



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Editorial Column

Welcome to the May issue of "World Child and Adolescent Psychiatry," an official journal of the WPA (World Psychiatric Association) Child and Adolescent Psychiatry Section.

This issue features interviews, reports and comments from all over the World. I am very pleased to publish interviews with two President Elects. Prof. Dinesh Bhugra is the President elect of the World Psychiatric Association. Dr. Dinesh Bhugra is a Professor at the Institute of Psychiatry in London, England and is the past President of the Royal College of Psychiatrists, UK. Prof. Bhugra shares in his interview very interesting thoughts about the future of our discipline and outlines the goals for WPA. Dr. Paramjit Joshi is the President Elect of the American Academy of Child and Adolescent Psychiatry (AACAP) and a Professor at George Washington University School of Medicine and Health Sciences, USA. AACAP is probably the strongest national CAP society and Prof. speaks about AACAP role on the international stage. It's interesting that Profs. Paramjit Joshi, Dinesh Bhugra and also Dilip V. Jeste (President of the American Psychiatric Association) represent a generation of Indian psychiatrists, who were trained as psychiatrists overseas, have already contributed enormously to clinical work, research and teaching and now are playing leading roles at the national and international psychiatric societies.

I trust readers will also enjoy reading Prof. B. Leventhal's (WPA CAP, Chair) Column. I guess many of you know Dr. B. Leventhal as an excellent researcher, clinician and manager, but his latest column no doubt reveals his writing talent. And if you have never heard the book he is referring to - "Where's Waldo?", please note that in translations of the franchise, Waldo has often been given a name in the local language: Wally in Ireland and UK, Willy in Norwegian, Wōrī in Japanese etc.

As always our e journal publishes reports concerning child mental health from around the World this time from Africa, Europe, Asia and New Zealand.

I would like to thank my editorial team. My special thanks go to Prof. Anthony Guerrero (Honolulu, USA), Assistant Editor, and Prof. Bennett Leventhal (New York, USA), whose input has been extremely valuable. My thanks also go to all members of the extensive Editorial Board: Dr. J. Abdulmalik (Assistant Editor, Nigeria), Prof. D. Fung (Singapore), Dr. M. B. Moyano (Argentina), Dr. M. Tateno (Japan), 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!

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

N\_Skokauskas@yahoo.com





# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Chair's Column:

### "Where in the World is Child and Adolescent Psychiatry?"



#### Prof. Bennett Leventhal

Recently, a patient came to my office with a "Where's Waldo?" book. He was fascinated by looking through the book to find the young man wearing a striped shirt in all manner of places throughout the world. My patient then departed after a rather vigorous session, leaving behind his book (for a reason, I am sure). To be honest, I was captivated by the book and the challenge it posed as Waldo was not really hiding. Rather, in all the clutter of the very detailed drawings, it was just very difficult to find him. And, needing more time than I would like to admit, searching for Waldo and his equally obscure friends, I became a bit frustrated – an affect not at all unfamiliar to me. In this instance, I started to think about Child and Adolescent Psychiatry and how very hard it is to find us. It is as if, like Waldo, we are hiding in plain sight.

Over the past year-and-a-half, as part of the WPA-CAP leadership, it has been both very gratifying and frustrating. It is gratifying how many colleagues have stepped up to participate in WPA CAP. We are glad you are here and working with us. At the same time, it has been frustrating, as we have tried to generate the support necessary to share our ideas and promote the good work of our colleagues around the world. And, unlike Waldo, sometimes, we have been reasonably visible, especially at congresses around the world, as you will see from the reports in this issue of "WORLD CAP".

We are not alone in our perception that CAP is not readily seen. AACAP President-Elect, Dr. Paramjit Joshi, has determined that during her term as President, she will join us in reaching out to the world so that we can "see and be seen." Of course, the first means that we must "see" each other. Joining WPA-CAP helps as we can be sure to mail regular news to you as well as help you to connect with your colleagues around the world. While attendance at congresses like WPA and AACAP are valuable, they are simply not enough. There are not enough of us to "just attend." We must be active. It is through our activity that we can "see and be seen." To this end, we encourage you to present papers, posters, and symposia at congresses, and when you cannot present, attend and actively participate in sessions.

By participation, it also means that you speak up and identify yourself, your knowledge, your questions, and your interests. And, if you cannot speak the language well, do not be discouraged. In most cases, the language is English – a painfully difficult language, I am sorry. But, you must speak up and realize that your grammar and accent will be quickly forgiven as you trade knowledge, experience and ideas. After all, we are your colleagues. We want to get to know you and work with you. It is your silence (embarrassed or anxious) that hurts you and all of us because we cannot "see" you. We want to see and know you.

