196 countries; national legislative bodies have made the UNCRC principles part of the law in more than half of these countries.

The WPA reiterates that children and other young persons with mental illness/mental disability should have the same rights and privileges as well as access to services as those with physical illness.

Similarly, children and other youth should have the capacity to hold rights and exercise their rights accordingly. These rights should include but not be limited to:

1. Right to wellbeing, health and safety.
2. Right to access to primary and secondary prevention networks and services.
3. Right to timely, accessible and affordable mental and other healthcare are at home, in school, in care or in custody, irrespective of financial or other circumstances.

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(Bill of rights for youth, cont. 1)

4. Right to receive basic needs for food, housing, clothing and other necessities.
5. Right to fullest protection of the law.
6. Right to special protections for entitlements and justice necessary to address the unique circumstances of children and youth.
7. Right to be protected and free from all forms of abuse and cruel, inhuman, degrading treatment and punishment and for evolving capacities for decision making.
8. Right to be protected from exploitation as labourers, sex workers and soldiers.
9. Right to live and participate fully in the cultural and social life of the community.
10. Right to training, education and extracurricular activities including play and exercise.
11. Right to the fullest possible and appropriate inclusion in school and other activities and services in the community.
12. Right to be provided with adequate support to exercise their rights.
13. Right to determine their future and make their own life choices.
14. Right to appropriate transitional arrangements to adult services.
15. Right to confidentiality and privacy in treatment according to local regulations.

The WPA is committed to educating policy makers and the general public to reduce stigma and foster changing attitudes in society and among those working with children and young people.

The WPA is prepared to join with professional organizations, NGO's, governments, and others to raise awareness of the special needs and provide services for children and youth with mental health needs in the community.

This Bill of Rights was developed by

Dinesh Bhugra (UK)
Gordana Milavić (UK)
Bennett Leventhal (USA)
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The impact factor of "World Psychiatry" has increased to 20.205

A quick interview with Professor Mario Maj WPA Past President and "World Psychiatry" editor

Q1. In 2002, how did you come up with the idea to establish the new journal, and what challenges did you face at that time?

The main driving factor was the observation that the access of the average psychiatrist to international psychiatric journals was becoming more and more difficult.
This was not only due to financial reasons (the vast majority of psychiatrists worldwide cannot afford a personal subscription to even one international psychiatric journal; many academic centers are reducing the number of journals to which they subscribe; the access to articles online is often difficult and costly), but also to the objective difficulty in understanding the language, the concepts and the technical details, and the lack of motivation in perusing articles which do not have an obvious clinical relevance.

In other words, I noticed that the traditional gap between the small circle of researchers and the multitude of psychiatric practitioners was becoming wider and wider.

My other observation was that the representation of psychiatrists from non-Western countries among the authors of papers published in international psychiatric journals was extremely low.
My intention was to establish a truly international psychiatric journal, which could be accessed easily and free of charge by psychiatrists of all countries of the world; which contained exclusively articles relevant to psychiatrists' professional growth and everyday clinical practice; and which used a language that could be assimilated by most of them.

My second aim was to give voice to psychiatrists from all regions of the world, by encouraging submission of research papers, commentaries on topics of interest to psychiatrists worldwide, and reports on mental health policy issues or innovative service modalities.
I also tried from the very beginning to ensure the publication of editions of the journal in several different languages, in order to reach psychiatrists who are not able to read English.

The challenges were obviously many.

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(Interview with Prof. Maj, Cont. 1)

First of all we had to find an appropriate publisher, which had a very good reputation and at the same time accepted to produce a journal that was free access. Second, we had to find the appropriate financial resources. Third, when you start a new journal, you have difficulties to attract contributions by prominent researchers, because they obviously prefer to submit their best papers to journals with a high impact factor. Gradually, and going through several difficult periods, we were able to overcome these problems.

Q2. We are sure you have been asked many times before: how has "World Psychiatry's" IF has risen so quickly and so high?

The impact factor of "World Psychiatry" has increased gradually and regularly, from the initial value of 3.896 in the year 2010 to the current value of 20.205.

This mainly depends on the quality and clinical relevance of the articles we select, and by the willingness of the most prominent scientists in psychiatry and allied disciplines to support our effort. Virtually all leaders in our profession have contributed to the journal, and this obviously makes a difference in terms of citation rates.

But the increase of the impact factor is not our main objective. Our most prominent aim is to reach an increasing number of psychiatrists worldwide, disseminating information on recent significant clinical, service and research developments, and contributing to improve the quality of psychiatric practice in as many countries of the world as possible.

Interview was conducted by Prof. Norbert Skokauskas and Prof. A. Guerrero

About "World Psychiatry"

2015 Impact Factor: 20.205

Now the Number 1 ranked journal in Psychiatry

World Psychiatry, the official journal of the World Psychiatric Association, is the most widespread psychiatric journal worldwide, reaching more than 33,000 psychiatrists

http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2051-5545

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EURASIA CHILD MENTAL HEALTH STUDY GROUP (EACMHS)

Dr. Roshan Chudal (Finland)

On September 1-5, 2016, the Research Centre for Child Psychiatry, University of Turku, Finland, hosted the inaugural workshop of the Eurasia Child Mental Health Study group (EACMHS). Established under the leadership of University of Turku Professor Andre Sourander, the EACMHS grew from a network of European and Asian child and adolescent mental health researchers and clinicians involved in one of the largest cross-cultural, multi-site research projects on wellbeing and mental health among approximately 30,000 adolescents from more than 15 European and Asian countries.

The project is investigating, among schoolchildren aged 13-16 years, the prevalence of mental health problems and bullying and its associations with psychosocial, psychiatric and psychosomatic health problems. In addition, it is examining the associations between well-being, mental health, and help-seeking with risk behaviors. The EACMHS is growing in size and scope, and has also recently completed a survey on child and adolescent psychiatric workforce, training, clinical practice, and priority research areas in each country represented in the group.

The workshop lasted five days and consisted of several lectures, round table discussions, and visits to clinical services. It brought together researchers from eleven countries.

In his opening keynote, Prof. Norbert Skokauskas provided an overview of current unmet needs in global child and adolescent mental health. To address these challenges, he called for an integrated approach with a clear vision for change, political support and funding to implement the vision, and a trained healthcare workforce to implement the change in clinical practice. Subsequently, this writer discussed the importance of addressing, among the participating countries, differences in priorities and perceived need for research as well as lack of organized short and long term training and supervision.

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(Eurasia child mental health study group, cont.1)

In the context of these challenges, the EACMHS has a major opportunity to provide training and support and to facilitate knowledge exchange among group members. Subsequently, Dr. Samir Kumar Praharaj (India), Prof. Liping Li (China), Dr. Tjhin Wiguna (Indonesia), Prof. Helena Slobodskaya (Russia), A. Prof. Sigita Lesinskienė (Lithuania) presented on mental health challenges in different countries. In addition, Dr. Yifeng Wei presented on mental health illiteracy in Canada, A. Prof. Ong Say How presented on cyberbullying in Singapore, and Dr. Kirsi Peltonen presented on the mental health of refugee children in Finland.

