



IACAPAP Challenge Grant Phase II

Page 7

President's Message

Regarding the next World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Hamburg, Germany in July 2026, Professor Tobias Banaschewski already formed a local organizing committee that is helping him in the first steps of constructing the overall structure of the meeting. As mentioned before the theme of the Congress will be: "Facing challenges in a constantly changing world: Empowering child and adolescent mental health by evidence-based approaches."

Page 3



20th IACAPAP Lunch & Learn Webinar

Page 25



27th World Congress of IACAPAP | See You in Hamburg

Page 17

Page 8

IACAPAP Secretary General Corner: The IACAPAP Regional Webinars and Special Interest Groups

Page 15

IACAPAP's Early Career Group Mentorship Program has started!

Page 12

A Looming Mental Health Crises in Haiti

CONTENTS

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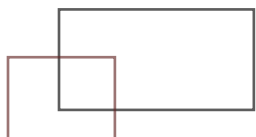
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IACAPAP President’s Message	P3
IACAPAP Challenge Grant Phase II	P7
IACAPAP Secretary General Corner: The IACAPAP Regional Webinars and Special Interest Groups	P8
A Looming Mental Health Crises in Haiti	P12
IACAPAP’s Early Career Group Mentorship Program has started!	P15
27th World Congress of IACAPAP See you in Hamburg	P17
CAPMH Corner	P18
20th IACAPAP Lunch & Learn Webinar	P25
Endorsed Event SOPNIA Congress 2024 - Join us for the 2024 SOPNIA Congress “Interweaving Science with Inclusion and Transculturality”	P26
Endorsed Event AACAP Meeting 2024	P30
IACAPAP Bulletin Advertising Opportunities	P31
IACAPAP Member Organisations	P32
IACAPAP Officers (2022-2026)	P33



President's Message

By: Professor Luis Augusto Rohde, Professor, Department of Psychiatry, Federal University of Rio Grande do Sul, Director, ADHD Program, Hospital de Clínicas de Porto Alegre, Brazil



Luis Augusto Rohde
IACAPAP President

Dear colleagues and friends of the IACAPAP,

These have been quite months with the summer vacation in the Northern-Hemisphere. Thus, our column this time will be shorter.

Regarding the next World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions in Hamburg, Germany in July 2026, Professor Tobias Banaschewski already formed a local organising committee that is helping him in the first steps of constructing the overall structure of the meeting. As mentioned before the theme of the Congress will be: "Facing challenges in a constantly changing world: Empowering child and adolescent mental health by evidence-based approaches."

We also just finished the first phase of our Challenge Grant. As you might remember, Professor Myron Belfer, the Honorary President of IACAPAP, pledged to match all donations collected for this grant up to 22,000 Euros that is our target. So far we have managed to reach 6,189 Euros in this campaign. Thus, we are launching a new campaign, titled '[Challenge Grant Phase II](#)', which started on 6th of September, with a revised strategy to reach our target goal. The focus of this second stage will be to secure funding to support IACAPAP fellowship programs. It aims to provide essential travel grant support to selected fellows participating in the Donald J Cohen Fellowship Program (DJCFP) and the Helmut Renschmidt Research Seminar (HRRS) as well as operating funds to support the Early Career Group (ECG) development program. The [DJCFP](#) is a training program for young professionals, inaugurated at the 2004 IACAPAP World Congress in Berlin. Its aim is to foster the professional development of emerging leaders in child and adolescent mental health worldwide. 426 young CAMH professionals from 71 countries were already trained in this program. The [HRRS](#) Program was initiated in 2007, and this is a training program for young mental health professionals, but its specific focus is on enhancing expertise in research

relevant to infants, children, adolescents and families mental health. 186 young CAMH professionals from 57 countries were already trained in this program. The [Early Career Group](#) (ECG) aims to provide a large network that would allow early career and trainee child and adolescent psychiatrists and allied professionals to network on a continuous basis, share ideas and experiences and build a foundation for stronger professional networks of international cooperation into the future. As you might imagine, these are very demanding initiatives needing a lot of voluntary work and substantial financial support to survive. Unfortunately, IACAPAP does not have sufficient budget to continue supporting these incredible programs in the future without help. Thus, we are certain that established CAMH professionals around the globe will be eager to secure the future of the next generation of young CAMH professionals. For more information, please visit the [IACAPAP Challenge Grant](#) site.

I would also like to update you on the progress made these last three months in the collaboration between IACAPAP and the [Stavros Niarchos Foundation \(SNF\) Global Center for Child and Adolescent Mental Health at the Child Mind Institute](#):

- Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health Clinical Fellowship Program for Low- and Middle-Income Countries (LMICs): Three fellows from Maputo, Mozambique have successfully completed the first 6-months of their training in Brazil at the Hospital de Clínicas de Porto Alegre. The SNF Global Center at the Child Mind Institute, in concert with the mentorship teams from Brazil and Mozambique, are preparing for the second phase of the program which will take place in Mozambique, supported by both remote and local supervision starting in spring of 2025. The selection process for the next cohort of Mozambican fellows from Nampula, who will begin their training in Brazil in February 2025, is already underway. Our former Donald Cohen Fellowship Coordinator, Dr. Ayesha Mian, together with IACAPAP and colleagues from the SNF Global Center for Child and Adolescent Mental Health, led by Mr. Peter Raucci, the Program Director of Fellowships, are spearheading efforts to establish another African hub, with South Africa proposed as the host country for clinical fellows from potential partner country, Tanzania. Additionally, initial

