

# Eighth Newsletter of the African Association for Child and Adolescent Mental Health (AACAMH)

## MESSAGE FROM OUR CHAIRPERSON

As 2008 rolls to a close, many of us will take stock of our achievements and at the same time plan ahead for the New Year. Usually the feelings towards the end of a year are mixed but whatever the situation, the opportunity for a New Year usually brings fresh hope. I would like us to look back at the progress of child mental health in Africa over the last year as it relates to those of us involved in AACAMH. Our collective efforts though scattered and small, are considerable when put together. Some of these efforts are summarised in a presentation I gave at the 4th International Mental Health Conference, London on 26 August 2008. Let us look forward to a New Year and keep working together in the very important field of child and adolescent mental health. Below are excerpts from this presentation.

**Olayinka Omigbodun**

## CHILD AND ADOLESCENT MENTAL HEALTH IN AFRICA: A COLLECTIVE VOICE TO REJECT THE NEGLECT

As a professional working for and with children on my continent, I often have a feeling of urgency to get things moving for child mental health. This sense of urgency, often intermingled with feelings of hope and frustration, was recently thrown temporarily into despondency by a write up sent to me by a professional colleague in Diaspora. This caused me to ponder even more about the future for child and adolescent mental health (CAMH) in Africa. The title of the article is "Africa is giving nothing to anyone---- apart from AIDS" (Kevin Myers, 2008). This article touches on several issues such as uncontrolled population growth, areas besieged by drought and war, waste of resources and the very sad devastating aspect of HIV/AIDS rampaging through the continent. The writer attempts to make a case for the stopping of aid to the continent, portrayed as a parasite feeding on everything around, because, "tens of millions of children who would otherwise have died in infancy will survive to adulthood."

Painful for us Africans as this may sound; there is some truth in it. Current projections are that the mortality of children will decline by 25% from 2002 to 2012 for sub-Saharan Africa (Mathers & Loncar, 2006). With a more than doubling of the decline in child mortality for this region, there are several questions to ponder on. What would happen to the mental health needs of the youth who will remain alive and form the future for this region? Are there any plans to create a mental health promoting environment to raise up responsible citizens? What is in place presently to provide for the mental health of children in Africa?

Many Africa youth are just as angry as the writer about the situation in their continent. Several are aware that serious problems exist and are struggling to free themselves so as to have a bright future. Some of these feelings are depicted in the writings of an 11 year African girl:

"I dream about the future, about many things to be; how the future would go and how we are the future. It beats me to think about how our leaders have taken away our parents' and grandparents' future, and now they want to take away our own future. How crazy? Heh? Well that's why we need to sit up, get an education for that is where our future lies. You see instead of lazing about, we should sit up, not relying on what our forefathers did but looking for ways of building on the foundation which they laid'.

I also thought about the 80% of my graduating medical class of 1985 who are serving in the Western world and the 70% of medical graduates from my University who leave Africa for the Western world each year. I remembered the most experienced psychiatric nurses in my Department who in the last one year had sent in their letters of resignation to enable them work in the Western world. It then became obvious that this statement is really not true, "Africa is giving nothing to anyone – apart from AIDS". Africa is giving a lot out. Africa is a major exporter of highly skilled human resources, especially well trained medical professionals, and this indeed exerts a severe toll on health, including child mental health.

I then reflected on the gradual awakening in several small areas, where 'Africans' are beginning to come together to take responsibility for their future. One of these little ways is the African Association for Child and Adolescent Mental Health (AACAMH). Just one year after the official launch of AACAMH, there appear to be pockets of activity for child and adolescent mental health all over Africa. Albeit small, it appears a strong force is slowly but surely driving out the total neglect of child mental health in Africa.

In Kenya (Mucheru, 2008), training is being held for primary and secondary school teachers on the early identification and

referral of mental health problems in children and adolescents. Ethiopia now has a child and adolescent mental health unit (Anbesse, 2008) and health professionals in this unit are networking with several national and international organisations. Outreaches to schools with training of teachers about child mental health problems are ongoing and advocacy has been rather successful because funds have now been provided for the training of child psychiatrists. In the Northern Cape Province of South Africa, one of AACAMH's leaders is taking up an active role in establishing a child and adolescent service and the planning and implementation of CAMHS (Kirimi, 2008). A new psychiatric hospital with 20 inpatient beds specifically for children and adolescents is being built within this province.

Nigeria is not left out as advocacy and networking has led to increased awareness of CAMH and a philanthropist has provided funds for the building and equipping of a building for child psychiatry in Lagos, Nigeria (Ogun, 2008; Bella, 2008). The National Postgraduate Medical College of Nigeria is reviewing a proposal to commence training of child psychiatrists and several centres now have separate facilities for child and adolescent psychiatry. Community services to schools and other institutions caring for children are on the increase as well as mental health awareness programmes. In Tunisia with its well established services (Gaddour, 2008) there is an increased presence in the media leading to more awareness about autism, and a leader of AACAMH was involved in the creation of an information booklet on autism for parents and decision makers (Gaddour et al, 2008). The effects of coming together are being felt but there is still an enormous amount of work to do. Coming together allows for learning from each other and a lot is to be learnt from the example of Tunisia (Gaddour, 2007). A major initiative by the Ministry of Health is a 'School Medicine' programme. This is a programme of continuous education and training for school doctors and school nurses to carry out psychosocial interventions for students in schools.

