



*By Ayşim, Turkey, age category >=18Y, Summertime Meadow*

## President's Message IACAPAP of the Future!

Moving to goals and plans for the future, it is important to mention that the Bureau is in the process of developing the strategic plan for our term.

Page 4



HRRS 2023  
Call for  
Nominations

Page 49



Early Career  
Group  
Call for  
Mentors

Page 47



Find out more  
about  
IACAPAP's  
World  
Congress  
2024 Rio

Page 8

Page 12

25th World  
Congress of the  
International  
Association for  
Child and  
Adolescent  
Psychiatry and  
Allied Professions  
Report

Page 23

Climate Change:  
A Call to Action  
from AACAP  
Members and  
Leadership

Page 43

World Infant,  
Child and  
Adolescent  
Mental Health Day  
2023 (WICAMHD  
2023)

# CONTENTS

Editor  
Hesham Hamoda (Boston, USA)

Deputy Editor  
Maite Ferrin (London, United Kingdom)

Correspondents  
Andrea Abadi (Buenos Aires, Argentina)  
Birke Anbesse Hurrissa (Addis Ababa, Ethiopia)  
Tolu Bella-Awusah (Ibadan, Nigeria)  
Füsün Çuhadaroğlu Çetin (Ankara, Turkey)  
Francisco Rafael de la Peña Olvera (Mexico DF, Mexico)  
Daniel Fung (Singapore, Singapore)  
Naoufel Gaddour (Monastir, Tunisia)  
Jing Liu (Beijing, China)  
Sigita Lesinskiene (Vilnius, Lithuania)  
Manju Mehta (New Delhi, India)  
Dmytro Martsenkovskiy (Kiev, Ukraine)  
Monique Mocheru (Nairobi, Kenya)  
Cecilia Montiel (Maracaibo, Venezuela)  
Yoshiro Ono (Wakayama, Japan)  
Thiago Gatti Pianca (Porto Alegre, Brazil)  
Veit Roessner (Dresden, Germany)  
Anne-Catherine Rolland (Reims, France)  
Norbert Skokauskas (Dublin, Ireland)  
Sifat E Syed (Bangladesh)  
Olga Rusakovskaya (Moscow, Russia)  
Dejan Stevanovic (Belgrade, Serbia)  
Laura Viola (Montevideo, Uruguay)  
Chris Wilkes (Calgary, Canada)  
Azucena Díez-Suárez (Pamplona, Spain)  
Cecilia Hernández-González (Cádiz, Spain)

Former Editors  
Myron Belfer 1994  
Cynthia R. Pfeffer 1995  
Cynthia R. Pfeffer & Jocelyn Yosse Hattab 1996-2004  
Andrés Martin 2005-2007  
Joseph M. Rey 2008-2018



IACAPAP President’s Message	P4
26 <sup>th</sup> World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions	P8
IACAPAP Secretary General Column Moving Forward and Embracing Growth	P9
25 <sup>th</sup> World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions Report	P12
The Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute	P18
ECG Destination Baghdad	P21
Climate Change: A Call to Action from AACAP Members and Leadership	P23
The 15th Annual Conference of the Bangladesh Association for Child and Adolescent Mental Health	P27
Bringing the Science of Art to #IACAPAP2022	P30

# CONTENTS

Editor  
Hesham Hamoda (Boston, USA)

Deputy Editor  
Maite Ferrin (London, United Kingdom)

Correspondents  
Andrea Abadi (Buenos Aires, Argentina)  
Birke Anbesse Hurrissa (Addis Ababa, Ethiopia)  
Tolu Bella-Awusah (Ibadan, Nigeria)  
Fusun Çuhadaroğlu Çetin (Ankara, Turkey)  
Francisco Rafael de la Peña Olvera (Mexico DF, Mexico)  
Daniel Fung (Singapore, Singapore)  
Naoufel Gaddour (Monastir, Tunisia)  
Jing Liu (Beijing, China)  
Sigita Lesinskiene (Vilnius, Lithuania)  
Manju Mehta (New Delhi, India)  
Dmytro Martsenkovskiy (Kiev, Ukraine)  
Monique Mocheru (Nairobi, Kenya)  
Cecilia Montiel (Maracaibo, Venezuela)  
Yoshiro Ono (Wakayama, Japan)  
Thiago Gatti Pianca (Porto Alegre, Brazil)  
Veit Roessner (Dresden, Germany)  
Anne-Catherine Rolland (Reims, France)  
Norbert Skokauskas (Dublin, Ireland)  
Sifat E Syed (Bangladesh)  
Olga Rusakovskaya (Moscow, Russia)  
Dejan Stevanovic (Belgrade, Serbia)  
Laura Viola (Montevideo, Uruguay)  
Chris Wilkes (Calgary, Canada)  
Azucena Díez-Suárez (Pamplona, Spain)  
Cecilia Hernández-González (Cádiz, Spain)

Former Editors  
Myron Belfer 1994  
Cynthia R. Pfeffer 1995  
Cynthia R. Pfeffer & Jocelyn Yosse Hattab 1996-2004  
Andrés Martin 2005-2007  
Joseph M. Rey 2008-2018



Building Quality Clinical Services, Education, and Research in Child and Adolescent Mental Health in the Arabian Gulf Region	P33
CAPMH Corner	P36
Call for papers BJP/IACAPAP Special Edition	P42
World Infant, Child and Adolescent Mental Health Day 2023 (WICAMHD 2023)	P43
11 <sup>th</sup> IACAPAP Lunch & Learn Webinar	P46
IACAPAP Early Career Group   Call for Mentors	P47
MOOC 2023	P48
HRRS 2023   Call for Nominations	P49
Endorsed Event   The 15th European Conference on Tourette Syndrome & Tic Disorders (ESSTS)	P50
18th World Congress for the World Association for Infant Mental Health (WAIMH 2023)	P51
IACAPAP Bulletin Advertising Opportunities	P52

## President's Message: IACAPAP of the Future!

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

Dear colleague,

I am very honored to have a chance to serve IACAPAP as a President for the next four years. First, it is important to highlight the extraordinary composition of talented child and adolescent mental health professionals appointed by our competent nominating committee and elected in our General Assembly in Dubai last December for the IACAPAP bureau and executive committee (EC) 2023-2027 term. We all know that the magnitude of the challenges inherent to an association with the tradition and representativeness as ours can only be faced by team work. In this sense, the stellar team composed by our bureau, elected members but also non-elected members of our EC will make our task much easier. As an example, I have to say how easy it has been to work synergically and syntonically with the Bureau in this first three months! Although Daniel is a good friend for a long time, I just met Yewande and Carmen at the end of last year. Thus, a special thanks to all Bureau and EC members for accepting to be on board!

Second, I am very grateful for the wonderful work done by the previous Bureau and EC. Besides a portfolio of



*Luis Augusto Rohde*  
IACAPAP President

very relevant initiatives to promote child and adolescent mental health worldwide, they accomplished the difficult task of reengineering the internal administrative structure of our Association creating a much more solid institution. There is a Brazilian saying that translates into English more or less like this: "If the team is winning, do not touch it". Thus, we will continue endorsing and pursuing several of the goals and initiatives proposed by the previous Bureau in their strategic vision for IACAPAP. They certainly paved the road for the next steps!

Moving to goals and plans for the future, it is important to mention that the Bureau is in the process of developing the

strategic plan for our term. Anyhow, we can already highlight some topics that are on our radar: a) continuing the work of the previous Bureau to achieve the financial stability of our Association, trying to become more independent from potential profits of the biennial meetings; b) strongly stimulating the engagement of a new generation of Child and Adolescent Mental Health (CAMH) professionals who have identified with IACAPAP values and mission; c) working to regain a more expressive and active participation of the key-leaders in the field of CAMH in IACAPAP; d) developing more educational initiatives for CAMH professionals from Low-Middle Income Countries (LMIC); e) increasing the active participation of national associations in the construction of an even more solid Association.

We are very fortunate to be onboard for this term in the very moment that the CAMH field received a tremendous incentive to grow. The Stavros Niarchos Foundation recently donated 55 million dollars for the Child Mind Institute - CMI (<https://childmind.org/>) to develop a series of initiatives that will revolutionize our field with the launching of the Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health (see more details in this Bulletin in a column signed by Professor Giovanni Salum). Since December, we have been working with the Directors of

CMI to establish a partnership where IACAPAP might have a central role in making this dream happen (<https://www.snfhi.org/en/updates-events/that-s-a-wrap-on-the-child-and-adolescent-mental-health-initiative-conference/>). We are finalizing the last details of a Memorandum of Understanding (MOU) between CMI and IACAPAP for this partnership. Among others, we expect to work in areas like:

- a) Developing a Global Landscape Mapping of the Child and Adolescent Mental Health to expand data already available in the ATLAS project on Child and Adolescent Mental Health of the World Health Organization (WHO), IACAPAP and World Psychiatric Association (WPA) and the Global Burden of Disease 2019 with special attention for data from Low-Income Countries;
- b) Multicultural adaptation, implementation, and training regarding interventions for mental disorders in children and adolescents to be delivered worldwide;
- c) Creating fellowship programs for child and adolescent mental health professionals focused on either fostering worldwide leadership in the area or developing clinical expertise in countries where resources are scarce, with extensive and long-term opportunities for supervision.

The last time, IACAPAP had a chance to be involved in a program like this was almost 20 years ago in the successful partnership with WHO and WPA in the WPA presidential program on Child Mental health sponsored by the pharmaceutical company Eli-Lilly with a 1-million-dollar grant. It is important to remember that the goals at that time were not quite different from the ones established in 2023. They were: a) Increasing the awareness of health decision makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and possibilities of their resolution; b) Introducing and promoting the implementation of primary prevention of child mental disorders; c) Providing support to the development of mental health services for children with mental disorders and to the development, adaptation and use of effective methods of treatment (1). We expect to have our national associations actively involved in the initiatives of this partnership.

Our past president launched last year in partnership with the WPA Section of Child and Adolescent Psychiatry, the World Association of Infant Mental Health and the International Society of Adolescent Psychiatry and Psychology, the Infant, Child and Adolescent Mental Health Day on April 23rd. Daniel kindly accepted to continue leading the initiative from the IACAPAP side. This year the selected theme is "Stand Against Infant, Child & Adolescent Trauma". In a webinar on that day, we will have experienced clinicians and



researchers addressing the child and adolescent impact of facing the war in Ukraine, and the earthquake in Turkey. We also established a partnership with the National Children's Alliance in the US who will be addressing the child and adolescent impact of facing abuse. We strongly count on our national associations to promote related initiatives in the week before and after the day and to reverberate the relevance of the theme!

Before ending, we cannot forget to mention that IACAPAP already began to prepare for our next World Congress of Child and Adolescent Psychiatry and Allied Professions that will take place in Rio in 2024 (see more details in this bulletin). As part of a series of initiatives to promote the congress, we established a partnership with the Brazilian Journal of Psychiatry (BJP) for launching a special section dedicated to Child and Adolescent Mental Health (CAMH) in Latin America. This is a way to mobilize the CAMH community in the region for our congress (please see announcement in this bulletin). The BJP is the leading journal for mental health in Low-Middle Income Countries and the South

Hemisphere, with an JCR impact factor of 6.34. There will be no fees to publish in this section and all papers will be open access.

Closing, I would like to inaugurate a final paragraph that will be present in all Presidential columns in the Bulletin during my term. I am calling it: auditable goals up to the next Bulletin! They are:

1. Have the strategic plan for the term finalized and published.
2. Define if IACAPAP will have a core PCO or only local PCOs working with national associations organizing our congresses. If we move for a core PCO, we will decide between CPO Hanser and C-IN proposals. This topic has been in discussion in IACAPAP for more than 15 years.

3. Define the location of the 2026 congress.
4. Sign the MOU with the CMI.
5. Have a meeting between the Bureau and IACAPAP Full and Affiliate Members in the first semester of 2023 to receive suggestions.

I hope you all enjoy reading our Bulletin. We prepared it very carefully and enthusiastically for you!

**References:**

1. Okasha A. The Presidential WPA Program on Child Mental Health. World Psychiatry. 2003 Oct;2(3):129-30.

-----





# IACAPAP 2024

Rio de Janeiro, Brazil

26th World Congress of the International Association of Child and Adolescent Psychiatry and Allied Professions

**OUR  
NEW  
WEBSITE  
IS LIVE!**

[WWW.IACAPAP2024.COM](http://WWW.IACAPAP2024.COM)

**SUBMIT YOUR NOMINATIONS FOR THE HELMUT REMSCHMIDT RESEARCH SEMINAR 2023 BEFORE THE 15TH MAY 2023. CHECK THE NOMINATION PROCESS AT: [WWW.IACAPAP2024.COM/HRRS2023](http://WWW.IACAPAP2024.COM/HRRS2023)**

Promoting the Mental Health and Development of Children and Adolescent through Policy, Practice and Research





# IACAPAP Secretary General Column Moving Forward and Embracing Growth

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

As a new year 2023 gently rolls on, the new IACAPAP Bureau Executive Council has also been gently settling into its assignment of leading the Organisation forward along our common mission which is to advocate for the promotion of the mental health and development of children and adolescents through policy, practice and research, globally.

