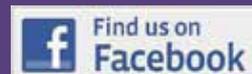


INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS • ASSOCIATION INTERNATIONALE DE PSYCHIATRIE DE L'ENFANT, DE L'ADOLESCENT, ET DES PROFESSIONS ASSOCIEES • ASOCIACIÓN INTERNACIONAL DE PSIQUIATRÍA DEL NIÑO Y EL ADOLESCENTE Y PROFESIONES AFINES • 国际儿童青少年精神医学及相关学科协会 • ASSOCIAÇÃO INTERNACIONAL DE PSIQUIATRIA DA INFÂNCIA E ADOLESCÊNCIA E PROFISSÕES AFINS •



# IACAPAP

FEBRUARY 2017 • **BULLETIN** • NUMBER 47  
[www.iacapap.org](http://www.iacapap.org)



## Trainees in Chile Get Organized



23<sup>rd</sup> World Congress of the International Association  
for Child and Adolescent Psychiatry and Allied Professions



[WWW.IACAPAP2018.ORG](http://WWW.IACAPAP2018.ORG)

23 – 27 JULY 2018, PRAGUE, CZECH REPUBLIC

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## President's column

### WHAT IS THE DISEASE BURDEN OF CHILD AND ADOLESCENT MENTAL HEALTH ACROSS THE WORLD?

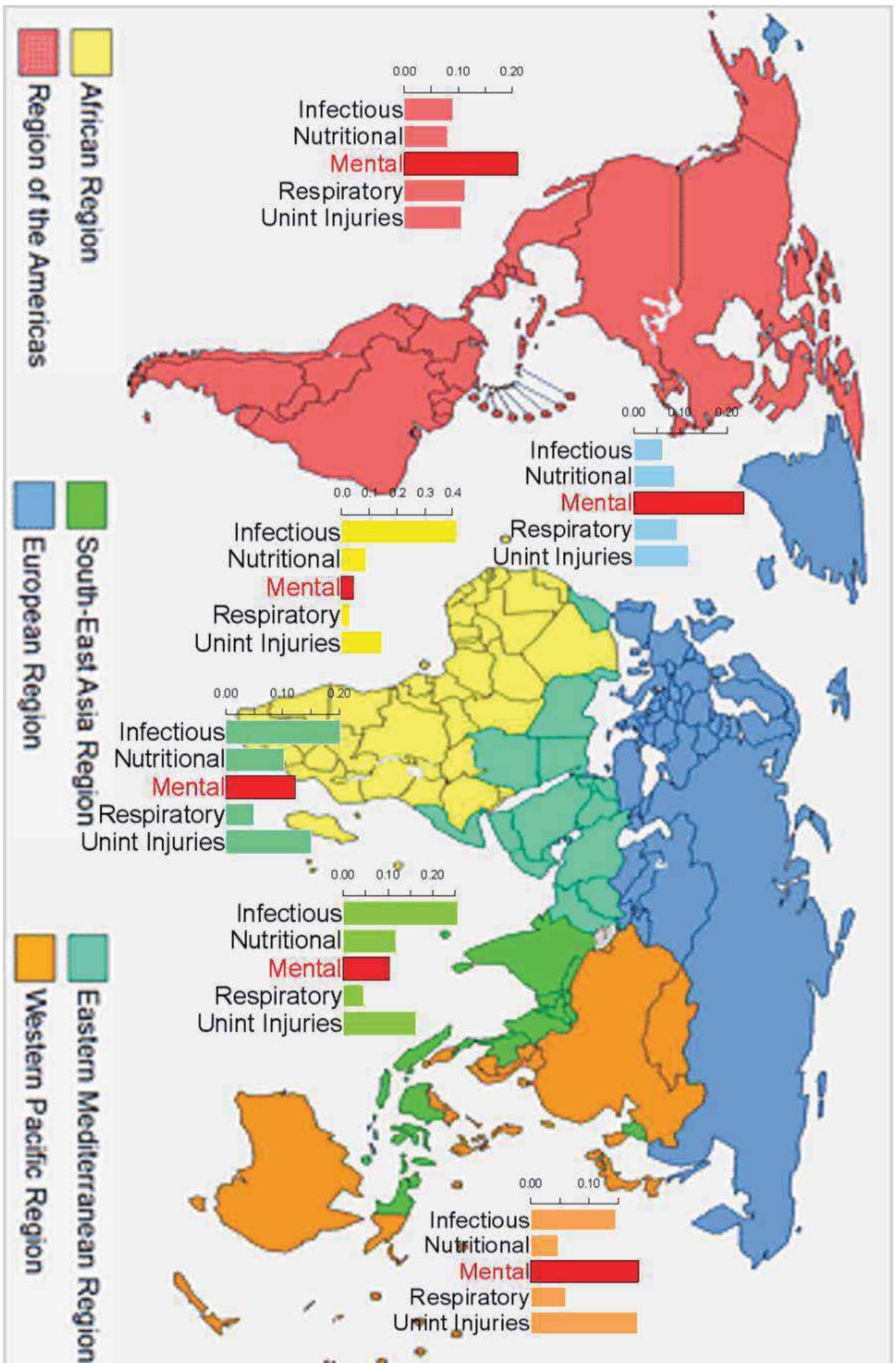
To determine public health priorities, politicians need to have data. For a long time these data were only related to mortality, so that psychiatric problems, whether concerning adults or children and adolescents, were considered only of minor importance. In 1990, CJL Murray and his team from the Harvard School of Public Health proposed to the World Bank a new approach that attracted the attention of the World Health Organization (WHO): the DALYs (Disability Adjusted Life Years). DALYs combine years of life lost due to premature death and years of life lived with disability, weighted by the severity of this disability. The use of DALYs has been the basis of a real revolution in the way public health professionals consider diseases. As a result, for example, unipolar depression emerged for the first time as one of the most important health problems. But this was estimated for adult psychiatric problems; surprisingly, child and adolescent psychiatric disorders remained to be considered as having only a marginal role in the global picture of health in children and adolescents across the world.\*

Data from the 2014 edition of the WHO *Global Health Estimates*—[freely accessible](#) on the internet—can be used to illustrate this anomaly. As shown in the figure in the next page, data change dramatically across age and regions. In the 5-14 age group, in America, Europe and the South Pacific regions, mental disorders are obviously the major source of loss of DALYs. However in Africa, South-East Asia and the Eastern Mediterranean Region, infectious diseases are the leading problem. Fortunately, it can be anticipated that in the near future, due to the progress in vaccination and more generally in the prevention and treatment of infectious diseases in developing countries, the corresponding burden of disease will decrease substantially. Unfortunately, the burden of mental disorders is likely to be stable at best—if we consider the level of violence in many of these areas. The picture observed in more developed regions will gradually extend to most places.

There is a need to use these data intensively to educate public health professionals and politicians to promote “evidence based public health policies”. This is the best way to extinguish the very common phantasy that child and adolescent mental health problems are of secondary relevance. We have to promote also research in this domain, research to demonstrate that mental disorders in children and adolescents have a long term impact, and impact not only on a single patient but, too often, on a whole family. The data will then become even more compelling.

#### **Bruno Falissard**

- Global and national burden of diseases and injuries among children and adolescents between 1990 and 2013. Findings from the Global Burden of Disease 2013 Study Global Burden of Disease Pediatrics Collaboration. *JAMA Pediatr.* 2016;170:267-287









As a clinician-editor dedicated to scholarly publications, Dr Andrés Martin has edited comprehensive textbooks in child and adolescent psychiatry, pediatric psychopharmacology and pediatric psycho-oncology, and served as editor for several periodicals (including the *IACAPAP Bulletin* from 2004 to 2007). Most notably, he has served as editor-in-chief of the *Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP)* since 2008. Under his stewardship, JAACAP has become the highest-ranked journal in pediatrics and in child mental health, reaching an all-time high impact factor of 7.260 in 2014.

During his tenure Dr Martin has made it a priority to mentor young clinician-scientists interested in pursuing careers in scholarly editing. In 2008 he established the John F. McDermott Assistant Editor-in-Residence position, through which to provide mentorship for clinician-scientists interested in pursuing careers in scholarly academic publishing. *JAACAP Connect*, an online supplement by and for trainees and early career child and adolescent psychiatrists, has also been one outlet through which to help emerging authors and editors in our field.