Once we can see and know each other, we must then be seen by others. Who are the others? It depends but almost certainly the others must include our colleagues in medicine, especially psychiatry, pediatrics, family/general practice, and neurology.



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Chair's Column:

We must also remember our colleagues in psychology and the allied health professions, like speech and language therapists, physical therapists, occupational therapists, educators and so many others. The only way that they will see us is if we do things that are truly visible. We must be active in professional organizations outside of child and adolescent psychiatry. Doing so means giving papers and posters at professional meetings, as well as finding other ways to share our knowledge, such as through thoughtful consultations and considerate questioning. We need to show off what we know and not hide behind some false sense of modesty. We should be proud of our rapidly expanding knowledge base about development and psychopathology. We know a lot. Let's be visible and share it.

To be seen in the larger community, we must speak up for the needs of children from our very unique developmental perspective. We must talk to our friends and our neighbors. We should speak clearly – if not loudly – about our wonderful work and how we save the lives of children and families; just like other physicians we really do save lives each and every day. We must truly believe that fact and share our story, along with our knowledge and skills. And, along the way, we should not shy away from the media. Instead, we must join the rest of the world by using all forms of media to share our message. Don't be shy. We must be at home in the print, broadcast, internet and social media. To do so, we cannot be passive. We, as individuals and as professional associations, must be proactive in creating and telling stories about what we do and how we do it – we are inspiring in our work and our patients are heroic. Let's tell the world as only we can do, with dignity, sensitivity and the force of clinical skills and knowledge.

And, finally, we must recognize that we are not equally easy to see all over the world. In some countries and regions, child and adolescent psychiatrists are rare, making it even harder for them to be seen. It is our mutual obligation to help our colleagues develop and sustain training programs by sharing our time, knowledge and skills. We can do this through meetings and visits, but also through videoconferencing and other low cost, higher technology tools that can bring us closer together to grow our numbers and be more easily seen.

Throughout my comments, I have used the pronoun "we." And, surely, we are in this together. We must work together to be seen and heard. But, in the final analysis, the proper pronouns are "I" and "me." Don't wait for "us" to do this. You must start. You must ask. You must do. Where in the world is child and adolescent psychiatry? It is wherever I am. It is wherever you are. It is up to each of us to be seen and heard. It is our individual capacity to share that will allow others to more readily find us.

I see you.

Now, get to work!

**Prof. Bennett Leventhal**

WPA CAP Chair

USA



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

**"Psychiatry is the MOST exciting and challenging and intellectually stimulating medical specialty..."**

Professor Dinesh Bhugra

Interview with Prof. Dinesh Bhugra, the Presiden-Elect of the World Psychiatric Association (WPA).

*First of all, we would like to thank you for finding the time to be interviewed by "World Child and Adolescent Psychiatry," WPA Child Psychiatry Section's official journal. We would like to use this opportunity once more to congratulate you on winning the Presidential election in 2011.*

**Professor Dinesh Bhugra:** Many thanks for your very kind invitation.

I am looking forward to working closely across sections and ensuring that psychiatry in all its forms is recognized around the globe as a major medical specialty and that we can get the best and the brightest trainees into our specialty. These are really exciting times for our profession on a number of fronts.



*How are you as President-Elect preparing for your term in office?*

**Professor Dinesh Bhugra:** As a newcomer to the organization I am learning about the structures, roles and responsibilities of committees and individuals as well as the mission of the organization. Coming at it from outside is a great advantage in that I come with very few prejudices and pre-conceived ideas. I am familiarizing myself with rules of procedures and regulations as well as global issues. In this stage of learning and understanding various processes, very many individuals have been extremely helpful and have been advising me and supporting me as well as mentoring me informally. I have been observing colleagues who have much more experience in the organization and learning from them, and I have been meeting new friends and renewing old friendships. WPA has a major role as an organization that provides added value to the national bodies.

*When you were going for the post, you had a very clear agenda. Would you mind sharing with our readers what your plans are?*

**Professor Dinesh Bhugra:** I am convinced that we must learn from each other. In many countries, in spite of limited resources, services are superb, and in others, innovative methods of service delivery are being used. I would like to create a repository of all such information so that wheel does not need to be reinvented. I am very interested in LAMI (low- and middle-income countries') needs and therefore plan to create policy, training and research-based hubs from where individuals and organizations can get information (e.g. access policy documents, make research links and have easy access to curricula in psychiatry for trainees, medical students and other mental and health professionals). This means collecting existing documents from all the organizations and creating a web-based library.

My other major interest is public mental health, and I would like to have five columns within the overarching structure: these will include gender related mental health especially dealing with domestic, physical and sexual violence; child and adolescent mental health; mental health of prisoners; minority mental health such as those of migrants, indigenous groups, LGBT groups; and mental health promotion and prevention of these policies.



