

Dear Colleagues

This newsletter comes at a very special moment for us Africans. Most of it is dedicated to the incredible but true event represented by the election of our Chair, Dr Olayinka Omigbodun to the highest position in IACAPAP.

Knowing all the efforts and sacrifices Olayinka made to make Africa present and well represented at the international level, together with her deep involvement in improving children's mental health in the community, this honour should not come as a surprise.

We asked one of Olayinka's teachers and one of her students to paint a picture of her. We are delighted that despite her many new duties, she remains true to her promises, as you can see in her editorial in this newsletter.

You will also find a very informative paper, written by Dr Chiara Servili and her colleagues from WHO, about an initiative called ATLAS project, already on track in the Eastern Mediterranean area, that could be a good example to follow for the whole of Africa.

We have provided feedback about important events during the IACAPAP congress in Beijing, as well as sporadic news from the continent.

I personally apologize for the delay in releasing this newsletter, but like many African colleagues, I sometimes find it hard to make time in between the many demands of our daily lives at work and at home.

I wish you a pleasant time reading this newsletter.

Naoufel Gaddour



**A CLARION CALL TO THE AFRICAN CHILD AND ADOLESCENT MENTAL HEALTH
COMMUNITY!!!**

Olayinka Omigbodun



By appointing an African child and adolescent psychiatrist as President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), the international child and adolescent mental health (CAMH) community has sent a profound message to the African CAMH community. This message is a clarion call to greater dedication, determination and discipline with passion, purpose and perseverance. The attention of the international CAMH community is now on us and we need to find an appropriate response. While I do not claim to completely know the best way or ways to respond to this call, I have a few suggestions to offer. I call on all African CAMH professionals on the globe to send in suggestions and proposals on how Africa can respond best.

One thing that I am certain of is that Africa's CAMH needs are huge and there is very little in terms of resources to meet those needs. After Asia, which accounts for over 60% of the world population, Africa follows with 1 billion people, 14% of the world's population. Over 50% of Africa's population are children and adolescents; this figure amounts to about 500 million. One in five (100 million) African children need help for a treatable mental health problem. These needs are even more urgent in regions of conflict (with child soldiers) and in areas of extreme poverty, where children as young as 3 years old can be seen hawking on the streets bearing large pans of merchandise on their heads. Sub-Saharan Africa had the highest proportion of orphans in the world even before the HIV surge. Worldwide it is estimated that there are 15 million HIV/AIDS orphans under the age of 18 and 11.6 million of these (77%) live in sub-Saharan Africa. Orphans face a greater risk, than other children, of developing psycho-social problems such as depression, anxiety and low self-esteem.

As CAMH professionals, we understand that the mental health needs of the children and adolescents of Africa go beyond the treatment of disorders and the solving of problems. We need to do more to promote the mental health of this huge segment of the population. The vision of the African Association for Child and Adolescent Mental health (AACAMH) is that 'every child and adolescent on the African continent would enjoy optimal mental health'.

Every African child should have the opportunity to achieve and maintain optimal psychological functioning and well-being. An atmosphere should be created so that African children can develop a sense of identity and self-worth, have sound family and peer relationships, possess the ability to be productive and to learn and the capacity to use developmental challenges and cultural resources to maximise their development.

This is certainly not achievable when over 40% of Africa's children are married by the age of 15. Child marriages remained entrenched in African societies with the consequences of curtailed schooling and disastrous reproductive health complications which in turn lead to mental health disorders for the 'child mother' and the child. With 50 million child labourers on the continent, 10 million street children, 120,000 child soldiers (a third of the world's child soldiers), over one million child sex slaves, mental health is far from being realized.

Our mission for AACAMH is: 'to provide effective leadership for the promotion of child and adolescent mental health on the African continent through concerted collaborative efforts in advocacy, training, scientific study and service development'.

More than ever before, we need to unite at this time in pursuit of this mission. In the past two years, CAMH professionals in several parts of Africa have had the unique and rare opportunity of training in more developed regions of the world. Many have returned and other newly trained CAMH professionals will return soon. These CAMH professionals could use the newsletter to share how their newly acquired skills are being adapted for use in their home countries. I happen to know about the admirable efforts of many CAMH professionals in their native countries and regions but many more would be encouraged to learn of the work being done.