Every new year or dispensation gives individuals and organisations the opportunity to resolve to take steps forward in the right direction and to embrace growth at the same time. IACAPAP no doubt will benefit from similar resolutions as we commence new leadership and build on all past efforts.

## Forward moving with growth

As one of our strategies, we hope to build on the efforts commenced by the outgoing executives around membership and increased participation of our members.

If you recall, the previous Bureau, on March 2021, published an article titled "[IACAPAP 2020: A New membership model and a step forward for our organisation](#)". They described the innovation and expansion of our membership model to accommodate an individual member category. In addition, on December 8th, 2022, IACAPAP launched a new member portal at [IACAPAP Member Site](#) during the IACAPAP General Assembly 2022.



*IACAPAP Bureau in a virtual Strategic meeting session in March 2023*

*From left to right: Carmen Schroder, Sue Wong, Daniel Fung, Luis Augusto Rohde and Yewande Oshodi*

Some highlighted features of the site were the ability to; update profile, renewal and payment; access member-only resources like recorded webinars and recorded educational learning materials; special interest groups; participate in forum discussions.

We are still working on further optimizing the efficiency of the member site, enhancing its utility and also resolving challenges experienced by users while we are targeting these plans. We thank all our members so far for their patience, cooperation and commitment as we move forward in this direction.

To this end, we have started working at granting the members of Full Member organisations improved access to the member site and also enhancing membership benefits to all members according to the various categories. The benefits of the membership categories remain distinct and have been even further clarified. So, our members can benefit from belonging to at least one or more than one membership category if desired!

No of Members	Income Classification		
	Low & Lower Middle (USD)	Upper Middle (USD)	High (USD)
0 - 25	0.00	20.00	35.00
26 - 100	10.00	100.00	200.00
101 - 250	30.00	300.00	500.00
251 - 500	60.00	600.00	1000.00
501 - 1000	120.00	1250.00	2000.00
1,000	240.00	2500.00	4000.00

IACAPAP Membership Fee Table | Full & Affiliate Member Organisations

World Bank Country's Income Classification		Low Income (USD)		Middle Income (USD)		High Income (USD)	
Years of Membership		1	3	1	3	1	3
Profession	Medical Doctor	5.00	12.00	20.00	50.00	60.00	150.00
	Other Professionals	0.00		10.00	25.00	30.00	75.00
	Students	0.00	-	5.00	-	20.00	-

IACAPAP Membership Fee Table | Individual Member

In addition, we also hope to foster greater participation from our members via all categories of memberships. In particular, the allied professionals in the IACAPAP will be an important focus to be nurtured and grown by us all. With the increased participation of allied professionals, no doubt our reach and impact as an organisation will be greater globally. We will count on our current members to make recommendations and collaborations with allied professional groups to enhance our growth in this area. This will no doubt provide us with a truly multidisciplinary association and an all together richer experience. The resource deprived parts of our world would also be carefully considered as we structure our plans for the membership, especially around equity of fees, training and travel related considerations.

Our membership capacity development experience will continue actively via our existing outlets, such as the MOOC, HRRS, DJFC programs and the lunch and learn webinars. In this tenure, we will further seek to enhance capacity development by exploring additional avenues for mentorship for our early career group programs and the development of other international

Membership Benefit	Membership Category		
	FM	AM	IM
Send one delegate to General Assembly. - Nominate and vote at General Assembly. - Speak at General Assembly	Y -	- Y	- -
Attend General Assembly (Speak at General Assembly)	-	-	Y
Complimentary access to open resources available on the IACAPAP website.	Y	Y	Y
Access to Member Site A. Learn & Connect Section under Member Site o Virtual Education Material o Lunch & Learn Webinar B. Networking (Forum Discussion)	Y Y	Y Y	Y Y
Listed on Website	Y	Y	-
Member Certificate (for FM & AM) / Membership Confirmation Letter (for IM)	Y	Y	Y
Discounted registration for the IACAPAP World Congress and other IACAPAP events.	Y	-	Y
Eligibility for IACAPAP Education Travel Grant	-	-	Y
Eligibility for awards and honours	-	-	Y
Eligibility for certificate of participation of IACAPAP organised events	-	-	Y

*Overview of membership benefit based on member category*

fellowship programs, as you will begin to see in the course of other collaborations, the new Bureau is looking into.

Lastly, the role that we will all play in making these efforts a reality cannot be overstated. Your ideas, suggestions and feedback will remain a most valuable piece to the office of the secretary-general in curating solutions that work for us all. I say many thanks to all who have already begun playing that role and those who will also be contributing towards our common success in the new future.

We look forward to support and participation from all and sundry to build an IACAPAP that represents us all.

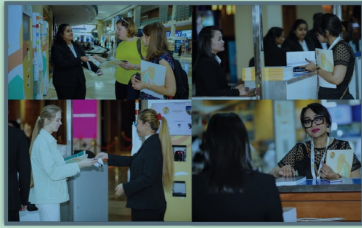
----

# 25<sup>th</sup> World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions Report

## CONFERENCE OVERVIEW



1000+  
ATTENDEES



85  
COUNTRIES



200+  
SESSIONS



300+  
SPEAKERS



**IACAPAP**

International Association for Child and Adolescent Psychiatry and Allied Professions

## LOCAL ORGANIZING COMMITTEE & SCIENTIFIC COMMITTEE



**AMMAR ALBANNA, MD FRCPC IFAPA**

Congress Chair, Head of Child and Adolescent Mental Health Center of Excellence Consultant Child and Adolescent Psychiatrist Assistant Professor in Psychiatry, MBRU President, Emirates Society for Child Mental Health, Emirates Medical Association

**MESHAL SULTAN, MD**

Local Organizing Committee Chair, Consultant Child and Adolescent Psychiatrist at Al Jalila Children's and an Assistant Professor at Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU), Vice President of the Emirates Society for Child and Adolescent Mental Health



**HESHAM HAMODA, MD, MPH**

Scientific Committee Chair, Assistant Professor, Harvard Medical School | Attending Psychiatrist, Boston Children's Hospital, USA

**MS. SHAIKHA ALHEMEIRI**

Social & Partnership Committee Chair



### SCIENTIFIC COMMITTEE

Ahmed Al-Ansari	Bahrain	Mariapaola Barbato	UAE
Ammar Albanna	UAE	Matthew Hodes	UK
Atif Rahman	UK	Meshal Sultan	UAE
Azhar Abu Ali	UAE	Muhammad Waqar Azeem	Qatar
Bibi Alamiri	Kuwait	Myron Belfer	USA
Emad Farag	UAE	Noufal Ghaddour	Tunisia
Emmanuel Stip	UAE	Nusrat Khan	UAE
Fadi Maalouf – Vice Chair	Lebanon	Shuliweeh Alenezi	KSA
Flora de la Barra	Chile	Suaad Moussa	Egypt
Füsun Çetin Çuhadaroğlu	Turkey	Tolulope Bella - Awusah	Nigeria
Gordon Harper	USA	Turki Albatti	KSA
Hassan Mirza	Oman	Ujjwal Ramtekkar	USA
Hesham Hamoda	USA	Khaled Kadry	UAE



## INVITED SPEAKERS KEYNOTE LECTURE

**"A Disciplined Impatience: Bridging the Child Mental Health Access and Quality Gaps through Tech, Data, and Scalable Solutions"**



**PROF. HELEN EGGER MD**  
Co-founder and Chief Medical & Scientific Officer Little Otter

**"Reversing the Inverse Care Law:  
Can we provide equitable access to child mental health services?"**



**PROF. VALSAMMA EAPEN**  
Chair, Infant, Child and Adolescent Psychiatry  
University of New South Wales (UNSW)

**"Digital Mental Health for the Young: Does it Meta?"**



**PROF. DANIEL FUNG**  
Chief Executive Officer - Institute of Mental Health, Singapore  
President IACAPAP

**"Advances in Research Methodologies in Autism:  
From Big Data to Machine Learning"**



**PROF. ANTONIO HARDAN**  
Chief, Division of Child and Adolescent Psychiatry,  
Stanford University

## INVITED SPEAKERS STATE OF THE ART LECTURES



**"ASD Diagnosis and Treatment:  
What's New and What's Not"**

**PROF. BENNET L. LEVENTHAL**  
Professor of Child and Adolescent Psychiatry, Emeritus,  
The University of Chicago



**"Good practices and innovations in care service models  
and interventions for the promotion and protection of  
Child and Adolescent Mental and Brain Health"**

**DR. CHIARA SERVILI**  
Technical officer, Child and Adolescent Mental and Brain Health Department of  
Mental Health and Substance Use; WHO



**"Screen time, video games, social media and child and  
adolescent mental health: what the evidence tells us about  
these associations"**

**DR. LUIS AUGUSTO ROHDE**  
Professor of Child and Adolescent Psychiatry - Department of Psychiatry at the  
Federal University of Rio Grande do Sul, Brazil



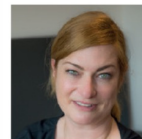
**"COVID-19:  
Sounding the Alarm for Children's Mental Health Globally"**

**PROF. WARREN NG**  
MD MPH - Medical Director Outpatient Behavioral Health NYPH-CUMC,  
AACAP President



**"Past and future of Child and Adolescent Psychiatric Research"**

**PROF. BRUNO FALISSARD**  
Head of Public Health and Mental Health Research Lab Paris - Sud University  
Previous President of IACAPAP



**"Selective Mutism:  
The Now and the Future"**

**PROF. DR. CHRISTINA SCHWENCK**  
Chair of Clinical Child and Adolescent Psychology;  
Giessen University



**"The Future of Care and Clinical Research in Autism"**

**PROF. PETRUS DE VRIES**  
Professor of Child and Adolescent Psychiatry  
University of Cape Town



**"Shaping the Future of ADHD Identification and Management"**

**GUILHERME V. POLANCZYK, MD, PHD**  
Associate Professor of Child and Adolescent Psychiatry at the University of São  
Paulo Medical School, Brazil; Director the Early Diagnosis and Interventions  
Program and the Child & Adolescent Inpatient Unit at the Institute of Psychiatry  
of Hospital das Clínicas, University of São Paulo



**"Using technology in advancing  
child mental health in low resource settings"**

**PROF. ATIF RAHMAN**  
Professor of Child Psychiatry at the University of Liverpool, U.K



**"Impact of Disasters on the Mental Health of Youth:  
Lessons Learned from the Beirut Blast"**

**FADI MAALOUF**  
Chair & Professor of Psychiatry, American University of Beirut



## PROGRAM OVERVIEW

The 2022 Congress program ran over five days from Monday through to Friday – and consisted of the following:

Date	Agenda	Time
<b>MONDAY</b> 05 DECEMBER 2022	Pre – Congress Workshops	9:00 - 16:00
<b>TUESDAY</b> 06 DECEMBER 2022	Opening Ceremony Keynote Lecture DJCP Orientation Parallel Sessions 1, 2 & 3 State of the Art Lectures Poster Presentations General Assembly DJCFP – Small Group Sessions Presidents Reception Congress Welcome Reception	9:00 - 22:00
<b>WEDNESDAY</b> 07 DECEMBER 2022	Parallel Sessions 1, 2 & 3 Keynote Lecture Poster Presentations ICA 2022 Award WAIMH & IACAPAP MOU Youth Circle State of the Art Lectures DJCFP – Small Group Sessions HRRS Reunion Gala Dinner	9:00 - 22:00

Date	Agenda	Time
<b>THURSDAY</b> 08 DECEMBER 2022	Parallel Sessions 1, 2 & 3 Keynote Lecture Poster Presentations IACAPAP MEDAL AWARD Presidential Lecture Panel Discussion ESCAM Assembly State of the Art Lectures DJCFP – Small Group Sessions DJCFP Dinner	9:00 - 22:00
<b>FRIDAY</b> 09 DECEMBER 2022	Parallel Sessions 1 & 2 Keynote Lecture DJCFP Closing Closing Ceremony	9:00 - 13:00

## Countries Represented



Algeria				Pakistan	
Argentina		Hong Kong, China		Palestinian Territory,	
Australia		Hungary		Occupied	
Austria		India		Philippines	
Azerbaijan		Indonesia		Poland	
Bahrain		Iraq		Qatar	
Bangladesh		Ireland		Republic of Serbia	
Belgium		Israel		Romania	
Bosnia and Herzegovina		Italy		Russia	
Brazil		Japan		Saudi Arabia	
Bulgaria		Jordan		Singapore	
Canada		Kenya		Slovenia	
Chile		Korea, South		Somalia	
China		Kosovo		South Africa	
Czech Republic		Kuwait		Spain	
Denmark		Latvia		Sri Lanka	
Dominican Republic		Lebanon		Sudan	
Egypt		Liberia		Sweden	
Ethiopia		Lithuania		Switzerland	
Finland		Malaysia		Taiwan, China	
France		Moldova, Republic of		Thailand	
Georgia		Morocco		Tunisia	
Germany		Nepal		Turkey	
Ghana		Netherlands		Uganda	
Greece		New Zealand		Ukraine	
		Nigeria		United Arab Emirates	
		North Macedonia		United Kingdom	
		Norway		United States	
		Oman		Vietnam	