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Interview with Prof. Dinesh Bhugra: (cont.)

*You have a special interest in cross cultural psychiatry, which is a very important topic. However, these days biological psychiatry attracts more organizational funding and more interest from young people? How do you feel about all this, and what do you think the future holds for psychiatry as a science and as a discipline?*

**Professor Dinesh Bhugra:** To my mind psychiatry is the MOST exciting and challenging and intellectually stimulating medical specialty. We must attract bright enthusiastic trainees who can lead the research agenda as well as develop and deliver services that patients and their families will be happy to use. Research interests and funding always swing from one end of the spectrum to the other. What we need to do is to mentor young and early career psychiatrists in LAMI countries (low- and middle-income countries) where there is an urgent need for culturally appropriate services informed by appropriate research.

As a cultural psychiatrist I am fully aware of cultural relativism and know that one size does not fit all, and in any service planning and delivery we must take into account cultural variations. We must not blindly follow one model or the other but modify it according to cultural norms and resources. Psychiatry is at that stage where a lot of exciting developments are emerging.

Our understanding of the brain is increasing on a daily basis, and psychopharmacogenomics, neuroscience of emotions, and therapies without therapists are all exciting developments. We must have the courage of our convictions to stand up proudly and take pride in what we do. We care for complex vulnerable patients in difficult circumstances and in the face of pervasive stigma.

We must take pride in our profession. Psychiatry is at that stage where general medicine was a century ago, and that is what makes these stimulating times especially for the younger generation, who will have exciting and wonderful opportunities to take the specialty further.

*In the past you emphasized that LAMI countries (low- and middle-income countries) must get their fair share of support. How can this goal be achieved, and what can WPA sections do to support this goal?*

**Professor Dinesh Bhugra:** There are many ways of supporting LAMI countries through joint research activities that help them to develop research capacity; through educational exchanges and support; through training and leadership skills workshops; and through mentoring programmes.

Sections within the WPA have the necessary expertise and should deliver this expertise to the places where it is needed the most. These actions need to be translated into policy development and educational packages. Bearing in mind that these countries are some of the poorest, practitioners will find that working with local organizations to find the best way to engage patients, their families and policy makers is one of the key ways forward. WPA provides added value and support to the organizations locally and provides networks of support to help practitioners avoid burn-out. In addition, freer exchange of human resources in terms of ideas, training and observation will help considerably.

Sections have to work both longitudinally in supporting their members but also across sections, so that various components can come together to make a difference. Sections need to be proactive and creative in their approaches.



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Interview with Prof. Dinesh Bhugra: (cont.)

*Increasingly, allied professionals are playing more and more important roles in psychiatry: psychologists are leading state-of-the-art research projects in mental health, and managers are replacing clinical directors. You are an expert in leadership and have published many papers on this topic. Do you think there is a potential risk that psychiatrists will just become "prescription writers?"*

**Professor Dinesh Bhugra:** That will happen only if we allow it to happen. Psychiatry is the only profession that deals with biopsychosocial models of etiology and management; other professions have one of the three disciplines and specialized knowledge and skills pertaining to that field. Most importantly psychiatrists need to take the lead in the planning, delivery and evaluation of services, and they need to be the agents of change. Leadership is never given, it has to be deserved and earned. Psychiatrists have the training and the experience as well as the skills and knowledge to understand the patient's developmental history and their internal world as well as their world view, so we need to use these skills for the benefit of our patients by developing and delivering services that patients and their families will be able to use.

*The WPA Child and Adolescent Psychiatry section is working very hard to promote child and adolescent psychiatry. How could we do so more effectively?*

**Professor Dinesh Bhugra:** It needs to focus on developmental aspects of an individual across all age spans. All psychiatrists must learn about the developmental aspects of the individual no matter what their sub-specialty is. Development does not stop because an individual reaches legal age of adulthood. The section must enable WPA to develop an understanding of early interventions, not only in psychoses, but also addictions, personality disorders, depression etc. Transitions between different age groups need to be made easily navigable for the patients and their families. Furthermore, the section needs to work across sections to develop public mental health programmes. We know that nearly half of all adult psychiatric disorders will start under the age of 14, so engaging schools, parents and teachers is something the section must do. There is also convincing epidemiological evidence to suggest that three-quarters of psychiatric disorders in adulthood start between the ages of 14 and 24 so we must look at transitions and developmental aspects of psychiatry. Working with children and adolescents, their teachers as well as parents and families to educate them about the impact of abuse, smoking and unhealthy habits is something the section needs to take on board.