The graphic features the IACAPAP logo at the top left, with the text 'IACAPAP International Association for Child and Adolescent Psychiatry and Allied Professions'. Below the logo, the text 'CHALLENGE GRANT PHASE II' is prominently displayed. A central message reads: 'Our Phase II challenge grant is now active! Your contribution can help us raise funds to support the IACAPAP fellowship programs and unlock additional funding! Get involved with us today!'. At the bottom left, there is a call to action: 'VISIT OUR WEBSITE www.iacapap.org'. At the bottom right, there is a 'DONATE NOW' button. The background of the graphic shows a group of children sitting on a ledge, with a backpack in the foreground.

discussions are underway to create an Asian hub, with a target launch date in 2026.

- SNF Global Center Item Bank: The SNF Global Center for Child and Adolescent Mental Health and IACAPAP continue their collaborative efforts to develop a comprehensive Item Bank, designed to assess a wide range of mental health conditions across age groups. The instrument will be culturally adapted for global use and made freely available to the international community. The development process is structured into four phases: expert review, translatability assessment, psychometric validation, and pretesting with individuals who have lived experiences. To date, the Item Bank has been reviewed by approximately 300 experts from all 14 UN regions, and its translatability has been assessed in 12 languages. We are now approaching the psychometric evaluation phase, which will further refine the tool for global application. For more details on the process, you can visit the [SNF Global Center for Child and Adolescent Mental Health](#) website.

Regarding our partnership with the World Federation of ADHD to form an international committee to prepare a new appeal to include methylphenidate in the WHO Essential Medicines List, the group lead by Professors Brooke Molina and Philip Shaw is moving fast with their application! This is an effort also involving an outstanding

team of international, multidisciplinary mental health workers in child and adolescent mental health. The deadline for submission of their application is November 1st, and afterwards there will be opportunity for interested stakeholders to provide comments on the submission during a public consultation phase following publication on the WHO website.

As you might remember, our antepenultimate paragraph is always dedicated to calling your attention to an impactful paper recently published on CAMH in scientific literature. In this column, I would like to highlight a paper published in *Lancet Psychiatry* this month: (McGorry PD, et al. **The Lancet Psychiatry Commission on youth mental health**. *Lancet Psychiatry*. 2024 Sep;11(9):731-774. doi: 10.1016/S2215-0366(24)00163-9. PMID: 39147461). This extensive review addresses major challenges and opportunities in youth mental health, and it is structured in five sections: Part 1 - The changing landscape of youth mental health; Part 2 - Conceptual frameworks and trajectories; Part 3 - Models of care; Parts 4 and 5 - The economic and political imperative. Their work began in 2019 with a meeting among a very diverse group of professionals including clinical psychology, psychiatry, neuroscience, epidemiology, social science, economics, and service reform, as well as young people from a range of low-income, middle-income, and high-income countries. The ambitious goal of the paper is to provide a blueprint to transform prevention and care for young

people at risk of, or with, mental illness. The paper might be openly accessed if you register in the journal website and, for sure, it is worth reading for everyone working with youth mental health.

Finally, regarding the auditable goals proposed in the previous bulletin, they were again partially achieved since:

1. The threshold for the IACAPAP Challenge Grant was not met. However, we are certain that with your help to foster training of a new generation of CAMH professionals, we will succeed in the second phase of the Grant.
2. We are closing the final details to have Tanzania as the African partner country (the one who will send the fellows) to South Africa (hosting country) as part of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program.
3. The cultural assessment of the SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank was finished.

The auditable goals up to the next bulletin will be:

1. Achieve the threshold of 22,000 Euros with the second phase of the IACAPAP Challenge Grant. We count on you to meet this goal!

2. Have all the contracts in place between the African hosting country (South Africa) and the one who will send the fellows (Tanzania) as part of the SNF Global Center Child and Adolescent Mental Health Clinical Fellowship Program and the preliminary program of training for the fellows defined.
3. Have the hosting country and the one which will send fellows from Asia defined.
4. Have the psychometric assessment of the SNF Global Center Child and Adolescent Mental Health (CAMH) Item Bank in progress.
5. Have the new appeal to include methylphenidate in the WHO Essential Medicines List sent to WHO.

I hope you all enjoy reading our Bulletin.


IACAPAP
 International Association for Child and
 Adolescent Psychiatry and Allied Professions

CHALLENGE GRANT PHASE II

Our Phase II challenge grant is now active!
 Your contribution can help us raise funds to support the
 IACAPAP fellowship programs and unlock additional funding!
 Get involved with us today!

DONATE NOW

 VISIT OUR WEBSITE
www.iacapap.org



IACAPAP Challenge Grant Phase II is a continuation of the previous project, which was initiated on May 20th, 2024. This crucial initiative is focused on securing funding to support IACAPAP fellowship programs. It aims to provide essential travel grant support to selected fellows participating in the Helmut Remschmidt Research Seminar (HRRS) and the Donald J Cohen Fellowship Program (DJCFP) and operating fund to support the Early Career Group (ECG) development program.

This grant was inspired by Prof. Myron Belfer, the Honorary President of IACAPAP, who has generously pledged

to match all donations collected, doubling the impact of your contribution.