Each African country should aim at establishing a formal body of CAMH professionals. The number of members is not what matters but the passion and zeal that each member puts in for CAMH care. The beauty in having formal bodies is that we can be more effective advocates for CAMH improvements. We need to ensure that the 'rights of the child' assessments in our countries include information on CAMH services and facilities. This will certainly draw attention to the great need to improve CAMH care. One important aspect is carrying out a needs assessment for CAMH on the continent by mapping out the needs and resources. This is a project we need to carry through together. Lastly, I would like to encourage each African CAMH professional in the Diaspora to establish links with CAMH centres in Africa. These links may start off as informal and on a small scale but could blossom into great partnerships.

I view my recent election as the President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) as a fresh call for Africans to unite to improve CAMH on our continent.

I will conclude this write-up with a beautiful poem written by an African child which speaks of hope for CAMH professionals doing beautiful things for CAMH on our beautiful continent, Africa.

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AN ODE TO AFRICA

With it's high monotonous plateaus
Which drop with such drama into narrow
coastal plains
That provides such serene temperatures
Cool comfortable throughout the year
And it's Great Rift Valley
That slashes throughout the continent
From the mouth of the Zambezi
To the heart of the red sea
This type of beauty is unique
And it belongs only in the wonder AFRICA!

The Nile, the longest river in the world
Whose banks house one of the world's richest
soils
And the Zambezi, the only river in the world
Which does not flow into the sea but creates
angelic falls
With its wildlife which has numerous variations
One of the wildest in the world
And it's sweet-smelling trees and flowers
That can give you a wonderful sensation
This type of beauty can only be found in my
continent
And it is the wonder AFRICA!

Iyi, 11year old

Olayinka Omigbodun

Chair Steering Committee, AACAMH

President of IACAPAP

Introducing the new president of IACAPAP

For this purpose, we asked Emeritus Professor Michael O. Olatawura as a mentor and Doctor Tolulope Bella as a mentee to paint us a picture of Doctor Olayinka Omigbodun, the new president of IACAPAP:

Emeritus Professor M. O. Olatawura wrote:

It is a great pleasure to do justice to Dr Omigbodun's intellectual and professional achievements. Yinka, as she is popularly called, came to my attention when she started her Residency Training in 1987 in the Department of Psychiatry of the University College Hospital, Ibadan, Nigeria. Prior to this she is recorded to have won several academic prizes in the medical school. From her incisive questions in seminars about childhood development and its impact on the adjustment of children and adolescents, it became quite clear that she was cut out for a niche in the profession. In addition to the solid foundation laid in Ibadan she received further training in Manchester University, leading to a Diploma in Psychiatry in 1992 and a Masters in Public Health with Distinction, Nuffield Institute for Health, University of Leeds, UK in 1999. She has received several other scholarships, Fellowships, and Honours from various professional bodies in different parts of the world.

Yinka is a good role model to many junior colleagues and a tireless worker. She has won several fellowships to attend conferences in different parts of the world where she is reported to have shown that she is a master of her chosen discipline. She is an accomplished speaker and a pleasure to listen to. Dr. Omigbodun is a lady of many parts, active in community activities relating to mental health and family dynamics in particular. She is a priceless gem professionally and an inspirer of many young colleagues. She is a lady of inimitable drive and energy and is very well-known for her tenacity of purpose particularly for a course she believes in. The profession in Nigeria is very proud of her election as the President of the International Association for Child and Adolescent Psychiatrists and Allied Professions (IACAPAP) for the next four years. She is happily married to a Professor of Obstetrics and Gynaecology and a mother of two gifted children.

Professor Michael O Olatawura

University of Ibadan, Nigeria

Doctor Tolulope Bella wrote:

The task of writing about my mentor, the current President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), Dr. Olayinka Omigbodun, is not an easy one, as I ask myself, from where do I begin? As one of her closest collaborators, I feel humbled by such a task, though I fear that whatever I may say will fall short of what she really is, for child psychiatry in Africa and the whole world.