*You are great fan of Hindi cinema and have explored the portrayal of mental illness in cinema. What movies do you recommend for a child and adolescent psychiatrist to watch?*

**Professor Dinesh Bhugra:** Each individual will have his/her own preferred movies. I have used various films from Hollywood as well as Bollywood but also from broader European cinema at various times and they keep changing regarding what is new and interesting. One of the things that may be useful is to get the students or the audiences to identify which film they like and what aspects of that film have aroused their curiosity especially in the domains of mental illness and mental health.

Professor Dinesh Bhugra was interviewed by Dr. Norbert Skokauskas (Ireland) and Professor Anthony Guerrero (USA).



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## The WPA CAP session at the WPA Bucharest Congress “Primary Care, Mental Health & Public Health Integration”

Dr. Norbert Skokauskas (Ireland)

The WPA Congress, “Primary Care, Mental Health & Public Health Integration,” took place at the Palace of Parliament in Bucharest, Romania, on April 10-13, 2013. Before the Congress, Prof. Eliot Sorel, Co-chair, Scientific Committee Bucharest Congress, hoped that this Congress would be catalytic for the development of young physicians in the 21st century, as well as for the development of whole health team and health care system, nationally, regionally, and globally; through innovation and excellence; and through developing and implementing a systemic, systematic and integrative model of health and health care systems that are accessible, of high quality and sustainable. I think the organizers hopes came true and the Congress was a great success. I am pleased that the WPA CAP could make a contribution to the achievement of this: our session attracted many active and ambitious early career psychiatrists and medical students who hopefully will choose CAP. Obviously, we would not have had a big crowd without our keynote speaker, Prof. Norman Sartorius. I would like to take this opportunity to thank Prof. Norman Sartorius for his support of WPA CAP: it was an honor and a pleasure to collaborate with Prof. Norman Sartorius on this initiative. I also hope readers will find it interesting to read comments from physicians-in-training about this congress; perhaps they will remind you your own first international meeting...

Alexandra Ion, (Romania)

The WPA Bucharest Congress was for me - an enthusiastic medical student in the second year of studies - the second medical congress I have ever attended. And I am sure it will be a well-defined mark in my young disciple memory. During the Congress, I noted several links with child psychiatry in certain presentations that addressed the mark that childhood trauma can leave in adulthood and that addressed women’s issues. I would very much welcome the opportunity to attend more specific conferences on child psychiatry.

Silvia Aștefanei, (Romania)

WPA was the first medical congress I ever attended. I found the various symposia, lectures, and workshops very interesting and inspiring. I was delighted to discover more about psychiatry, about people’s mental problems, and about diseases that can change your life in a second. I was pleased to see speakers’ interest in sharing their knowledge with less experienced doctors and students. Moreover, the dedication that they put into their work was inspiring to me. As far as child psychiatry is concerned, I was amazed with the high percentage of children with mental issues (e.g. depression, autism, loneliness, drug addiction, alcohol abuse, etc.) I understand that the percentage could be lowered if parents had the skills to understand and more effectively empathize with their children. As a conclusion, WPA Bucharest taught me how to see society and mental diseases from another perspective.



WPA leadership and representatives of the sections in Bucharest



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

**"AACAP have an obligation to embrace our colleagues globally and to learn from and share with each other ..."**

Professor Paramjit Joshi

Interview with Prof. Paramjit Joshi, MD, the President elect of AACAP (the American Academy of Child and Adolescent Psychiatry)



*You are very well known to the AACAP community and obviously to the psychiatric community in India, but how would you introduce yourself to WPA CAP members who may not know you well?*

**Professor Paramjit Joshi:** Norbert, thank you for interviewing me for the "Word CAP". Perhaps I can start by sharing with you a bit of my background. I was born and raised in post-colonial India and a couple of years after India and Pakistan had become independent separate countries. The historical events around that time had a major impact on my parents, my two siblings, and me. While my mother's family owned property and resided in Pakistan, my father's family lived in India. During the partition my mother's family moved to India and were essentially refugees, having left everything behind in Pakistan. Therefore, growing up I would always hear stories that reminded about the hardships that my maternal grandparents endured. However, education of girls was extremely important to my grandparents, and my mother became the first woman in her family to complete college. Independently, my father too valued education of girls, and my parents made sure to afford us with the best education that there was. During that period in India, the professional options for women were to become a lawyer, doctor, nurse or teacher, and unlike in the present times, parents decided what field their children should pursue. I was encouraged to go into medicine and I obediently obliged. I entered the Christina Medical College and Brown Memorial Hospital in Ludhiana, India in 1966 and graduated in 1970. During my medical school years, I developed a love for working with children. I completed a residency in Pediatrics and subsequently took the Pediatric Boards. However, in addition to my interest in the medical well-being of my patients, I was always intrigued by my patients' life stories, the social and psychological issues that mattered to them, and how these issues influenced them. At the time, I was unaware of the field of child & adolescent psychiatry, since I had never been exposed to it. However, after moving to the US, many options suddenly became available, and given my innate interest in the psychological and mental lives of my pediatric patients, I decided to pursue the field of CAP.