On the second day, Lauri Sillanmäki discussed preliminary survey results, Junko Maezono and A. Prof Hitoshi Kaneko discussed comparative findings on body image among schoolchildren in Finland and Japan, and Dr. Shoko Hamada discussed ijime, or bullying, in Japanese schools. Later in the day, Prof. Sourander and Prof. Jorma Piha gave the visitors a tour of the child mental health services in Turku.

The third day focused on the themes of mental health promotion and prevention. Prof. Kristian Wahlbeck discussed its importance in Finland and Europe. A. Prof. Gerasimos Kolaitis discussed how economic factors, societal factors, and the recent refugee crisis seemed to have had an impact on youth psychosocial health and wellbeing. Prof. Sturla Fossum discussed parent training programs, and Dr. Antti Kuulasmaa discussed experiences working as a Psychiatrist in Lapland, Northern Finland.

On the fourth day, researchers discussed survey findings from the participating countries. The final day was an open session for other researchers and the public. This session summarized the work thus far of the EACMHS and discussed several future group projects. At the workshop's conclusion, the group decided to conduct its next project on preschool mental health and parenting.

This workshop was of immense help in developing friendship and collaboration among likeminded researchers, and the group is continuously looking forward to welcoming new collaborators. In addition to attending the scientific sessions, the group enjoyed wonderful evening programs at various locations in the Finnish archipelago and experienced the Finnish Sauna. We look forward to hearing from anyone interested in collaborating with the project (goo.gl/gAI7j6), and we can be reached at: andre.sourander@utu.fi/ jarna.lindroos@utu.fi

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Challenges of CAP subspecialty training in Africa: A personal narrative and strategies for moving forward

Dr. Yewande Oshodi

Introduction

The field of Child and Adolescent Psychiatry (CAP) is a rapidly developing one with its importance evident in both developed and developing countries around the globe. However, due to disparities in resources, we find that there is often a lack of skilled manpower to cater to children and adolescents with mental health problems in low and middle income countries - many of whom fall within the African continent. Over the last decade, there has been a deliberate drive to explore strategies to solve the child and adolescent mental health treatment gaps within the larger context of general mental health, as well as specific strategies targeted at child and adolescent needs. These efforts have gone a long way in generating increased interest in and conversation about building skills and shifting tasks, all in a bid to address the treatment gap in child and adolescent mental health (CAMH). The role of trained child psychiatrists in service provision, research, and training cannot be overemphasised. However, the challenge of getting suitable and relevant training programs to produce child psychiatrists who are to play this role remains a concern in many African countries

CAP in Africa – Necessity or luxury ?

The debate as to whether it is a luxury to have subspecialists in the field of child psychiatry in the face of poverty, malnutrition and inadequate mental health human resources is often raised and discussed in many settings, and varied opinions exist. However, the middle ground, as discussed by Jibril Abdulmalik in the June 2015 World CAP issue, necessitates a pragmatic approach to this matter. So yes, despite the other urgent matters faced on the continent, there is a need for more child and adolescent psychiatrists. In fact, child and adolescent psychiatrists are very helpful in many regards: in providing a life span approach to many mental and comorbid conditions and reducing the cost of long term mental illness. If we acknowledge our needs, then the next question pertains to training and workforce development. With the exception of South Africa, most African countries cannot boast more than five to ten child psychiatrists. A handful of leading psychiatrists who have, over many years, dedicated themselves to developing and advocating for child and adolescent mental health services on the continent deserve special commendation for the significant impact they have made. However, the work to be done continues to surpass the available hands on ground, and the need for more hands – especially to provide leadership for CAMH multidisciplinary teams – cannot be overemphasised. How do we get training in the field for experts willing to serve the continent?

Challenges of seeking CAP training in Africa

There are numerous specialists who aspire for subspecialty training with clinical exposure and accompanying academic rigour, characteristic of most subspecialty training programs. This exposure improves not only the practitioners' knowledge but also their ability to advocate for policy, develop systems,

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(CAP training in Africa, cont.1)

and deliver services.

However, to date, most training options are limited, costly, and logistically difficult. We find a few Western trained subspecialists returning back to the continent to contribute their quota and others imported to work in Africa. These physicians are often challenged by issues of adaptability, cultural competence, and understanding of existing health systems.

Current training solutions can be found in subspecialty training programs in Southern Africa and also in the Centre for Child and Adolescent Mental Health in Ibadan, Nigeria. However, in the face of the huge unmet need for specialty training on the continent, these resources are grossly inadequate.
In addition, most of these training centers require interested individuals to leave their base to go and get trained. Wherever it may be, training comes at a cost to the trainee, their families, and the institutions and communities that they serve. Furthermore, there are also invisible and rarely discussed training costs that involve financial, emotional and cultural integration challenges

Lessons from personal experience.
Speaking first-hand, having recently completed a subspecialty program in Capetown, South Africa, I acknowledge that, while the training was undoubtedly clinically rich, rewarding, academically sound, and enhanced by extremely supportive colleagues and trainers, it also came with a few important costs.

With almost 10 years of experience as a qualified psychiatrist, the decision to go back for subspecialty training came with a cost of feeling that “I am taking a step down,” and thereby somewhat disenfranchised, albeit self-imposed. I could not help but question a few times whether it had been the right decision and if the sacrifice was worth it (in retrospect, I certainly believe it was). The additional experiences inherent in leaving one’s home country to study abroad – including real or imagined discrimination, feelings of having to prove oneself, and feeling stereotyped and judged – take their toll on one’s wellbeing. The emotional costs of separation from family and loved ones, and of being so far from home while taking care of other people’s children when you as a mother want to be able to take care of your own, are also not to be underestimated. The financial costs are also unbelievably high, especially when one does not have funding; I often see the burden of these costs reflected in the dismayed faces of many who enquire about coming such programmes but who simply lack financial means. While I had braced myself for these challenges, it was still a huge struggle for me to persevere and to cope with the financial and other costs. I believe that these costs are likely a major deterrent for potentially interested trainees.

I achieved my goal through my faith and through sheer determination while simultaneously utilising every source of support I could muster from my immediate network. Having gone through such a challenging experience, I would like to now ask: How can the global CAP family make the journey for subspecialty training in the under-served regions of the world an attainable reality for interested junior colleagues?

Evolving innovative Strategies.
We need to look inwardly and think innovatively. We need culturally relevant training settings that identify and care for child and adolescent psychiatric conditions as they occur within Africa. We need to consider

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(CAP training in Africa, cont.2)

having training programs in more African countries that can produce child and adolescent psychiatrists in a creative yet standardised manner. In addition, we must always recognise the need to maintain the highest quality of training and not water it down by developing flawed programs. CAP training provided by African professionals in developed countries has served us to some degree; however, training on the African continent remains the ideal, because of greater cultural relevance, better understanding of contextual challenges, reduction in brain drain, and the potential to develop clinical research from the continent. So indeed, a South–south collaboration is key even as we consider CAP training.