Dr Andrés Martin has previously served as one of the Associate Editors for the *IACAPAP e-Textbook*. As his tenure as JAACAP's editor-in-chief comes to a close, Dr Martin has joined the e-Textbook in his new capacity as Deputy Editor.

In Dr Martin's own words as the new Deputy Editor "I look forward to contributing to Dr. Rey's vision and energy, to reaching a wide readership across the globe, and as we all hope and work very hard toward helping improve the lives of children and families near and far".

The latest figures on the e-book show that by the end of December 2016 there had been about one quarter of a million pageviews, with a recent average of 11,000 pageviews per month. However, this is likely to be an underestimate because it does not include those who use the app, chapters available in other sites, or printed chapters. What do you think about these figures?

*I think the figures are very impressive and speak for themselves. However, I think that just the fact that we have figures is an achievement itself. We are now able to identify the type of readers who are interested in our book, their ages and their respective countries. These figures were impossible to retrieve from traditional textbooks.*

**Finally, is there a future plan for the book, and how do you plan to implement it?**

*In the next year my figure as JAACAP's editor-in-chief will come to an end and I will be very gradually tiptoeing into the IACAPAP e-book as Deputy Editor. Plans for the year ahead include: i), updating a few more chapters and adding new chapters to fill gaps, ii) continuing to increase the number of chapters in languages other than English (e.g., Japanese and Arabic versions are progressing), and iii) continuing to increase the number of PowerPoint presentations for teaching, self-directed learning and self-assessment exercises, which can be especially helpful in developing countries. I will be directly involved in the translation of the whole book into its Spanish version; for that version we will be using both professional translators and clinicians to ensure that the translations are of high quality. We are also working on the translation of more chapters into Hebrew.*

*For all these purposes we would like to enroll coauthors who will help us with the new chapters and their translations. We also expect more usage of the e-book in countries around the world. At this point in time we welcome suggestions for new topics and contributors.*

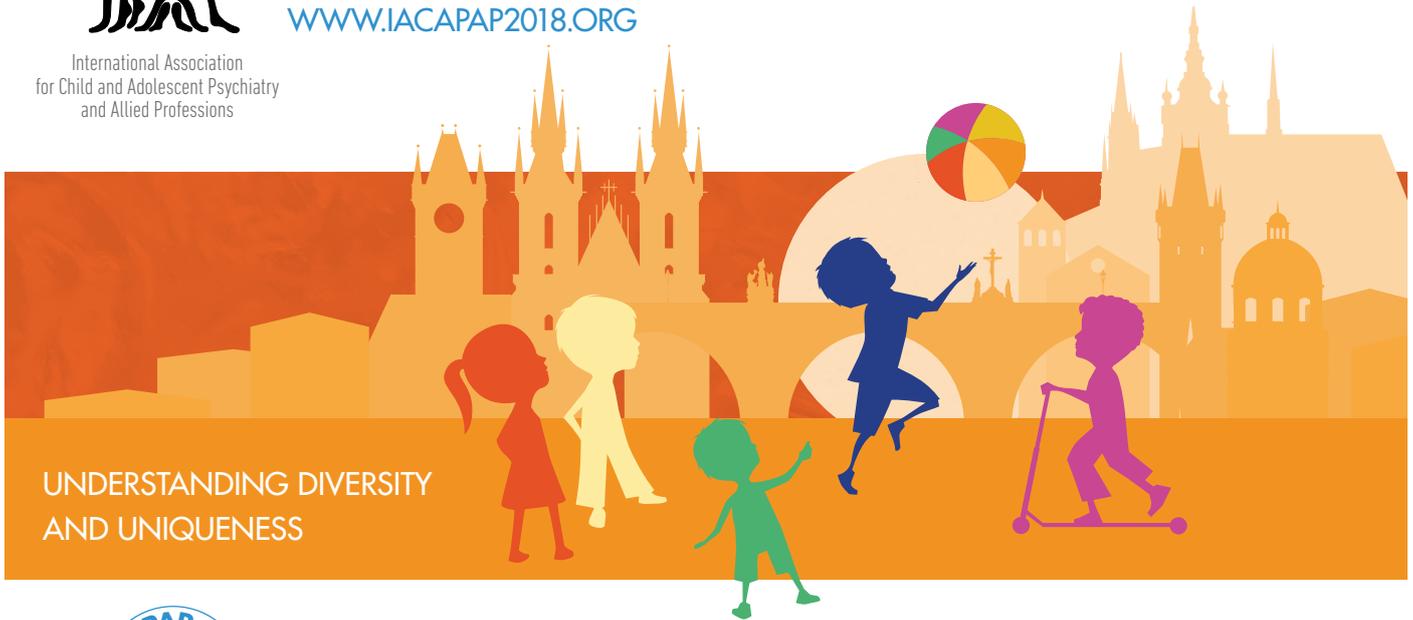
(\* To install the app in your smartphone or tablet go to the iTunes (Apple devices) or Google Play (Android devices), search for "IACAPAP Text" and follow the prompts.



International Association  
for Child and Adolescent Psychiatry  
and Allied Professions

# IACAPAP 2018

23–27 JULY 2018, PRAGUE, CZECH REPUBLIC  
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UNDERSTANDING DIVERSITY  
AND UNIQUENESS



23<sup>rd</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION  
FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS

## Join us in Prague 2018

The mission of the 23<sup>rd</sup> World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP 2018) is to bring together professionals involved in research and care on child and adolescent mental health across all disciplines from around the world. Guided by the theme “Understanding Diversity and Uniqueness” the scientific program will review top-edge knowledge providing a base for an individualized approach to mental health of children, adolescents and families.

We are looking forward to welcoming you in inspiring, historical city of Prague in the very heart of Europe.

### Important date



Abstract submission available online  
Registration available online  
Accommodation booking available online

June 2017

### Major topic areas



- General child and adolescent mental health
- Psychiatric disorders and conditions
- Treatment and care

### Core topics

- Parenting, society and brain
- Children and adolescents at risk of mental disorders
- Neurodevelopmental disorders
- Mood and anxiety disorders
- Interdisciplinary networks for better mental health of children, adolescents and families

### Top keynote speakers

20 Scientists, clinicians and public health specialists from 12 countries already confirmed for the Prague Congress.

### Exhibitors and Sponsors

If you are interested in becoming a sponsor and/or exhibitor at IACAPAP 2018, please contact Iva Pelánová, the Sponsorship Manager by email at [opportunities@iacapap2018.org](mailto:opportunities@iacapap2018.org)



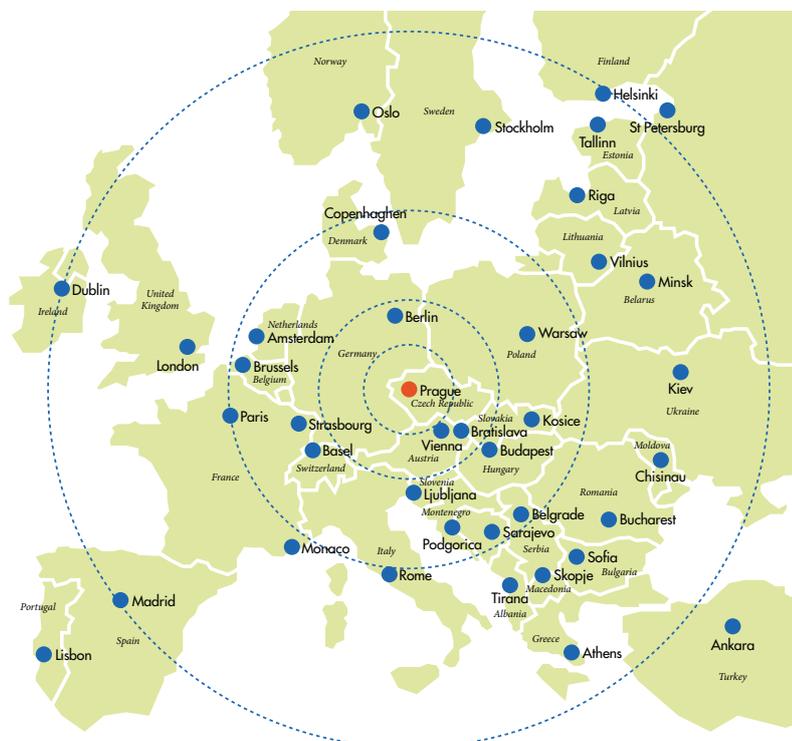
# Heart of Europe at your fingertips



## Gala dinner – Žofín Palace



Spend the evening with the fellow Congress participants to exchange your thoughts and enjoy the ambient atmosphere of the neorenaissance Žofín Palace. Located on the island once inhabited by leather dyers, the Žofín Palace has been reknowned ball dance venue since 1837. Prime location in vicinity of the city centre with National Theatre only few steps away...



