



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Editorial Column

Welcome to the October issue of "World Child and Adolescent Psychiatry," an official journal of the WPA (World Psychiatric Association) Child and Adolescent Psychiatry Section. This issue features editorials, in-depth perspectives, interviews, conference summaries and updates, programs from around the World, and trainees' forum.

Talking about the conferences I would like to think that the European Child and Adolescent Psychiatry Congress 2013 was one of the most important meetings of this year. At the time I was still based in Dublin, Ireland and had an honor to be a member of both scientific and organizing committees. While there were many important sessions, having a session on the future of Child and Adolescent Psychiatry with leaders of WPA CAP, ESCAP (European Society for Child and Adolescent Psychiatry), IACAPAP (International Association for Child and Adolescent Psychiatrists and Allied Professions) and AACAP (American Academy of Child and Adolescent Psychiatry) was one of the highlights of the Congress (please see page No 5 for more details). I hope such forums will become a tradition.

This issue features several opinion columns starting with a thought provoking WPA CAP Chair's editorial. It is long, but it is definitely worth reading. This issue also feature invited reports from the Middle East (Saudi Arabia), Europe (Serbia), South America (Argentina) and Asia (Singapore).

"World Child and Adolescent Psychiatry," is very pleased to publish an interview with Dr. Chiara Servili, a child and adolescent psychiatrist who is a part of the team on Evidence, Research and Action on Mental and Brain Disorders at the Department of Mental Health and Substance Abuse at WHO Headquarter and acting as focal point for child and adolescent mental health. Tho WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

As I always I would like to thank all authors and editorial team for their contributions. My special thanks go to Prof. Anthony Guerrero (Honolulu, USA), Assistant Editor, and Prof. Bennett Leventhal WPA CAP Chair (New York, USA), and all members of the Editorial Board: Dr. J.Abdulmalik (Assistant Editor, Nigeria), Prof. D. Fung (Singapore), Dr. M. B. Moyano (Argentina), Prof. D.Anagnostopoulos (Past Chair, WPA CAP, Greece), Dr. M.Tateno (Japan), Dr. G. Milavic (UK), Prof. S. Malhotra (India), Prof. S. Honjo (Japan), Prof. P. Szatmari (Canada), Prof. L. Viola (Uruguay), Prof. S. C. Cho (S. Korea), Prof. D. Puras (Lithuania), Dr. V. Storm (Australia), Dr. J. Fayyad (Lebanon), Dr. S. Tan (Malaysia), Dr. N. V. Tuan (Vietnam). Prof. Paramjit Joshi (USA), Prof. A. Sourander (Finland), Prof. Dr. E. Belfort (Venezuela) and Prof. John "Jack" McDermott (USA).

Happy readings!

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



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*Prof. Bennett L. Leventhal*  
**Chair's Column:**



## "The Future Ain't What it Used to Be"

The well-known American baseball player and folk hero, Yogi Berra once said, "The future ain't what it used to be." And, with the many changes in science and health-care, as well as the economic and political upheaval around the world, we all face an uncertain future. This sense of uneasiness is also keenly felt in psychiatry and child and adolescent psychiatry (CAP). It comes from many sides but has been recently brought into focus by discussions around the new versions of the ICD and DSM. This uneasiness was brought into sharper contrast by NIMH Director Tom Insel's critical comments about DSM-5 and support of his own nosological system, RDoCs (Research Domain Criteria). In this process, the knowledge base underlying all of psychiatry, including CAP, as well as future training and practice have all been called into serious question.

So, if the future for child and adolescent psychiatry "ain't what it used to be," why is that the case? At the risk of offending some, I will argue that, despite historically close ties to pediatrics, child and adolescent psychiatrists have largely been on the fringes of medical practice. With a strong tradition in psychoanalysis and a heavy emphasis on the "psychosocial" elements of the "biopsychosocial" model, CAP training and practice has drifted to the margins of medicine. We now find ourselves in a place somewhere between those who teach and play with children and those who over-prescribe medications. This is not a comfortable position. But in some ways, it explains why the DSM, ICD and RDoCs create such tension for us; it also serves to raise questions with respect to what should we do about our situation?

Among the key issues is that rather than functioning as a readily identifiable professional group, CAP is blended into the great mass of clinicians providing services for children and adolescents with "mental illness." Social workers, psychologists (of varying sorts), pediatricians, family physicians, "counselors" and "therapists" (also of varying sorts), nurses, and even religious personnel, all seem to be accepted as qualified (in one way or another) to treat youth who have a whole spectrum of problems. What actually distinguishes child and adolescent psychiatrists from others in this group? Unfortunately, in the minds of the public (both patients and policy makers), there is little or no difference between "us" and "them," except that we are often more expensive. And, it appears that we, as CAPs, have a similar lack of clarity about how we are differentiated – a serious problem that endangers the very future of our profession.

Many will argue that child and adolescent psychiatry is different because we are physicians. But, does that argument really hold up? Are we unique because we can prescribe medications? No! In many communities, pediatricians, family physicians and nurses prescribe far more psychotropic medication than do child psychiatrists. Indeed, some child and adolescent psychiatrists proudly refuse to use medications and prefer to use only psychotherapeutic techniques for all disorders. But, we argue, "as physicians we are said to be able to listen to our patients from a very special perspective." What a nice concept! But, how many of us use a stethoscope among our "listening perspectives?" How many of us even have a stethoscope or are truly capable of competently performing the rest of a physical examination? Some CAP colleagues claim that performing a physical examination is a "boundary violation" and not proper for a child and adolescent psychiatrist! Is it a wonder that the world has a cloudy view of us? Is this part of why our future is cloudy?



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

If we are open and honest with ourselves, it is quite clear that current training programs and some of our own practices have drifted far afield from the rest of medicine. After all, we treat only “mental illness.” (What is a “mental” and how does it get ill?) Why don't we treat “brain diseases” or “psychiatric illnesses?” These are “real diseases” that are the responsibility of “real doctors.” They are also more understandable to our colleagues in the rest of medicine. We must claim the conditions that we are uniquely capable of treating and should treat, if we are properly trained to maintain and gain the skills and knowledge that specifically differentiate us from the rest of the “mental health providers” and within the medical community.

It is time for child and adolescent psychiatry to re-examine itself. We must offer a much clearer definition of who we are and what we do. There have been some attempts in this regard. The American Academy of Child and Adolescent Psychiatry (AACAP) has undertaken an exercise to revisit its 1983 report, *Child Psychiatry: A Plan for the Coming Decades*. Authored by Drs. Norbert Enzer and Richard Cohen, the original report, that capped five years of study and meetings, suggested several key priorities, including: to develop a stronger research base and to help build child psychiatry research careers; to improve and focus on treatments for children with serious psychiatric illness; and to become more involved in the development of systems of care, including collaborations with pediatricians and other primary care provider. These were excellent ideas that have seen limited uptake and little follow-through.

The new AACAP endeavor, “Back to Project Future,” is an attempt to examine what child and adolescent psychiatry will be and needs to be in 2023. This is a noble effort by AACAP President Marty Drell and his team. They should be congratulated on their efforts, and we look forward to the results of their deliberations. However, will they go far enough? And, with things changing so rapidly in healthcare, can one reasonably look 10 years into future? What do we need today? Next year? In five years? Once again, we are in a position in which it is our time for bold and courageous action. But, can and will CAP rise to the challenge?

The time has come for us to carefully define (or re-define) child and adolescent psychiatry, first for ourselves, and then for our patients, for our medical and non-medical colleagues and for policy makers. We must determine how to we are going to differentiate ourselves from the panoply of “mental health service providers.” What unique skills do we have, and what services do we provide? If, in the final analysis, we are simply providing the same services as others, but are more expensive, we as a profession will perish. We must be honest that we are no longer unique in our capacity to provide psychotherapy or family therapy – indeed, some psychologists and others may be even better trained than are we. That is not to say we should abandon these skills, but we must carefully determine how they fit in our new model of what is a child and adolescent psychiatrist.

We must decide if we are to remain in the “house of medicine.” And, if we are to be a part of medicine, we must carefully examine what is to be our role in the medical care system for children and adolescents. We have to critically ask the questions: What gaps exist? How are we uniquely positioned to fill those gaps? If we are not uniquely qualified to fill the gaps, how must we re-train ourselves so that we are invaluable, necessary participants in the care of children and adolescents? If we are physicians for a particular reason, then we as child and adolescent psychiatrists must define ourselves within that medical context



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

and in a fashion that makes us critically needed as physicians. We must be clear about our willingness to play our proper role in medicine and to do so in a way that is clearly understood by our medical colleagues and others. All must see that we provide unique and important contributions to the care of children.

