

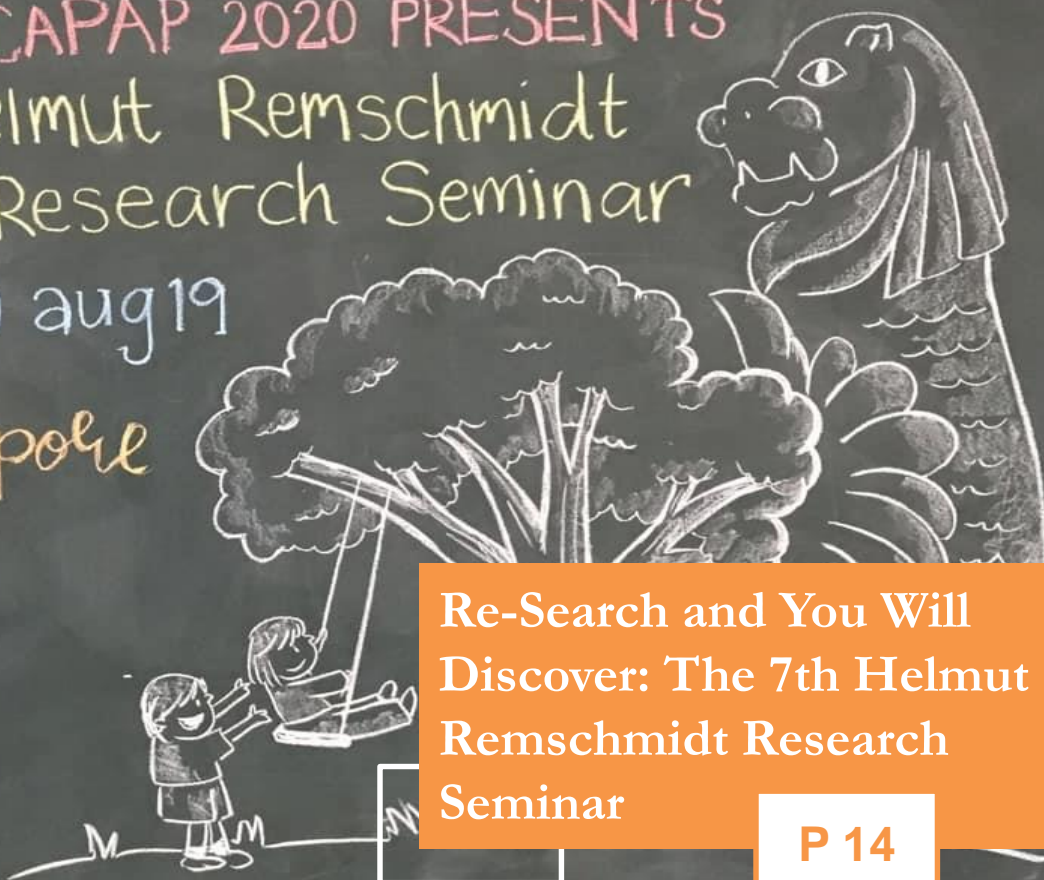


IACAPAP 2020 PRESENTS

7th Helmut Remschmidt Research Seminar

25-30 aug 19

Singapore



Re-Search and You Will
Discover: The 7th Helmut
Remschmidt Research
Seminar

P 14

Member Society
Highlight:
SFPEADA

P6

Telepsychiatry as
a Tool to Reach
the Unreachable

P9

In Memoriam:
Anula Damayanthi
Nikapota

P13

CONTENTS

Editor

Hesham Hamoda (Boston, USA)

Deputy Editor

Maite Ferrin (London, UK)

Correspondents

Andrea Abadi (Buenos Aires, Argentina)
Bibi Alamiri (Kuwait, Gulf States)
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)
Jingliu (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)
Cesar Soutullo (Pamplona, Spain)
Sifat E Syed (Bangladesh)
Olga Rusakovskaya (Moscow, Russia)
Dejan Stevanovic (Belgrade, Serbia)
Laura Viola (Montevideo, Uruguay)
Chris Wilkes (Calgary, Canada)

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

P3

Member Society Highlight:
SFPEADA

P6

Telepsychiatry as a tool to reach
the unreachable

P9

Anula Damayanthi Nikapota In
Memoriam

P13

The 7th Helmut Renschmidt
Research Seminar (HRRS 2019)

P14

Egyptian Child and Adolescent
Psychiatry Association's 2nd
International Conference

P18

The birth of a Mental Health
Advocacy Organization in Nigeria

P21

Addressing School Mental In The
Eastern Mediterranean Region

P24

Other Additions

P28

Abstract Submission is Open

P29

IACAPAP President's Message

By Dr Daniel Fung, IACAPAP President, Adjunct Associate Professor, Lee Kong Chian School of Medicine Singapore

There are only three words for what is needed for child psychiatric practice to improve and innovate;

“Research, research and research”

Research is defined as a careful and detailed study into a specific problem, concern, or issue using the scientific method. This is best accomplished by turning the issue into a question, with the intent for research to answer that question.

The founders of IACAPAP had prescribed three simple strategies to achieve its goal to “advocate for the promotion of the mental health and development of children and adolescents”. These are stated in its mission, “through policy, practice and research”. Though simple, these three aspects of policy, practice and research set the overall tone of our organization. I hope to share my views on this in the next few issues of the Bulletin. As August, in the penultimate year before our world congress, is the month in which we hold the Helmut Remschmidt Research Seminar, it is very appropriate for me to share a little on how research can advocate for mental health.

The HRRS, as it is affectionately called by many, is the result of a series of 6 research trainings that were started in 1983 in Germany by Helmut Remschmidt and Martin Schmidt. The original aim of the seminars was to help young researchers in the field of child and adolescent mental health to pursue a scientific career.



IACAPAP President Dr Daniel Fung

The European Research Seminar was inaugurated in 1998 in Heidelberg, following the German model, of which 6 were held, mostly in Italy. When Professor Helmut Remschmidt was elected President of IACAPAP in 1998, he transferred the Research Seminars to a European, then to an international level. At the 17th IACAPAP Congress in Melbourne 2006, the IACAPAP executive committee agreed to arrange research seminars, named the IACAPAP Helmut Remschmidt Research Seminars, in the geographical area where the next IACAPAP Congress will take place.

The first of the HRRS took place in Turkey (Istanbul, 2008), followed by China (Beijing, 2010), France (Paris, 2012), South Africa (Stellenbosch, 2013), Canada (Kannanaskis, 2015) and Czech Republic (Svata Katerina, 2017). The seminars take place approximately 6 – 12 months before the Congress. Given that the next IACAPAP congress will be in Singapore in July 2020, a decision was therefore made to have the HRRS 2019 in Singapore with a particular focus on the Asian Region. The specific theme selected for the 7th HRRS is “Developing Research and Collaborations in Child & Adolescent Psychiatry and Mental Health in Asia”.



7th HRRS meeting in Singapore

Why is research important? It can form the basis of good policies. Good research generates solutions that can be implemented to improve the lives of children and their environment. Child psychiatry, like many pediatric disciplines, lacks research.