## Venue & accommodation



The Venue, Prague Congress Centre, with a beautiful view of Prague is located just 2 metro stops from the city centre, Wenceslas square. 2 major hotels are within walking distance, variety of alternative accommodation options within 10 minutes travel by public transport (standard rooms 60 EUR/night economy up to 150 EUR/night venue hotels).

Complimentary public transport ticket for the duration of the Congress included in the registration fee. Getting around could not be easier!

## Prague is all about culture



Full range of sightseeing tours and social events will be published upon online registration opening.



## Subscribe for the Newsletter

to be informed of any news and updates related to the Congress organisation.

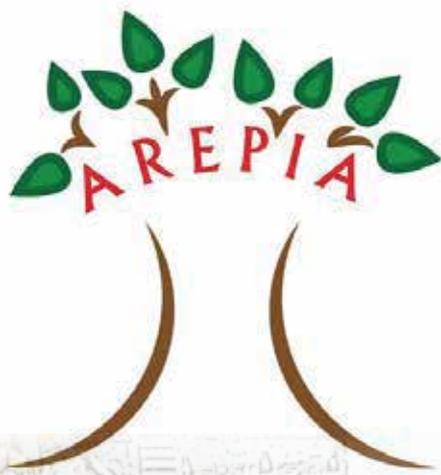
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Visit the website at [www.iacapap2018.org](http://www.iacapap2018.org) to check the information up to date.

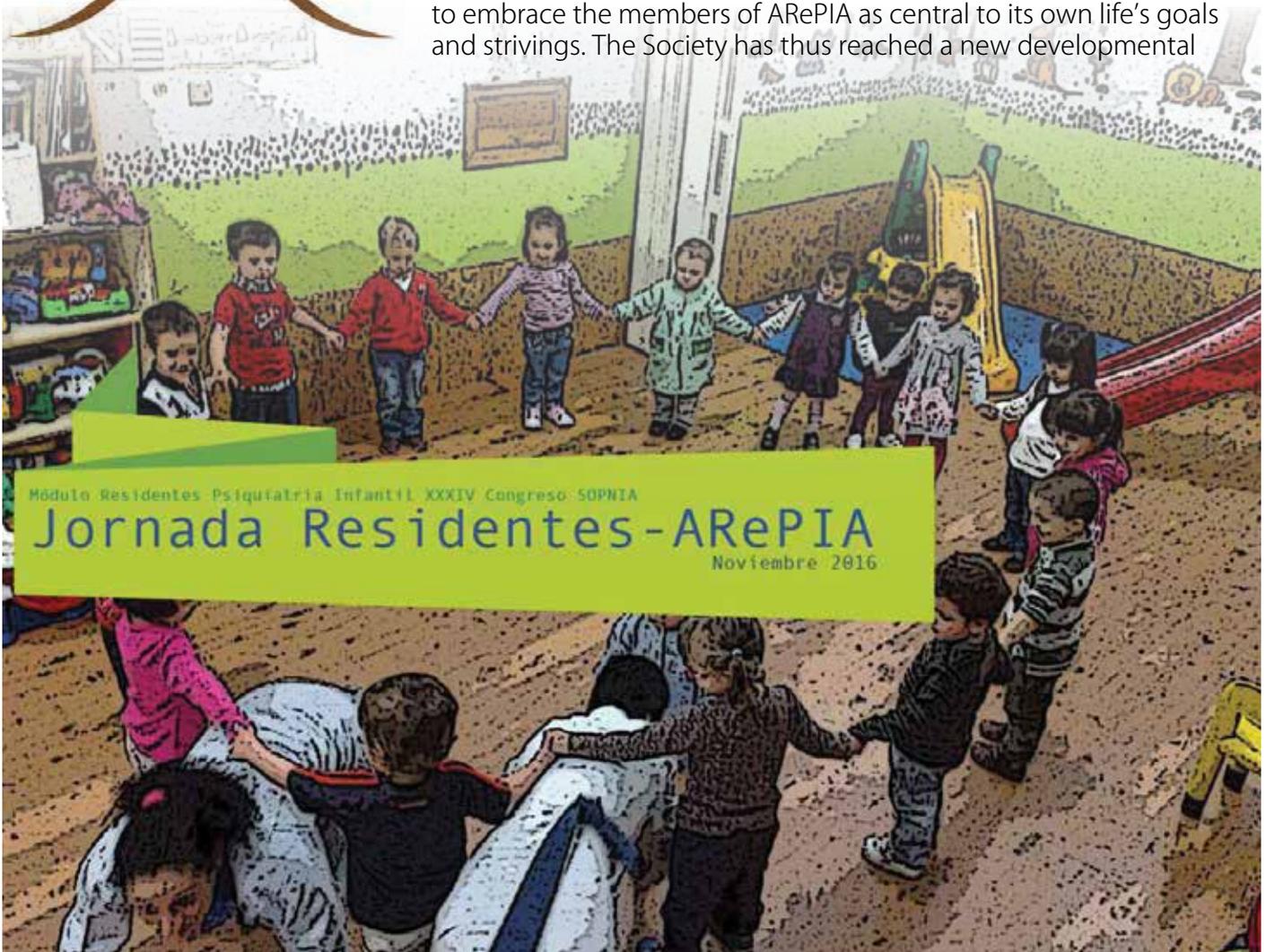
The IACAPAP 2018 Congress Secretariat will be happy to assist you should you need additional information: [info@iicapap2018.org](mailto:info@iicapap2018.org), C-IN, 5. května 65, 140 21 Prague 4, Czech Republic

# Finding a Seat at the Table

## Trainees in Chile Get Organized



The Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA) held its 34th annual conference in the beautiful lakeside town of Puerto Varas this past November 16-18. The geologic grandeur of the setting was apt for the society's and the meeting's goals: Puerto Varas became a focal point of encounter not only between lakes and volcanos, but between the sister disciplines of pediatric psychiatry and neurology as well. It also provided an optimal venue for another encounter that had been gaining traction in recent years: the formalization within SOPNIA of the Chilean Association of Residents of Child and Adolescent Psychiatry (AREPIA). Well into its third decade and years of mature adulthood, SOPNIA has opted for generativity over stagnation: it has chosen to take care of its young, to embrace the members of AREPIA as central to its own life's goals and strivings. The Society has thus reached a new developmental





milestone. Erik Erikson would have been proud.

All too fittingly, the very first activity of the annual conference was the meeting of ARePIA. Forty residents, representing all training venues in the country, came together for a busy, carefully orchestrated meeting of active interaction. Four groups of trainees, each co-facilitated by two senior residents, tackled three main themes: structural, educational, and stage-specific. At the structural level, trainees discussed possible approaches to their group's organization: how to represent their various interests and geographic extractions equitably; what kind of formal leadership structure to put into place and how to rotate it while maintaining institutional memory; how to interact most fruitfully with SOPNIA, including gaining a seat (or three) at its leadership table. On the education front, trainees were eager to 'share the wealth' and exchange valued lectures,

materials and other resources. Distance learning opportunities had particular appeal, such as through videoconferencing, a dedicated ARePIA page within the SOPNIA website, and the IACAPAP eTextbook and its Spanish translation now underway. A natural fit for the ARePIA page will be a warehouse of updated local and international observerships, clinical or research rotations, and travel and funding opportunities. Finally, stage-specific issues included challenges of transitioning into independent practice, getting peer supervision, attending to self-care and personal development, addressing vicarious trauma and preventing fatigue and burnout – as well as having ample opportunities for socialization, including through sanctioned training activities such as periodic retreats.