Finally, the time has come to carefully examine our training programs. Are we actually training our junior colleagues for the future of child and adolescent psychiatry? Or, are we still looking backwards and carrying too much of our past forward with us? What is unique and special about the practice of child and adolescent psychiatry, and are we teaching it well? Clearly, there are things we must drop from our curricula and training/board certification requirements. Even though it will be sad to part with the past (and to irritate some of our colleagues), the time has come for dramatic change. There are also things that must be added to training requirements that are tragically missing in many centers around the world. It will take great energy and determination to make this happen, but it must. Training is our future, and we have no choice but to make it sound and secure so that there will be an excellent next generation of child and adolescent psychiatrists who are uniquely needed by patients and colleagues.

WPA CAP is committed to change and to preparing for the future. We will eventually develop working groups in several areas. We will start to redefine our discipline by trying to define what is necessary to develop a set of training criteria and rules that apply internationally. We believe that CAP is a small and collegial discipline such that, along with our colleagues in the other CAP professional societies, we can join together to be the first medical discipline in the world with universally accepted standards for training in our discipline, CAP. Some will see this as a fool's dream. But, we must start somewhere and somehow to change our destiny. This is where our committed group will start to make a new future for CAP. This is just a first step of many.

Some of you will find me to be far too pessimistic or excessively dismissive of our traditions and past identity as well as our present skills and training. Some will say that we should not worry because our practices are full, demands for consultations are high, incomes are excellent, and that colleagues and patients love them. While this may be true for many, in too many other places, we are becoming irrelevant. And this is today. What about tomorrow? Aren't we talking about the future? Sure, there will be pain and uneasiness, but let's make a commitment to act now and together to secure the future for child and adolescent psychiatry. We must proudly come together to create a strong, new, clear image of our medical discipline, child and adolescent psychiatry.

George Santayana, Spanish essayist and poet, said, "Those who cannot remember the past are condemned to repeat it." I fear that, despite our best intentions, if we continue down the current path, we are repeating our past and closing out our future. It is time for bold and courageous action! Will you join us? We hope so and very much look forward to working with you.



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## Leaders Forum: The Future of Child and Adolescent Psychiatry at ESCAP 2013, Dublin, Ireland

*Mr. Sean Kenny (Ireland), Prof. Norbert Skokauskas (WPA CAP, Secretary General), Prof. Rudd Mindera (ESCAP, President), Prof. Bennett L. Leventhal (WPA CAP, Chair), Prof. Anthony Guerrero (USA)*

ESCAP evolved from the Union of European Paedopsychiatrists (UEP), which first met in 1954. In 1983, it changed its name to the European Society for Child and Adolescent Psychiatry (ESCAP). Today, it includes child and adolescent psychiatrist members from 32 countries. ESCAP's biannual meeting is the main European meeting for child and adolescent psychiatrists and allied health professionals. ESCAP International Congress attracts not just child & adolescent psychiatrists but allied professionals from Europe and around the World.

The 15th International Congress of ESCAP 2013 took place on 6 - 10 July 2013 in Dublin, the capital city of Ireland. ESCAP 2013 hosted the "Leaders forum": four leaders (and their teams) who represented the four most important child mental health organizations in the World and who gave outstanding presentations.

The symposium was chaired by Prof. Rudd Mindera (ESCAP President, from the Netherlands) and Prof. Norbert Skokauskas (WPA CAP, Secretary General, and a member of ESCAP 2013 organizing and scientific committees).



From left to right A. Prof. Daniel Fung – Secretary General, IACAPAP, Prof. Bennett Leventhal - Chair, WPA CAP, Prof. Paramjit Joshi- President, AACAP, Prof. Rudd Mindera- President, ESCAP, Prof. Norbert Skokauskas – Secretary General, WPA CAP, A. Prof. Gordan Harper – Treasurer, IACAPAP



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## Leaders Forum: The Future of Child and Adolescent Psychiatry at ESCAP 2013, Dublin, Ireland (cont.)

*Mr. Sean Kenny (Ireland), Prof. Norbert Skokauskas (WPA CAP Secretary General), Prof. Rudd Mindera (ESCAP President), Prof. Bennett L. Leventhal (WPA CAP, Chair), Prof. Anthony Guerrero (USA)*

This was the second ESCAP symposium entitled "Future of child and adolescent psychiatry." The first symposium was held in Helsinki, Finland (ESCAP 2011). The second symposium in Dublin attracted an even larger audience and was well received. Prof. R. Mindera's presentation focused on "ESCAP Quality of Care." Recently, special "care programs" have been designed for children with different types of problems, like ADHD, OCD, etc.

The problem, however, is in the implementation of these protocols on a large scale in the different European countries, because of the differences in organization of care between countries, differences within and between care centers, and many other (financial) problems. A significantly positive outcome could result if, crossing the boundaries of countries, care centers could cooperate to share their protocols and practical experiences with these protocols in order to achieve more generally accepted evidence-based "care programs."

Prof. P. T. Joshi's (President-Elect, American Academy of Child and Adolescent Psychiatry, or AACAP) presentation focused on the AACAP's activities. The AACAP has approximately 8,700 members. The USA faces dire challenges, including a shrinking number of acute psychiatric beds for children and adolescents, a desperate lack of residential facilities, and insufficient outpatient treatment programs. But the current state of affairs extends beyond supply of providers and facilities. There is a stunning lack of understanding of mental illness in children and teens and a seeming lack of will to address this deficit as a nation.

Prof. O. Omigbodun's (President, International Association for Child and Adolescent Psychiatry and Allied Professions), A. Prof. D. Fung's (Secretary General, International Association for Child and Adolescent Psychiatry and Allied Professions), and A. Prof. G. Harper's (Treasurer, International Association for Child and Adolescent Psychiatry and Allied Professions) presentation identified key aspects in the strategic plan of IACAPAP and how these are helping to change the landscape of child and adolescent psychiatry and child and adolescent mental health, especially in resource-constrained regions of the world.

Prof. B. Leventhal's (Chair, WPA CAP) and Prof. N. Skokauskas' presentations focused on WPA CAP activities and future goals and pointed out that it has been a big challenge in recent times to implement child and adolescent mental health policies. Prof. Leventhal's editorial in this issue explores these thoughts in greater detail.



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**"World Health Organization is the directing and coordinating authority for health within the United Nations system"**



***Interview with Dr. Chiara Servili,***  
a child and adolescent psychiatrist working at the  
at the Department of Mental Health and Substance  
Abuse at The World Health Organization  
headquarters in Geneva, Switzerland

*1. It's a privilege to be able to interview you, and we thank you very much for the opportunity. Many child psychiatrists may not know very much about the World Health Organization. Can you tell us a bit more about the structure and the activities of the WHO?*

Thanks you for this opportunity to talk about WHO's work. I am very pleased to share information and hope to strengthen collaboration with the WPA in the future.

Concerning WHO's role and structure, the World Health Organization is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring health situations and assessing health trends.

WHO has 194 member states and employs more than 8000 people in 147 country offices, six regional offices and at the headquarters in Geneva, Switzerland. WHO Headquarters works very closely with regional and country offices, and in continuous coordination with Ministries of Health, to ensure that norms, standards, policies and other evidence-based tools are adopted and used, and produce expected health benefits at population level.

*2. These days there is so much need around the Globe in many areas of medicine and public health. How the does the WHO set its priorities?*

As a strand in the current reform process of the organization, WHO is working together with its Member States to set priorities for its work in order to focus its activities and deliver more effectively.

To date, Member States have reached consensus on a set of distinct categories of work for WHO (communicable diseases, noncommunicable diseases, promoting health through the life course, health systems, and preparedness, surveillance and response).

Specifically referring to mental health, the urgent need to strengthen efforts for improving mental health has been recently articulated in the resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level that was adopted by the World Health Assembly in May 2012. As a response, a Comprehensive Mental Health Action Plan was developed following an extensive consultative process and adopted by the World Health Assembly in May 2013.



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***(cont.1)***

The Director General of the WHO, Dr Margaret Chan, during her opening remarks on the occasion of the launch of the Comprehensive Mental Health Action Plan 2013-2020, recognized that "The Comprehensive Mental Health Action Plan 2013–2020 is a landmark achievement in many ways. It focuses international attention on a long-neglected problem, and it does so with a welcome sense of urgency. It is a signal that mental health deserves much higher strategic priority."

