

presented. Consequences for therapy and scientific strategies will be discussed.

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## CME Course: Networking as a strategy in psychiatry

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### C17.01

Social network strategies for leading

M. Ventresca. *Said Business School, Stanford, CA, USA*

How do social networks add value for the work of leaders? What are key network mechanisms? How can you improve the strategic impact of your social capital? This session introduces the idea of 'social capital', along with social network concepts, tools, and strategies. The evidence comes from recent findings about how collaboration in basic research in biotechnology occurs, how firms explore innovative technologies, and on how individuals create professional advantage. The themes focus on how social networks change the terms of value creation, create de facto systems of opportunity and advantage, and extend basic leadership in contested, ambiguous professional settings. The session is interactive, rather than one-way lecture.

*Read aheads for the session:*

- Hargadon, A. 2006. 'Brokers of innovation.' *Focus*, vol. VIII, no. 1.
  - Uzzi, B and S Dunlap. 2005. 'How to build your network.' *HBR*, December.
- Reprint # R0512B
- Weick, K. 1996. 'Prepare your organization to fight fires' *HBR*, May-June.

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## Symposium: The WPA presidential global child mental health program

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### S08.01

The WPA presidential global child mental health program; An overview

T. Okasha. *Institute of Psychiatry, Faculty of Medicine, Ain Shams University, Cairo, Egypt*

Half of the world's population are children or adolescents. Nearly 5% of them suffer from mental disorders and another five percent have conduct disorders.

Even in highly developed industrialized countries mental disorders in this age are often not recognized nor taken seriously. The situation is made worse by the lack of awareness of the magnitude and severity of the problems caused by mental disorders of children and adolescents by political and health decision-makers, by health professionals and by the general public; and by the fact that health professionals and others involved in child care and development have often only rudimentary knowledge about appropriate methods of prevention and treatment of mental and neurological disorders in childhood and adolescence.

It is for this reason that the World Psychiatric Association (WPA) carried out in collaboration with the World Health Organization (WHO) and the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) this unprecedented program.

This program aims at; increasing the awareness of health decision-makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and adolescence and about possibilities for their resolution; at promoting the application of measures of primary prevention of mental disorders in childhood and adolescence and of interventions that will contribute to the healthy mental development of children and adolescents; and support to the development of services for children and adolescents with mental disorders and to facilitate the use of effective methods of treatment.

### S08.02

Preventive interventions in child and adolescent psychiatry with special reference to school drop-out

H. Remschmidt. *Department of Child & Adolescent Psychiatry, Philipps University, Marburg, Germany*

**Background and Aims:** International studies have demonstrated that the prevalence rates of psychiatric disorders in children and adolescents in population samples vary between 8 and 23 %. Our own school-based study in Germany in a selection-free sample revealed a prevalence of 12.7% in the age-group between 6 and 18. The need for treatment according to international studies is at least 5 %. Over the past 30 years, increasing figures have been described regarding aggressive behavior, alcohol and drug addiction, delinquency, depression, suicidal behavior, obesity, and eating disorders. This underlines the importance of prevention, subdivided in universal prevention addressed to a complete population, and targeted prevention (selective and indicated prevention aiming at groups with increased risk or already identified high-risk groups).

After the discussion of biological, psychological, and psychosocial risk factors and markers of resilience, an overview is given of some established prevention programmes for psychopathological disorders in children and adolescents, followed by the results of three prevention programmes on school drop-out carried out within the WPA Presidential Programme on Child Mental Health in Alexandria/Egypt, Nishnij Novgorod/Russia, and Porto Alegre/Brazil.

**Methods:** A comparison was made between intervention schools where defined interventions had taken place and control schools where only information was given and no formal interventions had been carried out.

**Results and Conclusions:** In all three locations, the preventive interventions were successful: The school drop-out rate could be significantly reduced within the course of one year. As school drop-out is associated with many other disorders and disadvantages, this is an encouraging result.

### S08.03

Is there a link between slow learning, school failure and delinquency?

P.A. Rydelius. *Karolinska Institutet, Astrid Lindgren's Children's Hospital, Stockholm, Sweden*

In Sweden, CAP (Child and Adolescent Psychiatry) has a history of more than 100 years. The discipline developed out of paediatrics, education, child social welfare and psychiatry in that time order. In similarity to the situation in Switzerland, "school -psychiatry" was established as a branch of CAP with the aim to understand the link between cognition, behaviour and health and to promote health for children with slow learning capacity and mental retardation who in those days were children at a high risk for juvenile delinquency. The first CAP units opened at the end of World War I in the Stockholm Public School system and at the Paediatric Clinic of Norrntull's Children's Hospital, one of