In view of this persisting need for CAP training and the high costs of such training, we must innovate around training time and clinical rotations and potentially break up modules into shorter exposures in recognised training centres. We can utilize technology and e-learning for clinical supervision and seminars; recognize prior learning; and implement standardised competency assessments.

The lack of uniformity in many CAP training programs is a concern globally, and as we think about training and innovation in Africa, we need to emphasize quality and uniformity, to ensure that basic minimum bench marks are attained. International organisations such as IACAPAP and the WPA CAP section can collaborate with experts in the African region and regional bodies such as the African Association for Child and Adolescent Mental Health (AACAMH) to develop standardised eclectic modules that can help train skilled child and adolescent psychiatrists who are prepared for practice on the continent. Furthermore, willing global experts may also provide teaching via the aid of technology, in the form of online lectures, supervision, and mentoring.

Conclusions

Now is the time to rethink CAP training in Africa. Thinking outside the box is often a prerequisite to solving many problems. We have a lot to learn from one another on the continent regarding CAP training and CAMH manpower development. The next step is to act, and with the support of our international partners (WPA CAP, AACAMH and IACAPAP)...we CAN.

Yewande Oshodi is a Senior Lecturer & Child and Adolescent Psychiatrist based at the College of Medicine, University of Lagos & the Lagos University Teaching Hospital in Lagos, Nigeria.

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Whānau, hapū, iwi. Reflections of a Māori court report writer.

Dr Hinemoa Elder (New Zealand)

Disparity for Māori is well documented across all socio-economic and health indices and across the lifespan. In the context of my work in the legal system many factors are relevant. Compared to non-Māori youth, Māori youth are more likely: to be stopped by police; to be arrested, on average, for less severe offences; to be referred to the Youth court for minor offences rather than to Family Group Conferences, thereby incurring more serious legal consequences; to have higher rates of conviction for similar offending history and socio-economic background; to encounter (according to The Law Commission) barriers to accessing legal advice, representation and information; and to have higher victimization rates.

In one of my roles, I receive referrals from the youth and family courts for various forms of reports under the New Zealand Children's Young Persons' and their Families Act 1989. These young people are almost without exception Māori. The most commonly requested reports are section 333, which are psychological or psychiatric reports to assist the court in making determinations. The ethos of the youth court focuses on practical solutions to reduce the risk of recidivism.

Recently, I was asked to assess a taiohi (adolescent) and to provide a section 336 report to the Kōti Rangatahi (marae based Youth Court). This request prompted considerable reflection. In my 10 years as a Consultant Child and Adolescent Psychiatrist, this was the first time I had been asked to write a report under this section of the Act. After discussing this request with my peers, it seemed that this report was not something they were familiar with either. Section 336 states that, "before making any order under section 283 the court may make any order that a Family Court is empowered to make under section 187, and the provisions of that section shall apply with such modifications as may be necessary.

"S187 Cultural and community reports … to report to the court on

> (a) the heritage and the ethnic, cultural, or community ties and values of the child or young person or the child's or young person's family, whanau, or family group:
> (b) the availability of any resources within the community that would, or would be likely to, assist the child or young person or the child's or young person's family, whanau, or family group"

This section of the Act provides a broad scope for the assessment. I reflected on how my approach to the s336 report might differ from my approach to the more familiar s333 report, and how my newly gained experience with the s336 report might influence my future approach to writing s333 reports. Based on my interpretation of how the concepts of whānau, hapu and iwi might be operationalized from the principles articulated in sections 5 and 208 of the Act, I considered that reports written for the marae-based courts might be read out loud more highly scrutinized by whānau, hapu and iwi. It was in reflecting on these principles that questions about how these concepts might best be understood and brought to life emerged. There are many views about what the constructs of whānau, hapū and iwi might mean in a given context.

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(Maori court report, cont. 1)

For example, hapū were the primary political unit in traditional Māori society. They were usually named after an ancestor or event in history. A number of hapū with common interests, shared or adjacent land, or family linkage (by descent or marriage) were often considered parts of an iwi or waka. Scholars contest that the prevailing modern translation, "sub-tribe," may misrepresent the importance of hapū. Furthermore, the seemingly linear whānau, hapū, iwi structure is more complex that it might at first appear. Authors of the comprehensive compendium of Māori customary law describe that the term hapū has been used interchangeably with iwi, or translated as "tribe," and that "the term 'sub-tribe' has usually been dropped… as it hardly fits with the new understanding of the hapu's perceived role as effective, independent political unit of pre-contact Māori society." Iwi is a general term for a defined group of people, akin to 'nation' or 'a people.' Initially hapū and waka conveyed 'tribe,' and more recently 'iwi' has been used in this way "at least partly as a result of the extensive use of the word in the classification of kin groups by government officials." The word whānau has been expanded from the term originally used for giving birth to now include family configurations. Identified aspects of whānau include a shared living environment, recent descent from a recognised ancestor, and common commitment to the group's sustainability. The whānau was recognized as the primary economic unit of Māori society.

However, in more contemporary times, the concept of whānau has taken on other meanings exemplified by this quotation: "we acted like a whānau. It was our actions and feelings, our wairua, which knitted us together as a whānau. We made conscious, unified effort to protect Māori values, and nurture them in the urban environment." Te Whānau o Waipereira Waitangi Tribunal 1998. This quotation is a good example of 'kaupapa whanau,' a commonly used phrase to describe a group whose members work together for a common purpose as if they were close kin as compared to a 'whakapapa whanau,' where there are blood ties. Whānau Ora is a well recognised policy, service provider model and call to action for Māori self-determination. How Whānau Ora relates to the concept of whānau used in the Act has not yet been been explored. Saliently, then, the Act sets out the following principles, each of which raises its own questions for a court report writer and treatment provider with regards how these concepts of whānau, hapū and iwi might be understood and manifested in a specific circumstance.

The first principle to be considered in section 5 is:
a) wherever possible a child or young person's family, whānau, hapū, iwi and family group should participate in making decisions affecting that person… How then should one seek views from whānau, hapū, iwi? Seeking whānau views requires the use of cultural protocols, including karakia and whakawhanaungatanga. In my experience, neither court report writers nor courts themselves are familiar with seeking the views of hapū and iwi. This principle invites wider consideration of which iwi and hapū are pertinent to the child or young person and their whānau and of how to elicit information from these entities where no consistent conduit of dialogue currently exists for this purpose.

The second principle to be considered is:
b) wherever possible the relation between a child or young person and their whānau, hapū and iwi is to be maintained and strengthened…
While court report writers may readily identify and document maintaining and strengthening factors within whanau, most court report writers – perhaps because of lack of training in or orientation towards these aspects – do not commonly identify or document these factors within hapū and iwi. However, based on my reading of the principles, I believe that court report writers must at least attempt to assess these aspects and to advocate for avenues that make such assessments possible.