### *3. Does the WHO have a special agenda for mental health?*

Within the cluster of Non-Communicable Diseases, the Department of Mental Health and Substance Abuse covers the areas of policy, human rights and services; evidence and research for mental and neurological disorders; and the management of substance abuse including alcohol.

The Comprehensive Mental Health Action Plan mentioned above defines the following four objectives for future actions: i) strengthen effective leadership and governance for mental health; ii) provide comprehensive, integrated and responsive mental health and social care services in community-based settings; iii) implement strategies for promotion and prevention in mental health; and iv) strengthen information systems, evidence and research for mental health.

It clearly outlines what actions are expected from WHO and member states and provides targets for monitoring progress towards agreed goals.

The plan sets important new directions for mental health including a central role for provision of community based care and a greater emphasis on human rights. It introduces the notion of recovery, moving away from a pure medical model, and addresses income generation and education opportunities, housing and social services and other social determinants of mental health in order to ensure a comprehensive response to mental health. The action plan also emphasises the empowerment of people with mental disabilities and the need to develop a strong civil society. The MH Action Plan adopts a life-cycle approach and emphasizes the importance of addressing early life determinants of psychosocial wellbeing, promoting mental health of young people in community and school settings and ensuring access to early interventions for children in need and their families.

Strengthening countries' capacities to increase access to evidence-based interventions for persons with mental, neurological and substance use conditions is among the priorities of the Department of Mental Health and Substance Abuse.



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**(cont.2)**

The WHO mental health Gap Action Programme (mhGAP), the Department's flagship programme, aims to scale up mental health services in low-resource settings. The program provides policy makers and stakeholders a clear set of activities which need to be implemented in order to reduce the treatment gap for priority mental and neurological conditions by mainstreaming an integrated package of evidence-based interventions within existing services at primary and secondary care levels. Childhood mental disorders, including developmental disorders and behavioural disorders, are addressed among other 'priority' conditions. Evidence-based guidelines for non-specialists at primary and secondary care levels are available in several languages and are being widely used (mhGAP Intervention Guide, [http://www.who.int/mental\\_health/publications/mhGAP\\_intervention\\_guide/en/](http://www.who.int/mental_health/publications/mhGAP_intervention_guide/en/)). A set of training materials and other related tools to facilitate the uptake of the mhGAP Intervention Guide in countries are available for pilot testing.

**4. Who are your main collaborators (i.e. governments, NGOs, universities, clinical institutions, etc.?)**

WHO works with many partners, including UN agencies and other international organizations, governments, academic institutes, professional organizations, users' associations, nongovernmental organizations, WHO collaborating centres, donors and the private sector. In the 21st century, health is a shared responsibility and only through new ways of working and innovative partnerships WHO can make a difference and achieve its goals.

**5. Do you offer any internships or other on-site opportunities for trainees or other colleagues hoping to learn more about global child and adolescent mental health and the WHO?**

WHO offers opportunities for conducting internships at all levels of the organization (at Headquarter, Regional and Country Offices).

Here is the link for more information <http://www.who.int/employment/internship/en/>

We welcome and value the contribution of trainees and more senior colleagues who decide to join us for some time and contribute to the Department's work.



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**(cont.3)**

**6. What do you feel that front-line clinicians, anywhere in the world, can do to get involved in promoting global child and adolescent mental health?**

Clinicians play a key role in national and global efforts toward reducing treatment gap for mental disorders. They are best placed to act as advocates for changing policies and practices towards evidence-based, human right oriented, and integrated and comprehensive care for persons with mental disorders and their families. They can contribute to reducing stigma and discrimination in the communities they serve. Furthermore, as trainers and supervisors clinicians can play important roles for human resource development and improvement of quality of care.

I would encourage health care providers and also specifically mental health and child mental specialists to use the tools and guidelines made available by the WHO and specifically the mhGAP materials and provide feedback to us. This is extremely important for us.

**7. And for those who don't know you, could you tell us a little bit about yourself and how you got to be involved in the WHO?**

I am a child psychiatrist from Italy, trained in public health at the London School of Hygiene and Tropical Medicine. I joined the WHO in 2005 as Junior Professional Officer at the WHO Country Office for Eritrea and since then served the organization in different capacities. I am currently part of the team on Evidence, Research and Action on Mental and Brain Disorders at the Department of Mental Health and Substance Abuse at WHO Headquarter and acting as focal point for child and adolescent mental health. Since the time I joined the organization I witnessed a substantial increase in international awareness on mental health and also child mental health specifically. The adoption and launch of the Comprehensive Mental Health Action Plan 2013-2020, and the adoption by the Executive Board of the World Health Organization of a resolution on comprehensive and coordinated efforts for the management of autism spectrum disorders during its 133rd session in May 2013, which was followed by a Consultation on ASD and other developmental disorders: From awareness raising to capacity building ( WHO Headquarter, 16-18 September 2013), provide promising opportunities for leveraging global efforts towards substantive changes in policies and practices. Let us not miss this opportunity.



# World Child & Adolescent Psychiatry

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**The 10th Training Seminar for Child and Adolescent Psychiatry Research  
Bocca di Magra, Italy,  
23-28 June 2013**

*Prof. Bennett L. Leventhal (WPA CAP Chair, USA)*

WPA CAP was very proud to join Fondazione Child in sponsoring the 10th Training Seminar for Child and Adolescent Psychiatry Research, held in June 2013. Hosted at the beautiful Monastero di Santa Croce in the lovely village of Bocca di Magra, Italy, on the sea between Tuscany and Liguria not far from Pisa and Cararra, 30 trainees joined 15 faculty for a week of work and study.

The seminar was chaired by Professor Ernesto Caffo of Modena, Italy, and sponsored by Fondazione Child, WPA CAP and SOPSI (the Italian Psychiatric Society). The seminar attracted students from 13 countries in Europe, Asia, Africa, the Pacific Rim and the Americas. The faculty included an equally international and talented group: Professors Marco Battaglia (Canada), Judy Cameron (USA), Simona Gaudi (Italy), Young Shin Kim (Korea and USA), James Leckman (USA), Daniel LeGrange (USA), Bennett Leventhal (USA), Barbara Loi (Italy), Fabio Macciardi (Italy & USA), J. Antonio Ramos-Quiroga (Spain), Emiliano Ricciardi (Italy), Neal Ryan (USA), David Shaffer (USA), and Johannes Thome (Germany).

This was a rigorous seminar that went from 08:30 to 19:00 each day. The seminar included lectures on current research in specific disorders as well as extensive discussions on research methods and topics. Among those methods were nosology and phenotyping, clinical assessment, genetics, treatment trials, sampling and epidemiology, statistics, bioinformatics and neuroimaging. The trainees were also provided with research tutorials and opportunities for one-on-one meetings with members of the faculty as well as instruction on how to write papers and give scientific presentations.





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## The 10th Training Seminar for Child and Adolescent Psychiatry Research Bocca di Magra, Italy, 23-28 June 2013 (cont.)

*Prof. Bennett L. Leventhal (USA)*

Keynote addresses included the topics of research ethics, developmental neuroscience and epigenetics. During breaks, meals, and an afternoon outing to Porto Venere, trainees and faculty enjoyed a collegial atmosphere in which all made new friendships. The seminar was carefully evaluated, and it appears to have performed very well. The mean evaluation score for the lectures was a very strong 6.16 out of a possible 7. The overall seminar rating was 6.28, and the trainee score for "The seminar will improve my research" was a high 6.52. Comments from trainees and faculty were uniformly laudatory, with especially positive feedback on the daily small group workshops in which trainees were able to discuss their research ideas and plans with senior faculty members. At the end of the seminar, each trainee was able to give a brief presentation of their research plans to the entire seminar for comment. The 10th Training Seminar for Child and Adolescent Psychiatry Research was a wonderful success. Attendance was made easier for our junior colleagues from around the world because Fondazione Child graciously provided tuition, accommodations and meals for all of the trainees, as well travel and accommodations for the faculty who donated their time to this effort.

WPA CAP is now working with Fondazione Child to develop the 11th Training Seminar for summer 2014. Colleagues from around the world will once again be invited to Italy to meet and learn from a very distinguished group of senior faculty. Any junior faculty and advanced trainees who are interested in participating should contact the Seminar Office at [info@fondazionechild.it](mailto:info@fondazionechild.it). Please help us identify talented trainees from around the world to participate in this wonderful experience that several of the trainees described as a "once-in-a-lifetime experience." The faculty were equally excited to work with such an enthusiastic, bright and talented group of junior colleagues. Thank you to Professor Ernesto Caffo, Fondazione Child and WPA CAP for making this seminar possible!

