




# UEMS/CAP NEWSLETTER

UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES  
EUROPEAN UNION OF MEDICAL SPECIALISTS

Section of Child and Adolescent Psychiatry

## JUNE 2019

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### EDITORIAL

Most of our work can be built according to the following main goals:

1. Develop guidelines / recommendations
2. Update guidelines / recommendations
3. Support for national organizations in the implementation of the guidelines / recommendations.

As a result of the efforts of past decade, we have good basic documents:

- Logbook (updated 12.1.2014)
- Chapter 6 for Charter on Training of Medical Specialists in The European Community (2014)
- European Standards of Postgraduate Medical Specialist Training, Training Requirements for Child and Adolescent Psychiatry (2014)
- Psychotherapy training in Specialist Child and Adolescent Psychiatry/Psychotherapy training (2009)

In Vienna we decided to revise the Psychotherapy training guidelines. Some of the discussions at the meetings have also included ideas for updating the core curriculum, such as the ability to work with refugees and to ensure a good transition from CAP services to adult psychiatry services.

Support for national associations can be provided in many ways, such as training trainers, organizing local training seminars, developing exchange programs, co-operation in organizing final examination and quality assurance in specialist education.

All these need to be supported by a broad debate and gathering relevant information. When it comes to harmonization, it is important to discuss national traditions in different countries. The varying traditions are both a challenge to harmonization and possible source of creativity. For this purpose, in section meetings we have shared experiences about the strengths and challenges of service systems in different countries.

The executive committee has developed an action plan to support this extensive work. The draft action plan will be sent in advance to all delegates in August.

This Newsletter includes some picture memories from past two meetings, in Vienna in 2017 and in Vilnius in 2018. We still remember vividly the excellent setting provided by the hosts and the friendly warm atmosphere at both meetings. Included are also some previously unpublished but still interesting reports from those meetings.

## WELCOME TO LJUBLJANA, SLOVENIA



All delegates are warmly invited to attend the annual meetings of UEMS CAP Section this year in Ljubljana.

Time of the meetings: 20<sup>th</sup> and 21<sup>th</sup> of September.

Location: Mhotel Ljubljana

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The meetings are open for all nominated delegates (see below) from European countries, that are members of UEMS body. Those countries are allowed to send two delegates to participate the meetings and discuss the issues, but they have only one vote. Observers from other countries must be accepted by the Executive Board. This year in Ljubljana we are glad to welcome Paul Robertson from Australia as an observer in Ljubljana.

The meetings in Ljubljana are organized by Hojka Gregoric and Maja Radobuljac, the delegates of UEMS CAP Section from Slovenia. We will talk about the activities in UEMS body, the activities of the Executive Board of the Section, the situation in each country regarding politics, training and services. We will have two or more working groups and look at the activities and ideas of the permanent working group of the Section, the European Board.

For the first time, a workshop for trainees from Slovenia will be held this year in parallel with the meeting of the delegates, the contents of which will be prepared by the local hosts. We also will get some information of the situation of CAP in Slovenia, prepared by the local hosts.

As usual we will have a nice dinner on Friday evening all together.

## MEMORY FROM MEETING IN VIENNA, 15<sup>th</sup>-16<sup>th</sup> of September in 2017



Group picture in Vienna. Dr Bernard Maillet (Belgium), the treasurer of UEMS, sitting in the middle of the picture.





Group picture in Vilnius (Peter Deschamps had already left)



Group working in Vilnius with Peter

## CAP AND THE BIRTHPLACE OF PSYCHOANALYSIS



- Roland Grassl

It was a tremendous honour to the "Österreichische Gesellschaft für Kinder- und Jugendpsychiatrie – ÖGKJP" to host the delegates of UEMS in Vienna! Hopefully the participants have got a glance of the history of the City of Freud, and a warm feeling for Viennese "Kaffeehaus" tradition...

Find below a kind of fact sheet of CAP in Austria. You might use it for comparison to or planning of Your resources!

In 1975, "Neuropsychiatry of childhood and adolescence" was accepted by the Austrian Medical Association as a medical discipline reachable in addition to the discipline of "paediatrics" or to "neurology and psychiatry". Subsequently, the first chair in Austria at a public university hospital was established at Vienna University (in 1975 and held by Walter Spiel till 1991).