We have set an ambitious target of raising 22,000 Euros, following the 6,189 Euros raised in our previous campaign. With your help, we believe we can reach this goal. Every contribution, no matter the size, brings us closer to making a significant impact.

Take action now. Visit the [Challenge Grant Phase II](#) site and click the 'Boost Project' button.

For questions, please contact us at info@iacapap.org.

IACAPAP Secretary General Corner: The IACAPAP Regional Webinars and Special Interest Groups

By: Dr Yewande Oshodi, Associate Professor of Psychiatry / Child & Adolescent Psychiatrist, Department of Psychiatry, College of Medicine University of Lagos & Lagos University Teaching Hospital Idiaraba, Lagos, Nigeria

IACAPAP (International Association for Child and Adolescent Psychiatry and Allied Professions) has a long-standing history of professionals with keen interests in different areas relating to the wellbeing of child and adolescent mental health. Due to the diverse nature of the members' geographical location or interests in the field it has remained somewhat challenging to get a one size fits all approach or solution for our varied educational / capacity development needs. As a Bureau, we present the Regional Webinars and the Special Interest Groups as possible solutions to help bridge these gaps.

Regional Webinars

These are spin offs from our already established Lunch and Learn educational webinar / virtual meetings that are held every 2 months. The Lunch and Learn Webinars, though successful have also had some challenges. These trainings are reported beneficial and well accepted, the varying learning needs continue to exist across different regions of the world, with the resource deprived settings with huge younger population groups having greater needs and by extension treatment gaps. As a result following the feedback survey of members regarding

challenges with time zones and also providing access for even non-members to occasionally, also, have access to the rich wealth of experience from our speakers we conceived the Regional Webinar to cater to regional needs.

The Regional Webinar will be open to the public but Pre-registration is required, the webinars will be driven by the regional leaders and supported by the IACAPAP Executive Officer. Interested regions/ groups are welcome to submit proposal to hold such regional webinars and our team will be happy to provide guidance on how to set it up. We look forward to the benefits and learnings this program has to offer us as a group and as individuals.

The first Regional Meeting will be co-hosted by the IACAM (Indian Association for Child and Adolescent Mental Health) of the Asia region.

- Date: 15 Oct 2024, Tuesday
- Time: 8:00 PM India Standard Time (IST) | 4:30 PM CEST | 10:30 AM EDT | 2:30 PM UTC
- Topic: Paediatric psycho-oncology: Managing anxiety and depression in children with cancer
- Duration: 45 minutes

IACAPAP

**REGIONAL WEBINAR
(ASIA REGION)**

**PAEDIATRIC PSYCHO-ONCOLOGY:
MANAGING ANXIETY AND DEPRESSION
IN CHILDREN WITH CANCER.**

JOIN NOW >

15
OCT

TIME :
20:00 IST
16:30 CEST
10:30 EDT
14:30 UTC

SPEAKER

DR SOUMITRA SHANKAR DATTA

Consultant Psychiatrist

For more information,
visit our website at
www.iacapap.org

Host:  International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

Co-Host:  Indian Association for Child and Adolescent Mental Health (IACAM)

To register, click [here](#)
For information, please
click [here](#)

It promises to be the first of its kind and the first of many others to come. Regional Vice Presidents will coordinate the schedule region based, relevant and free webinars in the course of the coming year and members are encouraged to invite non colleagues and the general public to attend. This will no doubt present another awareness creation platform about the IACAPAP and also serve as a capacity development route for our regions.

Special Interest Groups

We also have in the past in IACAPAP had some effort at setting up special interest groups, however they have been albeit short lived and not sustained. These efforts to set up standing SIGs are now being re-visited yet again as a peer to

peer educational and capacity building tool with the aim of creating more lasting and impactful groups hopefully driven by committed members.

Special interest groups in child and adolescent psychiatry focus on specific areas within child and adolescent psychiatry, allowing professionals to delve deeper into research, treatment, and advocacy for these unique populations and concerns.

Special interest groups in child and adolescent psychiatry do play a crucial role in:

1. Advancing research and knowledge in specific areas
2. Developing and disseminating best practices and guidelines

3. Providing education and training for professionals
4. Advocating for policies and programs supporting children's mental health
5. Facilitating networking and collaboration among experts
6. Promoting awareness and reducing stigma around mental health issues
7. Informing healthcare policy and decision-making
8. Supporting clinical practice and quality improvement
9. Fostering international collaboration and knowledge sharing
10. Enhancing patient care and outcomes through specialised expertise

As an association that focuses on areas within child and adolescent psychiatry, through the special interest groups we can: drive innovation and progress in diagnosis, treatment, and prevention, improve access to specialised care and services, address unique challenges and needs in the field.



IACAPAP Special Interest Group - Submission of Proposal is open!

These SIGs if established and strengthened, may be positioned to work closely with professional organizations, academic institutions, and government agencies to achieve their goals. These SIGs provide a platform for professionals to share knowledge, collaborate, and advance the field of child and adolescent psychiatry.