## ABSTRACTS IN THE CONFERENCE



12  
WORKSHOPS

128  
ORAL  
PRESENTATIONS

02  
MEDIA  
PRESENTATIONS

14  
SPECIAL INTEREST  
STUDY GROUPS

59  
SYMPOSIUM  
PRESENTATIONS

229  
POSTERS  
PRESENTATIONS

## OFFICIAL PARTNERS



### HOSTED BY



### SUPPORTED BY



### DESTINATION PARTNER



### AIRLINE PARTNER



### ASSOCIATION PARTNER



## OFFICIAL SPONSORS



### DIAMOND SPONSOR



### GOLD SPONSOR



### SILVER SPONSOR



### VIDEO HIGHLIGHTS



[CLICK HERE TO PLAY RECAP VIDEO](#)



# EVENT HIGHLIGHTS



# The Stavros Niarchos Foundation (SNF) Global Center for Child and Adolescent Mental Health at the Child Mind Institute

By: Dr. Giovanni A. Salum, M.D. Ph.D., Director of Implementation and Partnerships, Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health

Dr. Michael P. Milham, M.D., Ph.D., Director of Digital Technologies and Innovation, Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health

Dr. Harold Koplewicz, M.D., Ph.D., President, Child Mind Institute

The urgency of this moment demands an ambitious agenda and a commitment to building the capacity necessary to improve the lives of children, adolescents, and families struggling with mental health and learning disorders. Through international collaboration and a commitment to open resources, we have an incredible opportunity to harness and advance game-changing innovations in mental health sciences and care and, in turn, change the trajectory for millions of children and adolescents around the world. We at the Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health at the Child Mind Institute, are very happy to be working to establish with IACAPAP a partnership to make this dream happen!

The Global Center consists of six initiatives to combat four of the greatest barriers to care: limited access to evidence-based services, provider shortages, lack of information, and



## Child Mind Institute

stigma. Although the initiative is yet in the beginning and the road map might change according to interactions with partners like IACAPAP, WHO, and UNICEF, the current aims of the SNF Global Center for Child and Adolescent Mental Health are:

### **1. Global Landscape Mapping: Map the landscape for child and adolescent mental health care knowledge, resources, needs, and current efforts around the globe.**

- Conduct and maintain the largest multinational child and adolescent mental health survey in a representative, international sample, assessing the needs of multiple stakeholders

- Curate open databases on child and adolescent mental health needs, assessments, therapies, and disorder prevalence
- Build a stakeholder registry to facilitate connections between clinicians, civil society organizations, and researchers

## **2. Multicultural Adaptation, Implementation, and Training: Make training in science-based psychosocial interventions available to anyone, democratizing access to education in mental health care and increasing the number of providers.**

- Create a model for adapting evidence-based treatments to ensure that they work for children of diverse cultural backgrounds
- Assess the implementation of multicultural trainings to make sure treatments are actually improving children's lives
- Build a global digital platform to train professionals across cultures and increase the capacity and numbers of trained professionals certified in evidence-based therapies

## **3. Innovations in Clinical Assessment and Intervention: Build, test, and**

## **deploy new technologies to augment mental health care and research, including mobile apps, sensors, and analytical tools.**

- Develop reliable, multimodal in-lab/in-clinic, at-home, in-school, and in-community assessment toolkits
- Integrate interventions into toolkits to address key symptoms
- Create partnerships with NGOs and other organisations to assemble a network of providers for the rapid testing of tools, novel psychological treatments, and other promising interventions

## **4. Public Awareness and Engagement: Share knowledge to empower the public and fight stigma.**

- Serve as a credible messenger that provides reliable, valid, up-to-date knowledge and information for professional and lay audiences
- Create culturally adapted suites of digital resources
- Launch anti-stigma campaigns whereby inspirational people share their stories and support of mental health care, which makes an enormous difference to children struggling with these conditions and reduces the stigma they face

## 5. Fellowships: Create an innovative leadership program for delivering solutions at scale and increasing capacity to treat and study child and adolescent mental health disorders.

- Launch three categories of fellowships to appeal to a diverse group of individuals from various sectors, cultures, and socioeconomic backgrounds
  - ✓ Research Fellows: Develop an elite, multinational cohort of early-career scientists that represents the global leaders of tomorrow
  - ✓ Child and Adolescent Psychiatry Fellows: Train a core group of child and adolescent psychiatrists from low- and middle-income countries (LMICs) who will commit to infrastructure building and service in their local communities
  - ✓ Global Communicators: Promote the diverse activities of a group of communicators (spanning advocacy, education, journalism, policy, and lived experiences) who will focus their work on mental health needs in LMICs

## 6. Expert Gatherings and Network Formation: Bring together experts to synthesize knowledge and form active, collaborative networks.

- Help break down silos in the field and give a platform to less well-established areas in child and adolescent mental health

- Create innovative convening vehicles and task forces, such as hackathons and un-conferences
- Encourage creative minds from multiple fields to work together in pursuit of solutions for the most intractable challenges in child and adolescent mental health
- Set an ambitious, diverse agenda for global child and adolescent mental health efforts

Dr. Giovanni A. Salum, M.D. Ph.D.  
 Director of Implementation and Partnerships  
 Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health

Dr. Michael P. Milham, M.D., Ph.D.  
 Director of Digital Technologies and Innovation  
 Stavros Niarchos Foundation Global Center for Child and Adolescent Mental Health

Dr. Harold Koplewicz, M.D., Ph.D.  
 President, Child Mind Institute

-----

## ECG: Destination Baghdad

By: Dr Dina Mahmood, Sydney Children's Hospital Network, Sydney, Australia

It was not long after IACAPAP Dubai congress that a few members of the Early Career Group (ECG) were set about a new adventure for an exciting educational collaboration in Baghdad. A workshop titled 'Formulation in Child and Adolescent Psychiatry' was coordinated and conducted before the end of 2022, chaired by Child and Adolescent Psychiatrists from Iraq, Australia and the United Kingdom. The collaboration demonstrated a powerful peer support exercise for our group as there were IACAPAP early career members in both presenter and audience sides.

Child and adolescent psychiatry as a formal subspecialty qualification is reasonably new in Iraq. Therefore, any opportunity to obtain fine skills in the art of caring for children's mental health was strongly desired and invited. Since 2019, three locally accredited child and adolescent psychiatrists emerged and another three joined the fellowship training program. Such a humble number to join a thin workforce of psychiatrists servicing an area torn by years of armed conflict and political unrest, where the estimated target population likely to exceed 18 million children.

The local fellowship program received support in supervision and implementation from a group of Child

and Adolescent Psychiatrists with interest in global mental health and mental health workforce development. The group relied on online platforms and accessible resources such as the IACAPAP textbook and other open access publications. The launching of the IACAPAP Early Career Group program was a great opportunity for those freshly certified child and adolescent psychiatrists, fellowship trainees, and even for some of the supervisors to become part of a group with shared interests where they can exchange Child and Adolescent Mental Health (CAMH) resources and continue to develop.

IACAPAP Early Career Group Program caters to professionals with dedicated careers in Child and Adolescent Mental Health (CAMH) during their study time and within the first seven years of obtaining their qualification. It opens an array of possibilities for collaboration between professionals from well-resourced services and those coming from developing and poorly resourced ones to discuss service pathways, practice guidelines and research. It also allows knowledge exchange between peers within the group based on shared interests and expertise. Those concepts formed the basis of the joint effort to plan for the workshop.



Participant group photo, Child's Welfare Teaching Hospital-Baghdad Iraq

It took few months of consideration between ECG members: Dr Andrew Belford- Australian trained Child and adolescent psychiatrist practicing in UK, Dr Zainab Alwardi- Child and Adolescent Psychiatrist from Iraq, Dr Mohamad Ali Saeed- CAMH trainee, and ECG coordinator Dr Dina Mahmood in liaison with IACAPAP individual member Dr Ali Alhussaini and other colleagues from Iraq until the moment of action, when Andrew and Dina managed to pack their light suitcases heading to Iraq, one week before Christmas. The visit was endorsed and supported by the president of the Iraqi Board of Psychiatry Dr Nesif Alhemiary with logistics around organisation, safety and transport. Eventually, a full-day workshop on formulation in Child and Adolescent Psychiatry was set up at the Child's Welfare Teaching Hospital, the tertiary hub for children's healthcare in Baghdad. IACAPAP ECG members

between facilitators and attendees were joined by other junior and senior colleagues.

Workshops are great in the sense that they are based on audience engagement rather than being a didactic educational experience. They can often take a slower pace as the sharing of perspectives and knowledge is core. What was expected as outcome from discussing formulation with the

audience in Iraq was an underestimate to the actual points raised at conclusion. The richness in the two local cases selected for our discussion was enough to spend the day unpacking. But additionally, we were taken through other challenges in the environmental and cultural contexts that made formulation an even more important task to find strengths and empathy, not only for the children and their families, but also for the stretched systems responding to their safety and wellbeing needs as they worked in silos. We have learnt more than we anticipated from such collaboration.

-----

# Climate Change: A Call to Action from AACAP Members and Leadership

By: Deepika Shaligram MD, Psychiatry & Behavioral Sciences, Boston Children's Hospital, Boston MA. Joshua R. Wortzel, MD, MPhil, MS(Ed), Child and Adolescent Psychiatry Fellow at Brown University, Providence RI. Elizabeth Pinsky, MD, Psychiatry, Massachusetts General Hospital, Boston, MA

The human health consequences of climate change are accelerating in every corner of the world and span every system of the body: heat-related illness, injuries and deaths related to extreme weather events, asthma and allergies, cardiovascular disease, expanding vector-borne illnesses, and threats to the safety and availability of food and water. Children are disproportionately vulnerable to all these negative health outcomes due to their immature physiology and dependence on adult caregivers (1).

There is increasing recognition that children are also disproportionately vulnerable to the mental health impacts of climate change. As extreme weather events such as hurricanes, typhoons, floods, wildfires, and heat waves become more frequent and severe, so do the associated acute traumas: injuries and deaths; near-death experiences; destruction of homes and community infrastructure; and lack of access to food, shelter, and medical care. Negative outcomes associated with these events include post-traumatic stress disorder, anxiety, depression, substance-use

disorders, and increased interpersonal violence including gender-based violence and child abuse.

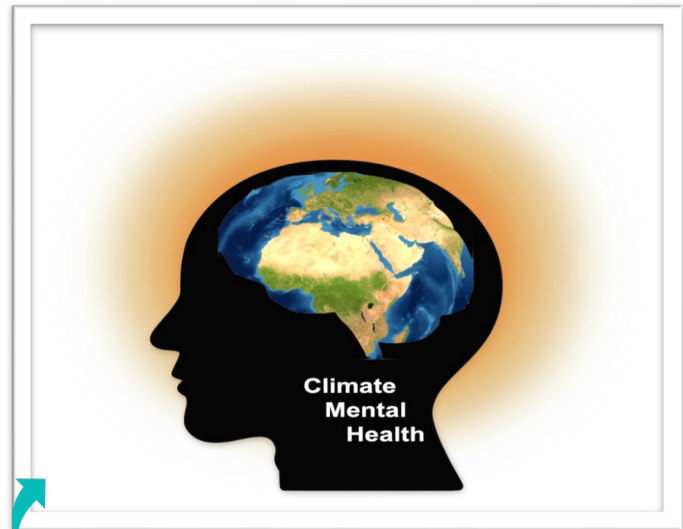
Climate change also inflicts chronic psychological stress through slow-moving disasters such as drought, forced migration, and loss of land to rising seas or encroaching deserts. The US Surgeon General's 2021 Advisory "Protecting Youth Mental Health," identified climate change as one of the underlying factors behind the current pediatric mental health crisis (2). Just this year, climate disasters including deadly heat waves in Europe, wildfires in the US and Canada, and devastating flooding in Pakistan (3) have resulted in acute trauma and stressors with potential mental health consequences in children and families.

Children are not the only group disproportionately vulnerable to these mental health harms. Climate change is fundamentally a crisis of inequity, with those most responsible for historical emissions (the Global North, high-income countries and people, current adults) the most insulated from harm. While ultimately no one can escape climate

change, the burdens will fall soonest and heaviest on those oppressed by longstanding social, economic, and political inequities: the poor, people of color, Indigenous peoples, children, people with disabilities, and those identifying as female. The environmental justice movement strives to address this imbalance by reducing the increased exposure to ecological harms experienced by minoritized and marginalized communities.