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The third principle to consider is:
c) that consideration must always (highlight by author) be given to how a decision affecting a child or young person will affect the stability of that child or young person, family, whānau, hapū or iwi.

Defining the 'stability' of are complex assessments to undertake. Defining the concept of stability is not simple, and may be synonymous with balance, cohesion, durability, permanence, strength or determination. It is even more complex to define the stability of whānau, hapū and iwi; and further to assess the extent to which a decision may affect this stability.

Other principles to consider are:
i) that measures should be so designed to strengthen whānau, hapū, and iwi
ii) To foster the ability of … whānau, hapū and iwi to develop their own means of dealing with offending by their child or young person
iii) Promote development of child or young person within whānau, hapū and iwi

These principles demand assessing for and considering any strengthening and fostering features that might promote the collective means of dealing with offending as well as the development of mokopuna within whānau, hapū and iwi.

Therefore, after identifying who the whānau, hapū and iwi are, the court reporter, at the very least, should consistently detail these six considerations:

1. What are the whānau, hapū, and iwi views; and how have the recommendations accounted for these views?
2. What factors maintain and strengthen relationships between the child or young person and their whānau, hapū and iwi? How can the recommendations enhance these factors?
3. How will recommendations about the child or young person affect the stability of whānau, hapū and iwi? How is stability formulated? How might de-stabilising factors be mitigated?
4. In what ways will recommendations strengthen whānau, hapū and iwi?
5. How can the recommendations foster whānau, hapū and iwi's ability to deal with the child or young person's offending ?
6. How will recommendations promote the child or young person's development within whānau, hapū and iwi?

Overall, I have concluded that the s336 report's imperatives and the Act's principles, explicitly require the court report writer to bring the tamariki mokopuna's and their whānau, hapū and iwi's voices to the fore.

Finally, while my focus has been on my court report writer role and how this work might be improved with closer attention to Māori concepts within the Act, I maintain that this same approach critically applies to any service that is governed by the Act and that holds us accountable to the principles regarding whānau, hapū and iwi.

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Trainees' Corner

A smooth sea never made a skilled sailor ...

Dr. Alaa Elanjjar (Egypt/USA)

An exhausted and jetlagged woman, dragging memories of a life past in one hand, holding her sleepy two year old daughter closely to her chest in the other, and trying to navigate the maze of the New York City subway on a bitterly cold afternoon! That was me, 3 years ago, on my first day in the States – the first day of a challenging, exciting and fulfilling journey.

Ever since my first days as a medical student at Ain Shams University (Cairo, Egypt), I have have always dreamed of practicing medicine in the US. I wish I could say that I always wanted to be a psychiatrist, but the truth is that it was rather a series of fortunate events that led me to my passion, at the overlap of mental healthcare and children. After finishing medical school, I enrolled in a combined neurology and psychiatry residency at the same institution. Throughout these years, I never lost track of my dream of being part of a prestigious academic American institution where I could collaborate with colleagues from all over the world and push the envelope on science and healthcare.

Little did I know of the challenges that I would soon run into!

Very early on, I became possessed with a fear of failure. Being a “top-notch” student, intern, and resident was always integral to my identity and a renewable source of self-esteem. To me, failure had been an abstract concept with no personal relevance. Overnight, after my trip across the Atlantic, I was surrounded by fear of failing: at understanding people, at being understood, as a clinician, as a partner, and (scariest of all) as a mother.

Initially, I was too self-conscious of my accent to realize that everybody else around me in the Big Apple had an accent. It took me time and effort to slowly learn some essential local expressions and “pick up some slang.” I tuned in to local radio shows and held an urban dictionary in one hand and a notebook in the other.

The most helpful experiences, however, tended to be those that happened in enjoyable social contexts. No matter how different or inept I felt, I always reached out to friends and colleagues, and I enjoyed an active social life while being a mother and an intern. At the hospital, I preemptively and regularly asked my supervisors, and occasionally my patients, for feedback.

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(Trainees' corner, cont.1)

"Talking the talk," however, was the easier part. Navigating the boundaries between culture, religion, and mental illness continues to be a tricky process, especially in the cosmos of New York City. Through clinical feedback and supervision, I came to understand that the basic principles are the same everywhere. One has to be open to differences, to have interest in what others have to say, and to be empathic throughout the process of caring for them.

What is least challenging is getting to know the different gears of the U.S. healthcare system, including insurance, schools, and psychosocial services.

The most enjoyable part of the acculturation process continues to be watching cartoons with my daughter, and having her teach me about the different characters and their secret powers. Over time, I find myself connecting effortlessly with my young patients though their toys and pets.

One of the strong advantages of being trained in New York is getting exposed to patients with diverse cultural and ethnic backgrounds.

I cannot forget the 14-year old Hispanic girl who presented to the ER with suicidal ideation. Her family immigrated to the USA a few years ago. Their mother language is Spanish, and the patient and her father speak little English. The girl is having problems adjusting to the new school. I still remember her scared face when she stated: "I feel that I don't belong here." This girl was the first one to change my way of thinking about cultural competency: in New York, you are learning not only about American culture but also about cultures from all over the world.

Overall, the process of acculturation as health care worker in the US is a journey, with both bad and good days. Hence, I always keep the words of Franklin D. Roosevelt close to my heart: "A smooth sea never made a skilled sailor."

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International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)World Congress in Calgary, Canada

Dr. Hiedekazu Kato (Japan)

The 22nd International Association for Child and Adolescent Psychiatry and Allied Professions World Congress (IACAPAP) was held on September 18-22, 2016 in the beautiful city of Calgary, which is the exploration base for the Canadian Rockies. The theme of the Congress was 'Fighting Stigma: Promoting Resiliency and Positive Mental Health.' The meeting was a most unique and precious experience. The child psychiatrists and other youth mental health professionals gathered at the Congress were from all over the world, and the program covered broad themes ranging from biology, clinical practice, and politics. The small group discussions and social gatherings provided participants with the opportunity to meet new colleagues and to exchange views.

Through these activities, I learned about similarities and differences among other countries. I was impressed by the practical and effective stigma reduction practices in Canada and by the collaboration with family physicians and pediatricians in North America. I found the presentations from Syria and Europe to be especially thought-provoking.

In my poster presentation, titled "The Characteristics of the Children with 'hikikomori' (Prolonged Social Withdrawal) and Its Difference from School Absenteeism in Japan," I discussed that, in comparing clinical course, there does not appear to be any significant difference between children with hikikomori and children with school absenteeism without hikikomori, and the social adaptation of children with hikikomori improves gradually. I had meaningful discussions on hikikomori, internet game addiction, and other topics with the other participants. In my oral presentation, titled "Child and Adolescent Psychiatry: Overview of Training System and Update Situation in Asian Countries," I was pleased to present with two other early career child psychiatrists from other Asian countries: Dr. Nisarat Wadchareeudomkarn from Thailand and Dr. Li-Te Chiang from Taiwan. We shared the current situation and challenges in each country. I was impressed by the Taiwanese training system's rigorous one-year schedule and by Thailand's well-structured training program, based on the government's and academic society's articulation of what is needed for child and adolescent psychiatry (CAP) specialists. There is still a limited CAP workforce in Japan, but we aim to increase the CAP workforce, particularly via the new training system that will start in 2018.