The IACAPAP Bureau have now decided to recommence the SIGs following expressions of interests by members and also after deliberations, an outline of the process for setting up a SIG has been created as guide for individuals/ groups willing to set up a SIG:

- Submitting a proposal (in Word or PDF format) with a CV. The proposal shall include but not be limited to the following. Submission by email to IACAPAP Secretary General through the IACAPAP Executive Officer (info@iacapap.org).
- Please describe the SIG referencing, citing some research that has been done in this field, a description of what you intend to discuss and achieve, etc.
- The SIG Promoter/Coordinator must demonstrate some evidence that there are members of IACAPAP interested in being a part of this SIG. A minimum of at least 10 members is recommended.
- Once it's approved by the Bureau, the SIG coordinator shall submit an

article about the SIG and publish it in the IACAPAP Bulletin, and may be followed by a dedicated lunch & learn webinar (45 - 60 minutes) where possible with support from the IACAPAP Executive Officer. By organising these two activities, we hope it will help further generate interest of IACAPAP members to join and participate in the SIG.

- After completing the two activities mentioned, the SIG will be eligible to present a symposium at the upcoming IACAPAP Congress.

Please note that interest groups may evolve over time, and new ones may emerge as the field advances. We encourage members to be on the watch for the call for submissions of proposals for SIGs in the next few weeks.

On a final note, on behalf of the IACAPAP President and the entire Bureau, I express our gratitude to our Vice-Presidents and Members, we

cannot thank you enough for your support, participation and regular feedback to our team. We look forward to serving you even better and encourage you to avail yourself of all the IACAPAP has to offer through its different expressions.

We thank you for all you do for CAMH.

Thank you for all you do for IACAPAP.

Yours,



Dr Yewandi Oshodi
IACAPAP, Secretary General
September 2024

A flyer for IACAPAP membership. At the top left is an icon of three people. The text reads: "Join Our Membership", "We welcome interested individuals to become Individual Member of IACAPAP.", and "Contact us info@iacapap.org". On the right is a tilted photograph of five diverse children smiling and waving their hands. The year "2022" is printed in the top right corner of the flyer.

A Looming Mental Health Crises in Haiti

By: Dr Jean-Claude Dorsainvil, President of Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF)

We fight injustice by making health care accessible to those who need it most.

A Comprehensive Community Model for Mental Health Service Delivery in Haiti

One of Haiti's biggest challenges is the lack of access to mental health care. After the 7.5 magnitude earthquake of January 12, 2010, and that of August 21, 2021 which struck the Great South, the phenomenon of armed gangs who assassinate, kill and kidnap the Haitian population increased. Currently there are only five psychiatrists and a neurologist for a population of more than 12 to 15 million inhabitants. Only 4.5% of Haiti's national budget was allocated to the Ministry of Public Health and Population (MSPP), with less than 1% of this budget allocated to mental health, making the availability of mental health resources and services very limited.

Thousands of Haitian families including children have been victims of armed gangs who kidnapped them sometimes with their children. There have been occasions where the armed gangs raped young girls in the presence of their parents, or mothers raped in front of their children, and where children and adolescents were mistreated and humiliated by these armed gangs. The gangs would demand very large sums of

money in exchange for releasing these families. We noticed that thousands of Haitian children, adolescents and young people presented with mental disorders like depression, epilepsy, and psychotic disorders and that thousands of women and men victims of armed gangs also became homeless.

Community training and awareness

The Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF) will set up a Training and Awareness Program for the Haitian community to help thousands of families in their journey to recover from mental health problems.

How Can you Help?

The Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF) launches an urgent appeal to IACAPAP members to provide us with assistance and lend us a helping hand to support children, adolescents and women with mental health problems in Haiti.

The HAMCAF is initiating efforts to build a Center for the Prevention of Mental Illness, we have already purchased land for the construction of this building which will accommodate people with mental

health problems including children and adolescents. The lack of financial means prevents us from starting construction of this building and purchasing materials and equipment necessary for running of this center in the future.

There are not many physicians in Haiti with a specialty in mental health, but we have a few Haitian psychologists who remain in Haiti, while most have migrated to other countries. An initial challenge is it to start a database to map resources that exist in Haiti in the field of mental health.

In Haiti, there are so many people with mental health problems and there is no reliable epidemiological data. During the year 2023, we managed to conduct a survey just on the streets of Port-au-Prince for one day where we found more than 750 people with mental health problems who slept on the streets, but they only need first aid and prevention so that they begin to recover. We have counted more than 14,500 people with psychotic disorders and other mental health problems in 6 departments [(1)Ouest, Port-au-Prince, (2) Centre, Hinche, Plateau Central, (3) Nord, Cap-Haitien, (4) Nord-Ouest, Port-de-Paix, (5) Sud, Cayes and (6) Grand'Anse, Jeremie] in Haiti who are sleeping on the streets.

The HAMCAF began providing mental health services to patients in 2023. Since

then, the HAMCAF mental health team has expanded its scope in close collaboration with selected health institutions to create a comprehensive community model for the provision of mental health services. In 2024, HAMCAF expanded its mental health program, offering tailored tools and protocols to various providers in the following areas: depression, epilepsy, mental health of women and girls who are victims of kidnapping or sexual abuse by armed gangs, psychotic disorders and the mental health of children and adolescents.

Make a Donation

The HAMCAF launched a fundraising appeal to save thousands of people with mental health problems in Haiti, funds raised will support work with women and young girls who are victims of kidnapping who have psychotic disorders or depression and children and adolescents who have suffered from mental health problems. Part of this fund will allow for the construction of the building of the Center for the Prevention of Mental Health Care.

How an institution or person can contribute?

The Institution or individual can contact the International Association for Child and Adolescent Psychiatry and Allied

Professions via email: info@iacapap.org or the members of the Board of Directors of IACAPAP.