Talk is cheap, of course, and the challenge will be to now turn so many good ideas and exciting prospects into concrete

steps. After each of the groups presented its own ideas, scribes began the challenging task of distilling so many Post-It notes into an actionable plan. The ARePIA Declaration of Puerto Varas will soon be revealed. Much hard (and fun) work lies ahead in turning the Declaration's tenets into tangible action.

Two of us (PF, AM) are grateful for the opportunity of having served as senior advisors to this high-energy group, one so ably led by a third colleague (FBL), and so central to the overall Congress activities organized by a fourth (AGP). ¡Gracias a todos, manos a la obra, y a sentarse en la mesa!

*Francesca Borghero Lasagna; Adriana Gutiérrez Poblete; Pablo Espoz; Pía Zúñiga; Felipe Hernández; Marcela Pavón; Carla Morales; Patricio Fischman; Andrés Martín (andres.martin@yale.edu)*



# IACAPAP 2018

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FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS



## Invitation to submit applications/nominations for the 2017 Helmut Remschmidt Research Seminar (HRRS)

'Children at risk of mental illness'

Dear Colleagues,

We are delighted to invite you to submit applications/nominations for young child and adolescent mental health workers to attend the 2017 Helmut Remschmidt Research Seminar, which will be held on 17 - 22 September 2017 in Resort Svata Katerina, Czech Republic.

### **Background**

The Helmut Remschmidt Research Seminar (HRRS) series is a prestigious international seminar series organized under the auspices of the IACAPAP (International Association of Child and Adolescent Psychiatry and Allied Professions). The format is a 5-day residential research training workshop for about 20 young/emerging child & mental health researchers, organized in the country that will host the next IACAPAP Congress. The seminar combines teaching/discussion and mentored work on research projects. Topics include research design, presentation skills, review etc. The main purpose of the seminars is to inspire young and emerging researchers to do research in child & adolescent mental health. The product of the research workshops is submission of an abstract for the next IACAPAP congress.

### **The 2017 HRRS**

As we are having the next congress in Prague in 2018, the first ever world meeting on Child and Adolescent Mental Health in Central and Eastern Europe, the 6th Helmut Remschmidt Research Seminar is organized jointly by IACAPAP and the Prague meeting organizing committee. The Chair of the Congress Dr. Michal Goetz (Charles University, Prague, Czech Republic) together with the Chairs of the HRRS program Prof. Per-Anders Rydelius (Karolinska Institute, Stockholm, Sweden) and Prof. Petrus J. de Vries (University of Cape Town, South Africa) decided that the focus of the 2017 HRRS should be on "*Children at risk of mental illness*".



# IACAPAP 2018

23<sup>rd</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION  
FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS



## Dates and location of the Seminar

The seminar will take place on 17 - 22 September 2017 in a convenient setting of Resort Svata Katerina, Czech Republic. It is one of the most beautiful and most cozy places of the Czech-Moravian Highlands.

## Mentors

In addition to mentors from the Charles University in Prague and the National Institute of Mental Health, Czech Republic, there will also be a panel of international experts, including Prof. Remschmidt.

## Outline program

For an outline program of the Seminar, please click [here](#).

The program will combine lectures, workshops and small group working under supervision. Selected candidates will be expected to come to the Seminar with a power point presentation of their current or proposed research and will be supported to work on their research during the seminar.

## Who is eligible to apply/be nominated

The HRRS priority aims are to support young and emerging child and adolescent psychiatrists, psychologists and other mental health professionals. Candidates should be in training or should recently have completed training. Those in senior clinical posts or with extensive research experience will not be considered.

## Application/Nomination Process

Candidates and National IACAPAP member Child and Adolescent Mental Health organizations, Universities and Clinical Units are invited to apply/nominate candidates for participation.

Please submit the following:

- a) Completed Personal details form
- b) A letter by the candidate explaining why they would be a good candidate to attend the seminar
- c) An outline of past and current research activities, including publications, presentations at conferences etc. of the candidate
- d) A copy of CV of candidate
- e) A letter of support from the candidate's university, department or clinical unit (the letter should also indicate whether financial support for travel of the candidate is being provided)

As has been the tradition from the IACAPAP Regional Seminars over the past years, the participant's accommodation and treat during the Seminar will be sponsored, while their travel expenses are not covered.



# IACAPAP 2018

23<sup>rd</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION  
FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS



A panel of reviewers will select candidates from all applications received. The selection panel will aim to include candidates from a range of countries across child & adolescent mental health disciplines. Priority will be given to applicants from Central and Eastern European countries/institutions.

### Deadline for applications

All nominations/applications need to be submitted electronically to the IACAPAP Congress Secretariat and should be received by **Monday, 1 May 2017**. No late or incomplete applications will be considered.

Successful candidates will be notified in June 2017. The IACAPAP 2018 Congress Secretariat will support candidates with visa and travel arrangements for the Seminar.

If you have any queries about criteria for selection or would like to discuss potential nominations, please do not hesitate to contact the IACAPAP 2018 Congress Secretariat ([hrrs@iacapap2018.org](mailto:hrrs@iacapap2018.org)).

Yours sincerely

Per-Anders Rydelius  
Past-President of IACAPAP

Petrus J. de Vries  
Helmut Remschmidt Research  
Seminar Coordinator

Michal Goetz  
IACAPAP 2018 Congress Chair



CHILD & ADOLESCENT DIVISION



The 9<sup>th</sup> Congress of The Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP) and 3<sup>rd</sup> National Congress of the Indonesian Association of Child and Adolescent Mental Health ( IACAMH )

*Cultural Diversity, Challenging Life Events and Stigma :*

## **IMPROVING CHILD AND ADOLESCENT QUALITY OF LIFE**

24 - 26 August 2017,  
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# The 9th Annual Conference and General Meeting of BACAMH



Bangladesh Association for  
Child and Adolescent  
Mental Health  
**B A C A M H**

After starting its journey on 17<sup>th</sup> May 2008, the Bangladesh Association for Child and Adolescent Mental Health (BACAMH) has come a long way and recently held the 9<sup>th</sup> Annual Conference and General Meeting on 26-27<sup>th</sup> December, 2016.

Currently with 889 members, BACAMH has become the largest mental health organization in Bangladesh and the only one incorporating members from all disciplines working in the field of child mental health. This year the organization moved further into a democratic approach by holding an election for the post of Secretary General.



Opening ceremony of BACAMH on 26th December, 2016. From right to left: Prof. M A Hamid (Director, National Institute of Mental Health), Prof. Shahidullah Sarkar (Pro Vice Chancellor- Research and development, BSMMU), Prof. Md. Golam Rabbani (President, Bangladesh Association of Psychiatrists), Prof. Jhunu Shamsunnahar (President, BACAMH), Prof. Md. Faruq Alam (Secretary General, BACAMH), Prof. Kamrul Hasan Khan (Vice Chancellor, BSMMU), Prof. ASM Zakaria (Pro-vice chancellor academic, BSMMU), Prof. Waziul Alam Chowdhury (general Secretary, Bangladesh Association of Psychiatrists), Prof. MSI Mullick (Founder, BACAMH)

With 889 members, BACAMH is currently the largest mental health organization in Bangladesh

The Conference was held in Shaheed Dr. Milon Hall at Bangabandhu Sheikh Mujib Medical University (BSMMU). In 2016, a milestone was achieved as the MD-Child and Adolescent Psychiatry program was started. Consistent with this, the theme of the conference was “Child and Adolescent Mental Health in Bangladesh: Training and Education”. A total of 320 participants registered for the 2-day program, including psychiatrists, psychologists, paediatricians, social welfare and child developmental workers.

The opening program was chaired by the president of BACAMH Prof. Jhunu Shamsun Nahar and inaugurated by chief guest Prof. Kamrul Hasan Khan, Vice Chancellor of BSMMU. Pro Vice chancellors- Prof. ASM Zakariya, Prof. Shahidullah Sikder and Eminent psychiatrists—Prof. Md. Golam Rabbani, Prof. Waziul Alam Chowdhury and Prof M A Hamid—were special guests of the inaugural ceremony. The Secretary General, Prof. MD. Faruq Alam, delivered the welcome address which was followed by an inspirational speech by Prof. Mohammad S I Mullick, the founder of BACAMH. President-elect Prof M A Salam closed the session with his vote of thanks.