**10<sup>th</sup> INTERNATIONAL SEMINAR IN CHILD & ADOLESCENT PSYCHIATRY**

A Research Training Course for Junior Investigators in Child Psychiatry and Psychology

**MONASTERO SANTA CROCE**  
Via Santa Croce, 30 - Bocca di Magra, La Spezia, Italy  
June 23<sup>th</sup>-29<sup>th</sup>, 2013

**Faculty members**  
Prof. Ernesto Caffo - University of Modena and Reggio Emilia  
Prof. Judy Cameron - University of Pittsburgh  
Prof. Daniel LeGrange - University of Chicago  
Prof. Bennett Leventhal - Nathan S. Kline Institute for Psychiatric Research, New York  
Prof. Fabio Macciardi - University of California, Irvine, and Università Statale di Milano  
Prof. Neal Ryan - University of Pittsburgh  
Prof. David Shaffer - University of New York  
Prof. Norman Sartorius - University of Geneva

All the information and instructions for submission, along with the registration form can be found at:  
[www.fondazionechild.it](http://www.fondazionechild.it)  
or write an email:  
[info@fondazionechild.it](mailto:info@fondazionechild.it)



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## Singapore Association for Mental Health Youthreach Programme

*Mr. James Wong, A. Prof. Daniel Fung, Dr. Say How Ong (Singapore)*

SINGAPORE. Since its independence in 1965, this small island republic of 716 sq. km has become one of the world's most prosperous countries with per capita income (US\$45,418) equal to that of the leading nations in the world, a literacy rate of 96%, unemployment at only 2.2% and a home ownership rate of 90% among the citizen population.

Inevitably, with such fast-paced progress, a growing number of teens are becoming distressed, facing a plethora of issues ranging from studies, relationships, finance and careers, among other things.

YouthReach (YR) was established in August 2006 to provide support for this this group especially in encouraging them to talk about and manage their life challenges. It is an innovative mental health recovery programme providing psychosocial rehabilitation for children and youths with emotional and psychological issues.

With its relocation two years ago from Jurong to more centralised premises at NCSS' (National Council of Social Service) Social Service Hub at Tiong Bahru's Central Plaza, lifting of the qualifying age limit of youths from 18 to 21 years, and promotion of outreach and networking activities with the various community partners, YR is better placed today as a community resource agency to improve the lives of children and youths with emotional and psychological concerns, as well to provide support for their families.

### PROGRAMME STATISTICS

A total of 95 children and youths were served in FY12 (1 Apr 2012 to 31 Mar 2013), 26 of whom were new intakes (Table 1). There were 49 new referrals, 74% of whom were from IMH (the Institute of Mental Health), 14% from restructured hospitals and private psychiatrists, and 12% from Family Service Centres, schools and MSF (the Ministry for Social & Family Development).

In addition to serving more youths and families in FY12, YR was successful in having more youths stay longer in the programme, thus ensuring sustainability on their road of recovery. Altogether, 87 youths (91.5%) were able to continue living with their families and in the community with no re-hospitalization at all.

Table 1: No. of Youths in YR Programme

Description	FY2011	FY2012
New intake	38	26
No. of youths discharged	17	10
No. of active youths (as at 31 Mar '13)	69	85
Total number of youths in YR programme	86	95



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Singapore Association for Mental Health Youthreach Programme (cont.1)

*Mr. James Wong, A. Prof. Daniel Fung, Dr. Say How Ong (Singapore)*

Table 2: Profile of clients according to diagnosis

Diagnosis	Schizophrenia	Mood Disorders	Anxiety Disorders/OCD	Others
Male	14	7	9	15
Female	25	12	7	6
Total	39	19	16	21

Table 3: Activities and settings youths engage in after discharge from YR

Activity	School	Employment	National Service	Home
Total	7	1	1	1

### PROGRAMME HIGHLIGHTS

Our youths continue to be engaged in a healthy array of exciting activities throughout the year. They understand and appreciate the concept of outdoor learning when they participate in education through recreational activities and play. As part of our outdoor classroom initiatives, visits to factories such as Gardenia, Yakult and Fassler Gourmet were organised. Representatives from these factories provided our youths with the opportunity to learn more about the procedures involved in food processing and even treated them to food-tasting sessions of their products after a guided tour of their processing lines.

Another educational initiative that helped our youths learn more about science outside the classroom was a guided tour by butterfly enthusiasts who volunteer at the Tampines Changkat Butterfly Garden. A workshop on butterflies and their life cycles allowed our youths to get up close and personal with butterflies in their very own butterfly garden located in the heartlands.

Another highlight of outdoor workshops was a guided tour in the third quarter of FY12 to SAMH Creative Hub, another recent programme of SAMH, which adopts an integrative concept that incorporates the creative arts in therapeutic work and is predicated on the belief that people can heal and grow through creative expression, visual art, music and dance. An experienced dance teacher was invited as a volunteer to coach our youths in a series of creative Dance and Moves sessions. For many, this was a first introduction to the fresh concept of contemporary dance, and they had plenty of fun creating their own dance moves and interacting with others through dance. This activity proved to be a useful and therapeutic activity for the youths who received it well in their search for a suitable outlet to express themselves. Our youths were once again privileged to have been invited to participate in the BowLinks programme organised by Singapore Bowling, a bi-monthly bowling match that cultivates friendly competition between youths interested in bowling as a sport. This time round, our youths were better prepared through their monthly bowling practices, giving them more confidence as they persevered through the BowLinks matches. In our annual collaboration with the School of the Arts (SOTA), our youth beneficiaries and the SOTA students worked together this year on a visit to an orphanage as part of their community involvement project. The group spent a fruitful day at the Darul Ihsan Orphanage interacting with other children Page 14



## Singapore Association for Mental Health Youthreach Programme (cont. 2)

*Mr. James Wong, A. Prof. Daniel Fung, Dr. Say How Ong (Singapore)*

and youths close to their age groups. Strong ties and friendships were forged through team-building games like Scavenger Hunt. The beneficiaries from the orphanage, in turn, also learnt basic clay-making skills from our young volunteers. Through the various activities, our youths learned more about their new friends from the orphanage and also the joys of volunteering. has a community of sponsors, donors, volunteers and interns to thank for the continuous support and opportunities given to our youths. This encouraging support helps our youths by empowering them to effectively cope with their challenges and integrate well with society, allowing them to live meaningfully and improve the quality of their lives.

### TESTIMONIALS

Many youths and caregivers have benefited from the support and opportunities provided to them through YouthReach, and have accordingly expressed their gratitude. Below are extracts of several testimonies:

“Christine has been very supportive to Nick, gives moral support when Nick is ready to go back to school” - Jill, Caregiver

“I love YouthReach very much. I am happy, glad and touched to be accepted into the YouthReach family with the staff, caseworkers and youths. I feel very supported, safe and secure within the YouthReach community” - Neil, Client

### FUTURE PLANS

YR aims to reach out to more children and youths and their families who are in need of mental health support, and who seek to achieve and maintain mental wellness. We hope to widen our support network to all who need us and replicate this programme to other parts of Singapore. We are also sourcing for suitable premises to provide residential facilities and a structured environment, conducive for illness stabilization and promoting recovery for adolescents coping with mental health issues. Towards this end, we appeal for and will continue to seek support from funders, donors and all others who share our mission of helping beneficiaries towards mental wellness. Please visit our website [www.samhealth.org.sg](http://www.samhealth.org.sg) for further information on SAMH and its various programmes and services, and if you wish to donate and/or support us in other ways.





# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Child and Adolescent Psychiatry in S.America: an update

*Dr. Beatriz Moyano (WPA CAP Regional Rep., Argentina, S. America)*

This report would not be possible without the invaluable collaboration of Andrea Abadi, M.D., President of the AAPI (Asociación Argentina de Psiquiatría Infanto Juvenil y Profesionales Afines) and Vice-President of the LILAPETDAH (Liga Latinoamericana para el Estudio del TDAH, or the Latin American League for the Study of ADHD), and Liliana Moneta MD, President of the Child and Adolescent Chapter of the APSA (Asociación de Psiquiatras Argentinos). They have summarized their respective C&A organization's actions as follows. Child and adolescent experts in South America are committed to finding different venues to share knowledge and experience and to foster growth across the region. Over the last several decades of our practice, we child and adolescent psychiatrists in the region have become progressively more aware of what our society needs and demands, such that we are able to elaborate specific and realistic mental health strategies.