In the event that the institution or person wishing to make a donation wishes to contact HAMCAF directly, please contact us via this address:

Contact

International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

- Email: info@iacapap.org

Haitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF)

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This article represents the view of its author(s) and does not necessarily represent the view of the IACAPAP's bureau or executive committee.



**SUBMIT AN ARTICLE TO
THE IACAPAP
BULLETIN!**

For more information please contact:

Hesham Hamoda
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IACAPAP
International Association for Child and Adolescent Psychiatry and Allied Professions

IACAPAP's Early Career Group Mentorship Program has started!

By: Dicle Buyuktaskin, M.D.¹, Dina Mahmood, M.D.²

¹ Department of Child and Adolescent Psychiatry, Gazi University School of Medicine, Ankara, Turkey | Psychiatry and Psychology Department, Mayo Clinic, Rochester, MN, USA

² Department of Child and Adolescent Psychiatry, Children's Hospital Westmead, Sydney Children's Hospital Network, Australia

Child and adolescent mental health is a field that encompasses theoretical and practical training in clinical work, social work and/or research. Young generations embarking on this journey face numerous challenges in their professional lives and aspire to develop expertise in various areas. It is highly valuable for these early-career professionals, who will eventually lead in child and adolescent mental health, to seek education beyond their local context. Acquiring an international mentor allows them to gain diverse perspectives and enrich their knowledge.

Mentors, in addition to guiding the careers of future leaders, also bring opportunities to forge new connections and collaborations. The mentors in this program dedicate their time to nurturing young professionals in child and adolescent mental health, contributing to their careers with unwavering enthusiasm and a commitment to volunteerism. These mentors truly deserve heartfelt gratitude for taking on this crucial role.

Can mentors benefit from this program

for their own careers? Absolutely! This program presents an opportunity for mentors as well. Leveraging their wealth of experience and skills, mentors can engage in collaborative projects with the mentees they guide. Moreover, the characteristics of enthusiastic, passionate, and intelligent young professionals who have applied for this program from different parts of the world can significantly contribute to the project endeavors they undertake.

The Early Career Group Mentorship Program, aligned with its objectives, has been launched for the first time this year. The program, which began in February 2024, will conclude in October 2024. As per its purpose, five mentors from different regions of the world, each possessing unique expertise and interests, are participating in this year's mentorship program. These valuable mentors' areas of interest can be found at this [link: https://iacapap.org/programmes/early-career-group/ecg-mentorship-program.html](https://iacapap.org/programmes/early-career-group/ecg-mentorship-program.html).



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France



Dr Arthur Caye
Brazil



Dr Anusha Lachman
South Africa



Early Career Group Mentorship Program - Mentors

The application of the mentorship program was open for Early Career Group members and the program enrolled 16 mentees from all over the world. During the application process, mentees specified their areas of interest, and they were matched with mentors according to their interests within the program. The matched groups have come together, initiating collaborative work. Topics covered range from social projects and research endeavors to clinical cases and international education and job opportunities.

In summary, the commencement of this program has provided a significant opportunity for shaping the careers of future leaders in child and adolescent mental health. Mentees, who have established crucial connections and

benefited from their mentors' expertise, will stride confidently toward their goals. Meanwhile, mentors, witnessing the progress of their mentees throughout the program, will find fulfillment in passing down their experiences to the next generation. We hope to share success stories that emerge from this program in our future articles.



2026
HAMBURG
GERMANY

Luis Augusto Rohde
President IACAPAP

Tobias Banaschewski
Conference Chair



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

See you
in Hamburg –
discover the
host city of
IACAPAP
2026!

27th World Congress of

IACAPAP

*Facing challenges in a constantly changing world
Empowering child and adolescent mental health
by evidence-based approaches*

1–4 July 2026

CCH – Congress Center Hamburg
Hamburg, Germany



For many people Hamburg is the most beautiful city in Germany. A metropolis with a high quality of life and many exciting contrasts that make the city unique.

In Hamburg, tradition meets modernity, classic meets pop culture, tranquillity meets lively hustle and bustle, and Hanseatic serenity meets cosmopolitan charm.

**Hamburg cannot be told,
Hamburg needs to be
experienced.
That's a promise!**

www.iacapap-congress.com

CAPMH Corner

By: Lakshmi Sravanti, India
Deputy Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the September 2024 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - The importance of mother-child interaction on smart device usage and behavior outcomes among toddlers: a longitudinal study (Chakranon et al., 2024), Acute response to the October 7th hostage release: rapid development and evaluation of the novel ReSPOND protocol implementation within a children's hospital (de la Fontaine et al., 2024) and Subclinical patterns of disordered eating behaviors in the daily life of adolescents and young adults from the general population (Peschel et al., 2024).

Research | [Open access](#) | Published: 28 June 2024

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The importance of mother-child interaction on smart device usage and behavior outcomes among toddlers: a longitudinal study

[Pairote Chakranon](#), [Jian-Pei Huang](#), [Heng-Kien Au](#), [Chen-Li Lin](#), [Yi-Yung Chen](#), [Shih-Peng Mao](#), [Wen-Yi Lin](#), [Ming-Lun Zou](#), [Wanda Estinfort](#) & [Yi-Hua Chen](#) [✉](#)

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Chakranon et al., (2024) highlight the need to investigate the impact of screen time and media content exposure during the ages of 1-3 years on children's behavioral performance at 3 years. They explore the modifying effects of mother-child interactions considering confounders like parental age, maternal education, maternal depression, parity, the child's sex, and pregnancy outcomes including preterm birth and low birthweight status.