Through the IACAPAP Congress, I gained new knowledge, new passion for our profession, and new friends from all over the world.

From left to right Dr. Li-Te Chiang (Taipei, Taiwan), Dr. Hidekazu Kato (Yokohama, Japan), and Dr. Nisarat Wadchareeudomkarn (Phuket, Thailand)

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WPA CAP session at the American Academy of Child and Adolescent Psychiatry's 63rd Annual Meeting

Dr. Chayanin Jing Foongsathaporn (Thailand)

The AACAP Annual Meeting took place in New York, USA from October 24th – 29th, 2016. There were more than 1,500 national and international attendees. The program comprised clinical case conferences, symposia, committee meetings, workshops, and research poster sessions.

Professor Bennett Leventhal, WPA CAP Chair, was a keynote speaker at several sessions: Talking to Parents About…, Can Brain Imaging Change the Game for Child and Adolescent Mental Health? A Look at Today and Tomorrow, and A Multi-Faceted Approach to Evidence-based Developmental Psychopathology. Prof. James Leckman (USA) also presented in Genetics, Epigenetics, Genomics, and Dynamic Neuroimaging: Research Base for Child and Adolescent Psychiatry in the Twenty-First Century session.

Moreover, Prof. Anthony Guerrero, the deputy editor of this e-journal, led sessions on Updates in Global, Indigenous and Cross-Cultural Child and Adolescent Psychiatry: The Legacy of Dr. John F. McDermott, Jr. and Problem-Based Learning in Child and Adolescent Psychiatry.

During the WPA Committee meeting, we discussed and reviewed our vision for Child and Adolescent Psychiatry. The group emphasized integration of Child Psychiatry and Pediatrics in training, where it is essential to learn childhood development in order to understand and holistically approach patients. In addition, we discussed how cross-cultural perspectives play a pivotal role in psychiatric illness. We need to appreciate the challenges that immigrant children and refugees are facing in adapting to new environments. We considered developing culturally tailored interventions for these populations.

Furthermore, Prof. Peter Szatmari (Canada) emphasized the importance of bridging a gap in clinical practice: care for youth transitioning to adult services yet in a developmentally vulnerable stage. Prof. Szatmari introduced the recent name change of Division of Child and Adolescent Psychiatry at the University of Toronto to Child and Youth Mental Health Division, with aims of facilitating collaborative inter-professional learning and providing excellent care for a broader population.

AACAP was a wonderful opportunity for WPA CAP to participate in education and policy development.

It was a great experience to gather with generously participating colleagues from around the world.

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Special Interest Study Group on Problem Based Learning at the AACAP 2016

Dr. Rachel Sy (USA)

On Friday, October 28, 2016, at the 63rd annual meeting of the American Academy of Child and Adolescent Psychiatry (AACAP) in New York City, various Special Interest Study Group (SISG) participantsfrom institutions not only nationally but worldwide met to discuss how Problem Based Learning (PBL) is implemented as well as how it can be effective across curricula from locations as varied as the cultures represented. Several attendees shared their interest in learning about such curricula, as they explained that they often faced struggles with engaging trainees at all levels of education (from medical students to residents to fellows) under significant time constraints. They also explained their concerns in the context of not only reaching psychiatry trainees but also integrating trainees of primary care fields (such as pediatrics). Faculty and fellows from the University of Hawai‘i, with facilitation from program director Dr. Anthony Guerrero (who chaired the SISG) and associate program director Dr. Daniel Alicata (one of the SISG co-presenters), demonstrated the PBL case format. Using progressive disclosure (with discussion prior to moving on to the next page), the group discussed a paper case of a child with Autism Spectrum Disorder and chronologically followed the initial presentation of chief complaint, concerns, and reasons for referral; followed by developmental history, birth history, family history, and social history. The group discussed and documented pertinent facts, differential possibilities, and additional clinical information to obtain. If the group seemed to overlook anything in these categories, the discussant would ask questions to insure that the process followed the expected direction of the case. Those new to this format seemed excited to bring such a concept back to their home programs, and those who had tried PBL but who struggled with its successful implementation appreciated the opportunity to troubleshoot. Additionally, those with well-established PBL programs were excited with the prospect of developing a database of cases from various programs. Sharing cases that involve either a globally common topic or a topic unique to a specific culture can be mutually beneficial and educational, as today’s technology and transportation have created largely multicultural and diverse populations. A shared database of cases authored by multiple contributors from various countries and cultures has the potential to enhance cultural knowledge and cultural sensitivity among trainees, even without needing to physically travel beyond their training locale.

Group participants made new friendships and nurtured existing friendships and looked forward to future collaboration. Established in 2009 by Prof. Norbert Skokauskas and Prof. Anthony Guerrero, this was the 7th SISG on PBL at AACAP.

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The First Croatia Congress on Children and Adolescents Mental Health: Mental Health of Children and Adolescents – An Imperative for the Future

Dr. Vlatka Boričević Maršanić, Dr. Katarina Dodig Ćurković, Dr. Tomislav Franić (Croatia)

The First Croatia Congress on Children and Adolescents Mental Health: Congress, entitled, “Mental Health of Children and Adolescents – An Imperative for the Future“ was held in Zagreb, the capital of Croatia, from October 28-29, 2016. This Congress was organized by the Croatian Association for Mental Health of Children and Adolescents which was established at the end of 2015 with the support of Prof. Norman Sartorius. At the establishing assembly of the new association, Prof. Sartorius proposed to organize a congress on mental health of children and adolescents which will include all specialist and other professionals working with the youth and taking care about their mental health. One year after the establishment of the new association within the Croatian Medical Asoociation, the First Croatia Congress on Children and Adolescents Mental Health has been organized and included prominent invited professionals as well as Croatian colleagues with prof. Sartorius being the President of the Scientific Committee of the Congres.

About 200 participants from Croatia and the region participated in the Congress, which included 18 plenary lectures, 8 sessions, one round table discussion, and two poster sessions. Congress topics included development in childhood and adolescence; psychopathology of childhood and adolescence; neurodevelopmental disorders; child and adolescent abuse and neglect, forensics in child and adolescent psychiatry; parenting, family and mental health of children and adolescents; new media and technologies and mental health of children and adolescents; psychotherapy; psychopharmacotherapy of mental disorders in children and adolescents; multidisciplinary work in child and adolescent mental health care; organisation of child and adolescent mental health care; challenges of social protection of children with mental health problems; education of children with mental health problems; legal framework and legal protection of children with mental health problems in the health system, social welfare and education.