As child psychiatrists, we have a unique responsibility to mitigate the climate crisis through clinical interventions, research, education, and advocacy. In the US, the American Academy of Child and Adolescent Psychiatry (AACAP) has demonstrated leadership. In keeping with AACAP's mission to promote the healthy development of children, adolescents, and families, and in alignment with AACAP's commitment to advance health equity, the organization is acting at multiple levels including:

- AACAP has created a listserv for members interested in advocacy, education, research, or clinical aspects of climate change. It represents a grassroots effort within membership to increase awareness and action.
- AACAP published a "Facts for Families" in March 2022 to provide a simple guide about mental health impacts of climate change on youth and practical solutions for caregivers (5).
- Like IACAPAP, AACAP has included multiple presentations focused on the



*The logo was created by Joshua Wortzel*

intersection of psychiatry and climate change at its annual meetings over the past few years.

- AACAP is launching a Resource Group on climate change to enhance committee collaboration and progress on climate and health focused initiatives in the research, clinical, education and advocacy domains.
- AACAP has joined the Medical Society Consortium on Climate and Health, a coalition of professional organizations dedicated to mobilizing doctors to advocate for equitable climate and health solutions. The Consortium's member medical societies include the American Medical Association, American Academy of Pediatrics, American Psychiatric Association, American Association for Community Psychiatry and American Academy of Family Physicians and together represent over 600,000 healthcare professionals and more than 70% of US physicians.



Climate change, of course, respects no geopolitical borders. Child and adolescent psychiatrists globally have the same responsibility to raise awareness about the health consequences of climate change and the opportunity to shape a healthy future for our children. Broadly, we must:

- Develop and disseminate best practices for “climate aware” child psychiatrists
- Help youth channel strong, sometimes difficult emotions about climate change to sustain hope and action, as opposed to denial or paralysis
- Foster research on climate change and child mental health by elucidating the scope of the problem and developing interventions for climate related mental health concerns
- Create and implement climate and health curricula at every level of training, including continuing medical education for child psychiatrists, to equip our workforce with skills to recognize and respond to mental health outcomes related to climate change
- Advocate for healthcare policy, public health leadership, and education of the public about the health consequences of climate change, the health benefits of climate solutions,

and the overarching need for green energy solutions.

**There will be a joint virtual meeting in April 2023 including representatives from the Child and Youth Arm of the Climate Psychiatry Alliance, the Climate Psychology Alliance North America, and the AACAP Resource Group on Climate Change. We hope this coalition will offer opportunities for collaboration and progress between the many individuals and groups already acting on climate change and child mental health. All IACAPAP members are enthusiastically invited to join us. For further information, please contact Elizabeth Pinsky at [epinsky@mgh.harvard.edu](mailto:epinsky@mgh.harvard.edu) or contact our listserv at [climate@aacap.org](mailto:climate@aacap.org).**

## References

1. Perera F, Nadeau K. Climate Change, Fossil-Fuel Pollution, and Children’s Health. *N Engl J Med*. 2022;386(24):2303-2314.
2. Office of the Surgeon General (OSG). Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory [Internet]. Washington (DC): US Department of Health and Human Services; 2021. PMID: 34982518.

3. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. The Lancet. October 2022. [https://doi.org/10.1016/S0140-6736\(22\)01540-9](https://doi.org/10.1016/S0140-6736(22)01540-9)

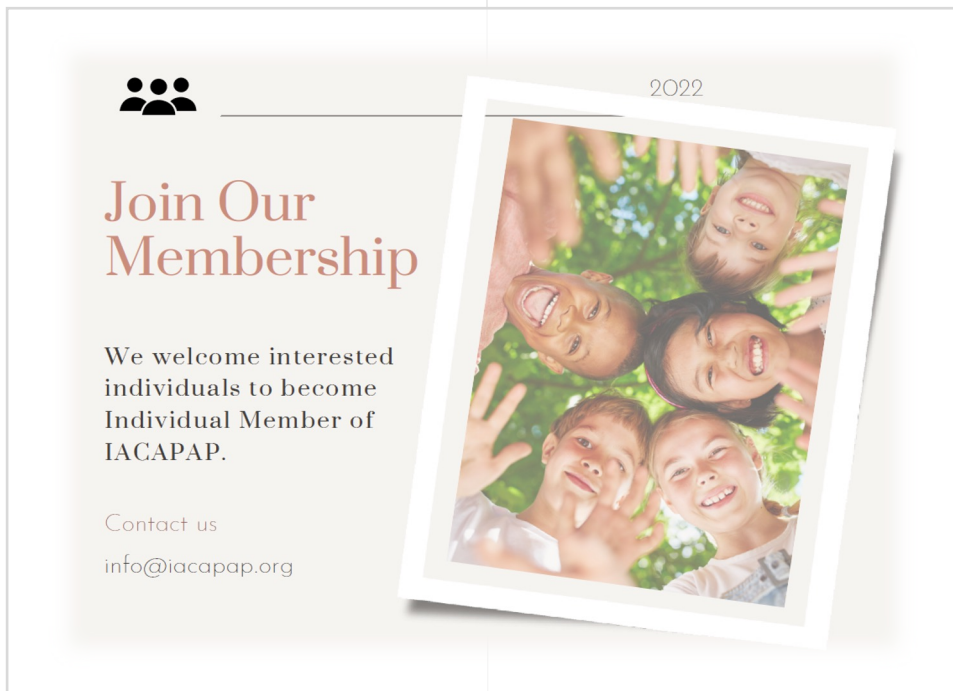
4. Wortzel JR, Guerrero APS, Aggarwal R, Coverdale J, Brenner AM. Climate Change and the Professional Obligation to Socialize Physicians and Trainees into an Environmentally Sustainable Medical Culture. Acad Psychiatry. 2022 Oct;46(5):556-561. doi: 10.1007/s40596-022-01688-z. PMID: 35879599; PMCID: PMC9312321.

5. AACAP Facts for Families (2022). Climate Change and Eco-anxiety in youth. No. 137; March 2022.

[https://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Climate\\_Change\\_Eco-Anxiety\\_Youth-137.aspx?WebsiteKey=a2785385-0ccf-4047-b76a-64b4094ae07f](https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Climate_Change_Eco-Anxiety_Youth-137.aspx?WebsiteKey=a2785385-0ccf-4047-b76a-64b4094ae07f)

Disclosures: The authors declare no conflict of interest.

-----



The graphic features a light grey background with a white border. At the top left is a black icon of three stylized human figures. To the right of the icon is a horizontal line. Below the icon, the text 'Join Our Membership' is written in a large, brown, serif font. Underneath this, in a smaller, black, sans-serif font, is the text: 'We welcome interested individuals to become Individual Member of IACAPAP.' At the bottom left, the text 'Contact us' is followed by the email address 'info@iacapap.org' on the next line. On the right side of the graphic is a tilted, white-bordered photograph of five children of diverse backgrounds smiling and waving their hands. The year '2022' is printed in a small, grey, sans-serif font at the top right of the photograph.

# The 15th Annual Conference of the Bangladesh Association for Child and Adolescent Mental Health

By: Sifat E Syed, Treasurer, Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

The 15th Annual conference and General Meeting of the Bangladesh Association for Child and Adolescent Mental Health (BACAMH) was held on 14-15 November 2022 in Krishibid Institute of Dhaka, Bangladesh. This year's theme was 'Child and Adolescent Mental Health: prioritizing service needs'. A total of 275 participants registered in the 2 day program, including psychiatrists, psychologists, paediatricians, paediatric neurologists, social workers and child development workers. BACAMH is the leading organization on child mental health in Bangladesh and is a full member of IACAPAP.

The inaugural ceremony was chaired by Prof. Anwara Begum who is an eminent psychiatrist and writer of Bangladesh. The program was presided by president of BACAMH Prof. Nahid Mahjabin Morshed and renowned psychiatrists- Prof. Md. Golam Rabbani, Prof. Waziul Alam Chowdhury and Prof Bidhan Ronjon were special guests of the inaugural ceremony. Secretary General Dr. Niaz Mohammad Khan started the ceremony with his welcome address followed by an inspirational speech by Prof. MSI Mullick, the founder of BACAMH. President-elect

Helal Uddin Ahmed closed the inauguration by his vote of thanks.

In the scientific conference, 13 scientific papers were presented. There was 4 plenary sessions, 1 Keynote Presentation, 7 free paper sessions, one Syed Kamaluddin Ahmed memorial oration and 3 workshops.

On Day 1 morning session, two plenary lectures were delivered by Paediatrician Prof. MOK Wahedi (Neurofeedback Treatment in Autism Spectrum Disorder: Clinical Experiences) and Public Health specialist Dr. Fariha Haseen (Adolescents and women with polycystic ovary syndrome (PCOS) visiting the tertiary level hospital of Bangladesh: An assessment of depression, anxiety and stress symptoms). In the afternoon session, there were two plenary lectures by Paediatric Neurologist Prof. Gopen Kundu 'SSPE: An insight to its emerging trends ' and by Psychiatrist Prof. MMA Shalahuddin Qusar Biplob on 'Prevent disorder, deposit wealth'. Keynote presentation on the conference theme was delivered by Prof. MSI Mullick, founder of the organization. A special oration is named after Late Prof. Syed



*Inauguration of the 15th annual conference of BACAMH*



*Installation of the new Executive Council after the Annual General Meeting*

Kamaluddin Ahmed, a distinguished and respected psychiatrist of Bangladesh and this year the oration was delivered by Prof. Brig. Gen. Azizul Islam.

A stimulating scientific debate was held with the title 'Social media: doing more harm than good in adolescents' and to our surprise, the team who spoke against, won. There was a cultural soiree entirely preformed by the residents of psychiatry and the event was full of singing, dancing, play and recitation.

Three interactive workshops were conducted: 'Reframing unresourceful states with Neuro Linguistic Programming (NLP) for children and adolescents' by Andalib Mahmud, 'Non-violent resistance: Helping caregivers reduce child and adolescent problematic behaviour' by Abdullah Al-Noman and 'Dialectic Behaviour Therapy (DBT) for adolescent's emotional dysregulation' by Shelin Fatema Binte Shahid.

The two day conference ended with the Annual General Meeting (AGM) presided by Prof. Nahid Mahjabin Morshed. The reports of the Secretary General, academic secretary and treasurer were presented and approved. Some amendments of the constitution was proposed by the by-laws committed and it was approved in the AGM. There was lively discussion on different organizational activities. The meeting



*Plant crest given to all the presenters and chairs from BACAMH*

ended by installation of the new committee, and it was celebrated by cutting a cake.

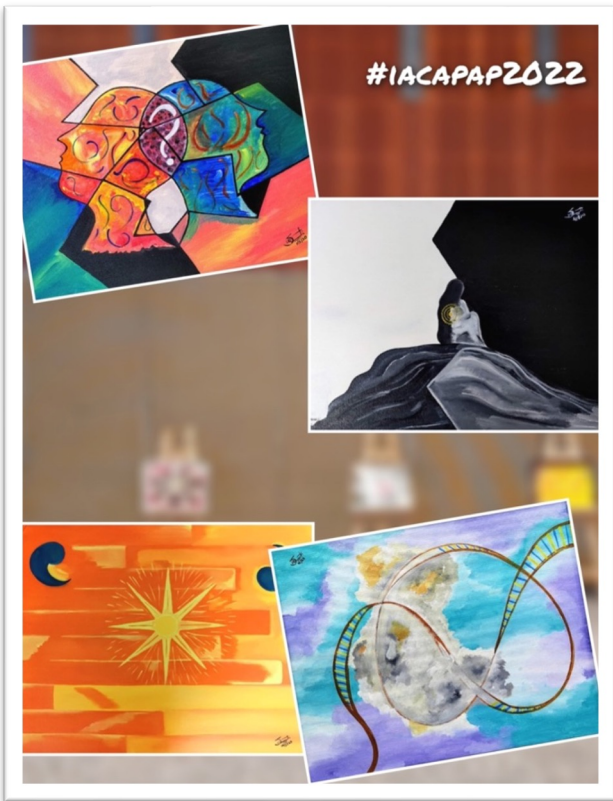
The program was well-covered in print and electronic media and got attention in social media and YouTube. Usual trend in Bangladesh is to provide a crest after each presentation. BACAMH this year, started a new trend of presenting a plant to all the presenters and session chairs instead of crest and this eco-friendly initiative of BACAMH was highly appreciated by everyone. The program ended with declaration of the dates of 16th annual conference on 2023 which will be held on 14-15 November 2023 in Dhaka, Bangladesh.

-----

# Bringing the Science of Art to #IACAPAP2022

By: Dr Lakshmi Sravanti, Consultant Child & Adolescent Psychiatrist, India

Is there really science in art? Is there a place for art in a scientific meeting and more importantly in the field of child and adolescent mental health (CAMH)?