The authors use data from the Longitudinal Examination Across Prenatal and Postpartum Health in Taiwan (LEAPP-HIT), an ongoing prospective study initiated in 2011 in Taipei, Taiwan. Data were collected during early pregnancy (before 16 gestational weeks - baseline) and at four postnatal time points (1 month, 1 year, 2 years, and 3 years postpartum). The sample includes children born between November 2016 and July 2020, expected to complete the CBCL questionnaire at age 3 (n = 506).

Among these participants, 229 were lost to follow-up, leaving 277 participants remaining for the final analysis. A comparison between the included and excluded participants reveals no significant differences in parental sociodemographic or child characteristics. They employ Group-based trajectory modeling (GBTM) to determine changes in children's screen time and mother-child interaction patterns at ages 1, 2, and 3 years. They carry out descriptive statistics - two-sample t tests for continuous variables and chi-squared or Fisher's exact tests for categorical variables; repeated-measures analysis of variance (ANOVA) to examine changes in smart device usage between ages 1-3 years; multiple linear regression models to evaluate the association between screen time trajectories, media content consumption, and children's behavioral performance at age 3.

The authors report a high proportion of children with extensive screen time had unemployed mothers ($p = 0.02$) and fathers with low education levels ($p = 0.002$); children with higher exposure to communication content tended to have younger and more multiparous mothers ($p < 0.001$). They report that usage significantly increased from 60 min/day at age 1 to 142 min/day by age 3 ($p < 0.001$) and that the proportions of exposure to educational, cartoon, and communication content all exceeded 40% by the age of three years. They note that between the ages of 1 and 3 years, compared with a slight increase in screen time, a considerable increase in screen time was associated with poorer behavioral outcomes. This finding was particularly evident when mother-child

interaction levels were lower. In children with higher mother-child interaction levels, higher exposure to educational content was associated with fewer somatic complaints ($a\beta = -0.42$, 95% CI = -0.83 to -0.01 , $p = 0.02$). Conversely, in children with lower levels of mother-child interaction, higher exposure to educational content was associated with more aggressive behaviors ($a\beta = 4.38$, 95% CI = 0.59 to 8.16 , $p = 0.04$) and more externalizing behaviors ($a\beta = 5.19$, 95% CI = 0.67 to 9.70 , $p = 0.03$).

The team acknowledges strengths such as the longitudinal design, evaluation of behavioral challenges across domains, and inclusion of sociodemographic and depression variables, along with limitations like shared variance bias, difficulty distinguishing specific applications (e.g., YouTube), limited generalizability, social desirability & recall bias from self-reports, and a high attrition rate (54%). They conclude by highlighting the crucial role of mother-child interactions in ameliorating the effects of early smart device usage - including screen time and media content like games and cartoons, starting from 1 year. They recommend future research on children's self-regulation in managing smart device usage, the impact of father-child interactions, and longitudinal studies through adolescence for a comprehensive understanding of the related pathways.

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Acute response to the October 7th hostage release: rapid development and evaluation of the novel *ReSPOND* protocol implementation within a children's hospital

[Naama de la Fontaine](#) , [Tamar Silberg](#), [Jörg M. Fegert](#), [Shlomit Tsafrir](#), [Hana Weisman](#), [Noa Rubin](#), [Moshe Ashkenazi](#), [Nitsa Nacasch](#), [Michael L. Polliack](#), [Wendy Chen](#), [Meirav Herman-Raz](#), [Ronit Wachsberg-Lachmanovich](#), [Liat Pessach-Gelblum](#), [Amitai Ziv](#), [Anat Moshkovitz](#), [Noya Shilo](#), [Yael Frenkel-Nir](#), [Doron Gothelf](#) & [Itai M. Pessach](#)

Child and Adolescent Psychiatry and Mental Health **18**, Article number: 76 (2024) | [Cite this article](#)

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De la Fontaine et al., (2024) pointing to the shortcomings of the existing protocols that did not meet the needs of hospitals handling hostages from the October 7th, 2023 Hamas attack emphasize the need to enhance hospitals' preparedness for delivering effective emergency responses to victims of terrorism and mass casualty events. They aim to outline the principles guiding Safra Children's Hospital at Sheba Medical Center in treating Israeli hostages held for over 50 days and discuss the development of a new protocol for receiving and caring for both child and adult hostages in a children's hospital setting.

The team forms an interdisciplinary focus group of senior staff, including adult and pediatric physicians, psychiatrists, psychologists, social workers, nurses, and Public Relations personnel, to develop and implement a protocol for the reception and care of hostages. They

meet once or twice weekly to define and facilitate the implementation of protocol guidelines, moderated by the Director of the Children's Hospital. A rapid, non-systematic literature review on captivity and trauma is conducted, incorporating local expert guidelines and international input to develop specific guidelines. The group produces a consensus document outlining key principles for the care of hostages, with attention to the needs of pediatric hostages, parent-child dyads, and families. These guidelines are reviewed by the Israeli Child National Council and further adapted by clinical leaders for staff training.