CAP is a quite young specialty in Austria, as it was established in 2007. This was also the time when final exams were introduced. The exam consists of clinical vignettes with videos and text as well as a theoretical talk with a member of the exam committee.

We are happy, that the number of consultants in Austria have been increasing constantly for years now so that we now are approx. 140 CAPs for an 8 million population. On the other hand, we have a setpoint of about 350 colleagues who are demanded by governmental health plans, which we will meet in the 2030's.

Owing to the fact, that for many years (till 2007), neurologists, paediatrists and psychiatrists could add a CAP subspecialty to their training, but did not at any times work as CAP, misled politics, as "on the paper" there had been enough CAP-doctors, but nobody did the job in real life.

This may be a lesson to learn for other countries!

As far as CAP-institutions are concerned the main insurance company in Austria (GKK-Gebietskrankenkasse) stated that a multifold-system is preferred, which means the independent CAP-office as first stage, outpatient clinics as more specialized settings and a hospital with beds for CAP subacute and emergency treatment.

At this moment, a majority of the 9 counties have private practices, though all of them provide too few.

Most counties have Outpatient-Units with communal or private funding. Over 90% of the hospital beds are financed by local authorities and state-funds, but we see - in Austria as well - the rising of private international companies starting in the Psych-Business.

Everyone in our field is quite excited these days, as in 2018 the first CAP-Rehab Units will admit their first CAP-Patients. This was a long process, and there is still a further important step to take as we are still not capable of providing disease specific Competence Centres such as for Depression, OCD, ADHD, Autism, Eating Disorders etc.

The good thing about a quite young discipline with many different issues to tackle is an enthusiastic spirit that one can find among us CAPs in Austria! Just to mention a view projects, that are on the way or already implemented: Home Treatment, Time-Out school classes for pupils with conduct issues, Forensic-CAP Training, liaison supervision of children "sharing communities" in Vienna, Transition-Consultation and plans to establish a 16-25 inpatient ward, establishment of excellent multi-professional networks with all stakeholders, High End Expertise in NSSI and Eating Disorders, Intersex-Consultation and last but not least ÖGKJP Working groups/sections for Addiction, Quality Assurance, Forensics, Coercion Treatment, Training and Examination which are highly active and encouraging.

In Austria you are obliged to be a member of the medical association (Österreichische Ärztekammer), which is the political Advocacy, but you can decide individually, if you want to join the Austrian CAP-Society (ÖGKJP). Most of the CAPs are never the less members, as the scientific society (ÖGKJP) tries to become a competent service organization more and more.

Servus! from Vienna,

Roland

# SUPPORTING REFUGEE CHILDREN AND ADOLESCENT IN GREECE: A MAJOR CHALLENGE FOR CHILD AND ADOLESCENT PSYCHIATRISTS



- Aliko Grigoriadou, Child and Adolescent Psychiatrist, MD, PhD, Scientific Director – Hellenic Centre for Mental Health and Research, Athens, Greece

In recent years, irregular entry into Europe has increased across the Greek – Turkish border. The crossing from Turkey to Greece through the islands of the Eastern Aegean Sea, has had a dramatic increase, making 2015 a record year. According to Frontex, Greece is the European country that receives the major number of immigrants without travelling documents. Most of them are refugees. Since the beginning of 2015, 710.000 refugees have entered Greece by the sea. Most refugees are adult males (62%), 14% are females and 23% are children, mainly coming from Syria (69%) and Afghanistan (21%). According to the Hellenic Coast Guard, in 2015, 5000 cases of shipwreck have occurred, and more than 89.000 immigrants and refugees have been rescued. Among them, more than 16.500 children have been recorded. Until February 2017, the total number of officially recorded refugees in Greece was 62.540. There are still up to 200 people arriving every day, 40% of them children.

Among them are children, who arrive in Greece unaccompanied by their parents, relatives or legal guardian. It is estimated that unaccompanied minors accounted for approximately 35% of the total population that crossed from Turkey to Greece in 2015. At the beginning of 2016, after the closure of the so called “Balkan route”, a significant number of minors separated from their family was forced to remain in Greece for an indeterminate period. Most of these children and adolescents consider Greece a transit point.

Although Greek authorities and the local communities make a great humanitarian effort to host the refugees and cover their primary needs, reception centres are vastly overstretched, available accommodation places are insufficient, overcrowded and often lack specialized staff.