The first time I met her, still stands out clearly in my mind. I was a first year pre-clinical medical student at the University of Ibadan, Nigeria and she came as a lecturer to my class. I must confess that I no longer remember what the lecture was about, but the way she spoke, her dynamism, passion and drive, left a very deep impression on me. I later got to know that she was a child psychiatrist and the first seeds of psychiatry slowly began to form in my mind. Many years later as a resident in Psychiatry, I would have the opportunity to work under her supervision. Seeing her passion for children and adolescents, I became firmly convinced in my mind that this was the most important sub-specialty in Psychiatry, and no better place to expend my energies! I am not alone in this view, as I have heard personal testimonies from several others working in this field whose dreams and careers were inspired from and shaped by personal encounters with her.

Dr. Olayinka is a very multi-talented person. In her different roles as Clinician, Researcher, Teacher, Mentor, Friend, Wife and Mother, I have always seen her strive for excellence and encourage all those in contact with her to do the same. In her clinical practice, I have often watched her put a very busy schedule on hold, and go extraordinary lengths to make sure that a child gets the very best care within a grossly deficient system. Many a time, this has been through the use of her personal resources. Her ability to reach out to children who otherwise would have been abandoned and forgotten is another characteristic which has always been very impressive. Not content to wait for children to present in the hospital, she has initiated several projects to reach out to voiceless children within the community. As a researcher, she seeks out creative ways to answer pertinent research questions which arise from day to day clinical practice within limited resources, while demanding nothing less than the highest standards from those working with her. As a mentor, she goes far beyond the limits of duty, to help her mentees advance not only in their careers, but in all aspects of their lives. Last but not least, she is a loyal friend who always stands up for her friends.

Dr. Olayinka is a wonderful leader and team builder, who is eager to multiply herself. When she started out working in the CAMHS field in Nigeria several years ago, she was more or less alone. Today, through active mentoring of younger professionals, a good crop of professionals collaborating together in this field now exist both within the country and abroad. She has organized two study groups in child psychiatry on the continent within two years, (2007 and 2009) despite high personal cost to herself. She was actively involved in the birth of the African Association of Child and Adolescent Mental Health (AACAMH) and became the first president of the association. She is also currently actively pushing for the development of the Nigerian association, and for increased child mental health training within the continent.

Her passion for child mental health, her zeal to build up professionals in this field, her love for excellence, attention to details, love for truth and justice, and courage to fight for the weak and oppressed all stand out admirably. I believe being elected to the Presidency of the IACAPAP is a well deserved honour in which she will undoubtedly succeed, and she will leave an indelible mark on the growth of child and adolescent psychiatry in Africa and the whole world.

Tolulope Bella MD.

AFRICAN PARTICIPATION IN IACAPAP BEIJING 2010

As expected, African participation in the IACAPAP congress in Beijing was significant and has never reached such levels before.

Although some colleagues could not participate, most of those who submitted abstracts came to Beijing.

Delegates from Nigeria, South Africa, Egypt, Ethiopia, Tunisia and Morocco dealt with several topics, but most addressed the problem of implementing mental health services in low resourced areas, either in general or in specific areas like liaison psychiatry. It clearly sounded as if something is emerging in Africa.

African colleagues working in Western countries also made an important contribution, and were very happy to build bridges in order to participate in the development of CAMH services in the continent.

Without attempting to paint a comprehensive picture of the African participation, I will try to give a flavour of the congress:

The symposium 'Breaking Barriers & Building Bridges for Child and Adolescent Mental Health (CAMH) in Africa'

This was the actual AACAMH symposium with participants from North, West and South. It was very clear that something is emerging in Africa, with a very impressive success story in Morocco, where colleagues could take advantage of a contextual interest of policy makers in CAMH. South Africa was depicted in a somewhat surprising way considering the advances CAMH is known to have achieved in this leading African country. It was very instructive to learn about disparities in access to CAMH services and about the current efforts to balance the situation so that the Northern Province can join more resourced Southern provinces. In this regard, Dr Keith Kiriimi brought a lot of humor to the symposium when he described how the construction of their facility was delayed because of the Football World Cup. Nigeria's experience with youth living in custody was very instructive and an example of how CAMH professionals should go beyond classic work settings to implement mental health in the community; so was the Tunisian experience of taking advantage of immunization program to establish screening for mental health problems in toddlers.