The authors develop the ReSPOND protocol, consisting of: Readiness of teams via multifaceted trainings, utilizing live simulations and video debriefings; Specialized professional teams experienced in providing holistic trauma-informed care; Personalized care tailored to individualized and developmentally-

informed needs; Optimal safety rooted in creating a secure environment and trauma-informed response to young children, adolescents, caregivers and families; and Navigating Discharge, through coordination with community-based care systems.

They report admitting twenty-nine hostages, including 8 children (mean age 11.47) and 21 adults (mean age 52.43), to Sheba Medical Center between November 25th and 30th, 2023. Most stayed 24 to 72 hours, except for one child who remained for a week due to her caregiver's delayed release by Hamas.

They mention that in the aftermath of providing acute response to returnees, several team members sought professional emotional support, senior psychiatrists and psychosocial staff were readily available to provide support and that supervisors initiated personal check-ins with their teams, and several attempts were made to provide structured group-based support. The team provides personalized care addressing the unique medical and psychological symptoms of the returnees. They ensure optimal safety triaging the care and provide pertinent guidelines to all family members as part of the preparation for returnee arrival and throughout admission. They mention that coordinating discharge was challenging as most returnees lost their homes and communities and were relocated to temporary lodgings across the country. They report conducting multi-agency conferences for each

returnee and family to ensure continued care aligned with their personalized needs.

The authors highlight key strengths, including the decision to provide care for returnees and their families in the Children's Hospital under the leadership of the child and adolescent team, and the pre-event training, which recognized the diverse needs of returnees and incorporated tailored simulations for hostages across all ages. However, they note limitations such as staff operating during a national mass trauma event, the displacement of returnees to temporary lodgings complicating continued care, and limited contact with returnees post-discharge. They mention that the use of proxy-clinician reports may have underestimated post-captivity symptoms. They conclude by emphasizing the creation of a developmentally informed, multidisciplinary protocol for trauma response, proving effective despite these challenges.

Research | [Open access](#) | Published: 06 June 2024

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Subclinical patterns of disordered eating behaviors in the daily life of adolescents and young adults from the general population

[Stephanie K. V. Peschel](#) , [Christine Sigrist](#), [Catharina Voss](#), [Sophia Fürtjes](#), [Johanna Berwanger](#), [Theresa M. Ollmann](#), [Hanna Kische](#), [Frank Rückert](#), [Julian Koenig](#) & [Katja Beesdo-Baum](#)

Child and Adolescent Psychiatry and Mental Health **18**, Article number: 69 (2024) | [Cite this article](#)

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Peschel et al., (2024) discuss the limitations of studies on Disordered Eating Behaviors (DEBs) in adolescents and young people and underscore the need to study the distinct patterns of DEBs in young non-clinical people. They conduct the present study with an aim to explore phenotypes and group sizes of subclinical patterns of DEBs reported in everyday life via smartphone-based ecological momentary assessment (EMA) in adolescents and young adults from the general population without lifetime EDs.

The authors analyse baseline data from the first cohort of the Behavior and Mind Health (BeMIND) study (Beesdo-Baum et al., 2020). The BeMIND study is a comprehensive cross-sectional and longitudinal cohort study investigating health and disease in adolescents and young adults aged 14–21 from Dresden, Germany. In 2015, a random age- and sex-stratified sample was drawn from the city's population registry and contacted by mail, with up to two reminders. The

team recruits a total of $N = 1,180$ participants at baseline (participation/response rate: 21.7%), most frequent reasons indicated for non-participation were lack of time and lack of interest. From the initial sample of 1,180, they excluded 111 (9.4%) due to a lifetime ED or other specified ED/UFED diagnosis; 103 for methodological reasons, such as incomplete or unreliable EMA data. The final sample included 966 participants (81.9% of the total), with 537 females and 429 males.

Participants undergo a comprehensive baseline assessment, including diagnostic (Munich Composite International Diagnostic Interview), experimental, and biomarker procedures; two in-person appointments, about 7 days apart, involving self-report questionnaires on a tablet; between appointments; and complete EMA and an online assessment with additional questionnaires. Questionnaires used for assessment include the - German version of the

depression module of the Patient Health Questionnaire (PHQ-9), German version of the Cross-Cutting Dimensional Anxiety Scale (Cross-D), German version of the Childhood Trauma Questionnaire (CTQ), short scale for Measuring General Self-efficacy Beliefs (ASKU), single-Item Self-Esteem Scale (SISE), the Emotion Regulation Skills Questionnaire (ERSQ), Relationship Questionnaire (RQ) and the Oslo-3-Items-Social-Support Scale. They assess self-reported severities of four distinct DEBs throughout the EMA period. The team uses the Bayesian information criterion (BIC) and sample size-adjusted BIC (SABIC) for the exploratory Latent Profile Analyses (LPA), test two model specifications: (a) equal variances/covariances and (b) varying variances/covariances. Since (a) produced poor entropy values (<0.55), (b) was retained. Continuous correlates were z-standardized, with beta-coefficients interpreted as Cohen's d. Effect sizes: $0.2- <0.5$ (small), $0.5- <0.8$ (medium), >0.8 (large).