There were 17 scientific presentations including 4 plenary, 2 theme papers, and 9 oral sessions. There were two international participants from India and Canada. The Keynote presentation was delivered by Prof. Mohammad S I Mullick with the theme as the title of the presentation. A special

oration was named after the late Prof. Syed Kamaluddin Ahmed, an eminent and respected psychiatrist of Bangladesh and one of the leading fellows of BACAMH. This year the Syed Kamaluddin Ahmed Memorial Oration was delivered by Dr. Murad Bakht, from Canada, with the title ‘Challenges and Rewards of Developing a Child and Adolescent Community Mental Health Program’.

Three interactive workshops were conducted: “Clinical Approaches to a Child with Neurometabolic Disorder’ by Prof Narayan Saha; ‘Present and Publish’ by Dr. Sifat E Syed and Dr. Helal Uddin Ahmed; and ‘How to Write a Qualitative Research Paper?’ by Dr. Md. Manirul Islam.

On day 1, two plenary lectures were delivered by a neurologist, Prof. Anisa Jahan, “Effect of Large Doses of Pyridoxin on Autism Spectrum Disorder Children—A Cohort Study” and a psychiatrist, Prof. A A Mamun Hossain, “The Language of the Non-Suicidal Self Injury: The Cutting Edge in Adolescents”. On the second day, there were two plenary lectures by clinical psychologists: “Parenting and Parenting Techniques” by Shelina Fatema Binte Shahid, and “Child and Adolescents Mental Health Services at Nasirullah Psychotherapy Unit: Initiatives and Challenges” by Kamal Uddin Ahmd Chowdhury.

The theme papers were presented by the President (Prof Jhunu Shamsun Nahar) and Secretary General (Prof. Md. Faruq Alam) of BACAMH with the following titles respectively: “Child & Adolescent Mental Health: Training and Education for Allied





Professionals” and “Manpower in Child and Adolescent Psychiatry in Bangladesh: Qualified & Trained”.

Dr. Yatan Pal Singh Balhara from India presented his paper in an oral session: “Internet Addiction Among Adolescent Students— State of the Evidence”. There were eight more oral sessions delivered by psychiatrists, psychologists, trainees, occupational and language therapists..

The two-day conference ended with the annual general meeting presided by Prof. Jhunu Shamsun Nahar. The reports of the Secretary General, academic secretary and treasurer were presented and approved. The election commissioner declared the result of election that Dr. Helal Uddin Ahmed has been elected as the new Secretary General of BACAMH. There was lively discussion on different organizational activities focusing on different

aspects for the advancement of child and adolescent mental health in Bangladesh. Members and fellows appreciated that ten members of BACAMH had attended the 22<sup>nd</sup> World Congress of IACAPAP in Calgary, Canada in September, 2016 and one of them had been awarded a Donald J Cohen fellowship. The meeting ended by the installation of the new committee celebrated by cutting a cake.

**Sifat E Syed**



The Annual General Meeting. From right to left: Dr. Wasima Rahman (Academic Secretary, BACAMH); Prof. MSI Mulk (Ex-president and founder, BACAMH); Prof. Jhunu Shamsun Nahar (President, BACAMH); Prof. Md. Faruq Alam (Secretary General, BACAMH); Dr. Mohsin Ali Shah (Treasurer, BACAMH)

# OCEANIA AND THE CALGARY CONGRESS 2016

Suzanne Dean

IACAPAP Regional Coordinator, Oceania Region

Australia and New Zealand, enthusiastic contributors to IACAPAP for at least five decades, are part of the vast, exciting Oceania Region, involving the Pacific and Southern Oceans and bordering southern Asia. The 2016 IACAPAP Congress in Calgary, Canada, saw important Oceania initiatives flowing from urgent concerns.

### ***Traditional Groups Require Support: Who Can Help?***

Oceania embraces, in addition to Australia and New Zealand, Papua New Guinea and the Island Nations of the South Pacific. On hundreds of far-flung islands live vibrant communities with proud traditions that celebrate powerful commitment to the family and to children. Yet all are forced to battle the onslaughts of climate change, globalisation, and often rapacious commerce – and this really shows up in the area of child and adolescent mental health services.

Within Australia and New Zealand themselves, the indigenous peoples are similarly struggling to maintain and develop their unique and inspiring cultures, which have so much to teach industrial and mass-market societies. Australian Aboriginal, Torres Strait Islanders and New Zealand Maori communities seek improved services in the child and adolescent mental health domain as well. Even for many mainstream families in Australia and New Zealand, alarming shortfalls in mental health services for the young continue to be problematic.

The IACAPAP members of this Region – namely The Faculty of Child and Adolescent Psychiatry of The Royal Australian and New Zealand College of Psychiatrists and Emerging Minds (the Australian multidisciplinary and community organisation focussed upon child and adolescent mental health) – are actively confronting these challenges.

### ***The Pacifica Study Group***

In 2013 IACAPAP President, Olayinka Omigbodun, called for a IACAPAP study group among South Pacific colleagues. Paul Robertson was convening the Conference of the Faculty of Child and Adolescent Psychiatry that year, and eagerly took up the suggestion, supported financially by the Faculty, and by its Chair, Nick Kowalenko, as well as by Mental Health for the Young and their Families: Victoria.

At the Calgary Congress, Paul Robertson reported upon the pioneering processes and outcomes of the Study Group. First, a cross-section of Island South Pacific professionals working with children, young people and families were brought together in Melbourne. Clinicians from the Cook Islands, Fiji, Kiribati, Papua New Guinea and Samoa joined hosts from Australia and New Zealand (see 2/14 Bulletin No 37). A second phase of the Study Group unfolded in 2015, at the Faculty Conference in Port Vila, Vanuatu, in collaboration with the local Medical Association, focussing mainly upon nursing and medical work. How these initiatives inspired outreach via iCAMH training in Sri Lanka was further described at the Calgary Congress by Kumudu Rathmayaka (see 11/16 Bulletin No 46).

Sharing and discussion of experience in these meetings has revealed that the fundamental difficulties of mental health resourcing and of travel barriers across vast oceanic distances can be tackled immediately – by lateral thinking in training, mentoring and ongoing professional development, using electronic and other



The community holds us... Koori Kids Program, Victorian Aboriginal Health Service, Australia (Joanne Dwyer)

means. The dedicated group that met at Calgary, which included Olayinka Omigbodun, can look forward to further progress in South Pacific partnerships.

### ***The Australian-Canadian Indigenous Forum***

For far too long, the CAMHS establishment has been ineffective in responding to the mental health needs of indigenous children and adolescents. This has been so around the world, perhaps especially in the Oceania and North American Regions, despite the acceptance by many countries of the UN Convention on the Rights of the Child. Indigenous communities themselves have meanwhile striven to nurture the traditional understandings and practices which strengthen the psychological development of their children. Nevertheless, many indigenous communities find their young and their families adversely affected by a clash of cultures, confronted at every turn – resulting in high suicide rates, for instance, in both Australia and Canada. With this in mind, Chris Wilkes and Suzie Dean invited representatives of indigenous communities in Alberta, Canada, and Victoria, Australia, to the Calgary Congress to share their experiences and discuss the mental health needs of children in their respective regions.

The lead Speakers were Deborah Pace, Amelia Crowshoe (Alberta Child and Adolescent Mental Health Service), Brent Scout and Bonnie Healy (Treaty 7) from Canada, and Riwai Wilson and Ruby Warber from Australia (Victorian

Aboriginal Health Service). Their presentations highlighted the similarities of disturbing issues that young people from both cultures and their parents are grappling with today. The need to reconcile differing cultural values and philosophies, leading to challenges in developing self-identity, and the need to protect family unity and integrity against destructive forces, are just two of the issues identified.

The Forum was all too brief and everyone agreed that much more time must be given to this topic at the 2018 Congress to allow for an expanded, in-depth discussion. All the same, the Forum generated a set of ideas now being formulated by Suzie Dean into principles embodying mental health rights of indigenous children, in line with the UN framework, to be circulated widely for amendment among indigenous groups. Bruno Falissard, President of IACAPAP, stands ready to proclaim a Declaration of such rights at the Prague Congress.