## Working with refugee children and adolescents in the community mental health service

Most refugee children and adolescents have been exposed to war, experienced or witnessed atrocities to themselves or family members. Some of them have had no access to education, health care or even food sources for a period and are separated from their family members or caregivers. In addition to these traumatic experiences they confront poverty, hostility and racism.

Post-traumatic stress disorder, depression and anxiety disorders are common psychiatric disorders among refugee children and adolescents referred to our community mental health service in Athens. (Child and Adolescent Unit of the Hellenic Centre for Mental Health and Research). Working with these children is a new and challenging experience for us child and adolescent psychiatrists.

First, we face difficulties in diagnostic evaluation. Our clinical approach is not enough or appropriate because of cultural differences, which can lead to false diagnosis. We may consider as a disorder a problem of other nature or fail to recognize psychopathology. So, we need to be educated to a culture sensitive assessment.

Another major issue is that we usually must include interpreters in the diagnostic, therapeutic or counselling procedure. The information obtained by an interpreter, if he is untrained – which is usually the case – can be inaccurate and misleading. For example, when asking about emotional state and feelings, what the child expresses can be minimized or exaggerated, influenced by the interpreter’s feelings. These professionals must be both trained and supported themselves, because they are constantly exposed to the refugee families’ history of traumatic experiences, violent losses and major everyday adversities.

While working with refugee children and adolescents we are dealing with multiple challenges, as we try to make effective therapeutic interventions, supporting - at the same time - their psychosocial integration and protecting their rights.

Refugees have left their imprint on Greece’s national consciousness. Our country is on the frontline of the refugee crisis, but its problems are replicated across Europe. Migrants rarely want to stay in Greece. Instead, they make their way to the continent. What lies ahead for them in view of forthcoming developments in EU policies and legislation remains to be seen.

Walls and fences cannot be the answer. In Greece, we are trying to live together.



## HUNGARY SUMMER SCHOOL 2018



– Report by Dr Brian Jacobs, Dr Peter Deschamps

This summer school was convened in Budapest (31<sup>st</sup> May to 1<sup>st</sup> June) to bring together a group of interested trainers and training programme directors some of whom are also UEMS-CAP representatives. Till now the only European child and adolescent psychiatry (CAP) educators focussed meeting has been the annual meeting of UEMS-CAP national representatives. We wanted to broaden the network and explore commonalities and differences between European countries. The UEMS-CAP section very kindly agreed to fund the central costs of the meeting. There were 38 applications and 30 arrived in Budapest in hot sunny weather – summer had arrived early we were told. Our Hungarian hosts led by Dr **Bea Paszthy** were ably supported by **Katalin Vamos**. With Dr **Kriztina Kapornai** they worked with our core team of UEMS-CAP delegates, led by Dr **Peter Deschamps**. They took care of a perfectly organized meeting with flawless technical support, a quiet and energizing location and marvellous catering.

Parallel to the main meeting, we provided three hours of teaching for a group of 36 Hungarian CAP specialty trainees covering the topics: Neurodevelopmental disorders, (Dr **Myooran Canagaratnam**); Self-harm and risky behaviour, (Dr **Hojka Kumperscak**); Professional identity, (Dr **Nina Tejs Jorring**); Emergency Child and Adolescent Psychiatry, (Dr **Marianne Klein**).

After introductions to the summer school from Dr **Peter Deschamps** (Board vice President), Dr **Brian Jacobs** began the meeting with a presentation on the current picture of training in CAP in Europe. This is quite varied both in its length and in the degree to which it conforms to the UEMS-CAP Education Training Requirements, written as an agreed framework for training towards which European countries should aspire. It is encouraging that the core clinical skills seem to be widely taught. However, there are other areas such as management, leadership, teaching others, medicolegal training etc. which are much less consistent in being taught across Europe.

Dr **Hilario Blasco Fontecilla** gave a thought-provoking presentation on the use of video and films to teach aspects of child and adolescent mental distress and illness presentations to medical students and trainees. He talked about his experience of the use of video and film material improving their learning. Dr Jacobs gave an overview of the benefits and challenges of e-learning using the MindEd website ([www.minded.org.uk](http://www.minded.org.uk)) as an illustration. He particularly emphasised the need to be very clear about the target audience for the material; the need to be concise and to use straightforward rather than technical language.