*AACAP probably is the largest and the strongest national CAP society. Could you please give us an overview of the AACAP's most important activities?*

**Professor Paramjit Joshi:** The American Academy of Child and Adolescent Psychiatry (AACAP), a 501(c)(3) non-profit organization, was established in 1953, and this year is celebrating 60 years of history and accomplishments. AACAP is a membership based organization, composed of over 8,700 child and adolescent psychiatrists and other interested physicians. Its members actively research, evaluate, diagnose, and treat psychiatric disorders and are uniquely qualified to integrate knowledge about human behavior and development from biological, psychological, familial, social, and cultural perspectives with scientific, humanistic, and collaborative approaches to the diagnosis, treatment and promotion of mental health. AACAP's role is to lead its membership through collective action, peer support, ccPage 8





# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Interview with Prof. Paramjit Joshi (cont.)

The mission of the AACAP is to promote the healthy development of children, adolescents, and families through research, training, advocacy, prevention, comprehensive diagnosis and treatment, and to meet the professional needs of child and adolescent psychiatrists throughout their careers. The Academy provides:

- National public information through distribution of Facts for Families and research findings; and through providing recognized professionals as spokespersons.
- Government liaison and education to respond to national concerns over health care and social-economic issues affecting children both at the local and national level; and to offer expert testimony on issues affecting children, in a effort to improve and expand psychiatric services to children.
- Continuing medical education through scientific meetings and institutes high in quality and content.
- Practice guidelines and systems of care documents to advance the quality of care.
- An interface with managed care organizations to establish appropriate coverage for children and adolescents.
- Collaboration with other medical associations through a seat in the American Medical Association House of Delegates and through liaisons to the American Academy of Pediatrics, the American Psychiatric Association, and the American Academy of Family Physicians.
- Cooperative support and representation to organizations, such as the National Mental Health Association, National Alliance for the Mentally Ill, and Federation of Families for Children's Mental Health.
- Promotion and support for research and training opportunities.
- Continual review and development of training curricula for child and adolescent psychiatry training programs.
- Medical student fellowships in child and adolescent psychiatry.

The AACAP is governed by an elected Council of 16 members, 5 of whom form the Executive Committee.

*Why do you think the AACAP's conferences and activities attract overseas psychiatrists more than any other national CAP organization?*

**Professor Paramjit Joshi:** AACAP has a very well organized and robust CME and Meetings Department – with an equally diverse, talented and dedicated Program Committee. The Annual Meeting each October continues to welcome participants from all over the world. In 2012, the meeting welcomed over 900 attendees from 49 countries and included over 200 international speakers. Over the decades the program committee has pored over hundreds and thousands of submissions from all over the world, and that number continues to increase, producing the best papers, posters, institutes, clinical perspectives and symposia. We at the AACAP strive to position ourselves to influence the scope and content of educational activities, and to work within a framework of quality improvement as we improve patient care. The eye is always on the goals – i.e. to provide the attendees the best science, evidence based clinical pearls, an opportunity to share ideas and above all collegiality. In addition to the Annual Meeting in October, the AACAP also puts on a Psychopharmacology Update Institute and a review course to prepare its members for the certifying examination and for CME. These activities are only enhanced by the The Journal of the American Academy of Child & Adolescent Psychiatry – the “Orange Journal” – that has been one of the top journals in all of Pediatrics over the decades under the able leadership of its Editors.

*Every AACAP President has a Presidential Initiative. Could you please tell us how this tradition was born and what past Presidential Initiatives have achieved?*

**Professor Paramjit Joshi:** The goal of each President is to leave the Academy with a contribution that will serve well the field, its members, and ultimately our patients and their families.



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## Interview with Prof. Paramjit Joshi (cont.)

The first Presidential Initiative was completed by Dr. David Pruitt, who wanted to publish two AACAP books: "Your Child" and "Your Adolescent." Since then, every President has taken on this responsibility in a very thoughtful, unique and serious manner – something that appeals to their interests and their strengths or what they believe will leave the Academy in a better place. To name a few Presidential Initiatives: "eAACAP," "Project AACAP".