In fact, children are often considered orphans in research. Children are treated as vulnerable populations and increased ethical controls have been used to protect children and their issues from the risks of research. This is somewhat driven by past unethical practices.

Unfortunately, children are not little adults and their issues cannot be addressed by understanding adult physiology or environments. Another issue in research with children is the lack of stakeholder inputs. Children are often regarded as unable to make decisions until they become capacitous and unfortunately mental capacity in children are age determined both in law and in practice. How many of us ask children about the way we should conduct research with them? Often we do research in children by assuming that we know better and that research is conducted on their behalf and for them.

I recall a time when a 7 year old child, whose parents have agreed to a research involving blood samples on nutrition, asked me whether the injection to withdraw blood can make him behave better, and whether he needed to have this done on him.

Can we stop even though his parents have agreed on his behalf?

These constraints on child research limits the research that we do and assume that adult research can elucidate child centric questions. The amount of research funding towards child research is much smaller than what is available for adults and there are far more researchers studying adult and elderly issues than there are in children. Perhaps politicians do less for child research partly because of the fact that children are not able to cast votes.

In developed countries where government endorsed research funding is available, the population proportion of young persons is not increasing but rapidly shrinking. In geographical areas where populations and children are flourishing, there is a paucity of child research.

With limited funding and resources, the impetus for good global research in children and their mental health is even more important. Many services in child mental health do not anchor themselves in research oriented programs but rely on University support to do research. This is a traditional way of doing things but research should form the backbone of every clinical department. Any service that is tertiary for child and adolescent mental health should also be a hotspot for research. Basic science research is certainly best done in University settings but the best clinical and translational research must exist within services that deal with children and adolescents, from the wards that children are admitted, to the community programs that exist around the world.

The infrastructure for research already exists across the globe but mindsets

need to change. IACAPAP's HRRS can make the difference.

Conceptualized to teach research skills, it is also a means to create champions dedicated to research. In the 7th HRRS meeting in Singapore, we had 21 young researchers from 12 countries come together to learn collaboratively, not just about methodology but about research advocacy.

This is a game changer to make research an integral part of clinical work. After all, research is the enabler of innovation that medicine needs.

IACAPAP must become the facilitator that can create a research oriented clinical practice and ultimately, the promise of global child and adolescent mental health, a better world for all of our next generation.



7th HRRS participants in Singapore

Member Society Highlight: French Society of Child and Adolescent Psychiatry and Allied Professions (SFPEADA)

By: Daniel Marcelli, President of SFPEADA (2017-2020)

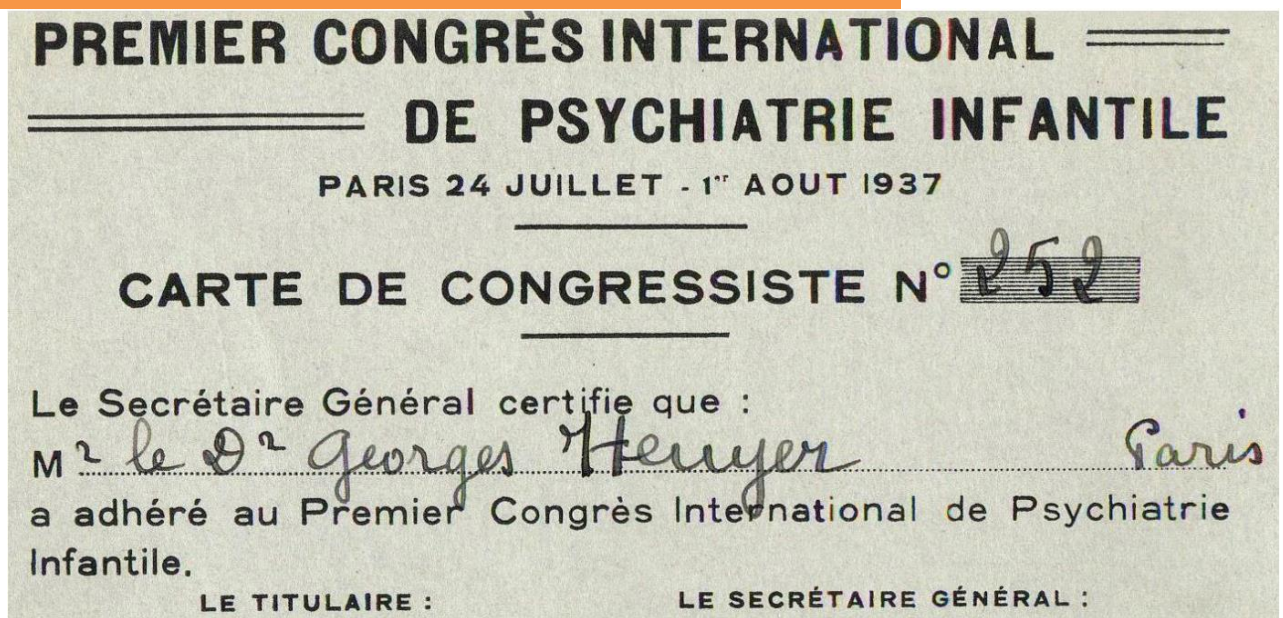
The foundations of SFPEADA date back to 1937, when Professor Georges Heuyer, who heads the child neuropsychiatry department at La Salpêtrière Hospital in Paris, organized the 1st World Congress of Child Psychiatry in this city and created the "Groupement Français de Neuropsychiatrie Infantile", which is the ancestor of our current society.

In 1948, the "Chair of Child Neuropsychiatry", headed by Pr. Heuyer, was initiated, an official recognition of the university dimension of this new discipline. Since 1950, the "provincial days" have been organized, the aim of which is to disseminate the knowledge

and practice of child psychiatry throughout the various cities of France.

In 1950, during the World Congress of Psychiatry in Paris, the same Professor Heuyer opened a "child psychiatry section" as part of this congress. The journal "Neuropsychiatrie Infantile et d'Hygiène Mentale de l'Enfance" was created in 1953 and will be called "Neuropsychiatrie de l'Enfance et de l'Adolescence" which it still produces today. The editor-in-chief is currently Dr. David Cohen and this journal, the largest in French, continues to evolve with an ever-increasing readership (paper and electronic).

George Heuyer's original inscription at the 1st International Congress of Juvenile Psychiatry in Paris
(Courtesy Fond Georges Heuyer Université Paris 8)



In 1979 the society was renamed the "Société Française de Psychiatrie de l'Enfant et de l'Adolescent" (French Society of Child and Adolescent Psychiatry), which in 1989 was joined by the Associated Disciplines (psychologists, speech therapists, psychometrists) to form the current SFPEADA (2001).