Drs **Kristina Kapornai** and **Enikő Kiss** spoke about the challenges and opportunities of combining training as a clinician and carrying out research in various forms and intensities, from gaining clinical scholarship skills to the combination of CAP with PhD training trajectories. There is a strong suggestion that projects are needed that combine clinical work with scientific research for CAP trainees. For many but not all trainees, such projects are more feasible than ones that focus on technical methods that are not easily implemented in daily practice. There was a discussion of whether research should be integrated in the training or taken as a separate block. The discussion illustrated how the practice of trying to integrate clinical and academic work differs between European countries. All present supported the value of including an academic element to CAP training.

The first day's teaching ended with a presentation from our Greek colleagues, Drs **Ioanna Giannopoulou**, **Aliki Grigoriadou** and **Aikaterini Hari** on the refugee influx into Greece and their responses to try to help with this. Unaccompanied minors, the need for accurate translators and cultural sensitivity are very necessary components to this work which forces the child psychiatrist to re-examine their own preconceptions. At times, the immigrants cannot or will not speak and gaining trust with young people who have suffered terribly as well as an open mind and curiosity towards the cultures they grew up in are important component of the work. There was a helpful discussion with the delegates on how this experience can be integrated into clinical teaching.

A walking tour of the Jewish Quarter of Budapest and dinner at Kőleves Restaurant was organised by Dr **Bea Paszthy**, very kindly sponsored by the Hungarian Brain Research Program (NAP) and the MOTESZ (Hungarian Association of Medical Specialists) with the kind support of Professor Oberfrank.

The second day was opened with a presentation by Prof **Mark Westwood**, the current President of The Council for European Specialists Medical Assessment (CESMA). He gave a very helpful overview of approaches towards harmonisation through assessments. He pointed out that harmonisation does not mean that all assessments must be done the same way. For a European examination, if that is deemed appropriate, then there must be both validity and reliability in the approaches used. He emphasised the importance of thinking very carefully about the

exact purpose of any exam and the components that will achieve that end. He suggested that the UEMS-CAP section should take time to agree these and other issues and that assessments might be done using work-place based assessments or other methods with external validation as well as written tests. He gave an overview of examination methodology and of the ways that adults learn. This led to a lively discussion.

There was then an interesting presentation comparing the training of Child and Adolescent Psychiatrists provided by The Netherlands (Drs [Marijke Hofstra](#) and [Ingeborg Lindhout](#)) and that in Belgium (Dr [Marina Danckaerts](#)). The length of training differs with a longer training opportunity offered in Belgium but a requirement from the Government to shorten the specialist training. After small group discussion a range of advice was offered to Dr Danckaerts in her negotiations. We concluded we can be proud of Child and Adolescent Psychiatry as specialists. It has important developmental, systemic, contextual knowledge and skills to offer our adult psychiatry colleagues. We can also learn many skills from them relevant to our practice. We exchanged ideas on how to share our skills through a more coherent organisation of CAP and general psychiatry training (e.g. CAP training in the curriculum of general psychiatry training and CAP trainees that share their already gained knowledge with supervisors and fellow trainees during general psychiatric training).

The final presentation was by Dr [Nina Jorring](#), Denmark and Dr [Parag Shah](#) from the UK, "Personal development and inspiration in CAP: an early start and maintenance." This presentation contrasted various discourses in our journey to creating a professional identity as a CAP and their role during the education process. The discourses include assumptions taken for granted, unexamined professional habits and the professional contexts and institutions within which these assumptions act. This presentation was integrated with Dr Shah's presentation of his personal journey to become a forensic child and adolescent psychiatrist. Again, the use of small group work was used to help the attendees examine some of these issues.

The summer school ended with a plenary discussion with several actions to take forwards. Our action list and future wish list included ideas on shared efforts by the development of EU training modules on topics covered during the Summer Course as well as other ideas and examination. We aim to develop a broad network on CAP training in Europe by organizing another summer course and a session on CAP training at the ESCAP biennial meeting. Finally, the parallel session for local trainees was evaluated so positively by both trainees and trainers, we wish to offer this teaching whenever possible at future meeting of ESCAP, the UEMS-CAP or other sessions of EU trainers. To facilitate all this and any other initiatives in the futures, we will start by setting up an e-mail network as a platform for exchange of ideas for EU Trainers.