AACAMH needs to encourage and help members establish national associations and push for national child and adolescent mental health policies. Gaps in training on the continent are evident and AACAMH needs to be involved in this aspect. A two-pronged approach with the training of highly skilled personnel for specialist settings and other health workers who have contact with children in the community, schools, primary care, religious and other settings has been suggested. Sending child mental health professionals for training to developed countries is expensive and the trained are unlikely to return to their home countries, especially if they get good job offers and the comforts of living abroad are taken into consideration in their decision making. A solution proposed by Hong (2005) is the establishment of regional training centres that will train child mental health professionals using culturally appropriate training content. South Africa (Anglophone) and Tunisia (Francophone) already have training programmes in child psychiatry.

AACAMH should encourage the regions to develop programmes and for now this can only come with the support of strong partnerships with the developed world.

### Partnerships

"The developed world has much to give and receive from working with partners from the developing world. If each child mental health service in the developed world established a partnership with a similar organisation in the developing world much would be gained on both sides from this process. These links would provide training and educational support to the developing world. Simultaneously, professionals and the community would work together to develop child mental health services in the developing world, using creativity and innovation. Who is to say that these same innovations cannot be applied in the developed world? .....

(Dogra and Omigbodun, 2004)

There are many 'African' child psychiatrists working in better resourced parts of the world who understand the culture, terrain and difficulties in Africa. They are an excellent untapped resource and AACAMH is extending an open arm to them to get involved. The needs are enormous but then "little drops of water and little grains of sand, make a mighty ocean and a desert land".

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## LEADERSHIP COURSE FOR YOUNG PSYCHIATRISTS

Professor Norman Sartorius will again be conducting a leadership course in Africa for young psychiatrists, this time following the 2009 World Psychiatric Association Regional Meeting in Abuja, Nigeria (see below).

The details follow:

### THE ASSOCIATION FOR THE IMPROVEMENT OF MENTAL HEALTH PROGRAMMES

invites applications for fellowships to attend a special

### COURSE ON THE DEVELOPMENT OF LEADERSHIP AND PROFESSIONAL SKILLS FOR YOUNG PSYCHIATRISTS

to take place in Abuja, Nigeria, October 2009 (Following the WPA Regional Meeting)

The candidates can be those who

- (1) are psychiatrists close to the completion of their postgraduate training or psychiatrists within 5 years of the completion of their training;
- (2) are proficient in English;
- (3) have a recommendation by the head of their institution or the facility in which they are to complete their training;
- (4) do not plan to leave their country for at least two years after the completion of this training course.

The fellowship will cover travel and accommodation expenses and an allowance for incidental expenses. The fellows will receive an attestation confirming their attendance at the course.

#### Applications containing

- (i) a brief curriculum vitae (in Word format)
- (ii) a recommendation by the head of the institution
- (iii) a photocopy of the passport page indicating the age of the applicant

should be sent by e-mail to the following address no later than 1 June 2009.

**Professor Norman Sartorius E-mail: [sartorius@normansartorius.com](mailto:sartorius@normansartorius.com)**

## STRUCTURE AND CONTENTS OF THE LEADERSHIP COURSE FOR YOUNG PSYCHIATRISTS

The main features of this course are its emphasis on practical issues, opportunities to interact with teachers (and with other participants), active participation in training activities and the provision of specific advice about problems that the participants may bring forward.

The course will last six half-days. The programme includes topics such as "How to prepare a poster", "How to review a paper", "How to teach clinical skills", "How to write a scientific paper", "How to give a lecture", "How to chair a meeting", "How to select a topic for research", "How to do research with little or no resources", "How to participate in a multi-centric research", "How to plan services and evaluate them", "How to assess needs for mental health care. A part of the programme is left flexible so that it can be adapted to the specific needs of the participants.

The faculty of the course will be composed of three teachers in addition to the Educational Director of the programme who also participates in the teaching. The teachers participate in the course throughout and, as a rule, spend their free time with the participants.

In advance of the course all participants will receive a description of the programme and an indication of what is expected from them during the course and as a preparation for it.

The organizer of the course is the Association for the Improvement of Mental Health Programmes (AIMHP). This non-governmental, non-profit organization is located in Geneva, Switzerland. It collaborates with the World Health Organization and other nongovernmental organizations in the performance of its tasks. Support for this course has been received through an unrestricted educational grant from the Eli Lilly Foundation, Indianapolis, USA.