In its statutes, our society has the following objectives:

1. to promote and coordinate studies, research and training activities for the prevention and treatment of disorders
2. to reflect the state of practices and references in the discipline
3. to be a forum for exchanges;
4. to bear witness in all circumstances to the needs and mental suffering of children and their families

On a scientific level, the "Annual Days" which, in 1972, succeeded the provincial days, took the name of "Congrès Français de Psychiatrie et Psychopathologie de l'Enfant et de l'Adolescent" in 2017. They take place over three days at the beginning of June, the first of which is dedicated to young professionals. The society also

organizes two scientific days each year (in November and February) on a topical theme promoted by its Scientific Council created in 1972, a body of about fifty elected and regularly renewed members. A society prize for the original work of a young professional is awarded every two years at the congress by a jury chosen from among the members of this Scientific Council. SFPEADA is managed by a Board of Directors of 12 members elected for 6 years by half at its Annual General Meeting held at the time of the Congress. It is led by a trio of an elected president (3 years), a current president (3 years) and a past-president (3 years), a non-renewable term. Very active in the field of child psychiatry, our society defends the place of our discipline before various government authorities and participates widely with neighboring societies in these various actions. At the international level, SFPEADA is a member of IACAPAP and a member of the European company ESCAP. It has also supported numerous international meetings, symposia or congresses in France: 2nd World Congress of Infant Psychiatry, Cannes, 1983 1st International Congress of Adolescence, Paris, 1985, 11th International Congress of Child and Adolescent Psychiatry IACAPAP, Paris, the 11th in 1986, 20th in 2012; 12th European Congress of Child Psychiatry, ESCAP, Paris, 2002, etc. It will support in 2025 the European Congress of our discipline organized in Strasbourg in 2025 by ESCAP.

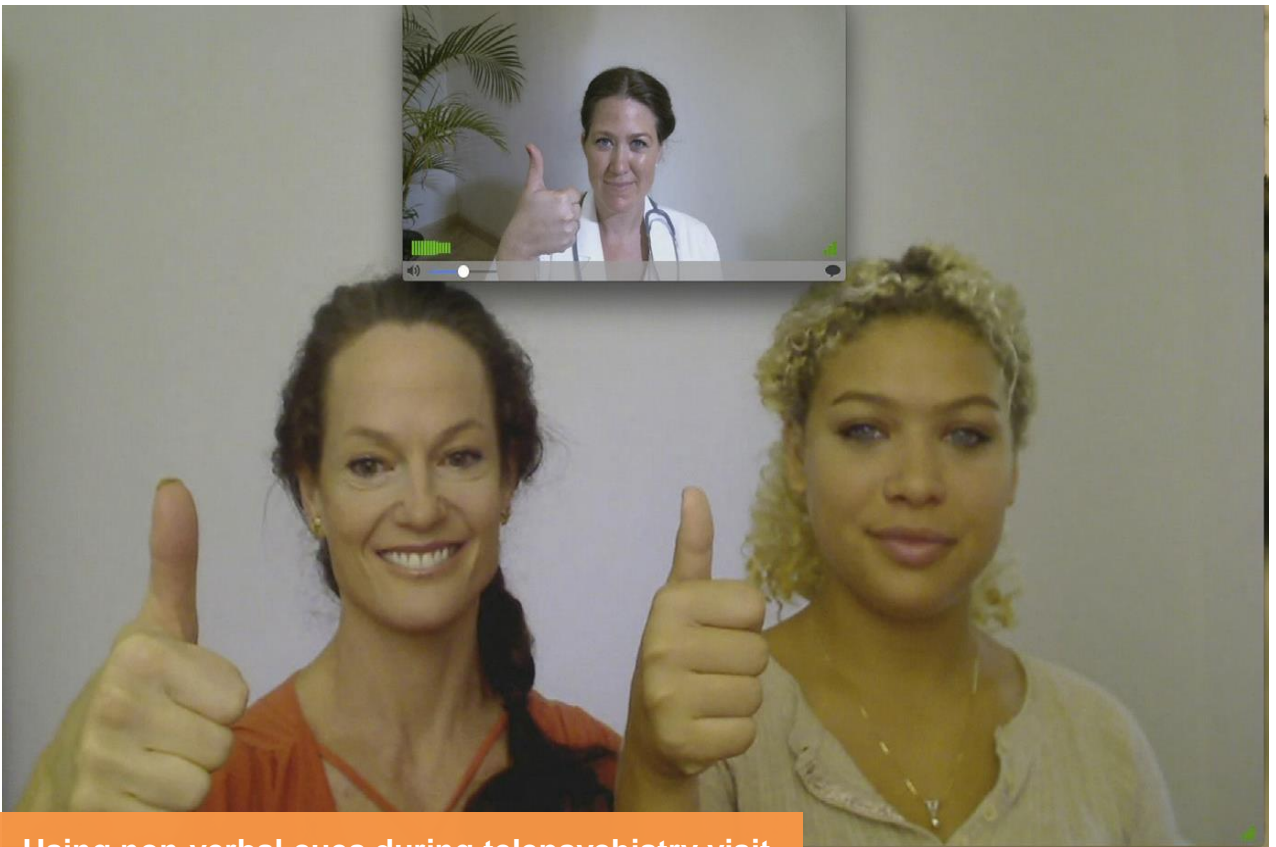
The oldest society in this discipline, SFPEADA remains steadfast in continuing its activities with the same enthusiasm and dedication among its members which have been such important and guiding principles since its beginnings.



Reporting in a general practitioner journal about the 1st International Congress of Juvenile Psychiatry in Paris

The Future is Here: Telepsychiatry as a Tool to Reach the Unreachable

By: Ujjwal Ramtekkar, MD, MPE, MBA, DFAACAP, Child and Adolescent Psychiatrist
Associate Medical Director, Partners for Kids Nationwide Children's Hospital, Ohio,
USA

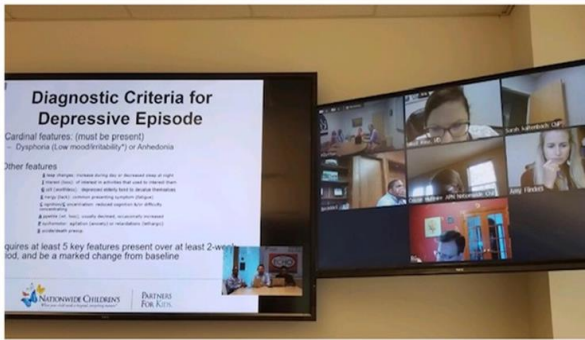


Using non-verbal cues during telepsychiatry visit

Photo credits (used with permission): Dr. David Roth

Global burden of child and adolescent mental health disorders is rising at an alarming rate. There has also been rapid growth in pharmacological and behavioral treatment modalities to address common psychiatric disorders. However, the critical shortage of a trained mental health workforce including child and adolescent psychiatrists and the concentration of providers only in the larger metropolitan areas poses a significant challenge in accessing these services for many children and their families.

As a result, a majority of children are not receiving treatments that are deemed effective in a timely fashion. This gap in the demand, supply and access needs to be addressed with newer methods of delivering care. Telepsychiatry has emerged as an effective way of leveraging technology to reach patients where they are. One of the most common forms is to use the two way, interactive, video conferencing to connect the provider and patient at a distant location such as homes, schools, residential centers or local clinics.



These include specialty consultation, live video-conferencing education for providers in local communities by experts at national and international academic centers and group consultation in the 'hub and spoke' model. These models not only increase access to specialty care for children, but also build capacity for the local workforce in evidence-based modalities. One such model 'Project ECHO' has been expanded to over 37 counties using the 'hub and spoke' videoconference-based learning collaborative between interdisciplinary specialist hubs and local providers in primary care or specialist 'spokes'.