South America is a land of infinite contrasts, leading us to focus on regional studies of psychopathology and regional practice parameters. During the past year, child experts representing the Child & Adolescent Section of the APAL (Asociación Psiquiátrica de América Latina) and hailing from Argentina, Chile, Paraguay, and Uruguay, have worked through Paraguay's Universities and the Paraguayan Society of Psychiatry, to deliver a child and adolescent psychiatry course that is based in Asunción, Paraguay; that involves monthly day-long classes; and that has imparted updated knowledge to approximately 60 mental health professionals from different parts of Paraguay where there are significant needs for training and expertise in this area. Although this course is set to conclude in September 2013, we are planning similar regional initiatives for the future. This initiative has generated great enthusiasm among young and "not-so-young" course participants. Of note, the training cycle ends with presentations of research projects done at the participants' home sites. Given that research in South America is often difficult to conduct because of lack of resources, the participants' success in finding research regional interest and significance has been very encouraging. The best research papers will be presented at the Congress of Psychiatry organized by the Paraguayan Society, which will be held September 26 to 28 in Asunción. The WPA-CAP section will be represented in this congress by Drs. Viola (Uruguay) and Abadi (Argentina).

Although a relatively small country in our South American region, Paraguay was the proud host of a recent WPA Regional Meeting in January 2013. There were more than one thousand conference participants from all around the world, including Dr. Pedro Ruiz and several other WPA leaders. The WPA-CAP section was represented by Dr. Laura Viola from Uruguay.

The AAPI, the most traditional child and adolescent organization in Argentina, will hold their annual meeting August 29 to 30 in Buenos Aires. Child and adolescent psychiatrists and psychoanalysts will meet and participate in the clinically focused conferences and workshops. The conference will also highlight a few regional research projects, done in collaboration with more developed countries. Finally psychiatric hospital directors from Buenos Aires will congregate to discuss the most pressing regional mental problems and possible solutions. Coming to the end of the year, on November 27 to 30 the 5th meeting of the LILAPETDAH will take place in Colonia, Uruguay in conjunction with the Congress of the Latin American Federation of Child and Adolescent Psychiatry (FLAPIA, or Federación Latinoamericana Psiquiatría de la Infancia, Adolescencia, Familia, y Profesionales Afines).



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Child and Adolescent Psychiatry in S.America: an update

(cont.1)

*Dr. Beatriz Moyano (WPA CAP Regional Rep., Argentina, S. America)*

The LILAPETDAH is an expert group formed from the chapters of 20 Latin American countries. The group meets every two years to unify diagnostic criteria, to improve government policies for the diagnosis and treatment of ADHD in Latin America, and to carry out research on ADHD.

The initial LLILAPETDAH project that emerged sheepishly from Mexico seven years ago, involving collaboration between psychiatrists and pediatric neurologists, has evolved into an effective multidisciplinary model of collaboration between psychiatrists, educational psychologists, pediatric neurologists, psychologists, and parents' associations. Furthermore, the organization has become an amazing group of friends who share long discussions and anecdotes and who are unified by a desire to improve the quality of life for Latin American kids with ADHD and their families.

FLAPIA seeks to create forums for discussion among Latin American professionals on common challenges faced on our continent. Every two years a FLAPIA congress is held in a different country, and this year's meeting has been organized in Uruguay. Dr. Viola, current president of FLAPIA, will be the congress chair. At this congress, the next FLAPIA chair, who will lead the organization of the next meeting, will also be selected.

On behalf of the Executive Committee of the League, Drs. Abadi and Viola invite everyone to participate in this conference. Many regional colleagues have already registered for the congress, and we believe that the cross-cultural discussion would be amazing and of great interest to everyone!

The APSA is the most traditional general psychiatric association in Buenos Aires, and all members of the APSA are affiliated with the WPA, as the former is a member society of the latter. The APSA annual meeting is one of the most popular psychiatric congresses in Argentina and is usually attended by more than 6000 regional psychiatrists, and regularly participating experts from all over the world. During the last few decades, there has been progressive growth in the number of C&A psychiatric attendants.

The Child and Adolescent Chapter of the APSA is coordinated by Dr. Liliana Moneta. People in the chapter are very experienced in both in public and private institutional levels, and they venture into collaborations with other child and adolescent-serving professionals, including psychologists representing a variety of theoretical orientations, pediatricians, sociologists, anthropologists, social workers and occupational therapists.

The APSA's Child and Adolescent Chapter regularly participates in several regional, national and international meetings (in addition to the APSA's own annual meeting), including the AASM, AAPI, FLAPIA, WPA, APAL annual meetings. The chapter recently participated in the Conference of Personality Disorders in Children and Adolescents at the Hospital Carlos Pereyra (in Mendoza city). They also debated the urgent problem of violence and abuse among children in Argentina at the Argentinean Society of Gynecology in Children and Youth. The Chapter maintains regular meetings with the Buenos Aires Psychoanalytic Association (Asociación Psicoanalítica de Buenos Aires) where chapter members are invited to debate contemporary problems faced by Argentinian teenagers: insecurity; drug abuse, especially of "Paco," which is the poor people's most common drug of choice, which is associated with devastating psychiatric and other medical impairments, and which has become the principal cause of lethal crimes in Buenos Aires; urban gangs; and the increasing rate of child and adolescent suicides.



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Child and Adolescent Psychiatry in S.America: an update

(cont.2)

*Dr. Beatriz Moyano (WPA CAP Regional Rep., Argentina, S. America)*

The APSA C&A Chapter has recently been invited by the University of Medical Sciences in Rosario, Santa Fe to speak about another issue of great concern in Argentina: adolescent Personality Disorders their relation with teen suicide. The chapter has also recently participated in the School Violence Educational Conference for Teachers organized by the Instituto Terrero of La Plata. Notwithstanding a recent Chair with a cognitive-behavioral orientation, the Buenos Aires University of Psychology has historically been psychoanalytically oriented. In this setting the APSA C&A Chapter recently participated in an activity organized by the UBA Chair of Psicoanalysis in children and adolescents, (Dr. Marisa Rodulfo): "Innovaciones en la técnica psicoanalítica a partir de las nuevas tecnologías en adolescentes con subjetividad en riesgo."

With one of their aims being the early detection of Personality Disorders, the APSA C&A chapter has maintained a presence in the Emergency Service of Hospital Moyano. The APSA's academic activities are done through the Postgraduate Training Superior Institute of the APSA (ISFP) and consist of an advanced course called Update in Pediatrics specially focused in current social problems in Argentina, their influences on adolescent psychopathology, and their relationship to urban gangs. During the last six years the APSA has sustained the virtual online course: "Children and Adolescents and Their Families' Psychopathology," specially focused on national and Latin American mental health and professionals in related disciplines.

Most recently, the chapter has offered the course: "Neuroscience and Child and Adolescent Psychopharmacology, Neurobiological Correlates of Early Normal and Pathological Development, and Rational use of psychopharmacology." In this course, specialists in each of the principal child and adolescent disorders have been invited to provide updates.

The C&A Chapter is also involved in the training of adult psychiatrists at the ISFP.

During the last two years, a new organization has been born, called the Argentinean College of Psychopharmacology and Neuroscience (Colegio Argentino de Psicofarmacología y Neurociencias, or CAPyN), directed by Prof. Dr. Sebastian Alvano and Prof. Dr. Andrea Lopez Matos.

The CAPyN aims to elaborate national guidelines for the diagnosis and treatment of principal DSM-5 disorders: that are readily accessible (irrespective of distance from major Argentinian cities), that are written in Spanish, and that are adapted for our regional culture. Dr. Beatriz Moyano is directing the Child and Adolescent Section of the CAPyN and sharing an open invitation to WPA C&A psychiatrists and C&A psychiatrists from other countries to provide recommendations and assistance in this initiative!

Most of the AAPI and APSA chapter C&A psychiatrists teaching in public and private universities, and through their efforts, updated child and adolescent psychiatric knowledge disseminated for the benefit of adult psychiatrists and C&A psychiatrists in training and in practice.

We hope to meet with C&A psychiatrists from all over the world during the next WPA C&A Section meeting at the AACAP 60th Annual Meeting in Orlando, Florida, on October 22-27, 2013.



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## The First Review Course in Child and Adolescent Psychiatry in the Kingdom of Saudi Arabia, the Gulf States, and the Middle East

15-17 April 2013 – Jeddah, KSA

*Dr. Khalid A. Bazaid (KSA)*

Child and Adolescent Psychiatry is the branch of medicine that deals with the diagnosis, treatment and prevention of mental disorders in children and adolescents. Up to 20% of children suffer from serious mental disorders that result in functional impairment. Complications include academic problems, school dropout, truancy, suicidal behavior, and substance abuse. In addition, families have to endure financial and emotional difficulties. There is, therefore, a critical and increasing need for qualified personnel to diagnose and treat affected children and adolescents and to address the needs of families and communities.

