



Communications of the European Society for Child and Adolescent Psychiatry

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Dear readers,

In this issue we continue to present European national societies for child and adolescent psychiatry. As our new bylaws will be established in Brussels, our series is followed by a presentation of the societies in Belgium.

Child and adolescent psychiatry in Belgium and the Flemish association for child and adolescent psychiatry

Sofie Crommen

The Flemish Association for Child and Adolescent Psychiatry (Vlaamse Vereniging voor Kinder- en jeugdpsychiatrie, VVK) was established in 1983 as a society and in 1997 as a non-profit organisation. The Flemish association unites all the Dutch-speaking child and adolescent psychiatrists in Belgium and has 230 members.

The Board currently has 10 members: the president, the vice president/general secretary, the treasurer and 7 additional members.

The association promotes the science of child and adolescent psychiatry (CAP) and defends the professional interests of CAP in Flanders and in Belgium.

There are 6 permanent committees within the association that work on various subjects:

1. Forensic CAP
2. Public mental health
3. Mental disabilities of children and adolescents
4. Organisation and structure of child and adolescent mental health care in Flanders

5. Training of physicians in CAP
6. Payment for specialists in CAP

The CAP training program in Belgium lasts 5 years. The training program consists of integrated theoretical, clinical and research components. Residents must complete at least 1 year of training in adult psychiatry and at least 3 years of training in CAP during the 5-year program. Residents can also complete 1 year of paediatrics or neurology. Both the biological and the psychodynamic aspects of CAP are covered in the curriculum, and basic psychotherapy courses are provided.

The training program is currently being revised with the goal of standardisation in affiliation with the Union of European Medical Specialties (UEMS).

The association organises two congresses on child and adolescent psychiatry each year. Every 3 years, the organisation organises a training weekend with the members.

The official journal of the association, “De Psychiater”, is published quarterly and is produced in collaboration with the Flemish Association of Psychiatry. In the southern part of Belgium, the APPIJF (Association Professionnelle des Psychiatries Infanto-Juveniles Francophones) unites the French-speaking child and adolescent psychiatrists, who are more psychodynamically oriented than the members of the Flemish association. The VVK and the APPIJF meet in the Psychiatry section (BVS) of the Belgian Association of Medical Specialists to work on federal policy matters, together with the Dutch- and French-speaking adult psychiatrists.

The association is enthusiastic about international collaborations as well; it is a member of ESCAP and IACAPAP.

In Belgium, child and adolescent psychiatrists can work in several different settings, such as in clinics for child and

adolescent psychiatry, in specialised medical-psychological institutional care facilities, in inpatient centres for child mental health, in private practices, in the university hospitals of Leuven, Antwerp, Brussels, and Ghent. There are many jobs for CAPs open in Belgium.

However, a substantial number of Dutch-speaking child and adolescent psychiatrists work in the Netherlands because of better pay and better working conditions.

The exact number of CAPs in Belgium is unknown because there is no specific recognition of this medical specialty. It is estimated that there is one CAP in Flanders for every 7,068 people less than 18 years old. The most prevalent CAP diagnosis in the French-speaking region is emotional disorder; in the Dutch-speaking region it is developmental disorder.

Although the Flemish Association works hard to achieve the goals of our profession, some obstacles remain. There is no specific recognition of the medical speciality “child and adolescent psychiatry” by the government. That lack of recognition makes it difficult to promote the specific needs of child and adolescent psychiatry in political and legal matters.

Another challenge for the association is the fact that in recent years, young medical doctors have been less likely to choose the specialty of psychiatry, including child and adolescent psychiatry. This problem is even more serious in adult psychiatry. There are several possible reasons for this avoidance of the specialty by young doctors, including negative perceptions of the profession, the focus of the entrance exam for medicine on scientific skills, lack of prestige, low pay, and an image of being too soft a specialty.

Although the wait for patients in the past was even longer, today patients typically have to wait 3–6 months to be seen by a child and adolescent psychiatrist.

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