The Congress was organized under the patronage of the President of the Republic of Croatia Mrs Kolinda Grabar-Kitarović and with the full support of the City of Zagreb. The scientific program was opened with brilliant plenary lecture by Professor Giovanni de Girolamo (Italy) presenting child and adolescent mental health care across Europe. Superb lectures were also given by Professors Norbert Skokauskas (Norway), Dieter Wolke (UK), Fiona McNicolas (Ireland), Hojka Gregorič Kumperščak (Slovenia), Milica Pejović Milovančević and Jasminka Marković (Serbia) and many others. Prof. Vlasta Rudan (Croatia) presented the development of services in child and adolescent psychiatry in Croatia throughout history and current situation. Child and Adolescent Mental Health Services (CAMHS) provision has not been a national priority in Croatia and has therefore been chronically underdeveloped. The Congress was a opportunity to emphasize that child and adolescent mental health and organization of community and clinical care with highest levels of scientific evidence is a political priority in every country. Deputy of the Minister of Health of the Republic of Croatia dr. Ivan Bekavac participated in the opening of the congress and indicated a strong commitment of the Ministry of Health to child and adolescent mental health reform in the country.

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(Croatian Congres, cont. 1)

The large and interested audience asked many questions after each session. The Congress was an opportunity for multidisciplinary and multisectorial collaboration around child and adolescent mental health services organization and policies.

It is encouraging that professionals working with youth with mental disorders in different systems (health care, education, social wellfare) are so interested in collaborating together to provide high quality care to this complex group of patients.

The Congress aimed to faciliate exchange of experiences among experts from home and abroad and to advance knowledge and skills in the field of children and adolescent mental health. It was also a good opportunity to get to know each other better and to start new coperative initiatives. The Croatian Association for Mental Health of Children and Adolescents will continue to work on improving the child and adolescent mental health care in Croatia and promoting continuing professional education.

Photo: From left to right: Dr. Vlatka Boričević Maršanić (Zagreb, Croatia), Dr.Tomislav Franic (Split, Croatia), and Dr. Katarina Dodig Ćurković (Osijek, Croatia)

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World Innovation for Health Summit (WISH) in Doha, Qatar

Dr. Kerim M. Munir (USA) and Dr. Muhammad Waqar Azeem (Qatar)

The World Innovation Summit for Health (WISH), an initiative of Qatar Foundation (QF), and under the patronage of Her Highness Sheikha Moza bint Nasser, its Chairperson, held its third health policy summit from 29th to 30 November, 2016 in Doha, Qatar. WISH convened more than a thousand high-level policymakers, global leaders including government officials and healthcare experts. The summit has evolved into a significant platform for the dissemination of healthcare innovation and best practices.
Chaired by internationally renowned experts, the forums aimed to generate interdisciplinary, evidence-based discussion on the world's most pressing health challenges. This year's topics included Autism, Behavioral Insights, Cardiovascular Disease, Economic Benefits of Investing in Health, Healthy Populations, Accountable Care and Precision Medicine.

While the staggering increase in the prevalence of autism spectrum disorder (ASD) over the past 30 years is cause for concern, we have made significant strides in increasing awareness of the condition and developing innovative ways to improve the lives of children, young people and adults with ASD.

In 2007, the United Nations (UN) representative from Qatar – Her Highness Sheikha Mozah bint Nasser Al Missned, wife of His Highness Sheikh Hammad Bin Khalifa Al Thani – successfully proposed a UN General Assembly resolution, creating World Autism Awareness Day. This day, recognized on 2 April every year, encourages all member states to take measures to raise awareness about ASD across the world.

Furthermore, on World Autism Awareness Day in 2016, the UN General Assembly convened an expert panel that emphasized that children and adults with ASD and other neurodevelopmental disorders have a special place at the heart of the UN Sustainable Development Agenda and the implementation of the Sustainable Development Goals. However, our work is not done.

There are still large gaps in the evidence base for effective treatment and also in the epidemiological studies investigating the causes and prevalence of the condition. We also struggle to provide families with adequate support and ensure that children with ASD have access to public education, recreational facilities and services.

The WISH Autism report (led by the authors' of this article) explores these challenges and offers three overarching policy recommendations aimed atimproving support for children with ASD, their families and communities.

Importantly, we acknowledge that ASD cannot be effectively addressed by the health sector alone. Successful national policies require collaboration across health, education and social sectors. Only by breaking down these barriers can we hope to succeed.

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THE 12th INTERNATIONAL CHILD AND ADOLESCENT PSYCHIATRY TRAINING SEMINAR IN ITALY

Dr. Cátia Almeida (Portugal)
Dr. Sidharth Arya (India)

What is it?
The International Child and Adolescent Psychiatry Training Seminar is an annual six-day training course that brings together junior clinicians and researchers and experts/leaders to learn about the latest scientific knowledge and practices in the field of child and adolescent psychiatry. The aim of the Seminar is to provide insights into relevant elements of clinical practice and research and to enhance young specialists' leadership and communication skills.

It is organised by Fondazione Child and endorsed by the World Psychiatric Association (WPA) and the Italian Society of Psychopathology (SOPSI).

When and where?
After a one year hiatus, the 12th Training Seminar took place from 19th to 24th June 2016, just outside the beautiful ancient town of Bertinoro, Italy. The place provided a very serene yet very beautiful environment with breath-taking views of the plains from the hilltop.

Who was there?
Twenty-eight young child and adolescent mental health professionals, chosen by the eminent panel, attended the training seminar. The participants hailed from countries all over the globe, including Italy, England, Portugal, Belgium, Turkey, India, Jordan, Kuwait, UAE, Thailand, Korea, Japan, Taiwan, and the United States.

What did we do?
The International Training Seminar included lectures, workshops and interactive group sessions. We also had time for networking and for preparing a presentation about each participant's research project.
The lectures were given by a rich panel of faculty with recognized expertise in their respective fields: (Professors Alan Apter, Ernesto Caffo, Judy Cameron, Gianvittorio Caprara, Andrea Danese, Louise Gallagher, Young Shin Kim, Rachel Klein, James Leckman, Emiliano Ricciardi, Daniel Le Grange, Bennett Leventhal, and Norman Sartorius.)

We talked about general research themes like nosology and classification, epidemiology, clinical trials, neuroimaging, biomarkers, and ethics. We also had some lectures about specific topics like trauma and adverse childhood experiences, behaviour disorders, genetics and epigenetics, research in psychotherapy, self-harm behaviour and suicide, stereotypies, and habit disorders.

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(Training seminar report, cont. 1)

One of the lectures included the Brain Architecture Game, which is a fun way to learn about early life experiences and its influence in brain development. You can find more about it at https://dev.thebrainarchitecturegame.com/.
In the group sessions we had the opportunity to discuss our research projects with the mentors.