The Donald J Cohen fellowship program

Africa was represented by Drs Y. Baheretibeb (Ethiopia), who was on his way back to his country after a long training in Canada, and who described a lot of projects, H. Hamoda (Egypt/USA), who is involved in the WHO ATLAS initiative (see the last article of the newsletter) and O.Yewande (Nigeria) (all as fellows) and N. Gaddour (Tunisia) as mentor. It was a good experience since participants shared the same hotel and had daily meetings and social events, so they learned a lot from each other.

Coordinators of the Program, Drs A. Martin (USA) and J. Fuentes (Spain) gave very useful tools and tips during a symposium dedicated to how one should write and submit papers. The final DJC symposium was enhanced by IACAPAP officers, especially the president Dr O. Omigbodun.

Highlights of the congress

It's difficult to choose the best moments of the congress since interests are different, but through discussions, it was clear that African colleagues enjoyed keynote and state-of-the-art lectures dealing with CAMH in the community. Examples are Dr M. Belfer's talk about "Improving awareness, combating stigma, advocating care and enhancing cooperation: the role of government and professions", and Prof H. Remschmidt's lecture entitled "Child mental health services in community settings: Treatment evaluation and quality of life". It was very instructive, as the congress was held in China, to learn about specific mental health situations in Asia: one child policy and its impact, and the left behind children. Dr Kang-E Michael Hong from Korea gave a very interesting and controversial lecture about the "Restoration of 'Asian Values' and the integration of East and West in raising and educating children in this era of globalization".

Of course, this congress was another opportunity to learn about the changes to come in the future classification systems, and delegates enjoyed E. Leibenluft's talk about chronic irritability and the new DSM V disorder 'Severe Mood Dysregulation disorder' and L. Rohde's presentation about child mental disorders in the new classification systems.

Professor Amira is back!

It was a real pleasure to see Prof Amira Seif El Din (Egypt) back at work. She is the founder of the Eastern Mediterranean Association of Child and Adolescent Psychiatry and Allied Professionals (EMACAPAP). She went through a very difficult time after surviving a tragic car accident that was fatal for three founding members of this organization. We admire her courage and her will to continue contributing to the improvement of Child Mental health in the region. We send her our best wishes.

Yinka is president!!

No question that this was the most important moment of the conference, everyone can imagine how proud and happy all African colleagues were for this distinction to our chairperson, Olayinka Omigbodun. This was especially so because it came as a total surprise to most people, nobody (except perhaps a few!) being aware of it before the announcement was made.

FIRST MOROCCAN CONGRESS OF CHILD AND ADOLESCENT PSYCHIATRY

"Therapeutic updates in CAP" was the title of this conference. Moroccan colleagues, although still few in number, impressed everybody with the extreme efficacy of their interventions and the level of organization of the congress. The programme was very rich and consisted of thematic sessions on ADHD, conduct disorder, mood disorders, learning disorders ...It was very

interesting to see among the audience many paediatricians, general physicians, and neurologists as well as the usual associated professionals. A topic of particular interest to the whole continent dealt with the mental health of children born to parents who were crossing Morocco on their way to Spain in order to immigrate illegally to Europe. Delegates had the pleasure of hearing Dr Amina Bargach's observations from working on both sides of the Mediterranean. It was clear that these children living "in between" should be a major cause of concern to us, as mental health interventions will be complex and will require much collaborative work.

Naoufel Gaddour

CONGRATULATIONS BIRKE!!!

We heard from Prof Brian Robertson that our colleague, Dr Birke ANBESSE (Ethiopia) has passed her examinations in Child Psychiatry in South Africa, after completing the two year training.

We are very happy about this important achievement, considering all the efforts and sacrifices that Birke had to go through, and we send our warmest wishes to her and to Ethiopia!

ATLAS initiative in the Eastern Mediterranean: to be replicated in Africa?