There have been successful programs in child behavioral health and Autism across USA, India, Europe and Africa. Integrating verbal and non-verbal communication skills are most important in establishing a trusting relationship and a therapeutic experience over videoconferencing. Therefore, it is crucial to develop cultural awareness, understanding social factors and nuances in communication preferences for the region especially during international consultations. It is useful to learn about specific skills needed to create an authentic video visit also referred to as 'webside manners'. These include ensuring that appropriate 'eye contact' is created mimicking in-person interaction, avoiding talking over the other person or waiting too long to respond, providing timely cues about turn taking, using facial expressions to relay natural emotions like empathy, concern, surprise etc. In addition, it is important the individual on the other end feels heard, comforted and validated during the virtual interaction.



Project ECHO Child Behavioral Health' at Nationwide Children's Hospital, OH, USA

Photo credits (used with permission): Dr. David Roth

The convenience of getting services virtually has reduced the barriers of travel, distance and in some cases cost. In the past decade, telepsychiatry has been adopted widely due to the reduction in technology cost, ubiquitous availability of the internet and overall comfort with video-based communication through social media.

However, it is not just about 'convenience' but also proved to deliver 'quality.' Several research studies have demonstrated that telepsychiatry is feasible, well accepted by providers and patients, and leads to comparable clinical outcomes in a variety of settings. Telepsychiatry has been a boon in serving families in rural areas, difficult geographic terrains and places with limited psychiatric providers. In addition to providing direct patient care, there are several other ways in which telepsychiatry has improved access to specialty care.



Conducting telepsychiatry visit on an office computer

Photo credits (used with permission): Dr. David Roth

Although the principles of clinical care are identical irrespective of it being an in-person or telehealth visit, there are unique considerations for telepsychiatry due to technology and regulations that may vary across different countries. It is imperative to check with the state or national regulations about licensing requirements, reimbursement rules, compliance needs and privacy considerations when reaching non-clinical settings like schools, homes and juvenile prisons before setting up the program. When it comes to technology requirements, a good quality camera, microphone and screen, and the reasonable bandwidth of internet connection are needed. The standard laptop or desktops could be adequate to conduct an acceptable telehealth visit specially in psychiatry because the need for physical exam that needs peripheral tools is minimal. Due consideration is needed for appropriate lighting and minimizing distractions (visual and voice) in the surrounding during videoconferencing. By increasing access, telepsychiatry holds promise to reduce disparities and improve health outcomes for youth in underserved communities

and nations with limited workforce of trained child and adolescent mental health providers.

It also has a potential to enhance physician satisfaction, reduce feelings of isolation and access specialty consults without the need for travel, so that they can do their best for wellbeing of their communities. There are several resources available on the topic and the relevant topics for child and adolescent psychiatrists are included in the 'Telepsychiatry toolkit' compiled by the American Academy of Child and Adolescent Psychiatry (AACAP).

In addition, the guidelines, best practices and tools for delivery of care using telepsychiatry are also available.

The toolkit and other resources can be freely accessed at

https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Telepsych_Home.aspx

Anula Damayanthi Nikapota In Memoriam

By: Prof. Eric Taylor, King's College, London



Dr Anula Nikapota

It is with great sadness that we record the death of Dr Anula Nikapota.

She died on 5th of April, 2019 suddenly while on holiday with her family. Before she retired, her work had been primarily at the South London and Maudsley Hospital Trust and at King's College London. There, she showed herself to be a superb clinician – wise, knowledgeable and with an unerring ability to engage children and families from diverse backgrounds. She pioneered many novel strategies to extend and improve the working relationships between child mental health services and the wider community, including schools, social care and the voluntary sector. In addition, she was widely known and highly regarded for her international work.

In Sri Lanka, where she had graduated, she was WHO consultant for development of children's services and trained many disciplines. She was also very active in training, making links and promoting connections in countries developing their services, including Japan, Cambodia, and Bangladesh. She was internationally known for her expertise on how cultural diversity may influence the presentation of mental health problems and attitudes to different interventions.

This expertise was conveyed widely – for instance in her contributions to Rutter's textbook. She developed and ran the excellent Diploma/MSc in Child and Adolescent Mental Health at the Institute of Psychiatry, Psychology and Neuroscience of King's College London. This continues to provide specialist education and training in child and adolescent mental health for overseas clinicians, including psychologists, psychiatrists and pediatricians. The graduates of the course now include distinguished clinicians from over 50 countries, and for its 30th anniversary in 2018 many of her previous students returned to London for the celebration. At the UK's Association for Child and Adolescent Mental Health (ACAMH) she was the international development officer, and was responsible for granting free memberships in the lowest income countries, and extending the Association's outreach.

She leaves a husband, Vijita, three children and seven grandchildren. She will be remembered with affection by many, not only for her fine professional contributions, but also for her sparkling personality and deep cultural interests and attainments

Re-Search and You Will Discover: The 7th Helmut Remschmidt Research Seminar (HRRS 2019)

By: Chantanee Mungkhetklang (Thailand), Dian Caesaria Widyasari (Indonesia), Grace Eugenia Sameve (Indonesia) and Priyanka Nambiar (India) on behalf of the HRRS 2019 fellows.



The 7th IACAPAP Helmut Remschmidt Research Seminar (HRRS) held at the Institute of Mental Health (IMH), Singapore from 25 - 30 August 2019, has come to an end. Raising the theme of 'Developing Research and

Collaborations in Child and Adolescent Psychiatry and Mental Health in Asia', it particularly highlighted the vital need for scientific studies about early diagnosis, prevention, and promotion of mental health over the lifespan.

The seminar was an assemblage of learnings, ideas, and views from our nine world-renowned mentors and twenty-one emerging young research fellows from across the globe. The HRRS fellows from diverse backgrounds of psychiatry, psychology and social work were able to discuss the relevant questions on clinical research and publications in the area of child and adolescent mental health. The lecture sessions from the mentors enabled the fellows to obtain deeper insights and understanding of the need for research to be adapted to various resource settings. It also gave us the opportunity to make personal and professional connections with both the fellows and mentors. We hereby wish to share our experiences at this seminar.

The standard HRRS format consists of an introductory session on Sunday

afternoon, followed by lectures in the mornings, and small-group work in the afternoons. The learning experience was absolutely unique and was quite unlike any other seminar. The HRRS has given us not only in-depth lectures and discussions about various technical and content aspects of research, but also pushed our professional self-growth, especially through the inspiration and motivation to continue doing research with a positive mindset and a broader socially-oriented view of research. The various topics, ranging from research-relevant fundamental knowledge to the bigger picture of evidence-based policies, which were covered in the morning sessions have constantly brought us to change our mindset from a narrow mostly-personal focus to an appreciation of global challenges and needs in child & adolescent mental health.

The 7th Helmut Remschmidt Research Seminar (HRRS 2019)



The mentors shared their knowledge on research, ethics and professionalism, and made us aware of the importance of interdisciplinary and ‘big picture’ thinking. We were very impressed by the mentors’ diverse viewpoints and by discussions on the importance of aiming to balance clinical work, research, and life.