*Why you have decided to dedicate your PI to global child mental health?*

**Professor Paramjit Joshi:** I believe that the world indeed keeps getting smaller. Given the fact that there is such a dearth and shortage of child and adolescent psychiatrists in the world, it is imperative that we at the AACAP share what we have in way of goodwill, resources, and our many materials with our colleagues around the world. While we celebrate and pride ourselves in the unique aspects of each culture and country that define and separate us, there is much more that unites us. The mental well-being of all children and adolescents around the world is a common goal that we all share. As has been said, "To whom much is given – much is expected" – so I also feel morally that we at the AACAP have an obligation to embrace our colleagues globally and to learn from and share with each other. We at the AACAP can benefit so much from other international organizations and their members. This collaboration can only add to the richness of AACAP and its mission and members. I have often thought about why I am attracted to this global aspect of CAP, and perhaps it is my background, and that is why I thought it was important that I share that with you in the beginning of this interview. I am just trying to connect the dots in my professional life. It is our personal experiences that have shaped us and defined us as who we are. As I was thinking of my Presidential Initiative, I knew that I could not do this alone. I was going to need the help, wisdom and both the diversity and the depth of the experiences of the members who I eventually invited to be members of the "Steering Committee." I feel so fortunate to have colleagues like you, B. Leventhal, Y.S. Kim, J. Fuentes, and H. Lui on this Committee, whose role is to be a sounding board, to advise me, and to review the recommendations that will be made by the various AACAP committees that have been tasked by me to look at four major areas: a) membership structure, b) educational materials, c) web-site, and d) international relationships. It is a terrific team of the finest individuals that I have had the privilege to encounter in my professional life, and I am so grateful to each and every one of them.

*How do you envision the AACAP collaborating with international and national CAP societies?*

**Professor Paramjit Joshi:** As I mentioned earlier, it is important that all of the CAP organizations around the world be able to collaborate around common themes. Each organization has its own resources, meetings, etc., and it would be wonderful if we could support each other, share our resources, and promote our various efforts. We don't need to re-invent the wheel, and no one organization can do it all. As an example, it would be great if we could have a list of resources on our AACAP web-site in one place that would link to all of the other resources available from other CAP organizations. I know for a fact that IACAPAP and the WPA have materials that are just extraordinary and that our members should be aware of and be able to access and vice a versa.

*What do you do when you don't work as a CAP and when you are not involved in activities around the AACAP?* **Professor Paramjit Joshi:** The other loves of my life besides the AACAP are my grand-children – who are a TOTAL joy and who also keep me on my toes. Layla is four years old, Vikram just turned three years old, and Simran is 10 months old. I also enjoy gardening, embroidery, cooking, and travelling.

*Professor Paramjit Joshi was interviewed by Dr. Norbert Skokauskas and Prof. Anthony Guerrero. Page 10*



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

## WPA International Congress, Istanbul 19-23 June 2013

*Dr. Gordana Milavic (UK)*

The Child and Adolescent Psychiatry Section (CAP) is presenting a symposium on mental health provision in schools at the WPA International Congress: Improving Science, Ethics, Services and Solidarity in Psychiatry; in Istanbul, Turkey (19-23 June, 2013). The symposium is organised and chaired by Dr Gordana Milavić M.D., F.R.C.Psych., from the Maudsley Hospital, UK and Co - Chair of the CAP Section. The provision of mental health services in schools is an opportunity to reach many more children and young people than one would in a clinical setting, to undertake a public health educational role, to instigate primary prevention, to intervene at the primary care level, and to identify vulnerable populations requiring more intensive treatment. This symposium will describe different models of mental health intervention in school settings in four different countries: Turkey, Serbia, Pakistan and the UK.

Professor Vostanis from the University of Leicester, UK, will describe different models of mental health provision provided to schools. He will present findings from a survey of schools in England and from the evaluation of two training programmes for teachers in Pakistan. He will describe the emerging themes from these projects in an international context.

Dr Milica Pejović from the University of Belgrade will present a model of collaboration between mental health and schools aimed at preventing child abuse and neglect. This initiative resulted in the Republic of Serbia approving Special Protocols for the protection of children within the educational and healthcare systems. These protocols were approved in 2007 and implemented in 2009.

Dr Güler from the Marmara University in Turkey will describe a study aimed at evaluating different approaches to ADHD case identification in a public school sample from Istanbul, Turkey. This large survey included 3110 subjects. The authors will stress the importance of gathering information from multiple informants in identifying children who are at high risk of ADHD.

Dr Milavić from the Maudsley Hospital in the UK will focus on the early identification of depression in children and adolescence within primary care settings and schools. She will describe an intervention model – potentially applicable to secondary school settings – for youth at risk. She will emphasize early identification and management of depression, which otherwise runs a serious and recurrent course.

Dr Bingöl from the University of Istanbul, Cerrahpaşa School of Medicine, Istanbul, Turkey will describe the implications of bullying in schools on child mental health and will compare findings from Turkey to those in other parts of the world.