### ***Therapeutic Initiatives***

At least twelve clinicians from Oceania attended the Calgary Congress, and many contributed in the area of services – a big focus for Oceania. Noteworthy was a keynote address by Patrick McGorry on reform through investment in the mental health, wellbeing, and productivity of young people. Youth wellbeing brings huge benefits to communities.

Noteworthy also were at least three other sessions on therapeutic initiatives. Included were two very popular workshops on psychodynamic

The Pacifica Study Group, Melbourne, October 7-12, 2013



Dr. Nick Kowalenko is the new IACAPAP Coordinator for the Oceania Region



psychotherapy with adolescents, backed by consideration of outcome and process research, some of which is Australian. The first workshop, led by Nanette Gerlach and Suzie Dean, was titled "Seeking the Good, the Bad and the Beautiful", exploring the emergence of self-identity through psychodynamic psychotherapy with adolescents. The second, titled "Confronting Hiccups to Black Holes" was conducted by Ros Webb and focussed upon the use of psychodynamic psychotherapy with adolescents experiencing deep inner nothingness. Canadian colleagues Ursula Hines and Cherelyn Lakusta supported the Australian presenters and Cherelyn was a panel discussant in both workshops.

Complementary was Margaret Nixon's session describing "Enhancing Emotional Literacy through Visual Arts", a primary school art program grounded in psychoanalytic principles, designed for delivery by classroom teachers, and aiming to actively promote psychological wellbeing. Hopefully, therapists from Oceania will again come to The IACAPAP Congress in 2018, and hopefully, too, be joined by other colleagues interested in discussing the detail of actual therapeutic

practice with children, adolescents and families.

**A New Coordinator: Onward Towards Prague and Beyond**

As I complete my term as a IACAPAP Coordinator of the Oceania Region, 2017 sees the appointment of Nick Kowalenko as the new Coordinator. Nick has been central for many years to Australian and New Zealand child and adolescent mental health and to IACAPAP's involvement in the region. Not only has he been Chair of The Faculty of Child and Adolescent Psychiatry Since 2011, he has also been, since 2000, Deputy Chair, and the New South Wales Director of Emerging Minds. Since 2015, too, he has been an Executive Member of Parent and Family Mental Health World Wide. Thus Nick is extremely well placed to lead, encourage and advise the child and adolescent mental health field in Oceania – to spark reflection and innovation throughout the region.

The exciting initiatives taken from the Oceania Region to the Calgary Congress are ongoing, and it is to be expected that their continuing strength will flow towards the IACAPAP Congress in Prague in 2018.



# 6th World Congress on ADHD

From Child to Adult Disorder 20 – 23 April 2017 | Vancouver | Canada



> A Personal Invitation

6th World Congress on ADHD / A Personal Invitation

**VANCOUVER, CANADA**

**20 – 23 April 2017**

**A PERSONAL INVITATION**

Dear colleagues and friends,

We are very happy to invite you to be again with us, taking part in the most global meeting on ADHD where you can share and **exchange experiences and knowledge** about the best strategies of diagnosing and taking care of individuals affected by ADHD.

**Our 6th World Congress on ADHD will take place from 20 – 23 April 2017 in Vancouver, Canada.**

As in keeping with tradition of the World Federation on ADHD, the Scientific Programme Committee and the Local Organizing Committee will work hard to develop a wide range of topics that will appeal to **clinicians, researchers and academics**, thus stimulating the exchange of knowledge.

**We look forward to welcoming you in Vancouver in 2017.**

Sincerely yours,

**Professor Dr. Luis Augusto Rohde**  
President, World Federation of ADHD  
Congress President

**Professor Dr. Manfred Gerlach**  
Chairman  
Scientific Programme Committee



Luis Rohde



Manfred Gerlach

## JOAQUIN FUENTES, IACAPAP COUNSELLOR, HONORED

We often regret the distance between child psychiatry and child mental health and the rest of healthcare, a distance reflected in how unusual it has been, when public awards are given to distinguished physicians, for child psychiatrists to be counted among those honored.

A happy exception has just occurred in Spain. Our friend and colleague Dr. Joaquin Fuentes has received from the National Medical Council of Spain the Prize for Professional Excellence.

Joaquin, now a IACAPAP Counselor, was for many years co-coordinator of the Donald J. Cohen Fellowship Program, through which he fostered the development of more than 200 young professionals. In Spain and Europe, he has been a steady advocate for children on the autistic spectrum and a leader in bringing together services in support of children's development and mental health. In this spirit, last year he organized in San Sebastian a congress sponsored jointly by the Spanish Society of Child and Adolescent Psychiatry and the American Academy of Child and Adolescent Psychiatry.

The Professional Excellence Prize recognizes "professional practice over a whole career, reflecting the values of medicine: altruism, honesty, honor, trustfulness, empathy, and commitment to those in need. Exemplary physicians are honored, whether or not they have been recognized in the media."

At the ceremony at which the award was presented (see picture), Joaquin holds a replica of a statue of Aesculapius, the god of medicine in ancient Greece.

Only six such prizes are given every two years, selected from the 160,000 physicians in Spain. This is the first time a child psychiatrist has been so honored. Joaquin was nominated unanimously for the award by the local medical council in Gipuzkoa County (Basque Country, Spain).

Congratulations to Joaquin!



Joaquin Fuentes, MD with Ms. Dolors Montserrat - Spain's Minister of Health, and the President of the National Medical Council, Juan José Rodríguez, MD.

Del 7 al 9  
de junio 2018  
Palma  
Illes Balears

Asociación Española de  
**Psiquiatría del Niño  
Y del Adolescente**

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The poster features a blue background with a silhouette of a person jumping over waves. There are several inset images: a coastal town, a cave entrance, and a large classical building. The text is arranged in white boxes and a central white box.

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# 27<sup>TH</sup>

## TURKISH CHILD AND ADOLESCENT PSYCHIATRY CONGRESS

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*"All together, always to the future"*

# 2016 IACAPAP CONGRESS MONOGRAPH

## Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

### AVAILABLE NOW

### Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

Edited by **Matthew Hodes** and **Susan Gau**



Written by leading authors from across the globe, **Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents** examines the main mechanisms involved in understanding and improving mental health in children and adolescents, including social and biological processes, as well as effective treatments. Taking into account diverse settings and cultures, it combines research and clinical perspectives, and sets forth how they can be translated into effective clinical practice.

This book promotes the study, treatment, care, and prevention of mental disorders and disabilities involving children, adolescents, and their families, and will spread emerging knowledge and good practice in the child and adolescent mental health field around the world.

- Focuses on the evidence base for work in child and adolescent mental health
- Appraises recent theoretical and conceptual issues in child and adolescent mental health
- Demonstrates the implementation of research into practice
- Highlights the relevance of existing knowledge for clinical management
- Considers service and policy implications

The **International Association for Child and Adolescent Psychiatry and Allied Professions** (IACAPAP) aims to promote the mental health and development of children and adolescents worldwide. *Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents* helps IACAPAP achieve this goal by contributing to the training and professional development of child and adolescent mental health professionals by disseminating up to date and high quality information.