Traditionally, the two disciplines of art and science may have been treated as two individual and non-interacting disciplines. However, not only do these disciplines often interact but there are commonalities in their objectives and processes. Literature suggests that society can gain from combined use of

the two (Zhu and Goyal., 2019). While creativity is required to make scientific breakthroughs, art can be used to express scientific knowledge.

**“Before a child speaks, it sings. Before they write, they paint. As soon as they stand, they dance. Art is the basis of human expression.” - Phylicia Rashad**

Expressive arts constitute writing, drama, dance, movement, painting, and or music. Arts-based therapies involve using creative media to develop a therapeutic relationship and can be an alternative to talking-therapies by facilitating the expression of inner states that may be difficult to articulate verbally (American Art Therapy Association, 2018; Fancourt and Finn., 2019). Moreover, art fosters creativity even in typically developing children. Hence there is a place for arts in child and adolescent mental health and wellbeing, and therefore in a scientific CAMH congress.



The IACAPAP Congress, which recently concluded in Dubai focused on the role of modern technology in shaping the future of child mental health. This platform gave an opportunity to showcase artworks unravelling the experience of depression. Nine artworks designed by me to help a client's cognitive restructuring during the process of therapy (CBT) were displayed at this congress. Depression is the leading cause of global disability affecting approximately 4.4% of the world's population. Statistics suggest that about one-third of adolescents aged 10-19 years are at risk of developing clinical depression. A majority of

individuals, especially those from low- and middle-income nations often receive no treatment and stigma is one of the barriers to help-seeking and treatment provision (World Health Organization, 2021). The primary motive of the art show was to give a voice to those suffering in silence and pass the message of their distress to various stakeholders at the meeting.

Pictures speak louder than words. They uniquely convey abstract and complex concepts, which is what psychiatry is all about. As mental health professionals and advocates, we must exploit this power of visuals to educate multiple



Lakshmi Sravanti



Picture with Dr Ammar Albanna (Conference Chair) and Dr Hesham Hamoda (Scientific Chair) at the IACAPAP 2022 Congress

stakeholders about common mental health ailments as there is a need to promote awareness on mental health issues more than ever.

I thank the organizers for giving me this wonderful opportunity on an international platform and helping me realise my endeavour at the congress!

### References:

1. American Art Therapy Association (2018). About Art Therapy. Available online at: <https://arttherapy.org/about-art-therapy/> (accessed December 13, 2022).
2. Fancourt D., Finn S. (2019). What is the Evidence on the Role of the Arts in Improving Health and Well-Being. A Scoping Review. Copenhagen: WHO Regional Office for Europe.
3. World Health Organization (2021). Depression. Available online at: <https://www.who.int/news-room/fact-sheets/detail/depression> (accessed December 13, 2022)
4. Zhu L, Goyal Y. Art and science: Intersections of art and science through time and paths forward. EMBO Rep. 2019 Feb;20(2):e47061. doi: 10.15252/embr.201847061. Epub 2018 Dec 27. PMID: 30591523; PMCID: PMC6362349.



# Building Quality Clinical Services, Education, and Research in Child and Adolescent Mental Health in the Arabian Gulf Region

By: Symposium Chair and Moderator: Khalid Bazaid, MD, FRCPC  
Director, Undergraduate Education Program  
Chair, Canadian Academy of CAP Education Committee  
Assistant Professor, Department of Psychiatry, University of Ottawa  
Child and Adolescent Psychiatrist, Youth Psychiatry Program, Royal Ottawa  
Mental Health Centre

Symposium Co-Chair and Moderator: Professor Muhammad Waqar Azeem, MD,  
DFAACAP, DFAPA  
Chair and Professor, Sidra Medicine / Weill Cornell Medicine  
Director WPA Collaborating Center  
Doha, Qatar

The topic was presented in a symposium during the 25th World Congress of International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) held in Dubai World Trade Centre, in December 2022. The symposium aimed to reflect upon success of building mental health care in three important areas; clinical services, education and research, in the Arab Gulf Region (Kingdom of Saudi Arabia, United Arab Emirates, Sultanate of Oman, Kuwait, Qatar, and Kingdom of Bahrain), similar geographical settings with variant resources, to reach a communal goal of improving the mental health care of children and adolescents in the region.

In the first talk, Professor Muhammad Waqar Azeem, presented the journey of establishment of quality clinical services and explained how an institution like

Sidra medicine in Qatar was set up in a high-income country, which had limited child, adolescent and perinatal psychiatric services. It commenced provision of perinatal and pediatric psychiatry services with tremendous growth in education, training and research. Sidra established the world's first and only ACGMEI accredited child and adolescent psychiatry fellowship and designated as World Psychiatric Association (WPA) Collaborating Center. In the second presentation, Dr. Meshal Sultan, Consultant Child and Adolescent Psychiatrist, Mental Health Centre of Excellence, Al Jalila Children's Specialty Hospital, Dubai, UAE, discussed the child and adolescent mental health services in a newly advancing model of care at Al Jalila Children's Speciality Hospital, Al Jaddaf - Dubai, UAE. Al Jalila Children's also established well rounded child and

adolescent psychiatry fellowship and a CAMHS inpatient unit. In the third presentation, Dr. Omar Almodayfer, Consultant Child & Adolescent Psychiatrist Bridge Clinics, Riyadh, Kingdom of Saudi Arabia, highlighted the expansion of clinical services, education and training in the Kingdom of Saudi Arabia (Saudi Commission for Health Speciality). In the fourth presentation, Professor Ahmed Al Ansari, MD, MBCHB, FRCPC, Department of Psychiatry, College of Medicine and Medical Sciences, Arabian Gulf University, Kingdom of Bahrain, presented on the expansion of clinical

services, as well as education training from the Kingdom of Bahrain (The Arab Board of Health Specializations). In the last presentation, Dr. Yasser Ad-Dab'bagh, MD, FRCPC, FIPA, Consultant Child & Adolescent Psychiatrist, King Fahad Specialist Hospital-Dammam, KSA, presented the significance of global research pertinent to mental health and shared the examples from the Gulf States where despite scarcity of resources, a public health institution navigated innovatively to generate new knowledge and search for evidence based in mental health. It emerged as an international research hub, geared to secure

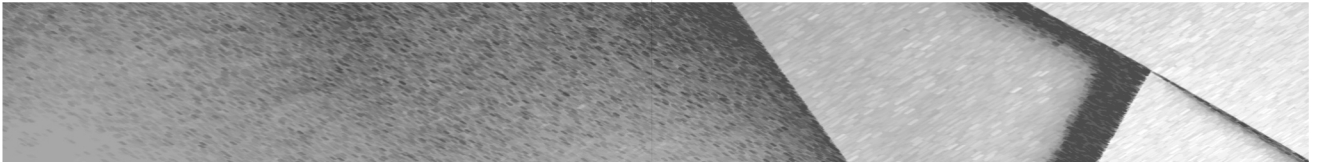


*Left to Right: Dr. Meshal Sultan, Dr. Hanan Derby, Professor Norbert Skokauskas, Dr. Ammar AlBanaa, Professor Ahmed Al Ansari, Professor Bennett Leventhal, Dr. Khalid Bazaid, Dr. Yasser Ad-Dab'bagh, Professor Muhammad Waqar Azeem, and Dr. Omar Almodayfer.*

competitive funding and conduct collaborative global mental health research. Following the above presentations, Professor Bennett Leventhal, Child and Adolescent Psychiatrist at UCSF in USA and Professor Norbert Skokauskas from Regional Centre for Child and Youth Mental Health and Child Welfare, Faculty of Medicine and Health Sciences, NTNU in Norway, and Dr. Hanan Derby,

Consultant Child and Adolescent Psychiatrist, Mental Health Centre of Excellence, Al Jalila Children's Specialty Hospital, Dubai, UAE, served as discussants, provided a constructive feedback and shared a valuable critique. The symposium was very well received by the participants from different parts of the world.

-----



Promoting the Mental Health and Development of Children and Adolescent through Policy, Practice and Research



## CAPMH Corner

By: Lakshmi Sravanti, India  
Associate Editor, CAPMH

[Child and Adolescent Psychiatry and Mental Health \(CAPMH\)](#) is the official IACAPAP Journal. The "CAPMH Corner" of the March 2023 issue of IACAPAP Bulletin summarizes the following three studies recently published in CAPMH - Long-term methylphenidate use for children and adolescents with attention deficit hyperactivity disorder and risk for depression, conduct disorder, and psychotic disorder: a nationwide longitudinal cohort study in South Korea (Park et al., 2022), Education as a protective factor for mental health risks among youth living in highly dangerous regions in Afghanistan (Kovess-Masfety et al., 2022) and Artificial intelligence-informed mobile mental health apps for young people: a mixed-methods approach on users' and stakeholders' perspectives (Götzl et al., 2022).

Research | [Open Access](#) | [Published: 11 October 2022](#)

[Click here to access the article](#)

### Long-term methylphenidate use for children and adolescents with attention deficit hyperactivity disorder and risk for depression, conduct disorder, and psychotic disorder: a nationwide longitudinal cohort study in South Korea

[Jimyung Park](#), [Dong Yun Lee](#), [Chungsoo Kim](#), [Yo Han Lee](#), [Su-Jin Yang](#), [Sangha Lee](#), [Seong-Ju Kim](#), [Jeewon Lee](#), [Rae Woong Park](#) & [Yunmi Shin](#) ✉

[Child and Adolescent Psychiatry and Mental Health](#) **16**, Article number: 80 (2022) | [Cite this article](#)

**4642** Accesses | **10** Altmetric | [Metrics](#)

Park et al., (2022) highlight the need to evaluate the neuropsychiatric effects of long-term Methylphenidate (MPH) use in children and adolescents with ADHD (Attention Deficit Hyperactivity Disorder). They further substantiate the need to study the long-term impact of MPH use on adverse psychiatric outcomes by mentioning that the Committee for Medicinal Products for Human Use suggested more research is needed in this area (EMA) TEMA.

Methylphenidate article 31 referral-annex I, II, III, IV. 2007.).

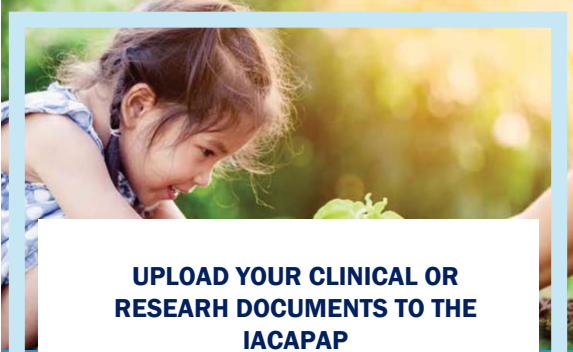
The team conducts a population-based cohort study to using data from Health Insurance Review and Assessment service, a nationwide claims database in South Korea. They collect data of all 6 - 17-year-old patients with ADHD (n = 336,098) in South Korea enrolled in their national health insurance scheme from January 2016 to March 2021 in their

observational study. They consider 2019 as the time-at-risk window. The patients were required to have continuous MPH treatment from 1 January 2019 to 31 December 2019 to assess the risk of the outcomes during MPH treatment. They define long-term MPH treatment as “at least 365 days and less than 730 days” and short-term as “an exposure of less than 365 days”. They include only the first diagnosed events of depressive disorder, psychotic disorder, and conduct disorder and oppositional defiant disorder (ODD) as outcomes. They use a 1:2 propensity score matching to reduce the effects of confounding factors, and Cox proportional hazards model to evaluate the safety of MPH. In addition, they conduct three sensitivity analyses using different definitions of treatment periods, exclusion of non-stimulant ADHD medications, and comparison to non-MPH users to assess the robustness of the findings. They set statistical significance at  $P < 0.05$ .

The authors record a mean age of  $8.8 \pm 2.6$  years and  $8.6 \pm 2.4$  years of long-term and short-term users and a mean daily MPH dose of  $22.2 \pm 8.4$  mg and  $20.9 \pm 8.2$  mg after propensity score matching for the long- and short-term MPH users respectively. They report that the risk of depressive disorder (HR, 0.70 [95% CI 0.55–0.88];  $P = 0.003$ ), conduct disorder and ODD (HR, 0.52 [95% CI 0.38–0.73];  $P < 0.001$ ) is lower in long-term MPH use than short-term MPH use and that of psychotic disorder was not different between long- and short-term MPH use in the primary analysis (HR, 0.83


[95% CI, 0.52–1.32];  $P = 0.424$ ). They underscore their study’s strengths such as – longer follow-up time, larger sample size, and use of propensity score to overcome potential confounding factors. They also mention its limitations – they did not subtype ADHD or include familial factors owing to the limitations of the claims database. They did not have information on patients’ management except for the number of prescription days and that one year may not be an accurate cut-off to distinguish between short-term and long-term MPH use. They suggest that long-term MPH treatment need not be contraindicated in children with ADHD and comorbidities such as depression, conduct disorders, and psychotic disorders. However, suggest further research to address the possibility of unmeasured confounders.