In Istanbul, Dr Milavić will also take part in an Intersectional Symposium organised and chaired by Professor Helen Herrman, Centre for Youth Mental Health, The University of Melbourne and Director – WHO Collaborating Centre in Mental Health, Melbourne, and Afzal Javed, WPA Secretary for Sections. The title of the Intersectional Symposium is: “Mental health of vulnerable youth and the global mental health agenda.” Michael Krausz, Helen Herrman, Gordana Milavić, Mary Ann Cohen are the invited speakers and the discussants are Michaela Amering and Maya Kulygina. Dr Milavić has also been invited to participate in the Intersectional Symposium on stigma in psychiatry organised by Afzal Javed, WPA Secretary for Sections. Both intersectional symposia are examples of cross sectional collaboration that ensure that child and adolescent themes continue to be featured on the WPA stage.



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

COLUMN: Focus on the Indigenous Child

## The importance of formulating socio-economic determinants of health: a Māori clinician's view.

*Dr Hinemoa Elder, Ng ti Kuri, Te Aupouri, Te Rarawa,  
Ng puhi, Aotearoa New Zealand*

How many of us include an analysis of the socio-economic determinants of mental health our patients and their families experience in our formulations? I have been at a couple of meetings with colleagues recently that suggest that doing so is not a common or consistent part of our collective practice. In reviewing my own practice I notice that, while socio-economic factors are described in the body of my reports and clinical review notes, they seldom make it into the formulation.

A recent report found that approximately 270,000 or 25% of Aotearoa New Zealand children live in poverty (in families earning 60% or less of the median wage), and that poverty rates in Māori and Pacific Island children are double those of Pākehā/NZ European children (The Children's Commissioner's Expert Advisor Group on Solutions to Child Poverty, 2012). In this context and mindful of the persistent worldwide recession, it is my contention that there is significant clinical utility in including poverty in our formulations. Leaving socio-economic considerations out means our constructions of contributing factors to the current presentation are both inaccurate and incomplete. This omission then limits possibilities for change within families and limits our role as advocates for this change. Understanding cultural underpinnings of poverty are particularly important in Aotearoa NZ, as elsewhere, to ensure that our formulations do not reinforce a deficit model of identity.

As Child and Adolescent Psychiatrists we are privileged to learn about the daily realities of the families we work with. We approach this work with varying degrees of awareness of the evidence of links between economic deprivation, inequality and increased rates of mental illness.

In Aotearoa NZ we have good data that shows these links (Oakley-Brown, Wells, & Scott, 2006). We can identify, through well-designed studies, that Māori are more likely to live in economically deprived areas, with this factor explaining some, but not all of the significant mental illness disparities (Marie, Fergusson, & Boden, 2008). We know about evidence of increased use of the compulsory mental health legislation in deprived socio-economic areas, both at home and in other countries (O'Brien, Kydd, & Frampton, 2012; Siponen, Valimaka, Kaivosoja, Marttunen, & Kaltiala-Heino, 2010). New Zealand based practitioners may be aware of evidence that Māori are more likely to be treated compulsorily (Wheeler, Robinson, & Robinson, 2005), even when severity of illness and diagnosis are controlled for and more likely to be secluded than non-Māori (Ministry of Health, 2012). Links between economic recession and increased rates of completed suicide and suicidal thinking have been identified (Wahlbeck & Awolin, 2009). Tested frameworks such as the Family Economic Stress Model help us to better understand the mechanisms by which the toxic effect of socio-economic deprivation impacts on child and adolescent mental health (Solantus, Leinonen, & Punamäki, 2004). We have learnt that inequality is a particularly corrosive factor (Pickett & Wilkinson, 2010).



# World Child & Adolescent Psychiatry

ISSUE 4, May 2013

WPA, Child and Adolescent Psychiatry Section's Official Journal

COLUMN: Focus on the Indigenous Child (cont.)

## The importance of formulating socio-economic determinants of health: a Māori clinician's view.

These pieces of evidence also suggest what can be protective: child support payments that do not discriminate according to parental unemployment status, increased access to healthy housing stocks, more effective debt management systems, free primary care including after hours care for all children up to adulthood, and access to cultural resources (Marie, et al., 2008; The Children's Commissioner's Expert Advisor Group on Solutions to Child Poverty, 2012).

To what extent are we utilizing this knowledge to help our patients and to advocate to wider stakeholders? We know that health services alone are not going to effect widespread improvement in child and adolescent and family well being without systemic change that addresses the trigger points and maintaining factors of poverty.

Without the inclusion of socio-economic determinants of our patients' presentations our thinking lacks rigour. Including these in our formulations and plans is both ethically and clinically important to ensure our approaches are comprehensive and thereby more likely to offer possibilities for better outcomes.