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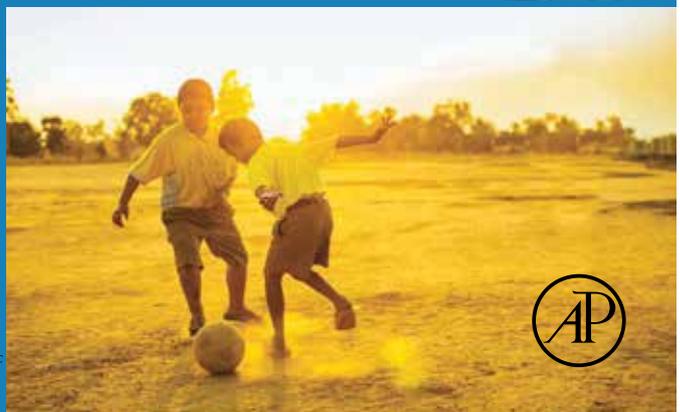
IACAPAP  
Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

Hodes and Gau



### Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents

Edited by **Matthew Hodes** and **Susan Gau**



The 2016 IACAPAP Monograph entitled “Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents” reflects the theme of the congress held in Calgary, Canada 18- 22 September 2016. The authors, selected from around the world, are experts in their field. They address conceptual issues including “What is positive mental health” (Professor Bruno Falissard, University of Paris-Sud) , and new classification systems in child psychiatry (Professor Elena Garralda, Imperial College London); risk and resiliency for disorders drawing on biological perspectives from genetics (Dr Miriam Peskin & Professor Gil Zalsman, Tel Aviv University & Columbia University) and also brain abnormalities (Professor Frank MacMaster et al, University of Calgary); psychosocial influences including adjustment of left behind children following parental migration (Professor Yi Zheng, Capital Medical University, Beijing), and promoting resilience in indigenous youth (Professor Laurence Kirmayer et al, McGill University). Service and treatment chapters address the promotion of mental health literacy in schools and reducing stigma (Professor Stan Kutcher et al, Dalhousie University), youth mental health services (Professor Patrick McGorry & Sherilyn Goldstone, Orygen, Australia), promoting parenting (Dr David Hawes & Dr Jennifer Allen, University of Sydney & University College London), resilience in autism spectrum disorder (Professor Peter Szatmari et al, University of Toronto), treatment of anorexia nervosa (Associate Professor Jennifer Derenne & Professor James Lock, Stanford University), psychopharmacology of depression and resilience (Assistant Professor Meredith Chapman et al, UT Southwestern Medical Centre, Dallas) , and helping very disturbed children in secure settings (Miriam Yurtbasi et al, Monash University).

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THE IACAPAP TEXTBOOK APP  
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The new IACAPAP eTextbook app gives instant access to the IACAPAP Textbook of Child and Adolescent Mental Health using smartphones, both iOS and Android-based. Install it and you will be able to access the wealth of information in the Textbook at the touch of a button. Thanks to Dr Melvyn Zhang and his technical team from Singapore for devising the app and to Dr Daniel Fung.

To install the app in your smartphone or tablet go to the iTunes (Apple devices) or Google Play (Android devices) store, search for "IACAPAP Text" and follow the prompts. Alternatively click on the following hyperlinks:

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For the latest news about the Textbook and other relevant information go to

<https://www.facebook.com/IACAPAP-Textbook-of-Child-and-Adolescent-Mental-Health-249690448525378/>

Nurses, physician assistants, and midwives on the CAMH training program in Liberia



In November 2016, I was in Monrovia, Liberia, attending the Annual Conference and Scientific Meeting of the West African College of Physicians (WACP). I took a day off from the conference to visit Janice Cooper at the Carter Centre in Monrovia. Janice had spoken to me several times about capacity building for child and adolescent mental health (CAMH) in Liberia and I was very interested in learning more about it. Janice and I went on an hour journey out of Monrovia driving past vast rubber plantations to visit the students undergoing CAMH training in Kakata. It was a wonderful experience meeting with the students and faculty. I discovered that the free IACAPAP textbook was the main text for this program. Several copies of the IACAPAP textbook were neatly bound and ready for use in the store. This is a short description of their CAMH training program.

**Olayinka Omigbodun**

## The Ministry of Health of Liberia and the Carter Center Prepare to Graduate the Second Cohort of Child and Adolescent Mental Health Clinicians

The Liberian Government in partnership with The Carter Center Mental Health Program will graduate its second group of child and adolescent mental health clinicians. Certified as nurses, physician assistants, and midwives, these providers receive an additional six months post-basic training in child and adolescent mental health. This cohort of clinicians will bring to 43 the number of professionals trained.

The Japanese government funds this program through the World Bank. Graduates come from all over Liberia. The program rotates between the urban

setting of Monrovia at the Tubman National Institute for the Medical Arts and a rural hub at the Kakata Rural Teacher Training Institute. In each city, there are six clinical placements at schools, in primary health care facilities, and placements for out-of-home youth.

The program encompasses five courses and relies on a diverse faculty from Liberia and abroad. Using a curriculum jointly developed by Liberian and international experts headed by Dr. Gail Stuart, Dean of the College of Nursing at the Medical University of South Carolina. International and

Liberian faculty co-teach the courses. The international faculty includes Dr. Sylvia Nshemerirwe and Clinical Psychologist James Nsereko, from Butabika Hospital in Kampala, Uganda; Dr. Sarah Vinson and Phyllis Pierce, addiction specialists, Rodney Presley, senior clinical social worker and Dr. Paul Mertens, internist from the United States of America. In addition to clinical courses, students receive training in leadership, nursing and medical education, advocacy, and human rights. It is expected that 100 child and adolescent mental health clinicians will be trained under this program.

Core components of the training include the IACAPAP Textbook of Child and Adolescent Mental Health, core child and adolescent psychiatric, psychotherapy and psychosocial texts, the public health framework and the social ecological model. Each semester there are five in-services to continually refresh graduates.

During a recent visit to Liberia, Professor Olayinka Omigbodun, University of Ibadan joined the students in training and discussed the Centre for Child and Adolescent Health (CCAMH) at the University of Ibadan and the 2018



IACAPAP conference. Current graduates of the program are working in school-based clinics, community clinics and health centers throughout Liberia.

**Janice Cooper PhD, MPA**  
The Carter Center Country Representative, Mental Health Program Liberia

Above, from left: Yepeh Miapah RN, MHC, Director, Maternity, Child and Adolescent Mental Health Program, JFK Maternity Hospital, Monrovia; Janice Cooper, The Carter Center Country Representative, Mental Health Program, Monrovia; Sylvia Nshemerirwe, Butabika Hospital in Kampala, Uganda; Olayinka Omigbodun, Director, Centre for Child & Adolescent Mental Health, University of Ibadan, Nigeria



Olayinka Omigbodun addressing students at the rural hub at the Kakata Rural Teacher Training Institute, Kakata, Liberia

# IMAGINAIRE ET NOUVELLES MACHINES

CONGRÈS FRANÇAIS DE PSYCHIATRIE ET DE PSYCHOPATHOLOGIE DE L'ENFANT ET DE L'ADOLESCENT

9 ET 10 JUIN 2017  
AMIENS



Held in a different city each year, the French Congress of Child and Adolescent Psychiatry and Psychopathology—the annual meeting of the French Society of Child and Adolescent Psychiatry and Allied Disciplines—will take place in Amiens in 2017 from June 9 to 10, with a pre-Congress Day on June 8. Let's talk with Professor Jean Marc Guilé, Head of the Organizing Committee.

While preparing the Congress how did you come to choose such an unusual theme “Imaginary and New Machines”?

*I'm not alone, but part of a team called PSYLEAS. Despite different backgrounds we are all impressed by the impact of computers, and basically all numerical devices, on our daily life and our professional practice as well. On the one hand psychiatry is the perfect place for imagination. Child and adolescent mental health professionals are used to lend their psychological capacities to children in order for them to give meaning to their suffering and traumatic life events. This is the basis for all kinds of psychotherapy and supportive therapies. On the other hand, computerized games as well as computer-assisted diagnostic and treatment devices are enriching our treatment capacities nowadays. What should we do with that?*



How would you summarize the theme of the Congress?

*Our child and adolescent mental health practices are facing this challenge: efficiently putting together traditional diagnostic and therapeutic practices with contemporary “numerical” approaches. Solving this will deeply modify our relationship with psychiatry and psychopathology.*

Could you give us some insights on how you came to advertise the meeting with such an impressive poster?

*It bloomed up from a wonderful encounter with the cartoonist Rib Reb, thanks to Pascal Meriaux who runs the annual Cartoons festival in Amiens. The famous novelist Jules Verne, who lived in Amiens as you know, was tremendously inspiring us. The artist put a child and an adolescent in one of the Verne's bizarre machines and sent them on a numerical sea. Apparently they loved it!*



How will the program run through the three days ?

*You can access the full program at <http://www.psyleas.com/programme-communications> The pre-Congress Day will welcome residents, master and PhD students in a research journey. During the following two-day Congress, mornings and late-afternoons will be devoted to thematic symposia: empathy, devices supplementing body functions, connected*

*care, virtual relationships, brain imaging... Workshops will host structured oral communications and poster sessions the rest of the day.*

We know that the French Society of Child and Adolescent Psychiatry incorporates allied disciplines. How will those disciplines be represented in your Congress?