The lectures about writing articles and presenting were very useful for the final assignment, in which: each trainee had 10 minutes to present his or her research project. It was challenging and anxiety-provoking for the participants, but working together made the experience successful. One of attendees, whose native language is not English, said: "If I can present this project in English here, I can do it everywhere."
But it was not all work and studying! We also took a guided tour to Forlì, a historic city with a beautiful beach on the Adriatic coast; played football (equivalent to American soccer) together; and enjoyed Euro Cup games while dining on delicious pizza and wine!
During meals, we enjoyed exotic Italian cuisines. Following an interesting rule set by Prof. Leventhal, participants were not allowed to sit next to someone already known to them, in order to have better networking and bonding opportunities.

In a word, I would say that the Training Seminar was…
- *An opportunity to create a network of colleagues*
- *Very interesting*
- *Enlightening*
- *Encouraging of curiosity and inquiry*

Look at us!

P

Why should you come?
The Training Seminar is a very useful experience, which puts you in contact with international researchers and trainees from the entire world. It is very intensive but worth it! It complements an academic background.

If you are interested in or committed to research, or only want to be updated about science, this is the right experience for you!

See you at the next Training Seminar!

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23rd World Congress of the IACAPAP comes to Prague

Dr. Michal Goetz,
Chair of Congress, Czech Republic

From 23 till 27 July 2018, Prague, the capital city of the Czech Republic, will host the 23rd World Congress of the International Association for Child and Adolescent Psychiatry and the Allied Professions (IACAPAP). It is the very first time that a world event devoted to the mental health of children and adolescents will take place in the regions of Central and Eastern Europe. The historical experience of Prague, and of the whole of the Czech Republic, has been predetermined by their geographical position in the centre of Europe. Since time immemorial, it has been a melting pot of mutually enriching cultures, languages and philosophical and scientific concepts of both the East and the West. The theme “Understanding Diversity and Uniqueness” is then intrinsically inherent to the Congress held in Prague, in heart of Europe.

Through its theme, the Prague Congress joins this process and challenges us to share knowledge on the diversity and uniqueness of child and adolescent neurobehavioral development and to discuss how we understand genetic and epigenetic sources of this diversity. The theme also calls for critical reflection on advantages and limitations of our diagnostic and therapeutic procedures as well as the boundaries of research paradigms. The Prague Congress ultimately aims to orient us towards individualized care of children, adolescents and families.

IACAPAP is an organisation which, as its name suggests, provides a base for cooperation between various professions involved in child and adolescent mental health. In many countries, however, the cooperation between individual professions is quite a remote objective, as many professions are still under development and are publicly under-funded. The more the colleagues from these countries would benefit from contact with their partners abroad, the more difficult it is for them to join international professional meetings due, in particular, to the associated financial expenses. One of the priorities of the Prague Congress is, therefore, accessibility for the widest spectrum of participants. For this reason, we labour vigorously at creating and running a programme of support for delegates from economically challenged countries, and we trust that the said programme will not only meet a positive response from colleagues in the field, but also among the sponsors who will agree with its importance and long-term impact.

It is an extraordinary honour for Czech paediatric psychiatry, represented by the Paediatric and Adolescent Psychiatry Section of the Czech Psychiatric Society and Association for Child and Adolescent Psychiatry, to be hosting the 23rd World Congress of IACAPAP.

The Czech Republic is said to lie in the heart of Europe. So, please come to Prague on 23 July 2018 and, together with us, experience how this heart beats for children's mental health.

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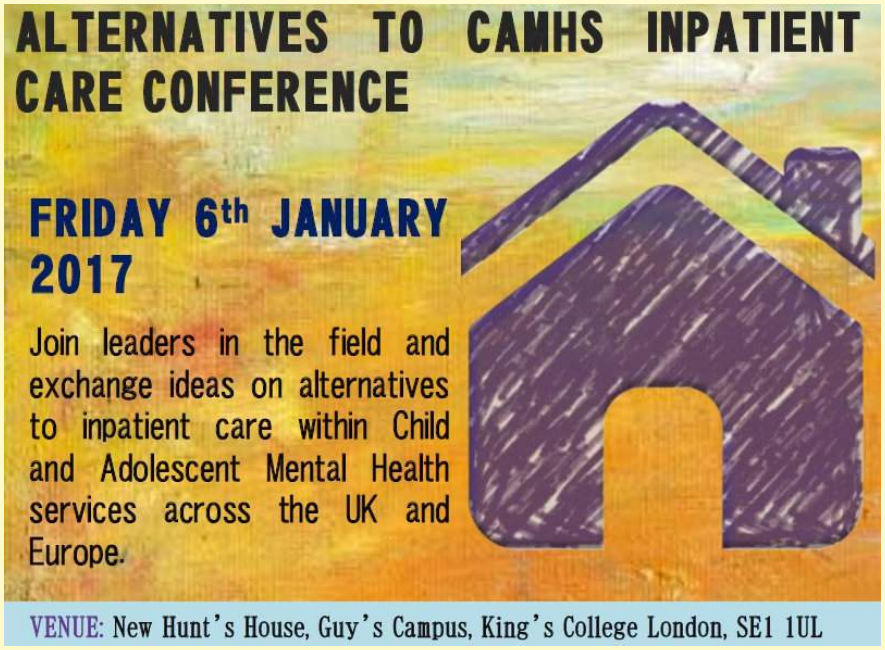
The International Association for Child and Adolescent Psychiatry and Allied Professions