The afternoon sessions lead us to reflect on our own professional works and interest which gradually allowed us to explore ourselves while presenting our own projects as well as listening to other fellows’ work. We can definitely say that what we learned will last long because the atmosphere of learning was positive, supportive and optimistic which undoubtedly will ensure good long-term memory.

The small group and one-on-one mentoring sessions enriched our professional and personal views.

The mentors provided invaluable insights about research design, statistical analysis, and advocacy of research-based policy. We gained so much inspiration and motivation from their reassuring stories that research is a lifelong learning process with its own challenges.

Despite the limited resources in most of our settings, we should push through these limitations to improve knowledge about the theory and practice of child and adolescent mental health in our settings. This will ensure that the benefits will go beyond the research project when we know how to utilize the research outcomes appropriately.

Above all, the mentoring sessions definitely energized us to devote a little more time to our research in a way that reinforces us to be better researchers and mental health professionals.

Small group mentoring sessions





Selfie of Mentors and HRRS Research Fellows

Another highlight of the seminar is unquestionably the PEOPLE! Taking place at the hub of a continent which boasts of its diversity, twelve countries were represented at this year's seminar by 21 fellows who seemed to require only a wee bit of effort to 'chope' [read: to reserve, the Singapore way] one another and to establish a sincere, harmonious and productive bond of friendship from the very beginning.

On top of that, the 9 highly distinguished yet extremely friendly mentors also enriched the fellowship's dynamics, particularly through their stories — their humane, relatable stories that comprised of not only a back-to-back list of successes, but also delayed successes [read: unexpected yet at times inevitable failures], their fondness of sunscreen as well as their sense of contentment when their hard work is appraised by the Lancet.

Finally, the seriously pampering, seriously serious and seriously fun arrangements that were made by the amazing organizing team have also convinced us to conclude that even healthcare-related researchers and practitioners are at-risk of experiencing one specific type of withdrawal symptoms — that is the “post-HRRS withdrawal syndrome”.

We are deeply grateful to IACAPAP and the HRRS conveners (Prof Petrus de Vries and Prof Per-Anders Rydelius) for giving us this wonderful and life-changing opportunity to advance our understanding of child and adolescent mental health research.



IACAPAP 2020 SINGAPORE

Abstract Submission is Open!

We invite healthcare professionals, academics and researchers from all fields of applications and backgrounds to submit their abstract for Oral and Poster Presentation



Mark your calendar!

Registration Opening: **November 2019**

Abstract Submission Deadline: **10 January 2020**

To learn more about abstract topics, submission guidelines and presentation format, please visit www.iacapap2020.org/abstracts

Organised by:



IACAPAP

International Association for Child and Adolescent Psychiatry and Allied Professions



**INSTITUTE
of
MENTAL
HEALTH**

National Healthcare Group



Section of Child & Adolescent Psychiatry

Hosted by:

Supported by:



Singapore Psychiatric Association



Held in:



Egyptian Child and Adolescent Psychiatry Association's (ECAPA) 2nd International Conference

Child & Adolescent Psychiatry: Embracing Diversity – Serving Community



From left to right: Daniel Fung and members of the organizing committee Drs Suaad Moussa, Nahla Radwan, Maha Emadeldein and Eman Gaber

ECAPA, founded in December 2012, held its second Conference on September 2019 in collaboration with IACAPAP and the EPA (Egyptian Psychiatry Association).

The conference was held in Cairo September 3-5. The conference witnessed several oral presentations on a variety of topics from local, regional

and international presenters; in addition to two master classes, two half-day workshops and a long workshop.

The conference was attended by 140 attendees from all over Egypt: Greater Cairo, Lower Egypt: Alexandria, Dakahlia (Mansoura), Gharbeya (Tanta & Mahala) and Sharkeya Governorates, Upper Egypt: Assuit, Elmenia and Bani Suf Governorates.

From outside Egypt attendees came from KSA, UAE and Qatar as well as from Singapore, France, UK, New Zealand and the USA.

In the opening ceremony six speakers addressed the conference: Prof. Suaad Moussa, ECAPA Founding President & Conference President; Prof. Mostafa Shahin, Head of Psychiatry Department, Kasr Al Ainy School of Medicine, Cairo University; Prof. Momtaz Abdel Wahab EPA President; Prof. Ossama Abd Elhay vice president of Egyptian medical syndicate; Prof. Ahmed Okasha, WPA President 2002-2005 and Prof. Daniel Fung, IACAPAP President.

The opening ceremony was followed by an honoring ceremony for the pioneers of Child Psychiatry in Egypt, professors Trandil Elgendy, Samia Abdel Rahman & Sanaa Ahmed from Cairo University; Zeinab Bishry from Ain Shams University & Seham Rashed from Alexandria University.

Inaugural Speaker was Dr. Benny Dembitzer, international development economist, a member of the team awarded the 1985 Nobel Peace Prize. His talk was entitled "A Different Look at Globalization"

Keynote Speakers were Boris Birmaher, MD Prof. of Psychiatry University of Pittsburgh -USA who gave a lecture entitled "When & How to Treat Youth at High-Risk of Developing Bipolar Disorder" and IACAPAP's President Prof. Daniel Fung (Singapore) who gave a lecture titled "Child Psychiatry Without Psychiatrists: Developing a Population Based Mental Health Ecosystem for Youth in Singapore" and Bruno Falissard, MD Prof. of Public Health South Paris University –France and his lecture titled "The Pitfall of Universalism in Child and Adolescent Psychiatry"

Opening Panel of
ECAPA 2nd International Conference



Oral presentations at the conference covered a wide range of subjects including Egyptian Child Law, trauma, depression, autism, ADHD, feeding & eating Disorders, working with families, Islamic perspectives of DBT for adolescents and management of child & adolescent psychiatric disorders.

The two master classes were conducted by Boris Birmaher Endowed Chair in Early Onset Bipolar Disease and Professor of Psychiatry University of Pittsburgh, School of Medicine.

The first was "Challenges in the Diagnosis and Treatment of Mood Disorders in Children"

and the second was " Diagnosis and Treatment of Anxiety Disorders in Children"

Workshops during the conference included:

1. Attachment-Informed Theory into Practice: Observe, Play, & Nurture, conducted by Dr. Hanan Derby (Psychiatry Consultant Child & Adolescent Psychiatry Al Jalila Children's Hospital, UAE) and Dr. Azhar Abu Ali (Senior Clinical Psychologist Latifa Hospital- Dubai Health Authority, UAE)
2. Play Therapy Makes a Difference conducted by Mohamed Nasreldin, MD Professor of Psychiatry Director of Adolescent Psychiatry Unit Faculty of Medicine Cairo University, Egypt, and 3) Working with Children and Families Where Child Sexual Abuse Is Suspected or Identified conducted by Jenny Gray OBE, Carol Jolliffe & Stephen Pizzey (Child and Family Training, UK) and Dr. Samaa El Abd Associate Trainer and Consultant.