## TRAGEDY STRIKES CHILD AND ADOLESCENT PSYCHIATRY IN THE EASTERN MEDITERRANEAN REGION

In mid-November IACAPAP Extended Executive Committee-members, Dr Amira Seif el Din and Dr John Fayyad organized the 5th Eastern Mediterranean Association for Child and Adolescent Psychiatry and Allied Professions Research and Training Seminar in Beirut, Lebanon. Tragically, Amira, and Drs Doa Habib, Mary Azer and Dina Shaker were involved in a fatal traffic accident on their way back home from Beirut to Alexandria, Egypt. Their limousine bringing them from Cairo airport to Alexandria was hit by a truck and Drs Doa Habib, Mary Azer and Dina Shaker died. Amira was severely injured and is in a critical condition.

Dr Amira Seif el Din is a senior child psychiatrist in Alexandria, Egypt, and a member of AACAMH. Dr Dina Shaker lived in Nigeria formerly, and is also an AACAMH member. As a tribute to her, I have reproduced part of a letter she wrote to Olayinka earlier this year:

*"02/08/2008*

*Dear Dr. Olayinka O. Omigbodun,*

*I enjoyed reading the newsletter, and wish to send my greetings to the editors for their great effort; especially in reporting the meeting in Istanbul. I found it very brief, concise, and interesting. We are looking forward to working together. We hope we can try to make an effort in terms of progress in the aspects that form the key objectives of AACAMH, as mentioned in the newsletter.*

*In Alexandria, Egypt, we are implementing the School Mental Health Program since 1987. This was discussed in a symposium at IACAPAP 2008 "Outcome of twenty years' experience for School Mental Health Program in Egypt". This program can be a model launched in different African countries at relatively low cost. The main objectives include training for all personnel dealing with children; mental health education for school children to convey the message to their families. The outputs of our program include decreasing the stigma of mental illness, providing more qualified personnel to deal with child and adolescent mental health problems, and increasing the numbers of children receiving psychiatric services.*

*Looking forward to hearing from you soon and working together for AACAMH.*

*Thank you very much.*

*Dina Shaker"*

This accident was a great tragedy for our colleagues and their families and loved ones, and our thoughts and prayers are surely with them. It is also a tragedy for the Child and Adolescent Mental Health community, both in the Eastern Mediterranean and African regions, and internationally. IACAPAP is currently considering how to honour and remember our colleagues, and our Chairperson has been in contact with Prof Rydelius, President of IACAPAP, to start a discussion about what AACAMH can do. One proposal which seems to be gaining ground in IACAPAP is to establish a memorial fund which could be used for the training or support of child mental health professionals, or some such appropriate activity. We will keep members of AACAMH posted about developments, and in the meantime we welcome any suggestions, comments or tributes you may wish to make.

## GOOD NEWS FOR CHILD AND ADOLESCENT MENTAL HEALTH IN ETHIOPIA

On a happier note, child and adolescent mental health in Ethiopia has been doubly blessed. Both child psychiatrists have been accepted into postgraduate child and adolescent psychiatry training programmes abroad. Dr Birke started a two year programme at the University of Cape Town in November 2008, and Dr Yonas starts a one year programme in Toronto, Canada, at the beginning of 2008. Our child mental health leaders in Africa are mobilising!

## AFRICAN JOURNAL OF PSYCHIATRY

The November 2008 edition of the African Journal of Psychiatry has been published. The content is available electronically at [www.ajpsychoiatry.co.za](http://www.ajpsychoiatry.co.za) user ID: ajp/ password: ajp7. If you wish to subscribe to the Journal please contact the publisher (Andrew Thomas): [inhouse@iafrica.com](mailto:inhouse@iafrica.com).

**Christopher P. Szabo**  
Editor-in-Chief  
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## CONFERENCE NOTICES

### **World Mental Health Congress (World Congress of the World Federation for Mental Health),**

2-6 September, 2009, Athens, Greece

The Preliminary Program and Call for Abstracts is out – deadline for submission of abstracts 02/02/2009. See website for further details: [www.wmhc2009.com](http://www.wmhc2009.com)

### **World Psychiatric Association Regional Meeting, in collaboration with the African Association of Psychiatrists and Allied Professional, 22-24 October 2009, Abuja, Nigeria.**

The first announcement is out – deadline for submission of abstracts is 30 April 2009. The convenor is Prof Oye Gureje: [ogureje@comui.edu.ng](mailto:ogureje@comui.edu.ng)

### **17th Biennial South African Association for Child and Adolescent Psychiatry and Allied Professions Congress, 3-8 July, Bloemfontein, South Africa.**

The second announcement with registration forms will be sent to you shortly. Deadline for abstracts: 01/03/2009. See website: [www.saacapap.org.za](http://www.saacapap.org.za)

## IN CONCLUSION

One of our members, resident in Sweden, a very experienced social worker in charge of a children's clinic which serves many refugees, visits Kisumu (and Kenya) fairly often, for family reasons. She has asked if there is something she can contribute to AACAMH. If anyone wishes to respond to this offer, please contact me and I will pass your offer on to this generous and concerned colleague.

Warm wishes from the Editor

**Brian Robertson**