-----



**UPLOAD YOUR CLINICAL OR RESEARCH DOCUMENTS TO THE IACAPAP ARXIV!**

For more information please visit <http://arxiv-iacapap.org>




**IACAPAP**  
International Association for Child and Adolescent Psychiatry and Allied Professions

Research | [Open Access](#) | [Published: 23 January 2023](#)

[Click here to access the article](#)

# Education as a protective factor for mental health risks among youth living in highly dangerous regions in Afghanistan

[V. Kovess-Masfety](#), [R. L. Frounfelker](#), [K. Keyes](#), [E. Karam](#), [Ajmal Sabawoon](#) , [Bashir Ahmad Sarwari](#), [M. Husky](#), [N. Kaur](#) & [C. Rousseau](#)

*Child and Adolescent Psychiatry and Mental Health* **17**, Article number: 12 (2023) | [Cite this article](#)

**536** Accesses | **1** Altmetric | [Metrics](#)


Kovess-Masfety et al., (2022) elaborate on the education system in Afghanistan and the challenges faced by young children to access education. They set out to evaluate the mental health of Afghan children living in regions of conflict and the association of mental health with school attendance.

The authors carry out multi-stage stratified cluster sampling from eight (16 provinces) regions of Afghanistan. They assign a score to each province in accordance with levels of Taliban or Isis (Daesh) activities reported by a French NGO "Centre d'Etudes et de Recherches Documentaires sur l'Afghanistan" (CEREDAF) for the year 2017 to estimate exposure to dangerous situations. Within each province, the Central Statistical Organization (CSO) randomly samples clusters, resulting in a total of 320 clusters countrywide. They mobilize a total of 64 teams of two individuals (one male and one female staff) for data collection. There is one supervisor per province to manage the administrative aspects and coordinate the data collection process. They collect data between January and July 2017.

Surveyors select 14 households per cluster randomly and complete questionnaires. The team sets recruitment goals of 542 adults per region (a total of 4336 adults countrywide). They report a household participation rate of 90% (ranging from 86 to 93% depending on the region). They include the sample of parents who report an index child of 7 years age or older resulting in a sample of 2707 responses (63.87% mothers; 18.54% fathers). They ask the participants to indicate whether or not their child currently attended school and use the parent version of the Strengths and Difficulties Questionnaire (SDQ, which was translated and validated in Dari and Pashtu and previously used in Afghanistan (Panter-Brick C, et al., 2009) to assess child mental health. They compute one-way prevalence comparisons using Pearson chi-square tests and conduct multivariate logistic regressions using STATA "logit" command to analyse the data. They present AOR (Adjusted Odd Ratios) were presented with their 95% confidence intervals.

The team reports that 29.42% of girls did not attend school vs 15.29% of boys ( $P < 0.001$ ). This trend persisted across all age groups, children with a parent with very little or no education were much more likely to not attend school (24.50%) compared to those with a parent with at least some education (13.55%),  $P < 0.001$ . They note peer relationships problems among 82.86% of children, over half of the children had an elevated total difficulties score (52.75%) and, conduct problems were more frequent among boys than among girls ( $P < 0.0001$ ). They do not report any differences between rural and urban areas, except for any impairment, which was greater in rural than in urban areas: 13.46% versus 9.42% ( $P = 0.005$ ). They report that the level of the terrorist threat was significantly associated with increased odds of each of the mental health dimensions considered (after controlling for all relevant variables), with the exception of impairment and attending school was associated with lower odds of emotional problems (AOR = 0.65,  $P < 0.0001$ ) and lower odds of impairment (AOR = 0.67,  $P = 0.007$ ). However, also note that school attendance was associated with greater odds of peer relationship problems (AOR = 1.96,  $P < 0.001$ ). The authors acknowledge the limitations of their current study - owing to its cross-sectional design, data based on parental reports, cultural limitations of SDQ scoring and the possibility of sampling bias. In addition, they highlight that parental mental health was not assessed, the proportion of girls differed across regions and some highly dangerous

areas of the country were excluded from the study. They conclude that Afghan children living in dangerous areas suffer from a high level of traumatic events reflected by high levels of symptoms. They reiterate the need to promote prevention programs at the country level and develop adequate interventions integrated into primary care as planned in the Afghanistan Mental health Strategy. They recommend further research on protective factors in places where children's lives (especially the lives of young girls), are far from what is experienced in many other places in the world and epidemiological studies in Afghanistan (in view of multiple adverse experiences), as well as children who leave the area, with or without their parents.




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

For more information please contact:

**Hesham Hamoda**  
[hesham.hamoda@childrens.harvard.edu](mailto:hesham.hamoda@childrens.harvard.edu)

**Maite Ferrin**  
[maiteferrin@yahoo.es](mailto:maiteferrin@yahoo.es)

 **IACAPAP**  
International Association for Child and  
Adolescent Psychiatry and Allied Professions

Research | [Open Access](#) | [Published: 17 November 2022](#)[Click here to access the article](#)

# Artificial intelligence-informed mobile mental health apps for young people: a mixed-methods approach on users' and stakeholders' perspectives

[Christian Götzl](#) , [Selina Hiller](#), [Christian Rauschenberg](#), [Anita Schick](#), [Janik Fechtelpeter](#), [Unai Fischer](#), [Abaigar](#), [Georgia Koppe](#), [Daniel Durstewitz](#), [Ulrich Reininghaus](#) & [Silvia Krumm](#)

*Child and Adolescent Psychiatry and Mental Health* **16**, Article number: 86 (2022) | [Cite this article](#)

1729 Accesses | 8 Altmetric | [Metrics](#)

Götzl et al., (2022) discuss the place of Artificial Intelligence (AI)-informed Ecological Momentary Assessment (EMA)/Ecological Momentary Intervention (EMI) mHealth apps in the area of mental health promotion and mental disorder prevention. They establish a need to know the perspectives of young users to tailor-make these apps for them. They conduct an exploratory study to inform future app development by considering the subjective perspectives of young individuals and key stakeholders regarding their preferences, needs, and concerns.

The team carries out a convergent parallel mixed-method study. They conduct focus group discussions with young people (n=8) and expert interviews (school psychologists, pedagogues, media specialists, mHealth app developers; n=5) to collect qualitative data and an online survey (n=666) for quantitative data acquisition. They analyse the qualitative data using structural content analysis and use descriptive statistics to report findings from quantitative data. Overall, they

report that more than two-thirds of young people have experience with mHealth apps, and 60% use regular 1-2 apps regularly. They identify four major themes through qualitative data (Concepts of mental health, Current use of mHealth apps in young people, AI use in the context of mHealth apps, Recommendations for AI-informed mHealth apps with EMA/EMIs) and complement them with quantitative findings. They report that participants share pragmatic attitudes towards data sharing and safety practices, implying openness to share data if it adds value for users and if the data request is not too intimate, however demand transparency of data usage and control over personalization. They complement these findings with statistics from quantitative analysis - that a minority (17%) feel negative about the application of AI in general, and 19% are negative about the embedding of AI in mHealth apps. Further, they state that experts perceive AI-informed mHealth apps as a complementary solution to on-site delivered interventions in future health promotion among young people.

The authors acknowledge limitations with regard to sample size and those



The authors acknowledge limitations with regard to sample size and those owing to the online format of the survey and recommend future studies to conduct a greater number of focus groups with diverse participants. They conclude by suggesting that app developers involve young users in the decision-making process and aim for user-centered approaches on mobile applications with EMA & EMIs.

## REFERENCES:

1. Götzl, C., Hiller, S., Rauschenberg, C. et al. Artificial intelligence-informed mobile mental health apps for young people: a mixed-methods approach on users' and stakeholders' perspectives. *Child Adolesc Psychiatry Ment Health* 16, 86 (2022). <https://doi.org/10.1186/s13034-022-00522-6>
2. Kovess-Masfety, V., Frounfelker, R.L., Keyes, K. et al. Education as a protective factor for mental health risks among youth living in highly dangerous regions in Afghanistan. *Child Adolesc Psychiatry Ment Health* 17, 12 (2023). <https://doi.org/10.1186/s13034-022-00548-w>
3. Park, J., Lee, D.Y., Kim, C. et al. Long-term methylphenidate use for children and adolescents with attention deficit hyperactivity disorder and risk for depression, conduct disorder, and psychotic disorder: a nationwide longitudinal cohort study in South Korea. *Child Adolesc Psychiatry Ment Health* 16, 80 (2022). <https://doi.org/10.1186/s13034-022-00515-5>
4. Panter-Brick C, et al. Violence, suffering, and mental health in Afghanistan: a school-based survey. *Lancet*. 2009;374(9692):807-16.



**E-Bulletin Advertising Opportunities!**

**We are open for advertisement!**

Approximately circulation: 7,000+  
| Distributed to the entire IACAPAP Mailing Database!

For enquiries, email us here!



## Call for papers BJP/IACAPAP Special Edition

The Brazilian Journal of Psychiatry (BJP) and the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) are launching a **special section dedicated to Child and Adolescent Mental Health (CAMH) in Latin America**. This section will be the first of a series of initiatives to mark the presence of the World Congress of Child and Adolescent Psychiatry for the first time in Latin America (IACAPAP congress, Rio de Janeiro 2024 - <https://www.iacapap2024.com>) and to show the relevance and impact of the research on CAMH in the region.

**The BJP is the leading journal for mental health** in Low-Middle Income Countries and the South Hemisphere, with an JCR impact factor of 6.34. **There will be no fees to publish in this section and all papers will be open access.** The section will be composed of up to 6 papers and one editorial. We are accepting submissions of **original investigations addressing research questions on any CAMH issue pertinent for Latin-American countries** from researchers living in the region or abroad.

**A stellar line-up of editors will be leading this section** - Professor Andres Martin (Mexico), currently Professor at the Child Study Center at Yale University and former editor of the Journal of the American Academy of Child and Adolescent Psychiatry, Dr. Anna Ordonez (Colombia), currently Director of the

Brazilian Journal of Psychiatry

**bjp**



Revista Brasileira de Psiquiatria

Office of Clinical Research at the National Institute of Mental Health (NIMH) and associate editor of the CAMH journal, and Professor Christian Kieling (Brazil), Professor of Child and Adolescent Psychiatry at the Federal University of Rio Grande do Sul and former International Editor of the Journal of the American Academy of Child and Adolescent Psychiatry.

**First authors of the selected papers will have their congress registration fee waived.** Join us by submitting the best of your production in CAMH pertinent to Latin America and let's celebrate together in Rio. Deadline for submissions to the BJP/IACAPAP Special Section is **July 31, 2023**.

Please submit your manuscript at <https://mc04.manuscriptcentral.com/rb-p-scielo>. Use the "Special Article" category and mention the "BJP/IACAPAP Special Section" in your cover letter.

-----

# World Infant, Child and Adolescent Mental Health Day 2023 (WICAMHD 2023)

The initiation of a World Infant, Child and Adolescent Mental Health Day (WICAMHD) to:

1. Recognize the global importance of infant, child and adolescent mental health.
2. Advocate for the promotion of mental health and prevention of mental illness in infants, children and adolescents.

**23 April 2022** is declared as World Infant, Child and Adolescent Mental Health Day (WICAMHD) by 4 organisations:

- International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)
- International Society for Adolescent Psychiatry and Psychology (ISAPP)
- World Infant Association for Infant Mental Health (WAIMH)
- World Psychiatric Association Child and Adolescent Psychiatry Section (WPA-CAP)

## Background

Children and adolescents form a third of the world's population. Research has demonstrated that adverse experiences in childhood impact lifelong mental and physical health. Most mental disorders develop in childhood and adolescence (before the age of 25), and one-quarter of disability-adjusted life years for mental and substance use disorders occur in

youths. The prevalence of mental disorders continues to rise in the young and is higher than adults. The need to improve understanding of this as well as to create awareness of its importance in families, communities and societies cannot be underestimated.

## Purpose

We propose to initiate a World Infant, Child and Adolescent Mental Health Day (WICAMHD) on 23 April annually to bring global awareness and literacy to this issue and bring the relevant professional agencies committed to this cause together.

## Objective

The objectives of the World Infant, Child and Adolescent Mental Health Day (WICAMHD) are to:

- Improve global public awareness about child and adolescent mental health.
- Create literacy and competencies in the promotion of child and adolescent mental health as well as reduce the stigma of mental disorders in these populations.
- Improve diagnosis, treatment, and prevention of child and adolescent mental disorders through international cooperation and understanding.
- Reach out to countries with scarce resources to develop child and adolescent mental health professionals.

# World Infant, Child and Adolescent Mental Health Day 2023 (WICAMHD 2023)

**THEME: Stand Against Infant, Child and Adolescent Trauma**

## How to support WICAMHD 2023

1. Share the logo widely.
2. Use social media to spread your message about the importance of mental health in the young.
3. Please involve your communications teams and do it on all websites and social media platforms you are on.
4. We suggest the following hashtags.