One of the challenges of CAMH interventions in Africa is the lack of reliable knowledge about the existing resources in each country. WHO carried out some activities to address this in the eastern Mediterranean region. This may represent a source of inspiration for similar assessment or mapping exercises that could be extremely useful in the African region in order to inform future planning in the field of CAMH. Dr Chiara Servili, an active contributor to the improvement of CAMH in Africa through her participation in the WHO mission in Eritrea and in the CAMH training seminar in Abuja in 2009, kindly provided us with this paper on the initiative:

Maternal, child and adolescent mental health in the Eastern Mediterranean Region: strategic planning and needs assessment towards improved care.

The World Health Organization Regional Office for the Eastern Mediterranean Region has recently undertaken concerted efforts towards the improvement of maternal, child and adolescent mental health services in countries of the region encompassing the crescent extending from Pakistan in the East to Morocco in the West.

The Eastern Mediterranean Regional Office of WHO started advocating for the development of maternal, child and adolescent mental health policies within national health policies starting in 2008. It initiated and led a participatory process for the development of Regional Strategic Directions and Actions for Maternal, Child and Adolescent Mental Health Care by working closely with Ministries of Health in the region and availing itself of the technical support of experts in the field. The regional strategic document has been discussed during an Inter-country Meeting on 26th-28th July 2010 in Cairo. The meeting was attended by mental health focal points from 21 of the 22 member states of the region in addition to WHO staff from headquarters, regional and country offices and 6 experts/facilitators (among others, Dr Olayinka Omigbodun).

Aims of the strategy include facilitating the development and implementation of strategic plans and programmes for maternal, child and adolescent mental health (MCAMH) at national level, improvement of MCAMH services delivered through the existing health and social services, and promoting coordinated intersectoral action for mental health promotion and prevention of mental disorders.

Consensus has been reached on key strategic actions to be promoted and undertaken at regional and country levels in the six years' operative period (2010-2015). In particular, the need to assess mental health service gaps and map available resources for child and maternal mental health care was emphasized. Development of human resources, integration of MCAMH interventions within existing primary health care services, promotion of mental health, and

strengthening research and monitoring and evaluation were identified as critical needs to be addressed.

In line with these directions, the Regional Office recognized the importance of conducting a situational analysis and documenting the status of service development and training, gaps in health information systems, health systems capacity, and policies for child and adolescent mental health in order to inform future actions. An assessment was conducted in 2005 as part of the WHO Atlas Project: Country Resources for Child and Adolescent Mental Health which was carried out by WHO in partnership with its Regional Offices and assisted by collaboration with the International Association for Child and Adolescent Psychiatry and Allied Professions and the World Psychiatric Association Global Presidential Programme on Child Mental Health.

However, the mapping exercise was unable to provide a regional profile in the East Mediterranean Region because the response rate from countries in EMR was only 38.1%. A revised version of the maternal, child and adolescent Mental Health Atlas questionnaire was produced in consultation with Dr Myron Belfer and Dr Hesham Hamoda at Harvard Medical School and was shared with the Ministries of Health of member states; 19 of the 22 countries answered and provided the information required.

The analysis of data is currently ongoing. Preliminary feedback received from countries taking part in the mapping exercise highlight the perceived usefulness of the assessment at regional as well as at country level and the scarcity of data available in specific domains due to absence of data collection systems.

We expect the regional profile on needs and resources for maternal, child and adolescent mental health care to be instrumental in the mobilization and allocation of increased resources. Furthermore, it will provide critical information to enable strategic planning and adaptation of approaches and guidelines to specific local needs and assets.

Dr Chiara Servili, Dr Khalid Saeed, Dr Madi Haifa

WORLD MENTAL HEALTH CONGRESS, CAPE TOWN, 17-21 OCTOBER 2011

This congress has created an enormous amount of interest and promises to be a great scientific and social event. Attached to the Congress, will be the 2nd Summit of the Global Mental Health Movement, which takes place on 17 October, culminating in the launch of the Second Lancet series on global mental health. User groups leading the EMPOWER project will launch their advocacy campaign materials. If enough AACAMH members participate in the congress, we will have an AACAMH General Meeting.

Look at the website (www.wmhc2011.com) for updates, such as the exciting list of Keynote speakers. The closing date for abstracts is 17 January 2011. Send yours in today!

Brian Robertson, Chair, Scientific Programme Committee

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