ESCAP COMMUNICATION



Communications of the European Society for Child and Adolescent Psychiatry

Address for Correspondence related to ESCAP Communications:

Professor Dr. med. Beate Herpertz-Dahlmann

University Hospital Aachen, Department of Child and Adolescent Psychiatry,

Psychosomatics and Psychotherapy

Neuenhofer Weg 21, D - 52074 Aachen, Germany

E-Mail: bherpertz-dahlmann@ukaachen.de

ESCAP online: integrating alignment and internet technology in our vision on international CAP relations

Ariëlle M. de Ruijter

Introduction

Everything is migrating to the internet. Some 15 years ago the whole world seemed to be reacting suspiciously on the forecasts of pioneers like Kevin Kelly [1], but today almost everyone agrees that we need to rethink our ideas about connecting together. In their days the pioneer visions remained theory for the simple reason that not enough people were participating. Kelly's 'radical strategies for a connected world' [2] now prove to have been spot-on, but only in the last few years we are able to put them into practice. Indeed, a network does not start functioning before the members become active.

This applies equally to the European network of child and adolescent psychiatry, the ESCAP community. ESCAP does have the substance: around a thousand participants at every biennial conference and 32 national member societies representing a large number of child psychiatry professionals all over Europe and beyond. A first prerequisite is that European child and adolescent mental health professionals become active on the internet. If we want to learn, we have to contribute—'feed the web first' Kevin Kelly said. The result could be an extremely rich harvest of knowledge of which every practitioner, every young patient may benefit. Moreover, European child psychiatry could save large amounts of money by online cooperation and the exchange of knowledge. No more duplication of research, no more re-inventing the same clinical protocols, the

biggest and the best knowledge base in the world, accessible at any time, at any place. As long as we are connected and as long as we are all active members of our online community. Some authors even believe that health care may reinvent itself by taking advantage of the digital revolution to reach a phenomenal level of quality and accessibility [3].

"A mentality of working together"

This is a big opportunity for child psychiatry: a European platform for CAP knowledge, a meeting place for researchers, clinical experts and policy makers. It is feasible, ESCAP can form this community. But: only if the relevant players participate.

It is easily said that child psychiatrists are hardly amongst the frontrunners on the web. They're not even early adopters. So they have to run and adopt a little bit later. Maybe now, 15 years after the likes of Kelly. Despite the continuing skepticism and criticism [4], it is safe to predict that the world wide web will become even more important. With no exception for child psychiatry. From the heart of the network, professor Eric Taylor predicted in his lecture at the Dublin Trainee Conference that the internet will rapidly increase its role in child and adolescent psychiatry, as in science and in society in general [5].

By facilitating the conditions, the ESCAP board shows confidence in the potential members. By launching an online meeting platform (www.escap.eu) the board seems to assume that members will indeed *feed the web first* by bringing in their knowledge, share ideas, posing their questions and publicly discuss their visions. "This is about openness and about a mentality of working together", according to board member Dr. Brendan Doody [6].



Of course the net is not completely new to child and adolescent psychiatry. Trainees and professionals are already using the net in many ways. For example by using their mobile devices for various kinds of training. Trainee societies established common Facebook pages and numerous discussion groups can be found on LinkedIn and other social media platforms. Communities of patients and parents track and publish their experiences, find their peers and buddy's online, search for help and pose their questions. Professionals present themselves online in many forms with online or blended therapeutical services [7]. They carry out online research, publish online and conduct online reviews. Some find that online treatment may well be effective [8]. Policy makers use Twitter and Facebook to influence governmental budget cuts and advertise the importance of youth mental health. Child psychiatry basically migrates to the internet, as everybody else does for pretty much all of their activity.

ESCAP online community

So what has ESCAP's new website to add to all of this? The focus, given by the ESCAP Board, is centred around the exchange of knowledge. Very similar to the goals of the ESCAP Congresses, the online activities aim for more contact between child and adolescent psychiatry professionals in all three divisions: researchers, as well as clinical professionals and policy makers. Continuing the exchange of ideas, experience and knowledge also during the 2 year gaps between conferences can boost the knowledge base of all European mental health workers.

1. Be findable

In order to build an active online community that is able to do this, a few steps have to be taken. Firstly ESCAP must be more findable on the internet. Googling for 'European child psychiatry' will lead to more than twelve million results, searching for 'ESCAP' provides more than a million possibilities—ESCAP was nowhere to find among these huge piles of suggestions. Since the launch of www.escap.eu the findability has improved significantly by applying clever technical design that makes it easier for search engines to find and index. The same web search queries now put ESCAP among the top-5 results.

On the ESCAP website, members will be able to find each other. To get acquainted and call for immediate overviews of the issues which are relevant to each member society. The 'Country Member pages' are essential to this first acquaintance and will show the most important achievements that national societies may offer as 'learnings' to others, but also their issues on which others may

help them out. The CAP Societies in Turkey, the Netherlands and Bulgaria have already applied this format and are open for discussion (Austria, Greece and Ireland coming up). ESCAP is expecting all other 29 members to join this initial step of cooperation [9]. The website provides a simple questionnaire for creating a country member profile in 35 minutes time. This format is essential to set interaction between ESCAP members in motion.

