

**Canadian Academy of Child and Adolescent Psychiatry's 36<sup>th</sup> Annual Scientific Conference**  
**and**  
**International Association of Child and Adolescent Psychiatry and Allied Professions' 22<sup>nd</sup>**  
**World Congress**

*Opening Address by Dr. T.C.R. Wilkes, Congress Chair*  
*September 2016, Calgary, Alberta*

Ladies and Gentlemen, distinguished visitors, family and friends, a warm welcome, bienvenue, and as we are on First Nations Blackfoot territory, "Oki" to all of you for attending this joint Congress of the 36<sup>th</sup> Canadian Academy of Child and Adolescent Psychiatry and the 22<sup>nd</sup> International Child and Adolescent Psychiatry and Allied Professions World Congress here in Calgary where our theme for this meeting is "fighting stigma, promoting resilience and positive mental health." This is a unique and long overdue event for Calgary as this is the first time IACAPAP's congress has been held here in our vibrant city and only the second time in Canada, the first being in 1954.

We have around 1250 attendees registered from about 70 different countries from around the world, so thank you to all for the many sacrifices you have made to get here. Now to help us honor these sacrifices I call upon Brent Scout, Nii' dinanamska, to give an opening prayer, a blessing, and a welcome in his native Blackfoot language. Tonight we will have an opportunity to see and hear the ritual Blackfoot dancing to drumming as we acknowledge that we are on Blackfoot territory and need to recognize them and treat them with respect and dignity. Music, ritual, myth and mathematics are some of the ways in which we make the invisible visible.

The field of child and youth mental health and psychiatry has made tremendous progress over the last few decades with its revolutionary changes in neuro-imaging and neuroscience, epidemiology, psycho-pharm treatments and diagnostic classifications, helping us distinguish between mental distress and mental disorders. But it is easy to forget that life is lived in relationships, and it is the quality of these relationships that often determine the quality of our lives. We have to remember we are subject to powerful invisible forces. These forces can raise us to the heights of sublimity or plunge us down to degrading depths; lift us to creative inspiration or take us down into destructive rage; create great clarity of insight or drown us in a delusional madness. So we cannot just live in the here and now, what the super intellectuals would have us do. Please see the famous C.G. Jungian quote on your program taken from his book *Memories, Dreams and Reflections*: "As far as we can discern, the sole purpose of human existence is to kindle a light into the darkness of mere being." We have to acknowledge the powerful invisible influences of culture, anthropology, social factors such as: a market led economy; an uncontrollable preference for technology over our need for human connection; and the impossible work conditions that many of our patients find themselves struggling with as they become submerged in a sea of debt and unmet needs. These factors combined with our own consumerism, materialistic values, and the psychology of compulsive needs for success, power, knowledge and approbation combined with our fear of failure and unconscious conflicts, lead us to profound social division, scape goating and blaming, conflicts, and even war.

So what do we know of the "darkness of our being?" Well, we should know that we live in a world, according to UNICEF in 2012, where child homicide, although rare at 95,000 per year worldwide for children and youth aged 0-19 years, is harsh reality, not just for the Child Soldiers in the **LMIC**, but also in the United States, which has the infamous honor of being number 1 in this area at 4 per 100,000 for child homicide; often secondary to gang violence and drugs, and often embedded in a complex mix of stigma, racism and poverty.

But even in Canada, a country which is associated with peace keeping troops and social fairness throughout the world, even we have 1 in 5 of our children living in poverty. We often still detain children in immigration centers and treat them like prisoners in some cases, separating them from their care givers and denying them adequate medical treatment.

Worldwide it is estimated that 1 in 3 teens between 13-15 years experienced significant bullying and intimidation. In fact, 1 billion children and youth around the world are still subject to corporal punishment. This is further amplified by the fact it is also estimated that 120 million girls worldwide are sexually exploited and many are in Africa or South East Asia, but now with internet this happens in developed countries as well. But we should not forget the pioneering work of the NHL player Sheldon Kennedy here in Canada, who shocked the secular world of Hockey in 1996 by disclosing his abuse as a young player by his hockey coach, emphasizing that even in Canada we have to promote awareness of sexual abuse at our local hockey rinks and that boys too can be raped and assaulted. Sheldon Kennedy, who will be a key note speaker at this congress, has repeatedly emphasized that we have to work to break down silos and provide integrated care if we are to make the invisible visible, as all too often predatory sexual exploitation is surrounded by a culture of silence, secrecy, denial and shame and all we see are the surface manifestations of addiction and depression.

Of course Canada has its own history of forced acculturation with its residential schools for our First Nations. The schools and child services on our First Nation reserves are often underfunded compared to other non-indigenous services in rural and urban Canada. The First Nations, Métis, and Inuit in Canada can attest to the terrible burden of this social inequality, with its resulting violence and sexual abuse, as we see the impact of disrupted attachments, PTSD, addictions, and suicide rates often manifesting at least 6 times higher than for non-indigenous peoples.

However, we should not forget that the epicenter for suicide at present is in southern India. This has been well demonstrated by the research work of Vikram Patel, published in the Lancet in 2012. It is estimated that 60,000 young Indians commit suicide each year, and this is probably an underestimate, as many suicides are classified as accidents. Many are young educated Indian women who are struggling with an aspiration gap, caught in a conflict between traditional values and the rapidly changing social roles for women, and a culture of growing urbanization with poor work opportunities.

We have learned from the Canadian Institute of Health Research that the social determinants of health include the health care system, but this only accounts for 25% of the variance, whereas the socio-economic environment accounts for 50%, and our genes, biology and environment account for 15% and 10% respectively. So taking all this into account this 2016 Congress is, by design and emphasis, a multi-disciplined and international meeting working on the principle that getting people together from different disciplines from around the world and networking facilitates social and policy change. We wish to avoid the curse of isolated knowledge with its pitfalls of poisonous pedagogy and traditional thinking of paradigm paralysis. So we have an opportunity this week to avoid creating a dehumanizing and de-contextualizing health care delivery system which is provider driven and not patient driven. We are especially lucky to have the voices of many users and carers in this Congress, standing side by side with our other traditional researchers and clinicians. So we can work together to make the world a better place for children and youth, providing we keep an eye on the importance of the eco-bio-developmental frame, ensuring our services are neuro-developmentally sensitive and trauma informed. We need to continually emphasize that healthy attachments and relational buffers mitigate toxic stress and the genetic expression of disease throughout the life span, not just in childhood. Welcome, and I now declare this Calgary CACAP/IACAPAP conference officially open.

## References.

- 1) C. G. Jung; *Memories Dreams and Reflections*. Editor Aniela Jaffe, Vintage Books.1989.  
Chapter 11
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- 3) UNESCO 2014. Violence and Child Homicide rates in 2012. US leads western nations.
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- 5) Jack Shonkoff. *JAMA Pediatrics*. Doi:10.1001. 2016.1559. Special Communication. Capitalizing on Advances in Science to reduce the health consequences of early childhood adversity. Aug 22<sup>nd</sup> 2016. On line.
- 6) *Why I didn't say anything*. By Sheldon Kennedy. Insomniac Press 2007.