**#WICAMHD**  
**#WICAMHD2023**  
**#childtrauma**  
**#adolescenttrauma**  
**#infanttrauma**  
**#IACAPAP**

To download the marketing flyer, please click [here](#).

To download the social medial tool, please click [here](#).

### WICAMHD Logo



### Social Media Post



# World Infant, Child and Adolescent Mental Health Day 2023 (WICAMHD 2023)

**THEME: Stand Against Infant, Child and Adolescent Trauma**

## Activity



**Theme: Stand Against Infant, Child and Adolescent Trauma**

**DATE: 23 APRIL 2023**

**TIME: 1:00PM CEST | 7:00 AM EST | 7:00 PM (GMT +8)**

**World Infant, Child and Adolescent Mental Health Day**

**Webinar 2023**

[To register](#)

- The webinar is open for public.
- This webinar will be conducted virtually via Zoom. There is no cost to attend, but registration is required in advance. Seats are limited and it's based on a first come, first served.
- Kindly click this [link](#) to view the time in your country.
- For more information, please visit <https://iacapap.org/events/world-infant-child-and-adolescent-mental-health-day/wicamhd-2023.html>



MARK YOUR DATE

## 11TH IACAPAP LUNCH & LEARN WEBINAR

MAY 17 2023, WEDNESDAY

1:00 PM Tunisia | 2:00 PM CEST | 8:00 AM EDT |  
9:00 AM Brazil | 8:00 PM (GMT +8)

# RETHINKING SERVICES FOR AUTISM SPECTRUM DISORDERS IN LOW RESOURCE SETTINGS

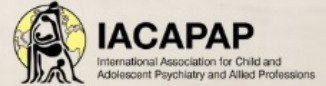
visit us on [www.iacapap.org](http://www.iacapap.org)



Register Now

**Naoufel Gaddour**

Associate Professor in Child and Adolescent Psychiatry,  
University of Monastir, Monastir, Tunisia



### **IMPORTANT NOTES**

- The webinar is open for member of IACAPAP (Individual Members and Individuals within IACAPAP [Full Member organisation](#) and [Affiliate Member organisation](#)).
- This webinar will be conducted virtually via Zoom. There is no cost to attend, but registration is required in advance. Seats are limited and it's based on a first come, first served. E-certificate of attendance will be provided to those who have attended and completed the survey at the end of the webinar. The webinar survey will show in the browser when the webinar ends.
- Kindly click this [link](#) to view the time in your country.

[To register](#)



We are excited to announce a new program for mentorship under the IACAPAP Early Career Group (ECG) Program. The program is purposed to enable engagement between our ECG members and mentors worldwide around shared interests and career planning, in small groups format. ECG Mentorship Program will provide educational insights for our inquisitive colleagues in their early career years, it will also allow broad discussions on a range of topics such as complex cases, research ideas, and service dilemmas.

On the other hand, it will enhance peer relationships and establish collaborations in the field of child and adolescent mental health.

Suitable and motivated professionals (clinicians or academicians) from IACAPAP community are welcomed to apply for this program to make unrivalled contributions to the career of our colleagues. Here are the requirements:

1. Connection to the IACAPAP community: individual, affiliated or full membership holders
2. Copy of CV
3. A brief expression of interest letter highlighting their interests and motivation for participation.

About the program:

- The program will start on 1st of June and run over the course of 9 months.
- Coordinated by the ECG program coordinators.
- Expectations for minimum of 6 online mentor-mentee encounters/sessions in small groups format.

If you are interested to become a mentor and have passion for making an impact to early careers, please submit your [application online](#) before **15th April**. Together, let's melt distances and globalize education for the benefit of children all over the world.

For more information or to join Early Career Group Program, please visit <https://iacapap.org/programmes/early-career-group.html>

[To apply](#)

Join Now

# MOOC 2023

MOOC has been designed to meet the basic educational needs of people interested in child and adolescent mental health such as nurses, community health workers, teachers, general practitioners, medical students, adult psychiatrists, and parents.

To register, click [here](#)

**Registration** From January 27, 2023 to June 5, 2023

**Class** From May 1, 2023 to June 12, 2023

## **FUN MOOC: Essentials of Child and Adolescent Psychiatry Across the World**

We are excited to announce that the MOOC 2023 is open for registration now!

### Enrolment

From January 27, 2023 to June 5, 2023

### Course

From May 1, 2023 to June 12, 2023

### Language

English

### Format

Duration: 5 weeks | 20 hours

### Prerequisites

No specific skills or knowledge is required to follow this course. It is open to all those who have, for professional or other reasons, an interest in the mental health problems that can be encountered by children and adolescents.

Please visit

<https://iacapap.org/news/mooc-2023.html> for more information.





HELMUT REMSCHMIDT  
RESEARCH SEMINAR  
2023 (HRRS 2023)

**HRRS 2023**

The format is a 5-day residential research training workshop for about 20 young/emerging child and adolescent mental health researchers, organized in the country that will host the next IACAPAP Congress.

**Deadline**  
May 15 ,2023

**Call for Nomination**

For More Information, please visit [www.iacapap.org](http://www.iacapap.org)



**IACAPAP**  
International Association for Child and Adolescent Psychiatry and Allied Professions

## **H**elmut Remschmidt Research Seminar 2023 (HRRS 2023)

We are excited to announce that the HRRS 2023 is open for nomination now!

The 2024 IACAPAP Congress will be held in Rio de Janeiro, the first ever IACAPAP meeting in the Latin-American Region. For this reason, the HRRS2023 will take place in Brazil. Successful HRRS Fellows will be joined by a team of international mentors (Prof Bruno Falissard, Prof Christina Schwenck, Prof Maretha de Jonge and Prof Petrus de Vries) as well as one local mentor (Dr Lizzie Shephard)

### **Dates and location of the Seminar**

The seminar will be held from 17-22 September 2023 in Campos do Jordão, in the mountains outside São Paulo in Brazil.

For more information, please visit <https://iacapap.org/programmes/helmut-remschmidt-research-seminars.html>



Brussels will be this year's host city for the [European Society for the Study of Tourette Syndrome \(ESSTS\)](https://www.essts.org) annual conference from the 7th to 9th of June 2023.

The ESSTS conference sees the coming together of international researchers and clinicians specialising in movement disorders and particularly tics and Tourette syndrome. It's a warm and friendly conference with fascinating updates from research into this misunderstood condition which has the same prevalence as autism and accompanied by many co-morbidities.

Not only will there be a packed programme of presentations, posters, workshops, prizegiving, panel discussions and much more - there will be a demonstration of new technology worn on the wrist, as tried by singer Lewis Capaldi, which has been found to reduce tics using electrical stimulation. There will be a demonstration of this at the conference.

Amazing add-ons to the conference include a 'training school' for clinicians (physicians, psychologists, psychotherapists, nurses, medical students and other professionals) who are interested in the clinical aspects of TS on Tuesday, 6 June 2023 1-6pm at the Congress centre of the Royal Museum for Central Africa.

Another add-on (a first for Belgium to support and recognise the different languages found in in the country including French and Dutch) there will be behavioural therapy for tics training workshops in Dutch, French and English to cater as many healthcare professionals as possible.

We would be delighted if you would join us <https://www.essts.org/registration>.



18th World Congress for the World Association for Infant Mental Health

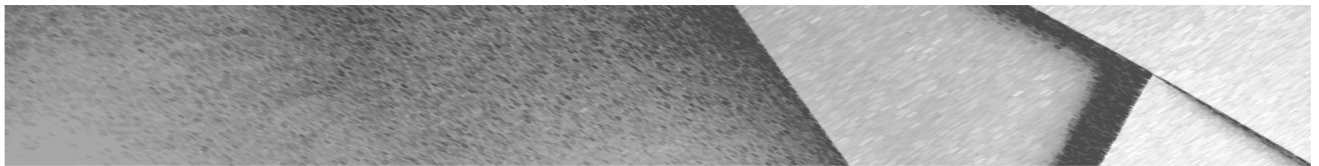
www.waimh2023.org  
#WAIMH2023

The 18th World Congress of the World Association for Infant Mental Health (WAIMH) is to be held in beautiful Dublin in Ireland. The congress theme is Early Relationships Matter: Advancing Practice, Policy and Research in Infant Mental Health.

#WAIMH2023 will be hosted by the Irish Association for Infant Mental Health.

Read more: <https://www.waimh2023.org>

Contact: WAIMH 2023 Congress Organisers ([waimh2023@in-conference.org.uk](mailto:waimh2023@in-conference.org.uk))



CHECK OUT IACAPAP'S  
RESOURCE FOR CONFLICT  
AND CRISES ON THE WEBSITE!

<https://iacapap.org/conflict-and-crises.html>

The graphic features a background of colorful, abstract shapes. A central yellow box contains the text 'CHECK OUT IACAPAP'S RESOURCE FOR CONFLICT AND CRISES ON THE WEBSITE!' and a blue link: 'https://iacapap.org/conflict-and-crises.html'.

# ADVERTISING OPPORTUNITIES!

**Approximate circulation: 7,000++**

**Distributed to the entire IACAPAP mailing database!!**

Deadline	15 MAY 2023 (Graphics are due upon purchase of ad space)
Full Page	USD 2,000 (full colour)
½ Page	USD 1,500 (full colour)
¼ Page	USD 900 (full colour)

Print Ad Specifications

Full page 8.5”w x 11”h

1/2 page 7.25”w x 5”h

1/4 page 3.5”w x 5”h

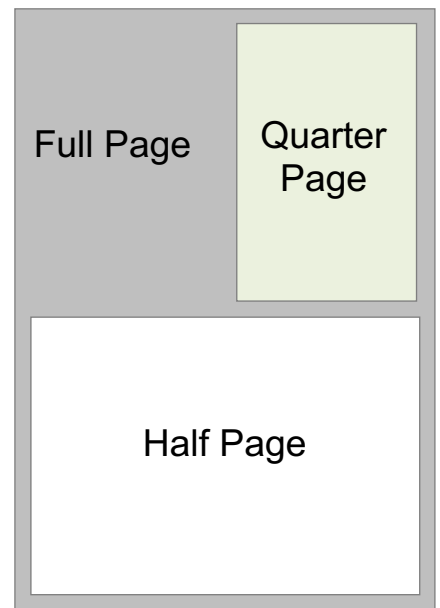
Conditions Advertising space is limited, and ads will be accepted on a first-come, first-served basis. The IACAPAP has the right to refuse or approve all ads. No ads will run until payment has been received. A late payment charge is assessed on unpaid balances. The late payment fee is 1.5% of the unpaid balance for each month after the due date of the invoice.


Please note: Commissions for advertising agencies are not included.

Cancellation Policy: Cancellations are not accepted. No refunds will be issued.

IACAPAP reserves the right to decline, amend, withdraw or otherwise deal with all advertisements submitted at the organization’s discretion and without explanation.

For enquiries, please email [info@iacapap.org](mailto:info@iacapap.org)





Want to share important events, programs or activities from your country with a wide international audience?