Section of Child Psychiatry of the Czech Psychiatric Association

Association for Child and Adolescent Psychiatry, Czech Republic



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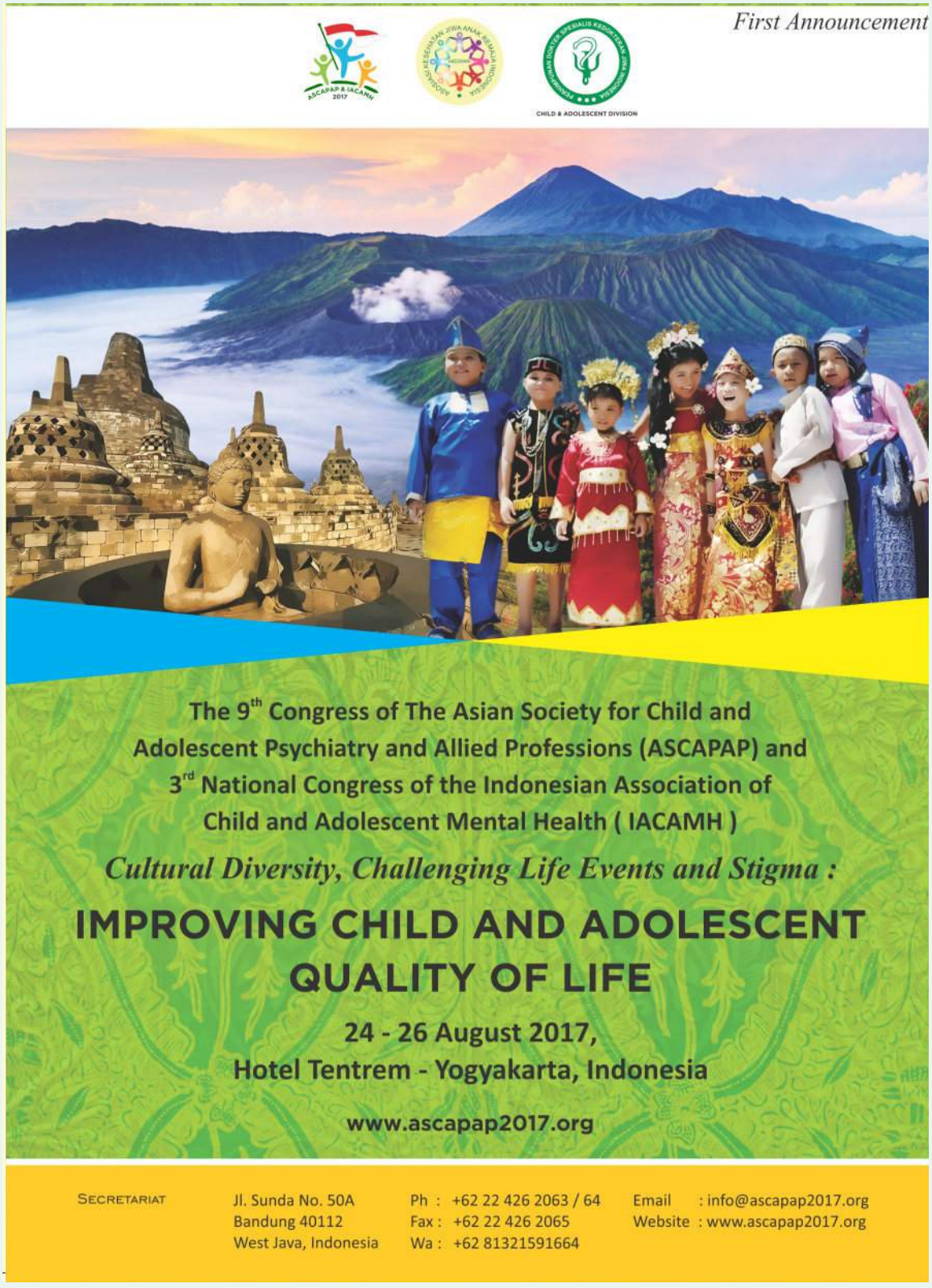
The 9th Congress of The Asian Society for Child and Adolescent Psychiatry and Allied Professionals (ASCAPAP)



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The 5th International Child and Adult Behavioral Health Conference Abu-Dhabi, UAE

In its 5th iteration the International Child and Family Behavioral Health Conference will be held in Abu Dhabi, UAE on Jan 12-14th, 2017. The conference is chaired by Dr. Ahmad Almai, Head of Child Psychiatry Service at Sheikh Khalifa Medical City in Abu Dhabi together with Dr. Tarek Darwish, Medical Director of Psychiatric hospital, Shekh Khalifa Medical City, Abu Dhabi under the Arabian Child and Adolescent Mental health Association (www.acamha.com).

The event will take place at Abu Dahbi Jumeirah Etihad Towers hotel. The event will be held under the patronage of H.E. Sheikh Nahyan Bin Mubarak Al Nahyan, Minister of Culture, Youth and Community Development.

The scientific program contained 3 institutes delivered by members of Yale University Child Study Center, University of California, San Francisco and Maudsley Institute of London.

The conference, which is now considered the largest Child and Adolescent mental health event in the region is expected to attract more than 1000 attendees, over 100 lectures, 24 workshops, more than 50 new research papers in oral and poster formats and close to 100 speakers focusing on the theme of the Mental Health from Childhood to adulthood. Speakers and attendees are expected the UAE but also from Oman, Saudi Arabia, Kuwait, Qatar, Bahrain, Australia, Canada, UK and the USA. Speakers represented a variety of disciplines including general physicians, therapists, nurses, psychiatrists, psychologists, counselors, teachers and more.

Workshops will cover both in child and adult topics including Autism, ADHD , CBT and training for Board examination candidates. In addition, a workshop to train faculty for Arab Board to establish and accredit programs for the newly formed Arab board in Child and Adolescent Psychiatry. This board will play a leading role in graduating future generations of qualified Child and Adolescent Psychiatrists.

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13th International Training Seminar in Child and Adolescent Psychiatry Research

Bertinoro (Forlì – Cesena), Italy
12-17th March, 2017

We are pleased to announce the 13th International Training Research Seminar in Child and Adolescent Psychiatry. The seminar will take place at the beautiful “Centro Residenziale Universitario” in Bertinoro (http://www.ceub.it), from 12-17th March 2017.

Ernesto Caffo, Professor of Child and Adolescent Psychiatry at the University of Modena and Reggio Emilia, and President of Foundation Child (www.fondazionechild.it) and Bennett L. Leventhal, Professor of Child and Adolescent Psychiatry at the University of California, San Francisco will co-chair the 12th International Training Seminar.

The Seminar is organized by Foundation Child to support the career development of advanced trainees and junior faculty from around the world for a week-long series of workshops and lectures that will support academic career develop.

The seminar involves faculty members and young researchers from all over the world. Selected trainees will have the opportunity to participate in a week of didactic presentations, workshops as well as individual and group mentoring.

The seminar, including all coursework, sleeping rooms and meals are provided free of charge. Trainees only need pay for their transport to the seminar site.

Complete information about this initiative is available under the section "projects" of our website: www.fondazionechild.it

If you are willing and able to help us, we can email you with other information regarding the training seminar.

For further communication please do not hesitate to contact us at: info@fondazionechild.it

Thank you very much for your help, it is greatly appreciated.

Professor Ernesto Caffo

Professor Bennett L. Leventhal

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Dear Colleagues and Friends,

It is with great honour and pleasure that we welcome you to Berlin for the 17th World Congress of Psychiatry to be held from 8–12 October 2017.

The World Psychiatric Association (WPA) is committed to improving the health care of psychiatric patients through raising the standards of training, education and clinical practice by providing added value. This Congress will be an excellent opportunity to share academic and clinical developments and research and to build on social interactions and support each other.
Needless to say, in the current period of the 21st century psychiatry is at a point where biological, social and psychological factors are changing rapidly, and their interaction provides us with opportunities to take the profession forward. Apart from being the most complex, intellectually stimulating and rewarding medical speciality, psychiatry is at a stage where we are beginning to understand more about brain changes and their impact on an individual's functioning. In addition, we are starting to better understand cultural and social factors and how they provide possible explanations for our understanding of our patients' experiences and those of their families.

Several countries across the globe provide innovative services in spite of limited resources. This congress provides a showcase for such developments and how we can learn from each other by sharing experiences and lessons. This World Congress is an ideal opportunity to take stock of the state of psychiatry in the 21st century and the direction of future developments.
We look forward to seeing you in Berlin.

Dinesh Bhugra, WPA President (2014–2017),
Iris Hauth, DGPPN President (2015–2016)

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