Workshop: Working with Children and Families Where Child Sexual Abuse Is Suspected or Identified



Asido Foundation: The Birth of an Innovative, Non-profit Mental Health Advocacy Organization in Nigeria

By: Jibril Abdulmalik, Founder/CEO of Asido Foundation



University wide awareness walk to commemorate World Suicide Prevention Day at the University of Ibadan, Nigeria

Aisha (not her real name) was a secondary school student in Northern Nigeria who committed suicide after being publicly humiliated by the school authorities as a result of their ignorance about the psychological needs of an adolescent.

Dupe (not her real name), an undergraduate at a Nigerian tertiary institution was noticed to have become withdrawn, irritable, and is often weepy for no reason at all. A friend of hers

who had attended a seminar on mental health problems on campus; ensured that she saw a psychiatrist and she soon recovered. All over the world, women live longer than men; and depression is more common in women versus men (ratio 2:1). It is therefore not surprising that old women with depression may suffer from delusions of guilt, and blame themselves for every negative thing that has ever happened. In several Nigerian communities, that will be a

basis for societal ostracization; as the conclusion will be that of a witch confessing her 'sins'. Across many communities, persons with mental illness are more likely to be taken to traditional and faith-based healing homes; than to be taken to hospital for quality care. Children with mental health problems are especially vulnerable, but often neglected in many communities.

It is against this backdrop of misconceptions and ignorance around mental illness, that human rights abuses, stigma and discrimination, as well as untold suffering for affected persons and their families become the norm - regrettably. The biopsychosocial explanations including the medical basis for mental disorders is often treated with cynicism – due to the predominantly supernatural beliefs about etiology. Furthermore, civil society and service user organizations working in the area of mental health remain pitifully few. While governmental priority and funding for mental health service improvements remains very low.

The Asido Foundation is a relatively new entrant on the Nigerian landscape, as a not-for-profit organization that seeks to counter the ocean of ignorance around mental health issues across the lifespan by providing evidence – based information. It has started engaging in advocacy and intervention activities aimed at improving the mental health needs of the Nigerian population. The Convener of Asido Foundation, Jibril Abdulmalik, had been penning a weekly column, to promote mental health awareness in a national daily - The Nigerian Tribune on Thursdays,

for the past 3 years. The column titled “Your Mental Health & You” is usually circulated widely via social media, in order to gain the attention of young persons who may not bother to read boring newspaper articles. The tremendous feedback and extent of public engagement with these articles, revealed the magnitude of the need for effective public mental health awareness campaigns. Thus, the Asido Foundation is striving to step into this gap, by creating a platform to harness resources (human and material), for a more effective and impactful public engagement campaign.

The Asido Foundation envisions a Nigerian society in which all persons



Engagement with teenagers and adolescents on 'Emotional well-being and youth' at a children's retreat

will enjoy optimal mental health regardless of age, gender, socio-economic status, religious creed or ethnicity. It has five core values:

- integrity (responsible, trustworthy and accountable)
- equity, human rights and social justice (fair play, gender considerations, improved access for all, and the promotion and protection of human rights)
- service user empowerment (respect for personal dignity, humane care, empathy)
- scientific evidence (evidence-based treatments, life-span approach, integration)
- community (one world, one humanity, respect for culture and religion)

The engagement activities span the following domains - Mental Health Advocacy; Service User Empowerment; Building Resilience; Mental Health Reforms; Youth Mental Health; Leadership Training; Policy & Services Research; and Promoting Emotional Well-being. Recent activities aimed at promoting youth mental health include engagement with

teenagers and adolescents on 'Emotional well-being and youth' at a children's retreat and a University wide awareness walk to commemorate World Suicide Prevention Day at the University of Ibadan, Nigeria.

Using innovative deployment of social media that targets especially young members of the community, the public engagements of the Asido Foundation is attempting to slowly but steadily change the narrative around mental health in Nigeria and beyond. The first tangible fruit of this public engagement, is the compilation of the weekly Tribune articles into a book titled "Optimal Mental Health: An Everyday Guide", which was launched on the 2nd of September 2019 in Ibadan (See Picture 3). Secondly, it seeks to leverage on the power of collaborations to amplify impact and draw policymakers' attention to mental health governance and services. Specific attention will be focused on the huge child and adolescent mental health needs as an urgent public health priority for nation building.

Indeed, ending the silence around mental health issues and generating discussions will go a long way towards promoting better understanding, improving empathy and facilitating recovery. This should further alleviate the burden of affected persons and their families. Ultimately, concerted efforts at advocacy, service user empowerment and the push for reforms and improved mental health system governance systems should yield tangible dividends and improved mental health care for all citizens and especially for the nation's youth. These efforts and engagements are long overdue in Nigeria, as well as other developing countries.



Book Launch on 2nd September 2019, titled "Optimal Mental Health: An Everyday Guide"

The SHINE Consortium: Addressing School Mental In The Eastern Mediterranean Region

By: Asma Amer (Jordan), Anna Chiumento (UK), Eman Gaber (Egypt), Ayesha Minhas (Pakistan), Alia Shakiba (Iran), and edited by Maite Ferrin



SMHP in Pakistan

The School Health Implementation Network for the Eastern Mediterranean Region (SHINE) is a 5-year project funded by the United States National Institute of Mental Health (NIMH).

SHINE is one of 10 NIMH funded networks, all of which are working to address challenges to scaling-up mental health interventions in low and middle-income settings. This makes the project a very good opportunity for sharing knowledge and best practice in these countries.

The SHINE collaboration involves partners from across the Eastern Mediterranean Region including the World Health Organisation Office (WHO)

for the Eastern Mediterranean Region, and country representatives from Ministries of Health, Education, research Non-Governmental Organisations and Universities in Egypt, Iran, Jordan and Pakistan.

These partners are supported by other international partners, including the University of Liverpool, in the UK, and the John's Hopkins University, the University of Washington, and Harvard University/Boston Children's Hospital in the US.

The SHINE initiative is structured around the implementation of evidence-based School Mental Health Programs (SMHP) developed to be regionally applicable to the Eastern Mediterranean Region.

The initiative seeks to provide a task-sharing model where non-mental health professionals – in this case school teachers – deliver elements of mental health promotion, prevention, and care alongside referral pathways for specialist care when needed.

By targeting schools, this project aims to deliver mental health services in a more natural environment where children and adolescents spend much of their time. In addition, SHINE has also been developed to implement science research on the SMHP.

A Collaborative Learning Group (CLG) is linked to the initiative in order to not only enhance the implementation of the SMHP in the SHINE network partner countries, but also to promote a regional capacity to conduct scientific research.

Below is a summary of some of the activities in the countries involved:

Egypt:

The Egyptian General Secretariat of Mental Health has been actively involved in implementation of the SMHP in Egypt since 2016. First, the Theory of Change (ToC) methodology was used as a 'planning tool' to develop a theoretical implementation strategy for public schools.