*Our organizing team, PSYLEAS, is composed of different professionals, not only child psychiatrists but psychologists and a special educator as well. Invited speakers come from different professional backgrounds, especially neurosciences, psychology, and art therapy. We already received communication proposals from colleagues belonging to allied disciplines.*

The annual meeting gives us the opportunity to visit France, and more specifically the surroundings of the organizing city. Could you give us an introduction to the cultural and social components of the program?

*Amiens is a regional Capital about 100kms North of Paris, unfortunately very close to the battle fields where many soldiers from several countries gave their lives in the defence of freedom during the First World War. Many of us have ancestors buried there. Amiens was one of the leading cities of the Hanse, a middle age network of Netherlands and Northern France merchant cities with a thriving textile industry. Consequently, Amiens has one the largest gothic cathedrals in the world, built in less than fifty years during the 13th century. This monument is presently designated as a UNESCO World Heritage Site and reminds us of the history of the gothic cathedrals marvellously depicted by Keith Follet in *The Pillars of the Earth*. More recently, Amiens is the city of Jules Verne, world renowned 19th-century novelist who wrote imaginary journeys and sent his heroes throughout the world, as well as underground, in the sea, in the sky, and to the moon, each time driving extraordinary vehicles. Many of his novels have been turned into movies by Walt Disney. Therefore, Amiens is the place to blend the new machines and the imaginary ones.*

Anne-Catherine Roland

# GRAPPLING WITH THE DECRIMINALIZATION OF MARIJUANA IN CANADA

T.C.R. Wilkes & Iliana Garcia Ortega

Canadian child and adolescent psychiatrists are being approached by the media, families, and many of our medical colleagues regarding the decriminalization and legalization of marijuana, due in April 2017. This occurred after much public consultation and parliamentary discussion by the Government, which announced that legislation on the legalization and regulation of marijuana would be introduced in spring 2017. However this legalization has more than just political implications, it also has social, psychological and pathological implications that we think should be addressed.

At present, according to Statistics Canada, marijuana is the most commonly used illegal drug by youth in Canada and, according to a study conducted by UNICEF in 2013, young Canadians rank top in marijuana use among the rich countries. Indeed, the estimated use of marijuana by 15-year-olds in the past year in Canada is around 10% with high school students around 17 and 18 years of age being 22%; 40% of Canadians have used cannabis in their lifetime.

According to a study (“Canadian Youth Perception on Cannabis”) recently released by the Canadian Centre on Substance Abuse, there is a commonly shared perception that marijuana use is harmless. This is worrisome as the legalization of recreational use in adults is likely to lead to increased use among current users, but also may increase the number of new users, including underage individuals—as decriminalization and legalization will diminish the stigma attached to this substance and support the wrong belief that its use does not have risks.

The use of marijuana during critical developmental periods, including adolescence—the time during which the brain undergoes rapid and extensive changes—can potentially have long term negative effects, particularly among individuals who use it chronically. Long-term effects of marijuana use include altered brain development and cognitive impairment, including impaired neural connectivity in specific brain regions, decreased activity in prefrontal regions, and reduced volume in the hippocampus. These effects have been found to be more profound in users who begin using marijuana during adolescence or young adulthood.

Another frequent misperception among young Canadians is that marijuana is not addictive. According to a study by Hall and Degenhardt, the risk of developing addiction associated with cannabis use is about 17% among those who start using marijuana in adolescence, and 25%-50% among those who smoke marijuana daily. In addition, during the last decade, a vast amount of evidence has become



available supporting an increased risk for psychosis associated with the consumption of cannabinoids by young people, particularly in individuals genetically vulnerable.

Mothers and newborns are another populations that require attention as research indicates that prenatal exposure, particularly heavy exposure, has many subtle adverse effects, beginning as early as 18 months to 3 yrs of age, with impulsivity and aggression. By the age of 6 they may show cognitive dysfunctions and ADHD. This may require educational remediation or placement to prevent behavioral and learning problems. By the age of 10 to 14 years higher rates of anxiety and depressive symptoms can be found in children from mothers who used marijuana during pregnancy compared to those who didn't.

There are lessons that can be learnt from other places that have gone through marijuana legalization that can help shape future Canadian policies to better regulate and minimize the adverse effects of cannabis use. For example, in Colorado, marijuana-infused edibles (baked goods, candies and marijuana infused beverages) account for 45% of the legal marijuana marketplace. Edibles are more attractive to children and young adults, which is a major cause of concern. This has resulted in a significant increase in visits to hospitals' emergency room with problems such as "cyclic vomiting syndrome". There were also reports of an increase in marijuana-related automobile accidents.

But not everything about marijuana use is negative. This plant has been cultivated for about 10,000 years and it has been used medicinally for about 3,000 years. Indeed, ancient cultures including India and China used it as an anti-inflammatory, to alleviate pain and as a sleeping aid. There are reports that Queen Victoria used it to relieve her menstrual cramps. One of the fathers of modern medicine, Sir William Osler, recommended its use for the treatment of migraine. This opens up the discussion on the different strains of marijuana. For example the sativa plant with its high in cannabidiol (CBD)—neuroprotective and with less tetrahydrocannabinol (THC)—causes euphoria and sleep induction.

We see more of this with the indica strains, which are higher in THC and lower in CBD. Current literature suggests that cannabis may have a therapeutic role in a multitude of diseases, particularly chronic pain disorders including headache, and epilepsy.

There is no simple answer to such complex issues. The Canadian Government will be able to regulate the quality, potency, and price of these products and to determine the minimum age at which individuals can access them. The Canadian Medical Association, representing some 80,000 members, suggest 21 years as the minimum age but emphasizes that brain development continues until at least 25 years of age, so they recommend to restrict access to quantity and high potency between the ages of 21 and 25. Dealing with this issue will require a multi-pronged approach including public health policies, public education, and perhaps formal education in schools regarding the adverse effects of using marijuana, so when the moment comes for those youngsters they can make a well-informed decision.

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# PUBLISHING IN CAPMH

## FAQs

- **What are the aims and scope of CAPMH?**

Child and Adolescent Psychiatry and Mental Health is an open access, online journal that provides an international platform for rapid and comprehensive scientific communication on child and adolescent mental health across different cultural backgrounds. The journal is aimed at clinicians and researchers focused on improving the knowledge base for the diagnosis, prognosis and treatment of mental health conditions in children and adolescents. In addition, aspects which are still underrepresented in the traditional journals such as neurobiology and neuropsychology of psychiatric disorders in childhood and adolescence or international perspectives on child and adolescent psychiatry are considered as well.

- **Why publish your article in CAPMH?**

1. High visibility: open access policy allows maximum visibility of articles published (all articles are freely available on the journal website)
2. Speed of publication: fast publication schedule whilst maintaining rigorous peer review; publication immediately on acceptance
3. Flexibility: opportunity to publish large datasets, large numbers of color illustrations and moving pictures, to display data
4. Copyright: authors retain the copyright of their articles and are free to reproduce and disseminate their work

- **How can manuscripts be submitted to CAPMH?**

Please submit your manuscript via our online submitting system at <http://www.capmh.com/manuscript/>; make sure that your manuscript conforms to the journal style (<http://www.capmh.com/info/instructions/>)

- **How are manuscripts processed?**

All articles submitted undergo independent peer-reviewing (sometimes several rounds; depending on the authors' responsiveness). Independent reviewers are asked to return their report within 3 weeks. The average review time depends on the speediness of the authors' in revising their article according to the reviewers' comments. The final decision, acceptance or rejection, is made by the handling editor. The average acceptance rate is 65%. All articles are immediately published upon formal acceptance (only few formatting checks are necessary taking between 5 days and 3 weeks at most). The average time from initial submission to final publication is 19 weeks, much shorter than the average journal.

- **Why CAPMH does have an article processing charge?**

Open access publishing is not without costs. BioMed Central, the publisher of the journal, defrays these costs through article-processing charges (APC) because it does not have subscription charges.

- **How much is CAPMH charging?**

CAPMH levies an article-processing charge of £1170/\$1990/€1480 for

each article accepted for publication.

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