Although serious behavioral and emotional problems in children and adolescents have been recorded for centuries, the discipline of child psychiatry began in the child guidance clinics during the 1920s. The first textbook of child psychiatry was published in 1945.

The discipline has witnessed remarkable growth in the USA and Europe in the last 50 years, despite a persisting shortage of qualified child psychiatrists all over the world. The shortage is particularly urgent in countries of the developing world, including the Kingdom of Saudi Arabia(KSA). With more than half of the population under the age of 18 years, and with social and societal changes causing enormous burdens to families, there is an acute need for trained child and adolescent psychiatrists in the country and an equally acute need to offer training programs for clinicians and other professionals who care for children and adolescents and who work with their families.

This was the first Review Course in Child and Adolescent Psychiatry in the KSA, the Gulf States, and the Middle East (April 2013).





# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## The First Review Course in Child and Adolescent Psychiatry in the Kingdom of Saudi Arabia, the Gulf States, and the Middle East (cont.)

*Dr. Khalid A. Bazaid (KSA)*



It was organized by the Child Psychiatry Unit at King Khalid University Hospital, College of Medicine, King Saud University, Riyadh, KSA. The course was aimed to educate the audience (psychiatrists, pediatricians, family physicians, and residents in training) about common mental health disorders in children and adolescents and how to assess and diagnose these disorders. The course also introduced treatment interventions based on biological and psychosocial models. Although several other important topics like eating disorders and child abuse were not covered at this time due to time limitations; they will be addressed separately in other venues.

The CAP Review Course topics were as follows: Introduction to Child & Adolescent Psychiatry (K. Bazaid, KSA), Update on DSM-5 Child & Adolescent Psychiatry (Fadia Aldahan, KSA), Mood Disorders (Gordana Milavić, UK) Assessment & Interview of Child and Adolescent (Mona Alsaihati, KSA), Attention Deficit Hyperactivity Disorder (Peter M. Ferren, USA), Psychotic Disorders (M. Waqar Azeem, USA), Disruptive Disorder (Khalil Algowfili, KSA), Elimination Disorders (Abdulsamad Aljeshi, KSA), MSE of Child & Adolescent (Nihal Erfan, KSA and Peter M. Ferren, USA), Autism Spectrum Disorder (Waqar Azeem, USA), Biological Treatment (Khalid Bazaid, KSA and Gordana Milavić UK), Anxiety Disorders & PTSD (Samirah Alghamdi, KSA) and Psychological Treatment (Omar Almodyifer, KSA).



Child & Adolescent  
Psychiatry  
Review Course



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## WPA CAP Group on Teaching and Learning at ESCAP 2013,

*Prof. Norbert Skokauskas (Norway), Dr. Say How Ong (Singapore), A. Prof. Jeffery Hunt (USA), Dr. Masaru Tateno (Japan), A. Prof. Daniel Fung (Singapore), Prof. Anthony Guerrero (USA), Prof. Samy A. Azer (Kingdom of Saudi Arabia)*

The WPA CAP Group on Teaching and Learning continues to be one of the most active WPA CAP components. The Group aims to optimize child and adolescent psychiatric education through innovations and progressive strategies in medical education and remains responsive to national and international contexts and concerns relating to accreditation. The Group was established just 5 years ago but already has organized various training seminars that have been attended by hundreds of child and adolescent psychiatrists and allied professionals and that have included more than 40 leaders in the specialty from N. America, Europe, Asia, Australia and the Middle East. In collaboration with the ESCAP and the AACAP Training and Education Committee, the WPA CAP Group organized a traditional training session at the ESCAP International Congress 2013. The session was chaired by Prof. Norbert Skokauskas.

At the ESCAP 2013, Dr. Ong Say How spoke about postgraduate psychiatry training in Singapore, which has historically been modeled after the British medical school system and comprises three years of Basic Specialty Training (BST) and another three years of Advanced Specialty Training (AST). This training is followed by up to one year of sub-specialty training overseas, typically in one of the teaching hospitals in North America, the United Kingdom, or Australia. With the recognition that formative training for residents varies in quality depending on the specialty, institution and supervisor, the Ministry of Health and the Specialist Accreditation Board (SAB), together with psychiatry teaching centers in Singapore, particularly the Institute of Mental Health (IMH); adopted the core training guidelines and principles of the US Accreditation Council for Graduate Medical Education – I International (ACGME-I) in 2010. These guidelines and principles clarify the role of sponsoring institutions and help residents to achieve their professional, ethical and personal development goals. With a renewed focus on developing core competences through effective pedagogy, learning strategies and objective assessment methods, it is with greater confidence that locally trained child psychiatrists will have skills, knowledge and experience comparable to their international counterparts.

Dr. Jeffery Hunt spoke about assessment of educational outcomes in PBL for advanced child and adolescent psychiatry residents. The effectiveness of PBL as an educational strategy for advanced post-graduate learners is still largely speculative. There is some evidence from the undergraduate medical student literature that suggests that PBL enhances teamwork, social and emotional understanding of medical problems, appreciation of legal and ethical issues, attitudes toward personal health, and communication and inter-professional skills. There is also evidence that PBL can improve students' ability to cope with uncertainty, to use information technology, and to understand evidence-based medicine. New skills are required of PBL teaching faculty to develop strategies to assess the educational outcomes of their PBL sessions. PBL in post-graduate training is gaining momentum in the US and Europe. It is critical that the outcomes of this method of teaching be examined closely to ensure that the expenditures in terms of faculty and student time and effort are worthwhile.

Dr. Masaru Tateno spoke about post-graduate training in child and adolescent psychiatry (CAP) in Japan, where it is not an individual specialty, rather a psychiatric subspecialty. There is currently no uniform training



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## WPA CAP Group on Teaching and Learning at ESCAP 2013,

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program in CAP, and each teaching hospital determines its own curriculum. As a result, CAP training content and clinical experience varies greatly among hospitals. Instead of a standardized residency program in CAP, the Japanese Society for Child and Adolescent Psychiatry (JSCAP), the biggest academic society in the field, has its own certification system. The JSCAP requires: 1) at least five years of clinical experience in medicine, including at least two years in general psychiatry and at least three years in CAP, 2) society membership for at least five years, 3) an application form with a CV, 4) a list of 30 CAP cases seen in the preceding three years, and 5) three case reports, of which at least one must be a case with a developmental disorder. The clinician certified by the JSCAP is regarded as a CAP specialist in Japan. Regarding general psychiatric, there are two major certification systems: designation by the Japanese government as a designated physician for mental health (DPMH), and psychiatric specialist accreditation by the Japanese Society of Psychiatry and Neurology (JSPN). In both training programs, the trainees are required to have child and adolescent cases and to submit case reports.

The WPA CAP Group on Teaching and Learning will organize the 5th SISG (Special Interest Study Group) on Problem Based Learning at the 60th annual meeting of the AACAP in Orlando, Florida. If you are planning to attend the AACAP, please register to join us at this SISG on Thursday, October 24, 2013 from 5:00 PM to 6:30 PM.

WPA CAP Group members will also present at Clinical Perspectives 41: Global Perspectives on Teaching and Learning About Child and Adolescent Psychiatry on Sunday, October 27, 2013 from 8:00 a.m. - 11:00 a.m. This session is a part of Prof. Paramjit T. Joshi Presidential Initiative: " – Partnering for the World's Children:

Chairs: Norbert Skokauskas, and Paramjit T. Joshi, (AACAP President).

Global Educational Networks in Child and Adolescent Psychiatry: What Has Been Achieved and Where to Go Next. Norbert Skokauskas, Anthony Guerrero, D. Fung, T. Masaru, B. L. Leventhal

Postgraduate Training in Child and Adolescent Psychiatry in the United Kingdom. Gordana Milavic

Child and Adolescent Psychiatry in Saudi Arabia: Proposing a Fellowship Program in the Face of Acute Need. Khalid A. Bazaid

Epidemiologically Responsive CAP Training in Latin America: The Example of Uruguay. Laura Viola

Child and Adolescent Psychiatry Training in South Asia. Ayesha I. Mian

CAP Training in the Competency and Milestones Era: United States and International Perspectives. Jeffrey I. Hunt, Anthony P.S. Guerrero



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## The Third National Congress, with International Participation, of the Serbian Association for Child and Adolescent Psychiatry

*Dr. Milica Pejovic Milovancevic (Serbia) and Dr. Gordana Milavic (UK)*

The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS) was formed in the summer of 2006, and it was soon recognized and accepted by international organizations such as WPA, IACAPAP and ESCAP. DEAPS was founded as the professional organization bringing together professionals from different disciplines (including health care, social welfare, education, culture, sports, and the like) in order to jointly advance theory, practice, service organization and research in the mental health of children and adolescents. Through various professional activities, the Society has focused on advancing knowledge and healthcare delivery models relevant to child and adolescent mental health and on advancing the specialty of child and adolescent psychiatry and allied professions. The Society hosts four regular meetings per year and has so far organized three major conferences with international participation. Currently, there are more than 500 members and affiliates of the Association. We have a website ([www.deaps.org](http://www.deaps.org)) and a mailing list for all our members.