At the level of stakeholders, the Ministry of Health and the Ministry of Education were involved. Secondly, the city of Al Obour was chosen for the pilot implementation, and 25 school psychologists were trained. These Psychologists then cascaded the training down to 173 teachers and 80 parents across 7 different public schools in the Al Obour district

A psycho-social support centre was also established to receive the referrals of those children who were identified with



SMHP in Egypt

mental health problems in the different schools. It is important to note that in the last year, a total of 3105 were identified and referred. This project was funded by the organization Save the Children. A mixed qualitative and quantitative study in cooperation with the University of Liverpool revealed a high parent satisfaction with the new model of school mental health services. However, this evaluation also found that more efforts in order to improve teacher engagement in the program are needed.

Iran:

The SMHP in Iran started with a 1-year pilot implementation program in two elementary, two primary high, and two secondary high schools. A total of 156 teachers were trained in the identification of mental health problems in children and the management at the classroom level. Teachers were also instructed on how and when a referral to specialist services is needed by using an established pathway that has been agreed upon with the Ministries of Education and Health. The project has so far reached a total of 1531 children and adolescents. The program has been able to provide preliminary evidence of its feasibility and its

positive impact on teachers' knowledge about mental health problems and their skills in the provision of care. It has also showed positive outcomes on the reduction of students' emotional and behavioral problems.

Jordan:

In May 2016, the WHO conducted a workshop entitled "Training of Trainers on the School mental health program" in Amman, Jordan. Participants came from several countries including Egypt, Jordan, Morocco, Pakistan, Oman, Bahrain, Iran, Saudi Arabia and Qatar. The Jordanian team included participants from the Ministry of Health, the Ministry of Education, National Women's Health Care Center and NGOs. Following the meeting, the Jordanian team has been working together with SHINE and multiple stakeholders on the implementation of the SMHP in Jordan.

Pakistan:

The SMHP in Pakistan was first piloted in Kallar Syedan, which is a town in the Rawalpindi district. A total of 72 primary, middle and high schools were enrolled. Approximately 50 teachers were trained in the SMHP, the 'Champion teachers' for them to continue with the training of other teachers, following the cascade training model. The training was conducted over 3 days by expert trainers in the Institute of Psychiatry, which is a tertiary care unit in Rawalpindi.

After the initial training of the champion teachers, the project identified challenges to SMHP implementation which included



SMHP in Iran

difficulties to ensure a method for monitoring and evaluation of the project by the teachers who had attended the training. It was also found that teachers were stressed and overstretched, and some of them lacked awareness about how to recognize mental health issues in children. There was inconsistency in the leadership of the education department and stakeholder buy-in had to be formalized to ensure a smooth roll out of the program. Poverty at the family and school levels was another important limiting factor.

In order to overcome these limitations, the Enhanced School Mental Health Program (eSMHP), a scale-up research that includes the development of a technological platform to train and supervise teachers was conducted. An eSMHP online training portal was also developed where users were able to track their progress using a web interface. This was accompanied by an active forum for users to discuss their progress and challenges, which was supervised by the intervention team. A software that acts as an aide memoir and presents the intervention strategies from the manual was developed.


A cluster randomized controlled trial (cRCT) will be conducted in Gujar Khan, another town in the Rawalpindi district. Eighty schools will be enrolled and 4 teachers will be trained from each school; these teachers will act as master trainers in the future. By a process of cluster randomization, half of the schools will receive the regular program while the remaining half will receive the eSMHP. Key program implementation outcome variables will include teachers' competency, teachers' program implementation behavior, parent-teacher interaction,

school psychosocial environment and several child outcomes. Program acceptability, feasibility, and appropriateness (including cultural appropriateness) will also be explored.

These regional experiences of implementing the SMHP are promoting bi-directional learning across the EMR countries involved in the SHINE network through the CLG. The CLG has served as a platform for countries to develop publications reporting on regional activities to underpin SMHP implementation, and to provide country-specific experiences on the implementation and evaluation of the SMHP. This forum has been found to offer an important source of technical guidance, and to provide a rich diversity of learning about the processes of implementing the SMHP at scale in a wide range of different EMR contexts.

*For more information about SHINE:
<https://www.shineformentalhealth.org/>*

Disclosure: *The editorial process for this article was managed by Dr. Maite Ferrin as Dr. Hamoda (Editor) is involved in this project.*



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

Maite Ferrin

maiteferrin@yahoo.es



IACAPAP

International Association for Child and
Adolescent Psychiatry and Allied Professions

The International Consortium for Health Outcomes Measurement (ICHOM) Needs Your Support!

ICOM have recently supported an expert working group to recommend core outcome measures for anxiety and depression in youth, with the aim for their use in routine clinical practice worldwide.

Help them by completing a short survey in order to inform and improve their recommendations.

About ICHOM

Begin Survey



✚ ICHOM

How do we know if children and young people who experience depression or anxiety are “better” following treatment?



Which **outcomes** are most important?



How do we **measure** them?



An international group have proposed a set of **core outcome measures** for **worldwide** use – **Do you agree?**



Please visit <http://bit.ly/DACYPOR> or scan the QR code to take the survey – thank you!



Learn more about child and adolescent mental health in the African continent

Click here to see the newsletter of the African Association for Child and Adolescent Mental Health



AFRICAN ASSOCIATION FOR **CHILD & ADOLESCENT MENTAL HEALTH**

IACAPAP Member Organizations

Full Members

American Academy of Child and Adolescent Psychiatry (AACAP)

Asociacion Argentina de Psiquiatria Infantil y Profesionales Afines (AAPI)

Asociacion Argentina de Psiquiatria y Psicologia de la Infancia y la Adolescencia (ASAPPIA)

Asociacion de Psiquiatria y Psicopatologia de la Infancia y la Adolescencia (APPIA)

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

Associacao Brasileira de Neurologia, Psiquiatria Infantil e Profisssoes Afins (ABENEPI)

Asociacion Mexicana de Psiquiatria Infantil A.C. (AMPI)

Association for Child and Adolescent Mental Health (ACAMH)

Association for Child and Adolescent Psychiatry and Allied Professions in Nigeria (ACAPAN)

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

Association for child and adolescent psychiatry in Bosnia and Herzegovina

Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFMHA)

Bangladesh Association for Child & Adolescent Mental Health (BACAMH)

Bulgarian Association of Child and Adolescent Psychiatry and Allied Professions (BACAPAP)

Canadian Academy of Child and Adolescent Psychiatry (CAPAP)

Child and Adolescent Psychiatry Section of Estonian Psychiatric Association

Child Mental Health Association in Egypt

Chilean Society of Child and Adolescent Psychiatry and Neurology (SOPNIA)

Chinese Association for Child Mental Health (CACMH)

Chinese Society of Child and Adolescent Psychiatry (CSCAP)

Croatian Society of Child and Adolescent Psychiatry (CROSIPAP)

Danish Association for Child Psychiatry, Clinical Child Psychology and Allied Professions (BÖPS)

Egyptian Child and Adolescent Psychiatry Association (ECAPA)

Emirates Society for Child Mental Health

Faculty of Child and Adolescent Psychiatry of The Royal Australian and New Zealand College of Psychiatrists (RANZCP)

Finnish Society for Child and Adolescent Psychiatry (LPSY)

Flemish Association of Child and Adolescent Psychiatry (VVK)

French Society of Child and Adolescent Psychiatry and Allied Professions (SFPEADA)