They categorize profiles as no DEBs (females $n = 173$, 32.2%; males $n = 160$, 37.3%), high-mixed DEBs (females $n = 168$, 31.3%; males $n = 117$, 27.3%), and low-mixed DEBs (females $n = 196$, 36.5%; males $n = 152$, 35.4%). In "no DEBs" group, all DEBs were near zero. "High-mixed DEBs" had elevated levels, especially restrained eating, while "low-mixed DEBs" showed mildly elevated levels of all DEBs. Validation analyses for

females revealed that, compared to the no DEBs profile, the low- and high-mixed profiles had higher depressive symptoms, lower body satisfaction, social support, and higher physical neglect. The low-mixed profile showed increased maternal indifference, while the high-mixed profile had higher anxiety, dieting, eating as a means of coping, poor emotion regulation, and attachment issues. Effect sizes were small. Validation analyses for males showed that both the high- and low-mixed profiles had higher odds of dieting and higher scores in preoccupied attachment compared to the no DEBs profile. The high-mixed profile also had greater lifetime weight-, shape-, and eating concerns, lower body satisfaction, higher physical neglect, and elevated maternal/paternal abuse, indifference, and paternal over-control compared to the no DEBs-profile. Effect sizes were mostly small.

The authors acknowledge limitations including the cross-sectional nature of the study, a short EMA-assessment period, limited DEB indicators, and a lack of sampling weights. Additionally, the sample had high education levels, more females, and fewer older participants, affecting generalizability. They conclude that subclinical DEBs are common in adolescents and linked to increased risk factors and impaired psychological functioning warranting clinical attention for DEBs, even at non-clinical levels.

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Join us for the 2024 SOPNIA Congress “Interweaving Science with Inclusion and Transculturality

By Authors: Dra Christianne Zulic¹, Dra Sandra Venegas², Dra Joanna Borax³, Dr Pablo Gaspar⁴

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This 2024 congress is located in a place where you can get in touch with the essence of our country, with its araucarias and its people... Our people. Where you can enjoy typical food and fresh air.

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Where the intersubjective will allow us to weave together diversity and create culture from multiple origins, inviting us to soak up human wealth in order to capture it and thus embody it in our work with children. Creating a meeting between everyone, to be able to share from the professional to the personal.

The annual SOPNIA (Sociedad de Psiquiatría y Neurología de la Infancia y Adolescencia de Chile) congress allows us to meet around issues of childhood and adolescence with a multidisciplinary

and interdisciplinary invitation to all of us who work for the well-being and better growth of children and adolescents. Professionals from different disciplines are invited including neurosciences, neurology, psychiatry, psychology, kinesiology, occupational therapy, speech therapy, that is, all those who work in relation to mental health. The broader community is invited to participate in these three days, where extensive promotion has also been carried out, which extends beyond national borders, including Spanish-speaking countries and international scientific societies, since we are very aware of the presence of the SOUTHERN CONE, as a relevant event this year.

The broad call aims to increase scientific diversity and to promote the sharing of knowledge among different nations, taking into account that the psychosocial determinants of each place can have a significant impact on clinical practice.

Among the topics, inclusion and neurodiversity are highlighted, addressed from a development perspective that considers the nuances of multiple cultures. Other topics will also be explored in depth according to what is emerging and contingent, for the different specialties.

There will also be a focus on well-being and resources, being consistent with the fact that many diagnoses are not necessarily a disease and that health goes beyond the simple absence of disease, which can be fostered by promoting healthy lifestyles and

cultivating healthy interpersonal relationships, where multiple disciplines play a role at different levels, from the individual, family, to the community and structural.

In accordance with the above, the program will include spaces of transculturality, with the participation of indigenous peoples and of course artists, where the combination of art and culture will permeate every corner and will accompany the distinguished Dr. Jorge Förster, as is tradition, to lead the Expoarte, which together with the League against Epilepsy, give significance and charm to our congress year after year.

We invite you all to participate in Pucón, in the XLI SOPNIA CONGRESS 2024. “Interweaving science with inclusion and transculturality”

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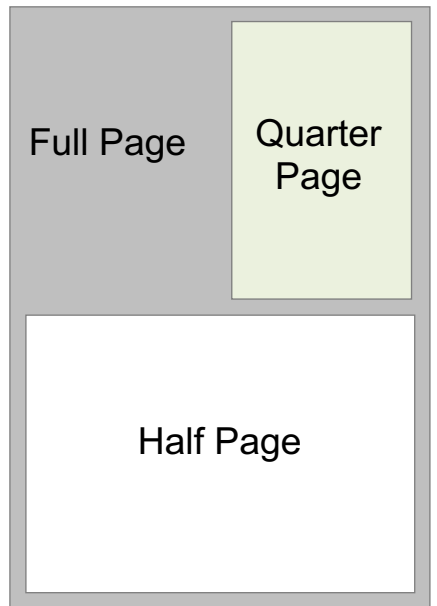
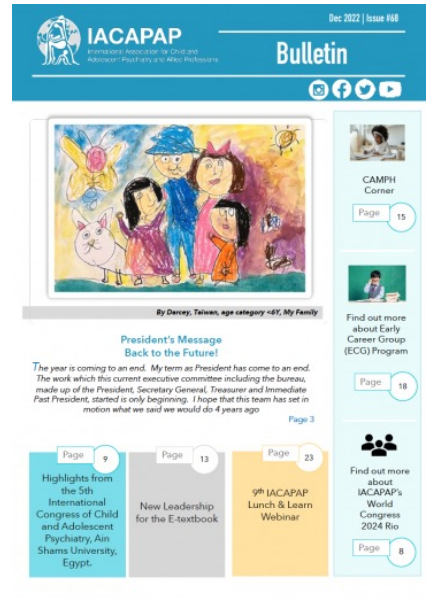
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