The most recent Congress, entitled Mental Health of Children and Adolescents – The Encounter of Theory and Practice, was held on the beautiful mountain of Zlatibor, in the middle of Serbia, 23/26 May 2013. This Congress followed two previous very successful Congresses, which took place three and six years ago. This recent conference continued the trend of excellent lectures in a great setting and included prominent invited professionals as well as Serbian colleagues. This year we were greatly pleased to hear lectures from Kevin Brown (UK), Dimitris Anagnostopoulos (Greece), Panos Vostanis (UK), Gordana Milavic (UK), Miroslava Simic (UK), Vaska Stancheva Popkostadinova (Bulgaria), Martina Tomori (Slovenia) and many others. More than 230 participants from Serbia and the region participated in the Congress, which included 17 plenary lectures, 11 symposia, one round table discussion and one workshop. The Congress was a renewed opportunity to exchange our experiences and knowledge and a chance to collaborate with mental health professionals from abroad. It was also a good opportunity to have in-depth discussions on selected topics, to get to know each other better and to start new initiatives for future cooperation. We truly believe that our Congress was enlightened not only by new research and clinical expertise, but also by new contacts, friendships and collaborations. We hope to continue our work on improving the mental health of children and adolescents, while promoting the continuous education of professionals in the field.





## My Determination in Japan

*Fumi Masuda (Japan)*

Takao Nakabayashi (Japan), Riku Sanada (Japan), Takahiko Inagaki (Japan), Naoto Yamada (Japan)

"You should go to London. It is your duty," my boss said last year.

I am a senior resident in psychiatry from Japan. Three-and-a-half years have passed after my graduation from medical college. I have been a psychiatrist for one-and-a-half years.

"What can I learn?" I asked. I was a little bit confused at that time, but I have now realized the reason for my boss's recommendation. My visit to London encouraged me and made me stronger than ever in my resolve to make a meaningful difference for psychiatry in my country. From June 22 to July 7, 2013, together with my boss and another colleague, I visited Maudsley Hospital and other nearby hospitals and participated in some conferences and interviews. I observed many differences in the psychiatric care system between the U.K. and Japan.

I was surprised that psychiatrists spend more than 1 hour on the patient interview. In Japan, we are allowed 10 minutes at most for one outpatient, as psychiatrists have to see more than 20 – and sometimes 30 – patients in a half day!

I believe there are many reasons for such a difference. The most important point is that in the UK, the goal is to cure patients through appropriate treatment that follows evidence-based guidelines; therefore, additional time is needed to thoroughly assess what is needed for such treatment, and patients – who feel fewer stigmas about their (treatable) illness, are more comfortable spending the time to talk.

I believe that this investment of resources in curative treatment, reduction of stigma, and accessible early care through outreach leads to a positive cycle of success, as illustrated in Figure 1. In Japan, the average length of inpatient hospitalization is very long: 301 days in 2010. Also, the number of inpatients is larger than in the UK (2.43 per 1,000 in Japan and 1.71 per 1000 in the UK). Mental health care costs per person relative to GDP are about 0.4% in Japan and about 1.0% in the UK. This difference may be a function of stigma (greater in Japan and lesser in the U.K).

I asked some doctors to share their wisdom on how to reduce stigma. Some of their answers included: "We have been making efforts to reach the public by using mass media – for example, by producing a documentary"; "We are trying to give lectures to teachers"; "We made an exhibit featuring patients' creative works and got many people come." I realized that there were tremendous efforts by each and every one of the mental healthcare providers. It was amazing to observe such a strong will to improve psychiatry.

Conversely, stigma is still a very big problem in Japan, leading to a negative vicious cycle. Patients are ashamed to visit the psychiatrist. In addition, there is no system, akin to the General Medical Council in the U.K., to ensure the quality of the psychiatrist. In some cases, for example, patients receive treatments, such as high doses of benzodiazepines, that cannot possibly be helpful.



# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## My Determination in Japan

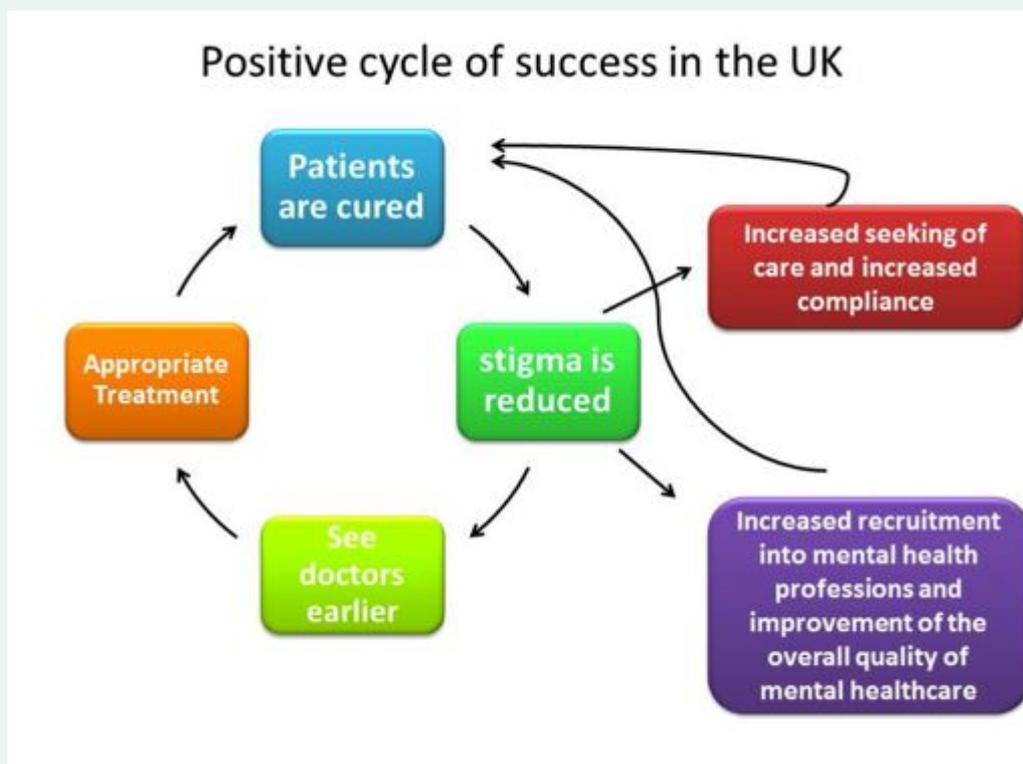
*Fumi Masuda (Japan)*

I really fear for this situation in Japan, and I want and need to change it. As doctors and as people, we must embrace the missions of: seeking curative treatments, enlightening the public on the treatable nature of mental conditions, and increasing the recruitment of professionals with a strong will to improve psychiatry in Japan.

Since my return to Japan, we have started, in our Department, to give educational lectures to the public, and we will surely continue and expand on these strategies.

I would also like to mention the importance of continuing in the profession of psychiatry as a woman. In Japan, it is common for female physicians to quit or reduce work after giving birth. This phenomenon likely contributes to the shortage of physicians, especially in high-need specialties such as psychiatry. I was really encouraged to see, in the U.K., so many female professionals working and playing active roles on the team. I think we have a long way to go here in Japan, but I will certainly persevere in my efforts to increase and promote the female workforce, together with my lovely colleagues. I am very grateful to everyone at the Maudsley hospital and to everyone in the UK. I would like to say a special thanks to Dr. Gordana Milavic, who suggested that I write an article. I deeply appreciate this opportunity.

References available upon request.





# World Child & Adolescent Psychiatry

ISSUE 5, October 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Readers' Letters

Dear Professor Leventhal,

I would like to thank you for your column in a previous issue of "World Child and Adolescent Psychiatry". Reading through your column, I was deeply impressed with your warm and encouraging message, to which I could not help but write this letter to express my gratitude.