German Society of Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy (DGKJP)

Hungarian Association of Child Neurology, Neurosurgery, Child and Adolescent Psychiatry (HACAPAP)

Icelandic Association for Child and Adolescent Psychiatry

Indian Association for Child and Adolescent Mental Health (IACAM)

Iranian Association of Child and Adolescent Psychiatry (IACAP)

Iraqi Association for Child Mental Health (IACMH)

Italian Society of Child and Adolescent NeuroPsychiatry (SINPIA)

Korean Academy of Child and Adolescent Psychiatry (KACAP)

Kuwait Association for Child and Adolescent Mental Health (KACAMH)

Latvian Association of Child Psychiatrists (LACP)

Lithuanian Society of Child and Adolescent Psychiatry

Malaysian Child and Adolescent Psychiatry Association (MYCAPS)

Netherlands Psychiatric Association - Department of Child and Adolescent Psychiatry (NrvP)

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

Österreichische Gesellschaft für Kinder- und Jugendneuropsychiatrie , Psychosomatik und Psychotherapie (ÖGKJP) | ASCAP – AUSTRIAN SOCIETY OF CHILD AND ADOLESCENT PSYCHIATRY, PSYCHOSOMATICS AND PSYCHOTHERAPY (ÖGKJP)

Polish Psychiatric Association - Scientific Section for Child and Adolescent Psychiatry

Portuguese Assoc. of Child and Adolescent Psychiatry (APPIA)

Romanian Association of Child and Adolescent Psychiatry and Allied Professions (RACAPAP)

Romanian Society of Neurology and Psychiatry for Child and Adolescent (SNPCAR)

Russian Association for Child Psychiatrists and Psychologists (ACPP)

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

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

IACAPAP Member Organizations

Full Members Continued...

Slovenian Association for Child and Adolescent Psychiatry (ZOMP)

Sociedad Espanola de Psiquiatria y Psicoterapia del Nino y del Adolescente (SEPYPNA)

Sociedad Mexicana de Paidopsiquiatria y Profesioness Afines A.C

Sociedad Uruguaya de Psiquiatria de la Infancia y la Adolescencia (SUPIA)

Société Belge Francophone de Psychiatrie de l'Enfant et de l'Adolescent et des Disciplines Associees (SBFPDAEA)

Société Tunisienne de psychiatrie de l'enfant et de l'adolescent (STPEA)

Svenska Föreningen för Barn-och Ungdomspsykiatri. |The Swedish CAP association (SFBUP)

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

The Hellenic Society of Child and Adolescent Psychiatry (HSCAP)

The Hong Kong College of Psychiatrist

The Israel Child and Adolescent Psychiatric Association

The Japanese Society of Child and Adolescent Psychiatry (JSCAP)

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

The Taiwanese Society of Child and Adolescent Psychiatry (TSCAP)

Turkish Association of Child and Adolescent Psychiatry (TACAP)

Affiliated Members

African Association Child & Adolescent Mental Health (AACAMH)

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

Asociacion Mexicana para la Practica, Investigacion y Ensenanza del Psicoanalisis, AC (AMPIEP)

ASSOCIATION EUROPÉENNE DE PSYCHOPATHOLOGIE DE L'ENFANT ET DE L'ADOLESCENT (AEPEA)

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

European Federation for Psychiatric Trainees (EFPT)

European Society for Child and Adolescent Psychiatry (ESCAP)

Federación Latinoamericana de Psiquiatria de la Infancia, Adolescencia, Familia y Profesioness Afines (FLAPIA)

First Step Together Association for special education (FISTA)

Pakistan Psychiatric Society (PPS)

Psikiater per Femije dhe Adoleshent (KCHAMHA)

Slovakia Section of Child and Adolescent Psychiatry

IACAPAP Officers

www.iacapap.org

BUREAU

President

Daniel Fung Shuen Sheng MD
Adjunct Associate Professor
Lee Kong Chian School of Medicine
Singapore
daniel_fung@imh.com.sg

Secretary General

Christina Schwenck PhD
Professor for Special Needs
Educational and Clinical Child and
Adolescent Psychology
Justus-Liebig-University Gießen
Otto-Behaghel-Str. 10 C
35394 Gießen, Germany
christina.schwenck@psychol.unigiesen.de

Treasurer

Petrus J de Vries MD
Sue Struengmann Professor of
Child & Adolescent Psychiatry
Division of Child & Adolescent
Psychiatry
Department of Psychiatry and
Mental Health
University of Cape Town
46 Sawkins Road, Rondebosch,
7700, South Africa
petrus.devries@uct.ac.za

Past President

Bruno Falissard MD, PhD
Professor of Public Health,
Université Paris-Sud. Paris, France.
bruno.falissard@gmail.com



Vice Presidents

Tololope Bella-Awusah MD
(Nigeria)
bellatt2002@yahoo.com

Flora de la Barra Mac Donald MD
(Chile)
torbarra@gmail.com

Maite Ferrin MD, PhD (Spain)
maiteferrin@yahoo.es

Michal Goetz MD (Czech Republic)
michal.goetz@lfmotol.cuni.cz

Hesham Hamoda MD, MPH (USA)
hesham.hamoda@childrens.harvard.edu

Nicholas Mark Kowalenko MD
(Australia)
Nick.Kowalenko@health.nsw.gov.au

Andres Martin MD, MPH (USA)
andres.martin@yale.edu

Bung Nyun Kim MD (South Korea)
kbn1@snu.ac.kr

Kaija Puura MD (Finland)
Kaija.Puura@pshp.fi

Honorary Presidents

Myron L. Belfer MD, MPA (USA)
Myron_Belfer@hms.harvard.edu

Helmut Remschmidt MD, PhD
(Germany)
remschm@med.uni-marburg.de

Per-Anders Rydelius MD, PhD
(Sweden)
per-anders.rydelius@ki.se

Monograph Editor

Matthew Hodes MBBS, BSc, MSc, PhD, FRCPsych (UK)
m.hodes@imperial.ac.uk

Bulletin Editor

Hesham Hamoda MD, MPH (USA)
hesham.hamoda@childrens.harvard.edu

Bulletin Deputy Editor

Maite Ferrin MD, PhD (Spain)
maiteferrin@yahoo.es

e-Textbook Editors

Joseph M. Rey MD, PhD (Australia)
jmrey@bigpond.net.au

Andres Martin MD, MPH (USA)
andres.martin@yale.edu

Donald J. Cohen Fellowship Program Coordinators

Naoufel Gaddour MD (Tunisia)
naoufel.gaddour@gmail.com

Ayesha Mian MD (Pakistan)
ayeshamian174@gmail.com

WHO-Liasion

Patrick Haemmerle MD, MPH
(Switzerland)
haemmerlep@bluewin.ch

Presidential Fellows for Global Education

Julie Chilton (USA)
Julie.chilton@yale.edu

Liu Jing (China)
ljyuch@163.com

IACAPAP Councilors

Fusun Cetin (Turkey)
fusuncuha@gmail.com

Gordon Harper (USA)
Gordon_harper@hms.harvard.edu

Zheng Yi (China)
doctorzy@yahoo.com

Connect with us!