Substantial content

The second challenge was to develop a substantial amount of content. Visitors may of course not be disappointed once they enter the ESCAP website. Also, intelligent search engines only recommend web pages if the content is really there, not only the key words. This has been achieved by contracting an online editor to develop and maintain the website content. A peak performance of reporting, interviewing and writing around the Dublin conference delivered enough output to go live on 30 September 2013. Since then more content (text, photography, video, presentations, slideshows, hyperlinks) is added to the website every week.

3. Make ESCAP flexible

To enable ESCAP to respond more quickly to current events and important developments the online activities of ESCAP have to be flexible. A new content management tool makes the maintenance of content very quick and easy. Pages and whole sections can be updated, replaced or exchanged with just a few clicks. The editor can publish and instantly make corrections from congress locations or anywhere else with internet access—only recently a member country profile page was updated with online input from Turkey, from a remote mountain refuge in the Alpes. This feature enables ESCAP to respond instantly to developments in policy, practice or the academic realm.

4. Create a 'third place to be'

ESCAP intends to offer every professional in youth mental health a 'third place to be', and stay connected when they are not physically in one location. In this way the website adds an essential third meeting place, beside the congresses and the publication (ECAP Journal). Much of what the members of ESCAP produce and share—in and outside the congress—remains visible on the website. The examples are already online: presentations, posters, calls for participation in research, reports and especially 'less formal stories' such as opinion pieces and accounts of experiences. A wealth of data and information that could be specifically helpful for cooperation between members will be revealed here. In a sense, the congresses will continue online, keeping everything intuitively findable [10].



5. Attract new people, enlarge the network

Lastly the new online environment will help ESCAP to build relationships with new groups. Content that will attract allied professions, European policymakers, nurses, teachers or others may be added on demand. Already, anyone involved with child and adolescent mental health care may subscribe to the ESCAP newsletter that will highlight new content and features on the website.

ESCAP Online is not a scientific platform. It is not a clinical manual either. Nor a CAP policy overview. It is a meeting platform for professionals in all three divisions of child and adolescent psychiatry and allied professions. All of these colleagues are invited to make use of it. And to contribute to it-giving and taking go together hand in hand here. The knowledge is in our networks, not in our office drawers [11] and it is such a pleasure to see how ESCAP people are now building their community, using the net as it should be used. It would even be better to see them progress for the benefit of youth that need mental care. In the internet age the key is the network where ESCAP professionals should develop sustainable relations [12] with colleagues they trust—credible and reliable—in order to exchange and boost their knowledge and maintain a sound reputation [13].

Ariëlle M. de Ruijter Dutch Knowledge Centre for Child and Adolescent Psychiatry, Amsterdam, The Netherlands e-mail: a.deruijter@kenniscentrum-kjp.nl http://www.kenniscentrum-kjp.nl/home

ESCAP Online www.escap.eu

References

- Wikipedia (2013) Kevin Kelly biography, http://en.wikipedia. org/wiki/Kevin_Kelly_(editor)
- Kelly K (1998) New rules for the New Economy—10 radical strategies for a connected world. Viking Penguin, New York
- Topol E (2012) The creative destruction of medicine—how the digital revolution will create better health care. Basic Books/ Perseus Books Group, New York
- Is the Internet changing the way you think? the net's impact on our minds and future (2011), Edge Foundation/HarperCollins Publishers, New York
- Taylor E (2013), The Future Direction of Child Psychiatry. In: 15th International Congress of ESCAP 2013, Abstract Supplement: A1-02, Springer Medizin, Heidelberg
- Doody B (2013) No strength without unity, http://www.escap.eu/ policy/sharing-the-learnings
- Ruwaard J, Linse H (2013) E-health in de jeugd-ggz (E-health in youth mental health care—professional's guide from policy to practice, in Dutch only), published by the Knowledge Center for Child and Adolescent Psychiatry/iTunes Bookstore
- Ruwaard J (2012) The efficacy and effectiveness of online CBT. University of Amsterdam, Department of Clinical Psychology, Amsterdam
- Çuhadaroglu Çetin F (2013) Initiative to publish distinctive country profiles, http://www.escap.eu/index/escap-members/
- 10. Krug S (2006) Don't make me think! A common sense approach to web usability. New Riders, Berkeley
- 11. Weinberger D (2011) Too big to know—rethinking knowledge, now that the facts aren't the facts, experts are everywhere and the smartest person in the room is the room. Basic Books/Perseus Books Group, New York
- van Riel CBM (2012) The Alignment factor—leveraging the power of total stakeholder support. The Reputation Institute/ Routledge, New York
- 13. Fombrun CJ, van Riel CBM (2007) Implementing practices for effective reputation management. Routledge, New York