As you described in your column, I am one of the people who need to speak up more. Before elaborating upon the reason why I feel I need to speak up more, let me explain my educational and training background a bit. I completed a three-year psychiatry residency in Japan and restarted a general psychiatry residency in the United States with the intent to pursue a child and adolescent psychiatry fellowship. What made me decide to restart residency in this country was my curiosity towards the child's mind, brain, and surrounding society, which significantly influences children and adolescents' lives, particularly in this extraordinary diverse culture. I wanted to challenge myself to find what I had been looking for and how to dedicate myself to brighten the future of youths' mental health. However, the first year of my residency training was overly stressful and challenging as I expected. Being overwhelmed and obtunded with difficulty adjusting to a different system, I was almost about to lose the curiosity and motivation that I initially had. I spoke less and tended to hide, focusing just on how to survive every day. I was literally the "Waldo" that you had difficulty finding.

Luckily, I was able to escape from that moment in which I got stuck, and I found time to contemplate what I wanted to pursue during and after residency training. With perfect timing, Prof. Norbert Skokauskas recommended your column to me, and it greatly inspired me to move forward without hesitation to be a child and adolescent psychiatrist. Starting a new thing is always exciting, but strenuous when we have our daily work to continue and maintain. Listening to others' opinions is much easier than stating our own opinions and discussing them with others, especially in a place where we are required to use a second language (in my case, English). Silence is considered as a useful nonverbal communication tool in some cultures. It is also important in clinical practice to maintain silence and to give affluent time to patients as well as colleagues, and appropriate silence can maximize the efficacy of psychotherapy. In a global perspective, however, silence is not always beneficial. Finding silent Waldo is way too difficult in the real world. We need to introduce each other, exchange our ideas, and deepen our understandings through language. In that way, we are able to find the next steps to the future of child and adolescent psychiatry. Even in countries where no child and adolescent psychiatry services are available, we can develop something by speaking up and sharing our wisdom.

After reading your column again, I asked myself, "If I cannot start now, then when?" Yes, I must speak up to be connected with other professionals locally and throughout the globe.

Again, I truly appreciate your inspiring column.

Sincerely yours,

Tomoya Hirota, MD  
Psychiatry Resident, Vanderbilt University,  
Nashville, TN, USA



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## Join Us at AACAP's 60th Annual Meeting!



Prof. Paramjit T. Joshi, AACAP President-Elect

I am so looking forward to AACAP's 60th Annual Meeting in Orlando, October 22-27! This year's program provides an in-depth look at current issues in clinical practice, cutting-edge research, public policy, education, and advocacy. And don't forget, it is AACAP's 60th birthday! With the release of DSM-5, changes in CPT codes, and Affordable Care Act implications, you cannot afford to miss this opportunity to learn, converse, network, and celebrate with other experts in your field! The Annual Meeting continues to attract increasing numbers of international colleagues and we have seen a marked growth both in the number and quality of presentations that address global issues in children's mental health – a topic close to my heart and what will be the theme of my Presidential Initiative, Partnering for the World's Children.



Prof. Gabrielle A. Carlson, AACAP Program Committee Chair

I'm looking forward to welcoming you and your family to Orlando for AACAP's 60th Annual Meeting, October 22-27 at the Walt Disney World Dolphin Hotel. We have a wide variety of submissions and some innovative topics too. As a reminder, the large majority of our sessions are accredited for continuing medical education (CME) credit—attendees can receive up to 50 CME credits by attending the entire meeting. Plus, take the self-assessment exam after you register and earn an additional 8 CME credits (see your registration confirmation email for more instructions).



Prof. B. Leventhal, WPA CAP Chair

WPA CAP Assembly will take place on Wednesday (23 10 2013), at 12.30, Oceanic 8 room.



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ISSUE 5, October 2013

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**COME TO DURBAN AND LEARN  
SOMETHING NEW  
FROM OUR OUTSTANDING  
PLENARY LECTURERS**

**Prof Ian Goodyer, University of Cambridge, UK  
Dr Paramjit Joshi, President-Elect, AACAPAP, USA  
Ms Nomfundo Walaza, Desmond Tutu Peace Centre, SA  
Prof Linda Richter, Human Sciences Research Council, SA  
Dr Stan Kutcher, Dalhousie University, Canada**

#### CRITICAL DATES

**30 May 2014 - Early registration closes**

Further details on our website: [www.iacapap2014.co.za](http://www.iacapap2014.co.za)

**REGISTRATION NOW OPEN!**



**21<sup>ST</sup> WORLD CONGRESS  
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**XVI WORLD CONGRESS OF PSYCHIATRY**  
**"FOCUSING ON ACCESS, QUALITY AND HUMANE CARE"**

**MADRID, SPAIN | September 14-18, 2014**



Dear Colleagues and Friends,

As President of the World Psychiatric Association for the triennium 2011-2014, it is both an honor and a pleasure to invite you to join me in attending our XVI World Congress of Psychiatry, which will be held in Madrid, Spain, on September 14-18, 2014. As President of this Congress, I selected its theme to be "Focusing on Access, Quality and Humane Care". This theme reflects quite well the priorities that I have held during my entire professional career as a psychiatrist. I also think that these priorities are as important today as they were when I started my professional career. Moreover, today, they are the most challenging issues pertaining to mental health patients in all regions of the world.

As you probably are aware, our XV WPA World Congress of Psychiatry held in Buenos Aires, Argentina, in September 2011, attracted over 14,000 attendees. I hope to have in the Madrid WPA World Congress of Psychiatry over 15,000 attendees. As you will soon notice, the quality of this Congress will be second to none; the Convention Center in which we will hold this World Congress is one of the best in the world, and could easily accommodate our goal of 15,000 attendees; the museums, art galleries, and historic places to visit in Madrid are just outstanding. To mention a few of them, the Prado Museum, Toledo, Aranjuez, La Puerta del Sol, La Gran Vía, Avila, El Escorial, and dozens of outstanding restaurants and flamenco dancing shows, as well as historic monuments, parks and gardens.

During my professional career, I always had great expectations for our patients' well being; I have always worked very hard to achieve my professional and personal objectives on behalf of our patients and our professional organizations; I must admit, however, that I cannot achieve my objectives and goals alone; I need my colleagues and friends from all over the world to join and help me in making this World Congress a symbolic one for years to come. I look forward to seeing you in Madrid, Spain, on September 14-18, 2014.

Cordially and affectionately,



Prof. Pedro Ruiz,  
President, World Psychiatric Association (2011-2014)

[www.wpamadrid2014.com/](http://www.wpamadrid2014.com/)



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**MADRID, SPAIN | September 14-18, 2014**



Dear WPA CAP Colleagues:

In 2014, the WPA will hold the 16th World Congress of Psychiatry in Madrid, Spain. This will be a huge multinational event that is very important to those of us in child and adolescent psychiatry. We are writing to you in the hope that WPA CAP can take advantage of the opportunities that such a world congress can afford us.

As you know, child and adolescent psychiatry is a relatively low priority on most agendas, including governmental, political and even professional. We, at WPA CAP, have been working hard, along with our colleagues in other professional societies, to change this situation and those agendas. Progress has been slow but there is movement. We need your help to increase our momentum.

It seems quite clear that the more visible WPA CAP becomes, the more serious attention child and adolescent psychiatry gets from WPA and elsewhere. Clearly, our journal, "World Child and Adolescent Psychiatry", has gained some attention and helped our cause (thanks to Editor Norbert Skokauskas ably assisted by many, including Anthony Guerrero). But now, I want to ask you to join us in our next big venture. We need to be VERY visible at the WPA Congress in MADRID. How can we do this? The best way is to:

1. Submit as many presentations as possible to the WPA World Congress
  - a. Do this yourself
  - b. Ask that each and every one your colleagues prepare and make submissions
  - c. If you wish your submission to be sponsored by WPA CAP, please contact WPA CAP secretary general at [N\\_Skokauskas@yahoo.com](mailto:N_Skokauskas@yahoo.com)

2. General Congress Information:

<http://www.wpamadrid2014.com>

To submit a Symposium or Workshop

<http://goo.gl/8ulE5M>

To submit a Poster

<http://goo.gl/i3qpG8>

If you have any questions or are in need of any assistance, please contact the members of the WPA CAP Executive Committee. We are happy to help.

Best wishes - Your WPA CAP Executive Committee,

Prof. Bennett Leventhal  
Dr. Gordana Milavic  
Prof. Norbert Skokauskas



# **World Child & Adolescent Psychiatry**

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## ***World Child & Adolescent Psychiatry***

**WPA, Child and Adolescent Psychiatry Section's Official Journal**

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