## FEEDBACK POLL FROM VILNIUS



### Open Question: What ideas do you have about the work done between the annual meetings?

- Regular contact by email among the delegates would be very helpful
- I get a little lost about the tasks of each delegate, and I think it is difficult to organise work from one year to another with such different agendas... also, that some of the aims of the Section are dependent on many external factors (regional training programs, economic issues, etc) so the feeling I get is that turning these bright ideas into something practical (i.e. a standardised European training program) is nearly impossible.
- It seems that there is not much work done, expect of one summer school which was organised, currently mostly executive board work, there is more potential options
- Currently little work is done between the meetings. The summer school is a good idea. The working groups should be valued and well organized, e.g. the working group about psychotherapies.
- For example, some current issues for participants to report in the meetings.
- Be clearer on the aim of group discussion, and how the input will be taken forward.
- Group discussions need to be better facilitated and again the aim needs to be clearer.
- My focus has been to try to engage the national association for child and adolescents in UEMS topics, and the result was that they decided to send an observer - both to observe and to prepare for taking over my position. I also have had some correspondence with Brian and the two Swedish representatives about multiple-Choice questions.
- Congratulate on the work done.

## HOW TO BECOME A DELEGATE AND HAVE FULL RIGHTS IN THE SECTION MEETING



The meetings of the UEMS CAP section are open to delegates and observers. Countries which are full members of the UEMS<sup>1</sup>, can nominate delegates. It is the national medical association (normally based on suggestion of the national CAP association) which nominates the representative, and the UEMS central office confirms him/her (send the nomination letter to ...). There is also a second prerequisite for the delegate to have the right to vote: the member country must pay the annual membership fee to the UEMS/CAP section. The treasurer will send the invoice the delegate, who has the responsibility to bring it to the national organization to pay.

Those countries who have the position of associate member or observer, can send an observer to the section meeting. See the list of full members, associate members, and observers in the UEMS in the end of this Newsletter.

## VISION AND MISSION STATEMENT OF THE UEMS CAP SECTION



The purpose of the UEMS CAP Section is to promote the highest standard of care for people who are affected by mental health problems in Europe through postgraduate training and continuing medical education of psychiatrists.

The Section will achieve this by encouraging excellence in psychiatric education and training, from the undergraduate phase through to continuing professional development.

The Section conducts its work by:

- Contributing to the harmonisation of professional standards in Europe
- Setting standards for education and learning across all stages of professional development in Europe
- Producing evidence-based guidance on training and service related matters and
- Offering to Monitoring these standards

## THE NEWSLETTER



The editorial board of the Newsletter is the executive board of the CAP section: Sue Bailey (president of the section), Hannu Westerinen (vice president of the section), Brian Jacobs (president of the board), Peter Deschamps (vice president of the board), Christa Schaff (secretary), and Piret Visnapuu (treasurer). The editor is Hannu Westerinen. Comments and suggestions can be sent to [hannu.westerinen@gmail.com](mailto:hannu.westerinen@gmail.com).

We have made every effort to ensure the contents reflect well the work done in the section.

The Newsletter will be emailed to national delegates of UEMS CAP Section, UEMS Sections of Psychiatry and Paediatrics, National Societies in CAP, paediatrics and psychiatry, and the ESCAP Office.



Table 1. Member states in the Section<sup>1</sup>

## FULL MEMBERS

AUSTRIA	GREECE	POLAND
BELGIUM	HUNGARY	PORTUGAL
BULGARIA	ICELAND	ROMANIA
CROATIA	IRELAND	SLOVAKIA
CYPRUS	ITALY	SLOVENIA
CZECH REPUBLIC	LATVIA	SPAIN
DENMARK	LITHUANIA	SWEDEN
ESTONIA	LUXEMBOURG	SWITZERLAND
FINLAND	MALTA	UNITED KINGDOM
FRANCE	NETHERLANDS	
GERMANY	NORWAY	

## ASSOCIATE MEMBERS

ARMENIA  
ISRAEL  
SERBIA  
TURKEY

## OBSERVERS

GEORGIA  
IRAQ  
LEBANON  
MOROCCO  
TUNISIA

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<sup>1</sup> <https://www.uems.eu/about-us/membership/national-associations>