### References

available on the request

## Non-governmental Organizations: New Partners for Child and Adolescent Mental Health in West Africa

Jibril Abdulmalik, Nigeria

Policy makers in developing countries often consider the high mortality rates and resultant media attention in prioritizing infectious diseases such as malaria, tuberculosis and HIV/AIDS among others. This trend is often actively reinforced by the agenda of foreign donor agencies that undoubtedly mean very well, but are usually willing to specifically provide funds exclusively targeting these conditions. The unwitting effect of this trend has been a long history of neglect and low priority afforded non-communicable disease generally and mental disorders specifically (Kieling et al., 2011). Child and adolescent mental health hardly ever comes into the equation. Indeed, international agencies that focus on child health have been known to explicitly declare that their mandate does not include child mental health.



## Non-governmental Organizations: New Partners for Child and Adolescent Mental Health in West Africa (cont.)

Jibril Abdulmalik, Nigeria

This scenario is even more galling in the light of the evidence that nearly 200 million of the world's children and adolescents, in low and middle income countries, may fail to attain their developmental potential due to several risk factors including psychosocial problems and maternal depression (Engle et al., 2007). Indeed, about a third to one half of the population in LAMICs are children and adolescent; and it is imperative that intensive advocacy and promotion efforts are undertaken to protect and nurture their healthy development (Patel et al., 2008).

Many local non-governmental organizations (NGOs) and corporate bodies have often taken a cue from International donor agencies in also determining their priorities. Fortunately, this trend appears to be changing. We now have a few international and local NGOs focusing their attentions on mental health in the West African sub region. These include Basic Needs (Ghana) and Christian Blind Mission (CBM) in Nigeria.

Encouragingly, a few more are specifically interested in child mental health and two advocacy events have already taken place this year, in different Nigerian cities. Coincidentally, both were focused on Autism. The first event was organized by the Benjamin Oluwakayode Osuntokun Trust; by hosting a public symposium in Ibadan, with the theme "Autism Spectrum Disorders".

The panel of discussants comprised of Professor Olayinka Omigbodun, President of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP); Dr. Olayinka Akindayomi, Director, Children's Development Centre, Lagos and Dr. Cornelius Ani, a Consultant Psychiatrist, with the Imperial College, London. The second event was the Orange Ribbon initiative of a leading Bank in Nigeria, Guaranty Trust Bank. They organized a week-long series of activities in partnership with local and international bodies with expertise in area of providing services for children with Autism and their families, in Lagos.

The sessions were made available online, including providing continuous support and guidance via online portals for caregivers and teachers.

These initiatives are like small drops of water in the desert, but they nonetheless, bode very well for the future. They indicate that the message of child and adolescent mental health advocacy is gradually percolating into the corridors of corporate bodies and NGOs in our region. It is our hope that advocacy and public awareness efforts will build up to form a large tidal wave that will usher in an era of high priority and attention from policymakers and international agencies. So we wholeheartedly endorse these efforts and anticipate that many more will join the bandwagon soon enough. Ultimately, our teeming young populations deserve and should receive all the necessary support and care to maximize their potential and live healthy, fulfilling and productive lives.

References available on the request



# World Child & Adolescent Psychiatry

WPA, Child and Adolescent Psychiatry Section's Official Journal



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

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

### MONASTERO SANTA CROCE

Via Santa Croce, 30 - Bocca di Magra, La Spezia, Italy  
June 23th·29th, 2013

#### Faculty members

Prof. Ernesto Caffo · *University of Modena  
and Reggio Emilia*

Prof. Judy Cameron · *University of Pittsburgh*

Prof. Daniel Legrance · *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)



WPA  
World Psychiatric  
Association  
Child and Adolescent  
Psychiatry  
Working Group



Gruppo di lavoro  
sulla psichiatria  
dell'infanzia  
e dell'adolescenza



# **World Child & Adolescent Psychiatry**

ISSUE 4, May 2013

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

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

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

Editor: Norbert Skokauskas (Ireland)

Assistant Editors: Prof. Anthony Guerrero (USA), and Dr. Jibril Abdulmalik (Nigeria)

Editorial Board: Prof. Bennett Leventhal (Chair, WPA CAP, USA), Dr. Gordana Milavic (Co-Chair, WPA CAP, UK), Prof. Dimitris Anagnostopoulos (Past Chair, WPA CAP, Greece), Prof. S.Malhotra (India), Prof. D.Fung (Singapore), 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. M.B.Moyano (Argentina), Dr. N.V.Tuan (Vietnam), Dr. T.Masaru (Japan), Prof. Paramjit Joshi (USA), Prof. Andre Sourander (Finland), Prof. Edgard Belfort (Venezuela), and Prof. John ("Jack") F. McDermott, Jr. (USA).