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

For more information please contact:

Hesham Hamoda

[hesham.hamoda@childrens.harvard.edu](mailto:hesham.hamoda@childrens.harvard.edu)

Maite Ferrin

[maiteferrin@yahoo.es](mailto:maiteferrin@yahoo.es)



# IACAPAP

International Association for Child and  
Adolescent Psychiatry and Allied Professions

# IACAPAP Member Organisations

## Full Members

**A**lgerian Society of Child and Adolescent Psychiatry and Allied Professions (ASCAPAP), Algeria | Société Algérienne de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées

**A**merican Academy of Child and Adolescent Psychiatry (AACAP), United States

**A**rgentine Association of Infant Psychiatry Youth and Related Professions, Argentina | Asociación Argentina de Psiquiatría Infanto Juvenil y Profesiones Afines (AAPI)

**A**ssociation for Child and Adolescent Mental Health (ACAMH), United Kingdom

**A**ssociation for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN), Nigeria

**A**ssociation for Child and Adolescent Psychiatry in Bosnia and Herzegovina, Bosnia and Herzegovina

**A**ssociation of Psychopathology and Psychiatry of Childhood Adolescence, Uruguay | Asociación de Psiquiatría y Psicopatología de la Infancia y la Adolescencia (APPIA)

**A**ustralian Infant, Child, Adolescent and Family Mental Health Association | Emerging Minds (AICAFMHA)

**A**ustrian Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (ASCAP), Austria | Österreichische Gesellschaft für Kinder- und Jugendneuropsychiatrie, Psychosomatik und Psychotherapie (ÖGKJP)

**B**angladesh Association for Child & Adolescent Mental Health (BACAMH), Bangladesh

**B**razilian Association of Neurology, Child Psychiatry and Allied Professions, Brazil | Associação Brasileira de Neurologia, Psiquiatria Infantil e Profissões Afins (ABENEPI)

**B**ulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP), Bulgaria

**C**anadian Academy of Child and Adolescent Psychiatry (CACAP), Canada

**C**hilean Society of Child and Adolescent Psychiatry and Neurology, Chile | Sociedad de Psiquiatría y Neurología de la Infancia y Adolescencia (SOPNIA)

**C**hinese Society of Child and Adolescent Psychiatry (CSCAP), China

**D**anish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)

**E**gyptian Child and Adolescent Psychiatry Association (ECAPA), Egypt

**E**mirates Society for Child Mental Health (ESCAM), United Arab Emirates

**F**aculty of Child and Adolescent Psychiatry of The Royal Australian and New Zealand College of Psychiatrists (RANZCP), Australia

**F**innish Society for Child and Adolescent Psychiatry (LPSY), Finland

**F**lemish Association of Child and Adolescent Psychiatry, Belgium | Vlaamse Vereniging Kinder- en Jeugdpsychiatrie (VVK)

**F**rench Society of Child and Adolescent Psychiatry and Allied Professions, France | Société Française de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associées (SFPEADA)

**F**rench-Speaking Child and Adolescent Psychiatry Belgian Society (SBFPDEA), Belgium

**G**erman Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP), Germany

**H**aitian Association for the Mental Health of Children, Adolescents and the Family (HAMCAF), Haiti

**H**ungarian Association of Child and Adolescent Psychiatry and Allied Professions (HACAPAP), Hungary

**I**celandic Association for Child and Adolescent Psychiatry, Iceland

**I**ndian Association for Child and Adolescent Mental Health (IACAM), India

**I**ndonesian Association of Child and Adolescent Mental Health, Indonesia | Perkumpulan Kesehatan Jiwa Anak dan Remaja Indonesia (PERKESWARI)

**I**ranian Association of Child and Adolescent Psychiatry (IACAP), Iran

**I**talian Society of Child and Adolescent NeuroPsychiatry, Italy | Società Italiana di Neuropsichiatria dell'Infanzia e dell'Adolescenza (SINPIA)

**J**apanese Society of Child and Adolescent Psychiatry (JSCAP), Japan

**K**orean Academy of Child and Adolescent Psychiatry (KACAP), Korea

**K**osovo Child Adolescent Mental Health Association (KCHAMHA), Kosovo | Psikiater per Femije dhe Adoshent

**L**ithuanian Society of Child and Adolescent Psychiatry (LVPPD), Lithuania

**M**alaysian Child and Adolescent Psychiatry Association (MYCAPS), Malaysia

**M**exican Association of Child Psychiatry, Mexico | Asociación Mexicana de Psiquiatría Infantil A.C. (AMPI)

# IACAPAP Member Organisations

## Full Members Continued...

Netherlands Psychiatric Association - Department of Child and Adolescent Psychiatry, Netherlands | Nederlandse Vereniging voor Psychiatrie (NvP)

Philippines Society for Child and Adolescent Psychiatry (PSCAP), Philippines

Portuguese Association of Child and Adolescent Psychiatry, Portugal | Associação Portuguesa de Psiquiatria da Infância e da Adolescência (APPIA)

Romanian Association of Child and Adolescent Psychiatry and Allied Professions, Romania | Asociația Română de Psihiatrie a Copilului și Adolescentului și Profesii Asociate (ARPCAPA)

Section for Child and Adolescent Psychiatry of Psychiatric Association CZMA (Czech Medical Association), Czech Republic | Sekce dětské a dorostové psychiatrie Psychiatrické společnosti ČLS JEP

Section of Child and Adolescent Psychiatry in Slovak Psychiatric Association, Slovak

Section of Child and Adolescent Psychiatry, College of Psychiatrists, Academy of Medicine, Singapore (SCAP)

Section on Child Psychiatry of the Scientific Society of Neurologists, Psychiatrists and Narcologists of Ukraine, Ukraine

Slovenian Association for Child and Adolescent Psychiatry, Slovenia | Združenje za otroško in mladostniško psihiatrijo (ZOMP)

Spanish Association of Child and Adolescent Psychiatry, Spain | Asociación Española de Psiquiatría del Niño y del Adolescente (AEPNYA)

Spanish Society of Child and Adolescent Psychiatry and Psychotherapy, Spain | Sociedad Española de Psiquiatria y Psicoterapia del Niño y del Adolescente (SEYPNA)

Sri Lanka College of Child and Adolescent Psychiatrists (SLCCAP), Sri Lanka

Swedish Association for Child and Adolescent Psychiatry, Sweden | Svenska Föreningen för Barn-och Ungdomspsykiatri (SFBUP)

Swiss Society for Child and Adolescent Psychiatry and Psychotherapy (SSCAPP), Switzerland

The Association for Child and Adolescent Psychiatry and Allied Professions of Serbia (DEAPS), Serbia

The Hellenic Society of Child and Adolescent Psychiatry (HSCAP), Greece

The Hong Kong College of Psychiatrist, Hong Kong

The Israel Child and Adolescent Psychiatric Association, Israel

The Norwegian Association for Child and Adolescent Mental Health, Norway | Norsk Forening For Barn- Og Unges Psykiske Helse (N-BUP)

The Romanian Society of Child and Adolescent Neurology and Psychiatry, Romania | Societatea de Neurologie si Psihiatrie a Copilului si Adolescentului din Romania (SNPCAR)

The South African Association for Child and Adolescent Psychiatry and Allied Professions (SAACAPAP), South Africa

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP), Taiwan

Tunisian Society of Child and Adolescent Psychiatr, Tunisia | Société Tunisienne de psychiatrie de l'enfant et de l'adolescent (STPEA)

Turkish Association of Child and Adolescent Psychiatry (TACAP), Turkey

Uruguayan Society of Child and Adolescent Psychiatry, Uruguay | Sociedad Uruguaya de Psiquiatria de la Infancia y la Adolescencia (SUPIA)

## Affiliate Members

African Association Child & Adolescent Mental Health (AACAMH)

Asian Society for Child and Adolescent Psychiatry and Allied Professions (ASCAPAP)

Czech Expert Community for Inclusive Education | Česká odborná společnost pro inkluzivní vzdělávání, z. s. (COSIV)

Eastern Mediterranean Association Of Child and Adolescent Psychiatry & Allied Professions (EMACAPAP)

European Federation for Psychiatric Trainees (EFPT)

Federación Latinoamericana de psiquiatría de la Infancia, Adolescencia (FLAPIA)

First Step Together Association for special education (FISTA)

# IACAPAP Officers (2022-2026)

[www.iacapap.org](http://www.iacapap.org)

## MEMBER OF THE BUREAU

### President

Luis Augusto Rohde, MD, PhD  
 Professor  
 Department of Psychiatry  
 Federal University of Rio Grande do Sul  
 Director  
 ADHD Program  
 Hospital de Clínicas de Porto Alegre  
[lrohde@terra.com.br](mailto:lrohde@terra.com.br)

### Secretary General

Yewande Oshodi, MD, MPH, Mphil  
 Associate Professor of Psychiatry / Child &  
 Adolescent Psychiatrist  
 Department of Psychiatry  
 College of Medicine University of Lagos &  
 Lagos University Teaching Hospital Idiaraba,  
 Lagos, Nigeria  
[yoshodi@unilag.edu.ng](mailto:yoshodi@unilag.edu.ng)

### Treasurer

Carmen M. Schröder, MD, PhD  
 Professor for Child and Adolescent Psychiatry,  
 Strasbourg University  
 Head of the Department of Child and  
 Adolescent Psychiatry, Strasbourg University  
 Hospital  
 Head of the Excellence Centre for Autism and  
 Neurodevelopmental Disorders STRAS&ND  
 President, European Union of Medical  
 Specialists - Child and Adolescent Psychiatry  
 (UEMS-CAP)  
 European Board Certified Sleep Expert  
[schroderc@unistra.fr](mailto:schroderc@unistra.fr)

### Past President

Daniel Fung Shuen Sheng MD  
 CEO, Institute of Mental Health Singapore  
 Adjunct Associate Professor  
 Lee Kong Chian School of Medicine, Nanyang  
 Technological University  
 Yong Loo Lin Medical School and DUKE NUS  
 Medical School, National University of Singapore  
[daniel\\_fung@imh.com.sg](mailto:daniel_fung@imh.com.sg)

## VICE PRESIDENTS

### Vice Presidents

Ammar Albana MD, FRCPC (United Arab Emirates)  
[albanna.md@gmail.com](mailto:albanna.md@gmail.com)

Devashish Konar (India)  
[devkon59@yahoo.com](mailto:devkon59@yahoo.com)

Gordon Harper MD (United States)  
[Gordon\\_Harper@hms.harvard.edu](mailto:Gordon_Harper@hms.harvard.edu)

Guilherme V. Polanczyk MD (Brazil)  
[gvp@usp.br](mailto:gvp@usp.br)

Koroma Mohamed James M.Sc., (Sierra Leone)  
[koromajamesm@gmail.com](mailto:koromajamesm@gmail.com)

Liu Jing (China)  
[ljyuch@163.com](mailto:ljyuch@163.com)

Maite Ferrin MD, PhD (United Kingdom)  
[maiteferrin@yahoo.es](mailto:maiteferrin@yahoo.es)

Nicholas Mark Kowalenko MD (Australia)  
[Nicholas.Kowalenko@health.nsw.gov.au](mailto:Nicholas.Kowalenko@health.nsw.gov.au)

Yukiko Kano MD, PhD (Japan)  
[yukikokanotsocd@gmail.com](mailto:yukikokanotsocd@gmail.com)

Connect with us!





# IACAPAP Officers (2022 - 2026)

[www.iacapap.org](http://www.iacapap.org)

## HONORARY MEMBERS OF THE EXECUTIVE COMMITTEE

### Honorary Presidents

Helmut Remschmidt MD, PhD  
(Germany)

[remschm@med.uni-marburg.de](mailto:remschm@med.uni-marburg.de)

Myron L. Belfer MD, MPA (USA)

[Myron\\_Belfer@hms.harvard.edu](mailto:Myron_Belfer@hms.harvard.edu)

## NON-ELECTED MEMBERS OF THE EXECUTIVE COMMITTEE

### Bulletin Editor

Hesham Hamoda MD, MPH (USA)

[hesham.hamoda@childrens.harvard.edu](mailto:hesham.hamoda@childrens.harvard.edu)

### Bulletin Deputy Editor

Maite Ferrin MD, PHD (Spain)

[maiteferrin@yahoo.es](mailto:maiteferrin@yahoo.es)

### Director of Communication

Hesham Hamoda MD, MPH (USA)

[hesham.hamoda@childrens.harvard.edu](mailto:hesham.hamoda@childrens.harvard.edu)

### Donald J. Cohen Fellowship Program Coordinators

Ayesha Mian MD (Pakistan)

[ayeshamian174@gmail.com](mailto:ayeshamian174@gmail.com)

Naoufel Gaddour MD (Tunisia)

[naoufel.gaddour@gmail.com](mailto:naoufel.gaddour@gmail.com)

### Early Career Group Coordinator

Dicle Buyuktasgin Tuncturk (Turkey)

[diclebuyuktasgin@gmail.com](mailto:diclebuyuktasgin@gmail.com)

Dina Mahmood (Australia)

[drdinamahmood@gmail.com](mailto:drdinamahmood@gmail.com)

### e-Textbook Editors-in-Chief

John-Joe Dawson-Squibb (South Africa)

[john-joe.dawson-squibb@uct.ac.za](mailto:john-joe.dawson-squibb@uct.ac.za)

Hee Jeong Yoo, M.D, Ph.D. (South Korea)

[hjyoo@snu.ac.kr](mailto:hjyoo@snu.ac.kr)

Valsamma Eapen MBBS., PhD.,  
FRCPsych., FRANZCP (Australia)

[v.eapen@unsw.edu.au](mailto:v.eapen@unsw.edu.au)

Uttara Chari (India)

[uchari@gmail.com](mailto:uchari@gmail.com)

### Henrikje Klasen iCAMH Training Program Coordinator

Nicholas Mark Kowalenko MD  
(Australia)

[Nicholas.Kowalenko@health.nsw.gov.au](mailto:Nicholas.Kowalenko@health.nsw.gov.au)

### Helmut Remschmidt Research Seminars Coordinators

Christina Schwenck PhD

(Germany)

[christina.schwenck@psychol.uni-giessen.de](mailto:christina.schwenck@psychol.uni-giessen.de)

Petrus J de Vries MD (South Africa)

[petrus.devries@uct.ac.za](mailto:petrus.devries@uct.ac.za)

### MOOC Coordinator

Bruno Falissard MD, PhD (France)

[bruno.falissard@gmail.com](mailto:bruno.falissard@gmail.com)

### WHO Liaison

Prof. MD. MSc. Susanne Walitza  
(Switzerland)

[susanne.walitza@pukzh.ch](mailto:susanne.walitza@pukzh.ch)

Connect with us!

