

# Something New for the ReView: Introducing Clinical Case Rounds for Child Psychiatry

Mary K. Nixon MD, Editor

I hope this issue finds you well rested from summer and/or summer holidays and ready to tackle all that September brings with children and youth returning to school and many clinics and practices back in full swing. I am pleased to introduce Dr. Klaus Minde as our guest editor on the theme of transcultural child psychiatry. Dr. Minde is the former Chair of the Division of Child Psychiatry at McGill University and continues to work at the Montreal Children's Hospital as the director of the Anxiety Clinic. He and his colleagues in Montreal have graciously taken time from their spring and summer to submit and revise their articles for publication in this issue. This issue gives readers the opportunity to reflect on the interplay of culture and our daily clinical work and the impact it can have on understanding and assisting specific groups of children and families in need of mental health services.

Here at the ReView we continue to strive towards providing our readers with relevant articles. An upcoming section on psychopharmacology will soon be announced. In the meantime if readers have particular issues in that area you would like the ReView to discuss please email me at [mnixon@viha.ca](mailto:mnixon@viha.ca). I am happy to announce that back issues of the Review (from February 2003) are now open to access online through the Canadian Academy of Child and Adolescent Psychiatry's website at [www.canacad.org/issues.htm](http://www.canacad.org/issues.htm). I would like to thank Dr. Claude Jolicoeur for all his efforts in setting up this section and making

these issues and current ones available to readers worldwide.

Finally, I would like to introduce a new section and section editor to the ReView. The new section is entitled "Clinical Case Rounds in Child Psychiatry" with Dr. Abel Ickowicz acting as section editor. Dr. Ickowicz is currently the interim Psychiatrist-in-Chief, Department of Psychiatry at the Hospital for Sick Children in Toronto. As both Abel and I discussed, clinical cases presented at rounds frequently include an important review of specific literature and provoke interesting discussions around issues such as differential diagnosis, management, medication, psychotherapy, etc.

We invite those who have presented such cases to follow the format for submission as outlined on page 92/93. The opportunity to have the case discussed by an expert may also encourage those in clinical practice to write up one of their more challenging cases and submit it to the section editor. Readers, I believe, will benefit from the practical and clinical orientation of this section.

We welcome Abel to our team as Section Editor for Clinical Case Rounds and look forward to publishing our first Clinical Case Rounds in the November 2005 issue.

Sincerely,

Mary Kay Nixon, Editor  
CACAP ReView

## Reflections on the Transcultural Mandate of our Profession

Klaus Minde MD<sup>1</sup>, Guest Editor

I am very pleased to write an introductory note to the four papers that make up this theme issue on transcultural child psychiatry. Being an immigrant and having been analyzed by E. Wittkower, the founder of transcultural psychiatry, I have always considered transcultural psychiatry in adults and children to be a natural subspecialty of our field. Working as a WHO consultant and living in East Africa for 2 years some 30 years ago and returning on 3 occasions since then has further raised my curiosity how best to learn about the thoughts and feelings of people from other cultures to help to better understand each other.

The following papers provide some answers to this challenge. Dr. Measham presents an outline of how to establish meaningful relationships with migrant and refugee children and their families both within a hospital and community context. She points out that most of these families need support on multiple levels and may often feel more comfortable when meeting a psychiatrist outside of a medical institution. The article by Dr. Nadeau deals with the phenomenon of meeting potential patients from other cultures within the Canadian medical context. Such encounters can lead to profound misunderstandings between the medical staff of the host country and the migrant family. Dr. Nadeau points out how the skillful use of interpreters as well as an open discussion of specific cultural values on both sides can help in establishing trust and collaboration in such cases.

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Dr. Rousseau continues the voyage by providing some examples of treating recently immigrated youngsters who have experienced trauma through their drawings or other non-verbal means. She highlights the children's needs to create a narrative of their experiences that is congruent with their cultural tradition.

This leaves my own review paper where I attempt to give an overview of the field of transcultural child psychiatry in North America. What I had not realized until I did my literature search was my obvious misconception of the child psychiatric community's hesitant embrace of transcultural practice parameters. There are in fact only a handful of practitioners who specialize in studying and working in this area. Even at the Montreal Children's Hospital, which has an independent section of transcultural child psychiatry, academic work is primarily focused on immigrants, leaving out our native population and the multiple cultural subgroups within or outside our society. Furthermore, we do not seem to have many groups of like-minded professionals who learn and work together and could provide a critical mass to further the study of transcultural theoretical and clinical issues. This is a vital need for continuing to develop the field. As Canada becomes an increasingly multicultural country, our profession should reflect this, both academically and clinically. I therefore hope that the papers in this volume will make a contribution to this most urgent cause.